

A Critical Discursive Study of Mental Health Experiences in Men

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A Critical Discursive Study of Mental Health Experiences in Men

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Declaration

I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where it is stated otherwise by reference or acknowledgment, the work presented in this thesis is entirely my own.

Ffion Brown

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Abstract

This thesis explores the stigmatisation of mental health amongst men and how this stigmatisation persists in media and public discourses. A review of the literature from both a linguistic and medical perspective identifies that mental health in men is underrepresented in both the media and in the wider society, while also acknowledging that there has been a recent increase in media presence in the aftermath of the Covid-19 pandemic. This thesis takes a two-stage approach to mental health discourse applying a mixed methods approach to language data. In this thesis, I use methodologies associated with Corpus Assisted Discourse Studies (CADS), but position myself closer to the discursive analytical side of CADS (and thus argue that the thesis is a Corpus-Aided Discourse Study), which combines corpus analysis with Critical Discourse Analysis tools to identify specific linguistic trends of mental health representation in the media. Throughout the analysis, I consider the potential impact various representations have on how men construct their own experiences with mental illness. Stage 1 of the thesis incorporates the development of a Corpus of mental health language, built from British newspapers. In this stage, I seek to determine textual-level linguistic trends on public, and regulated, constructions of mental health. These trends are applied to stage 2 which includes one-to-one, semi-structured interviews with men on their experiences with mental illness to examine if men draw upon similar linguistic constructions to discuss and frame themselves within their own experience. The headline findings of the thesis are that British newspapers draw on more negative representations, in particular when taking into account men's mental health and the impact of mental illness on society and the workplace. Interview findings demonstrate that public representations of mental health as found in British newspapers potentially influence how men frame and construct their own experiences with mental illness. The project ultimately argues for the benefits of applying both quantitative and qualitative methods of analysis to how mental health is constructed. This thesis contributes to the previously identified gap in the literature by investigating the broader social context in which mental health representation is produced and understood in public discourses and how this relates to private discourses.

1 Introduction

In this thesis, I focus on how language is used to represent mental health and gender through the consideration of data from the media and from individual interviews with men on their own experiences with mental health issues. I argue for the use of a mixed methods approach to language and use corpus methods alongside a Critical Discourse Analysis/Critical Discourse Studies framework (see Section 2.1 and 2.2 for further discussions on the use of these terms) to examine how newspapers are used as a medium of representing public understandings of mental health in the UK. I explore how the linguistic representation of mental health in the media impacts how men view and linguistically construct their own experiences with mental illness. Drawing upon a less traditional approach to Corpus Linguistics, I use a Corpus-Aided Discourse Study approach to identify overlapping linguistic trends between written media (through British newspapers) and spoken constructions of mental health (through individual experiences of mental health). I also use methods and frameworks from Systemic Functional Linguistics to examine how men frame themselves in the context of their own lived experiences of mental illness. Ultimately, this thesis demonstrates how a mixed methods approach can contextualise gender as a significant factor in the social considerations of individual experiences of mental health, resulting in potentially lower rates of engagement with services and support due to perceived opinions of those with mental illness (see, for example, Corrigan, 2004; Schinke et al., 2021).

This thesis seeks to provide an original contribution to the intersection between language, gender and medical studies as well as to the area of medicine, (particularly mental health studies) more broadly. Previous research into mental health and language has focused more on quantifying data and results rather than the social context in which a mental illness manifests (see, e.g., Hui & Stickley, 2007). Although small, there does exist a developing area within Applied Linguistics on mental health discourses and their contributions to the area will be discussed in more detail in Chapter 2. Nevertheless, this thesis explores how medical discourses can benefit from a purely linguistic approach to language, using data that can be both quantified and analysed at the text-level and that a gendered approach to mental health discourses can both demonstrate and emphasise the way men draw upon more traditional considerations of gender to construct their experience.

This introduction serves to background what is currently known within medicine and mental health research (Section 1.1.), the representation of mental health in discourse (Section 1.2) and identifying gaps within the research (which will be discussed in more detail in Chapter 2), which this thesis aims develop. The introduction then goes on to discuss the research aims (Section 1.3) to this thesis before outlining its structure (Section 1.4).

1.1 Background to mental health research

To better understand what is meant by mental health, it is worth making the definition between two terms: mental health and mental illness. Bertolote (2008) highlights the use of different terms in reference to mental health and highlights two main terms in the development of mental health care as is understood currently. These two terms are ‘mental hygiene’ and ‘mental health’ where the former referred to ‘activities and techniques which encourage and maintain mental health’ (Bertolote, 2008: 113) and the latter refers to mental health conditions. The World Health Organisation draws upon the concept of mental hygiene in its description of mental health as ‘a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community’ (World Health Organisation, No Date) drawing more on being mentally well than mentally unwell.

In contrast to this, The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, or the DSM-5¹ (American Psychiatric Association, 2013) uses the term ‘mental illness’ to refer to a diagnosed mental disorder where the actual disorder is named (for example depression or schizophrenia) and mental illness more to its symptomatic manifestations. It must also be mentioned here that the DSM-5 describes each disorder in detail as it is a manual designed for the use of medical professionals for diagnosis and management of said disorder in their patients. Therefore, the DSM-5 would not always be accessible by those who are not involved with medicine or medical training.

As such, I turn to the Mayo Clinic² in this instance, which is a private medical diagnostic, treatment and research centre. While they are focused on the academic and diagnostic elements of healthcare, they do also provide definitions of health conditions that

¹ The acronym will be used henceforth in reference to The Diagnostic and Statistical Manual of Mental Disorders

² <https://www.mayoclinic.org/>

laypeople may find more accessible. An example of this can be seen in their definition where they draw upon the DSM-5 in their definition of mental illness where they describe it as a 'range of mental health conditions - disorders that affect your mood, thinking and [behaviour]' (Mayo Clinic, No Date). However, the Mayo Clinic does not distinguish between what is an illness or disorder, which the DSM-5 does.

Notwithstanding the use of the DSM-5, the use of the definitions between mental health and mental illness have more recently begun to narrow, with mental health being used in society as a blanket term to incorporate both mental health and mental illness. This can be seen in a 2017 study of sport psychology where mental health is used throughout to imply a mental illness (i.e. a disorder such as anxiety etc) but mental illness is referred to as a risk to someone's mental health (Schinke et al., 2017). Similar use of mental health to imply illness can be seen in Magill et al. (2020) who use it to refer to what is needed to protect healthcare workers' mental health during the pandemic to avoid manifestations of illness, or in Felton & Lambert who avoid using the word illness and instead choose to use 'mental health difficulties' (2020: 85). This suggests a more fluid approach to the language used to refer to mental illnesses amongst both the medical and humanities areas of research into mental health.

This fluidity of terms is also brought up by Rüsch et al. who argue that 'the concept remains fuzzy in the public mind' when attempting to differentiate between the use of 'mental health' or 'mental illness' (2012: 642). Drawing upon Jaspers' (1997) argument of the role of human experience in psychopathology, Rüsch et al. state that 'mental illness is determined less by scientific classification systems than by personal views and sociocultural trends' (2012: 641). This alone suggests that the concepts of mental health and mental illness comes more from what society understands of these terms in the more social rather than medical perspectives. However, the DSM-5 remains important in diagnostic approaches to mental health because mental health is medically bound and pathological in nature. In keeping with the importance of both scientific and social considerations of what it means by 'mental health', I argue in this thesis that by exploring public representations and individual experiences, research examining the relationship between language and mental health can benefit both elements.

As this thesis is interdisciplinary in nature (and thus may ultimately have a readership from multiple disciplines), for ease of understanding for those who are not in medical fields, I will continue to use mental health and mental illness rather than incorporating mental disorder

throughout. Where this is not possible, such as is the case in direct reference in the second stage data, I mark this and explain the use of disorder when and where it is appropriate. Furthermore, as identified by the DSM-5, there are numerous mental disorders that are clinically diagnosable, with statistics in the UK identifying that conditions such as anxiety and depression are the most prevalent and most diagnosed (see Mind, No Date.; House of Commons Library, 2024). As such, this thesis will focus more on anxiety and depression rather than more psychosomatic disorders such as schizophrenia and psychosis, though see Shiel et al. (2022) and Demjen & Semino (2021) for discussions on these topics from a linguistic perspective.

Awareness about mental health has increased thanks to charity campaigns and government pledges and funding but figures related to mental illness suggest that more remains to be done. In a study carried out by MHFA England (Mental Health First Aid England), around 1 in 4 people a year encounter issues with their mental health, with up to 70-75% not seeking treatment (Mental Health First Aid England, No Date). Similarly, a study carried out in 2013 revealed that around 8 million cases of anxiety disorders had been recorded in the UK and that 20% of the population had been suffering from depression (Mental Health Foundation, No Date).

These figures are even more stark when discussions turn to men and mental health. McKenzie et al. argue that there continues to be a lack of male perspective in mental health research and that as a result, 'it remains unclear how mental illness stigma is experienced by diverse groups of men and in different settings' (2022; 1). This lack of representation within medical research which looks at the impact of mental health on gender has led to statements being made where men are said to be less likely than women to display mental illness (Sharp et al., 2022), despite charities such as CALM explaining that suicide amongst young men between the ages of 18 and 29 has risen to become one of the leading causes of death within this age group (CALM, No Date). This said, Sharp et al. also posit that the 'factors driving men's resistance to seek help for psychological problems have been attributed to normative masculinities characterised by self-reliance, stoicism, and restrictive emotionality' (2022: 2), suggesting that a more traditional approach to gender can also be to blame.

More recently, the UK parliament has published a report on national mental health statistics, stating that there has been an increase of mental illnesses amongst children and that those accessing services such as the Improving Access to Psychological Therapies, or IAPT, system has increased post-pandemic (March 2024). It must be noted that the last survey

conducted by the Office of National Statistics (ONS) and the National Health Service (NHS) was done in 2014 and an update to these statistics is pending, and so figures from this upcoming review could be different from previous official streams. This is highlighted by the charity Mind (No Date) as a change to the law in 2018 on reporting suicides meant that the statistics saw a dramatic increase in suicide rates and that this could account for similar statistics once the ONS survey takes place.

1.2 Discourse and mental health

Pre-covid, media representation of mental health had begun to increase in frequency, in part due to news stories about celebrities discussing their own experiences, as seen in the case of Prince Harry and Prince William as well as the highly publicised events about Britney Spears and Demi Lovato (see Calhoun & Gold, 2020 for the impact of celebrity mental health storytelling). While this can most certainly be seen as a positive in that more people will recognise when they need help (see Bergqvist, 2023 for the benefits of research exploring lived experience expertise), there is also the risk of it having a negative impact; especially where the media relies on stigmatising and potentially damaging imagery of mental illness (Abdullah & Brown, 2011; Balfour, 2019; 2023). However, we cannot disregard the increase in mental health reporting in light of the pandemic (see Gao et al., 2020; Holmes et al., 2020 for an overview), with discussions around mental health having come to the forefront of public discourse, from the impact of lockdown on existing mental illnesses to the consequences of burnout on healthcare workers (see, e.g., Pan et al., 2021 for the impact of Covid-19 on those with and without mental disorders prior to the pandemic; see Magill et al., 2020 for the impact on healthcare professionals).

The more negative representations around mental health and mental illness within public discourse as highlighted by Balfour (2023) is something that I will touch upon throughout the thesis, though notably in my review of background literature, discussion, and conclusions chapters. The impact of negative representations of mental health can be seen in national figures and charity campaigns (WHO, No Date). While, Balfour's research focuses on the representation of schizophrenia, as opposed to other mental health conditions such as anxiety and depression, there are overlapping negative connotations derived from mental

illness as a whole. However, not all negative imagery is necessarily in reference to the same manifestation of mental illness, and representation of mental illness will vary across conditions.

As Rüsç et al. (2012) argue, mental health and mental illness is not always easily understood and what society understands about mental health is determined more by how it is classified within the sociocultural context in which it occurs than from its pathologisation from the medical community. Therefore, mental health and mental illness can be considered as being contextually framed within the environments in which they appear. To examine this in more detail, this work considers Fairclough's and Wodak's approaches to discourse in the sense of media reproductions shaping public discourses via institutions of power (e.g. Fairclough, 2010; Wodak & Meyer, 2016).

The aforementioned negative link between mental health representation and mental health in men overall made by McKenzie et al. (2022) could potentially allude to the emergence of a taboo topic amongst members of the public. However, the use and perpetuation of taboos needs to be considered within the modern sense. Based on a particular community's customs norms and traditions, a taboo as understood by (Jay, 2009) is a topic that has been interpreted by that community as discourse or practice, which goes against their norms and is therefore banned from utterance, use or practice within that community. However, Fershtman et al. (2011) argue that the implementation of taboos or taboo language constitutes a part of social practice as a way of controlling what society considers a norm. By considering discourse as a 'form of social practice' and the media as an institution of power that has control over that discourse (Fairclough, 2010), it can be argued that society (or media in this case) influences discourse through the understanding of individual members of the public in ways that mean they would be able to interpret that discourse, understand it and then reproduce it back into society (van Dijk, 1993; Wodak & Meyer, 2016). Drawing on the concepts of discourse put forward by Fairclough and van Dijk, I argue that a topic can also become taboo from a lack of reproduction and representation within public discourse, resulting in that topic becoming out of practice or (non-)normative.

By drawing upon current representations in the media, this project considers a link between the ideation of taboo-orientated discourse and men's mental health and aims to address the issue highlighted above that men's mental health is underrepresented in mental health discourse, both within the public and academic/medical spheres. This project seeks to demonstrate how mental illness is linguistically constructed in relation to men and masculinity.

Throughout, I argue that expected and gendered social norms have influenced the media representations of mental health. In order to investigate the relationship between mental health discourses and masculinity, I take an approach in line with Critical Discourse Analysis, as theorised by Fairclough (2010). In other words, this project is concerned with addressing social issues through their discursive reproductions in society. By applying a Corpus-Aided Discourse Analysis approach through the creation of a small, but nevertheless representative corpus, this research also aims to demonstrate how mental health is thematically constructed in public reproductions.

It is hoped that by conducting such critical analyses of media representations, this project will be able to contribute to challenging any stigma around mental health in relation to masculinity and masculine norms.

1.3 Research Aims of the Thesis

This section discusses the aims and caveats of the research. Firstly, it should be emphasised that while I do adapt corpus methods of analysis throughout, I am not carrying out what would normally be considered a traditional corpus study within Corpus Linguistics. Instead, I am adapting my research to be more in line with a Corpus-Assisted Discourse Studies (or CADS) approach and use corpus methods to generate findings that will inform a second stage of data collection and analysis. While a corpus has been collated and analysed to develop the approach taken in the second stage, the use of Corpus-Aided is perhaps more appropriate than Corpus-Assisted, given that corpus methods do not feature throughout the whole thesis. I will elaborate on my reasoning further in Chapter 3, but it should be noted that Corpus-Aided will be used throughout.

Secondly, this thesis does not claim to be a medical study into mental health, nor do I claim to be medically trained. While previous work on mental health was traditionally conducted with a background in medicine (see, e.g., Szaz, 1974; Stuart, 2005; Hannigan, 1999), there exists a body of work within the field of linguistics that explores how mental health is communicated both within healthcare and public discourse environments (e.g. Balfour, 2023; Price, 2022; Galasiński & Ziółkowska, 2022). Following a more linguistic consideration of mental health, this thesis has been developed from a linguistic perspective to a medical theme

, i.e. mental health, to identify ways more qualitative research into mental health can examine the social impacts into the manifestation of certain mental health disorders through their construction in language.

Thirdly, this thesis aims to inform areas of research in linguistics and medicine, adding to a developing area of research where specialist topics such as medicine can draw upon a more qualitative perspective to understand the context in which their data appears, perhaps to identify phenomena that would not otherwise be considered.

As men of working-age are the most at risk of suicide (CALM, No Date; Sharp et al., 2022), the project ultimately aims to explore how gendered workplace discourses can further represent society in their approach to both gender roles and mental illness. In order to explore these gendered discourses (see Sunderland, 2004), this project will draw upon implications identified in current approaches undertaken by employers to support their staff with mental illness with the view of informing mental health training implemented by workplaces.

While the focus of this research was originally on what is now called pre-covid times, the impact of lockdown does play a prominent role on the development of both my overall thesis plan and the data collected, especially for stage 2. I discuss more on this impact to the methodology in Chapter 3 and revisit its impact in my Conclusion (Chapter 8).

1.4 Overview of the thesis

In this introduction, I have briefly framed why this research is important to conduct and have broadly situated my thesis within the fields of mental health and language and gender studies. This thesis is an exploration of current mental health representation in public discourses representative of the British media and how these representations impact and influence men's individual experiences of mental illness. As previously noted, this thesis is not a scientific study of quantified data of mental health prevalence. The following explains how the thesis is structured.

In Chapter 2, I review existing academic literature from the fields of Applied Linguistics and medicine. As the thesis is taking a Critical Discourse approach, this chapter firstly explores the development of discourse studies to a more Critical Discourse perspective.

The underpinning theories around Critical Discourse Analysis/Studies are then outlined before drawing upon both CDA/CDS and Corpus/CADS theories to develop an appropriate multidisciplinary approach to discourse for this thesis. The importance of considering the multidisciplinary nature of discourse through a Critical Discourse lens allows the thesis to be situated within the broader context of gender and medical (mental health) discourse. This chapter considers the current academic linguistic literature from a UK perspective, identifying gaps within this literature before going on to discuss three key research questions that have become apparent through these gaps. While all three of these research questions form the basis of my analytical approaches, two of these questions relate to each stage separately (question 1 for stage 1 and question 2 for stage 2) whereas the final question poses a broader consideration of the data and the findings.

Chapter 3 discusses the methods used to collect and analyse of the data. This chapter focuses on the use of a mixed-methods approach and argues for a 2-stage structure where the data and analysis of two different approaches to discourse are separated into separate stages. Stage 1 forms the corpus element of the thesis and stage 2 forms the more qualitative Critical Discourse Studies approach to individual interviews. I firstly discuss the corpus methods I implemented and further demonstrate the more appropriate use of Corpus-Aided rather than Corpus-Assisted in this thesis, before discussing the parameters used for the reference corpus. As stage 1 informs stage 2, I explain in Chapter 3 how this was implemented and how the findings from stage 1 helped to develop the plan for stage 2 based on linguistic trends and choices found in British newspaper representations of mental health. From this, I explain the use of Transitivity from the Experiential Metafunction of Halliday's (1994) Systemic Functional Linguistics and the identification of social actors in language (van Leeuwen, 1996; 2008) before ending the chapter by demonstrating the parameters used to identify metaphors in medical based language discourse.

As previously noted, this work does not approach Corpus Linguistics in its traditional and expected sense and Chapter 4 therefore explores the broader context of mental health in the British press through a reference corpus. This chapter is the first of three chapters that form the analysis portion of this thesis and this chapter examines what currently exists in reference to mental health and to mental health in men, identifying what is statistically key in the reference corpus versus the corpus developed for this research. This chapter ends through the examination of what exists within the broader context of the specialised corpus, taking into

consideration the data collection and analytical parameters as discussed in Chapter 3, before going on to explore the corpus findings in more detail.

Chapter 5 incorporates stage 1 of the thesis and forms a detailed discussion of findings from a specialised corpus development and analysis. It firstly examines the main findings as found in the corpus analysis stage, taking a linguistic construction perspective and exploring how the data refers to and constructs mental health representation at the text level. I then conduct a thematic analysis of the data to examine themes such as the mental health crisis before discussing how the gendered context of mental health is found at the text-level in British newspapers on mental health. The chapter summarises the findings by reflecting on areas that would help inform the plan to develop the second stage.

Stage 2 of my thesis is found in Chapter 6 which focuses on the individual experiences of mental health in men. Drawing on elements from stage 1, this stage examines how a transitivity analysis can highlight areas where men draw upon similar linguistic constructions as found in public discourses of mental health. A social actor analysis explores how men frame themselves and others in their experiences with mental health, with a focus on how they omit themselves or their mental health in utterances through the use of pronouns. The chapter ends on a metaphor analysis, identifying what metaphors exist in the data and what these represent.

Chapter 7 is a discussion and summary of the key findings in the data and what implications these findings have on each stage of analysis. While comparisons between each analytical stage have been done throughout the analysis chapters, overlapping findings from the three analytical chapters are discussed in more detail here. In particular, I examine how a mixed-methods approach to mental health discourse has demonstrated the impact of public discourse on individual experiences of mental health, addressing the social barriers men face in their experiences and journeys of accepting their experience and ultimately finding support. This chapter ultimately argues that men continue to linguistically draw upon more traditional expectations of gender and mental health in men is underrepresented within public discourses of mental health. The chapter ends with a discussion of the implications of the findings from both stages, and their impact on the gaps in the academic literature as identified in Chapter 2, supporting the claim that this thesis develops on the fields of Applied Linguistics and medicine.

I begin my conclusion chapter in Chapter 8 by firstly summarising my thesis and discussing to what extent my research aims as set out in this introductory chapter have been

met and what research questions as set out in Chapter 2 have been answered by this work. The chapter summarises what was identified in the analytical and discussion chapters in reference to the representation of men's mental health before considerations are made respecting the contributions to literature this thesis has made. The chapter and therefore the thesis ends on a reflection on areas of development that have become apparent throughout this thesis and conclude this research by offering where these developments lie and how they could be best approached from a linguistic or medical perspective.

2 Theoretical Background

This chapter explores several interrelated themes within the area of discourse analysis and focuses on how discourse can identify social expectations and norms in different contexts. As this thesis is concerned with how discourse can represent society and societal expectations in the wider social context, this chapter has been split up into three separate parts. These three parts represent the different relevant disciplines which are pertinent to this thesis.

Part 1 explores the concepts around Critical Discourse Analysis by looking at Fairclough's (2010) dialectical-relational approach to discourse as a precursor to what we now know as Critical Discourse Analysis/Studies. A crucial element to the consideration of CDA/CDS that Part 1 expands upon is its ability to be multi-faceted and applicable to different types of discourses. As this thesis is concerned with particular elements and applicability of the CDA/CDS framework, Part 1 ends on a particular focus relating to how discourse can be analysed from a Corpus-Assisted Discourse approach before going into more detail on specific types of discourses that are encompassed within CDA/CDS.

Part 2 considers the application of CDA/CDS to discourse and gender as social practice. Part 2 firstly explores what gender discourse from a CDA/CDS approach means through feminist social theory (see, e.g. Sunderland, 2004; Butler, 1990) and how this can illuminate hegemonic masculinities within discourse (Heritage, 2023; Waling, 2023). By both contesting and supporting gendered discourses in its more binary terms i.e. male versus female speech and performativeness of gender, the literature examines the use of 'toxic masculinity' in reference to hegemonic masculinities in discourse, ultimately arguing against its use in this thesis. This part takes on board the workplace as an environment where the performativity of more traditional gender norms are adhered to with little to no resistance.

Part 3 then explores the area of medically-orientated discourses within a CDA/CDS framework. As the fields of Linguistics and Medicine are vast with regard to their respective approaches, I firstly consider medical discourse from a broader understanding within Linguistics before narrowing on how mental health specifically can be represented within society. As this thesis is concerned with the British context, Part 3 is particularly concerned with the representation of mental health in the UK within the academic literature.

A final consideration is made for the application of the above discourse theoretical frameworks on how mental health discourses can influence gendered discourses of masculinity to identify how stigma around mental health within society perpetuates its taboo status within public representations and understanding of mental illness. The chapter concludes by pointing to gaps in the literature and demonstrating where these gaps have informed the research questions.

2.1 Part 1: Discourse Studies

2.1.1 Discourse

The philosophical development of discourse analysis and critical social theory was conceptualised throughout the 20th century with works on Discourse Analysis ranging from Foucault in the 60s and 70s (see Foucault, 1969; 1970; 1972) to the development of Critical Discourse Analysis in the early 1990s (see Fairclough, 1993; Wodak, 1996). Developed as a response to the Marxist-inspired Frankfurt School (which included researchers such as Sigmund Freud and Friedrich Nietzsche) at the time, Foucault conceptualised the use of discourse as a way of perpetuating power.

Foucault also identified that there were several elements to the incorporation of social power, which included the identified concepts of exclusion and resistance (Powers, 2007; Foucault, 1970) to systems of power within society. This idea of exclusion and resistance is prominent in social theory, especially Critical Social Theory, which is described by Freeman & Vasconcelos as:

[...] both the process and the out-come of a transformational agenda [which] brings together multiple beliefs about human understanding and misunderstanding, the nature of change, and the role of critique and education in society. (2010: 7)

The above quote from Freeman & Vasconcelos highlights that Critical Social Theory concerns itself with social and political change. This is also discussed within Horkheimer's essays (1972) in response to theological changes that came about in the aftermath of the Second World War (Boer, 2010).

A Critical Social Theory examines the ‘relationship between overarching social, economic, or political systems, such as capitalism or accountabilism, and everyday practice’ (Freeman & Vasconcelos, 2010: 8), discourse as a way of perpetuating power as mentioned above in reference to Foucault can also be used as a way of addressing power through identifying social injustices that comes with that system of power.

Discourse is defined by Fairclough as ‘an element of social life which is closely interconnected with other elements’ (Fairclough, 2003: 3). However, when taking into account discourse, it is important to emphasise that discourse is multi-faceted and there are many definitions of what *discourse* means in different contexts. Baker & Ellece state that discourse is ‘a term with several related and often quite loose meanings’ (2011: 30), highlighting the importance of marking the type of discourse at hand. However, a review of the different definitions of discourse must first be done before marking the appropriate analytical approach this project will take.

Firstly, Stubbs (1983) differentiates between *what is discourse* and *what is text*, suggesting that discourse is more interactive whereas text is non-interactive. This approach to discourse is argued against by van Dijk (e.g. 1981; 2021): he suggests that discourse is not as clear cut and, especially when considered from an analytical standpoint, text is interactive due to the cognitive systems undertaken by analysts to understand the discourse being analysed. However, Stubbs does go on to explain that discourse is ‘language above the sentence or above the clause’ (1983: 1). This particular element of discourse is of interest to this project, which will become more apparent below. The aspect of discourse being above the sentence/clause is supported by van Dijk. It has been argued in many of his papers that what can be found in the social context outside of the text-level linguistic construction of discourse (i.e. the socio-political worldview of an individual speaker) is one of the most important caveats of discourse analysis (1985; 2016).

From a more ideological standpoint, Foucault maintained that discourses are ‘practices which systematically form the objects of which they speak’ (1972: 49), proposing that discourse is practice and not just in relation to the written or spoken word in its entirety. This has been argued in discourse analysis by many, including Fairclough. More recently, Wodak & Meyer attest that discourse is seen as a type of social practice in that it has a ‘dialectical relationship between a particular discursive event’ (2016: 6) and the social and political context in which that event occurs.

It has been discussed above that discourse is fluid in nature (see Fairclough, 2003; Baker & Ellece, 2011) and as a result, the analysis of said discourse/s is also plentiful, to the extent that Burr denounced discourse analysis as an ‘umbrella which covers a wide variety of actual research practices with quite different aims and theoretical backgrounds’ (1995: 163). Burr also further explains this term’s relation to discourse in of itself and goes on to state that all aspects of discourse analysis as an umbrella term takes ‘language as their focus of interest’ (Burr, 1995: 163).

While the analysis of discourse (Discourse Analysis or DA) explores ‘language-in-use’ (Gee, 2014: 19; Brown & Yule, 1983), a more critical approach to language was developed by way of Critical Social Theory which ‘describes how groups of people exist in relation to the historically based dominant ideologies that structure their experience’ (Powers, 2007: 19). Critical Discourse Analysis (CDA) aims to explore potential social issues and inequalities as represented through language use. Further to this, CDA is not always concerned by what is written on a page but ‘also involves examining social context [...] how and why the words came to be written or spoken and what other texts are being referenced by them’ (Baker & Ellece, 2011: 26).

‘Emerging from critical linguistics’ (van Dijk, 1995: 17), CDA was developed in the 1990s (Wodak & Meyer, 2016) in critique of capitalist society and its relation to discourse (Fairclough, 2010). The use of critical in social theory was built on 20th Century Marxist thought and literary tradition.

As Leonard (1990) notes, critical social theory is the critique of social and political institutions that oppress people while perpetuating that oppression in society. Fairclough builds on this idea and states that CDA ‘always has to take account of language’ (2003: 2) in relation to its role in society and that it is not focused on ‘entities or individuals [...] but on social relations’ (Fairclough, 2010: 3). Elsewhere, Wodak & Meyer (2016: 6) argue that discourse is seen as a type of social practice in that it has a ‘dialectical relationship between a particular discursive event’ and the social and political context in which that event occurs. CDA, however, does not only consider traditional forms of language but also ‘pay[s] attention to other semiotic dimensions [...] of communicative events’ (van Dijk, 1995: 18), such as music and imagery, further laying claim to discourse representing practice. It is the relationship between discourse, society and social practices that this project is especially interested in exploring further. In sum, CDA and critical social theory both examine the social and political institutions

of power that perpetuate injustices within society, with CDA focusing on how these institutions of power can implement injustices through discourse.

2.1.2 Approaches to CDA

CDA as a linguistic approach has now come to incorporate multiple types of discourses and frameworks in which to analyse them. Thus, CDA is considered to be interdisciplinary (Fairclough, 2003; 2010) in nature due to its adaptable framework for the field of linguistics and other areas of research (Wodak, 2008). Hidalgo Tenorio also approaches CDA as a framework which considers a ‘combination of theory, application and analysis’ (2011: 183), highlighting further that it is multifaceted. This adaptable nature signifies that multiple concepts can be drawn upon at any one time to create a framework for a CDA approach, making it appropriate for this project which will be informed by multiple frameworks from the fields of linguistics, gender studies and discourse, and medicine.

More recently, however, this interdisciplinary nature has been further developed by those in Applied Linguistics and the use of the term Critical Discourse Analysis has been argued as not being fully representative of the analytical and thematic frameworks used to conceptualise it and to put it into practice. Wodak & Meyer (2016) consider this interdisciplinary nature (in that it explores theories, methods and analytical frameworks of discourse) and refer to the concept of Critical Discourse Studies (CDS), the use of this term has also been argued by others such as Koller (2017) van Dijk (2016), both of whom undertake an interdisciplinary approach to discourse. Given that CDS as a concept can be applied to multiple levels and types of discourse, I also consider the use of the term CDS instead of CDA in that it is a ‘theory-driven process of constructing objects of research [...] for research themes as they initially present themselves to us’ (Fairclough, 2010: 5).

A tenet of the CDS approach is that it is problem-orientated (Wodak, 2008) and concerns itself with addressing how social wrongs are reproduced through discourse by institutions of power (Wodak & Meyer, 2016; Fairclough, 2010). This links back to Critical Social Theory as addressed previously in this chapter (see Section 2.1).

van Leeuwen supports the notion of CDS addressing social wrongs through discourse in his social actor theory where he theorises that people or even objects and topics can be grouped together in language through a set of systems to identify who or what is active within

language. In relation to this is the concept of agency, where language and discourse analysis is concerned with who or what has agency through language and what this could mean at a wider, social context. van Leeuwen argues that the concept of agency, is ‘of major and classic importance in Critical Discourse Analysis’ (1996: 32). He goes on to theorise how agency can be considered when analysing language at the text-level and what it can reveal, through linguistic and grammatical means, including what power inequalities exist in society through its representations of people (1996).

However, agency can carry different meanings in different disciplines. Emirbayer & Mische (1998) particularly argue against this differentiation of agency within the social sciences and instead posit that human agency is a ‘temporally embedded process of social engagement, informed by the past (in its habitual aspect), but also oriented toward the future (as a capacity to imagine alternative possibilities)’ (1998: 963). What they aim to highlight through this statement is to conceptualise the theory of agency as the capacity for everyone to decide how to shape the world around them, tying into Fairclough’s proposition that language and discourse frames the world around us (2010).

A concept of agency that is of particular importance in this thesis can be seen in Ahearn (2001) who views agency in language as a call for social action, drawing upon the theory of CDS of language reflecting social and systemic issues and inequality. Ahearn goes further and states that ‘[a]gency refers to the socioculturally mediated capacity to act’ (2001: 113), a position that has been taken more recently by Parsell et al. (2017) who reflect on how agency within social work can allow the means to act. In the case of Parsell et al., however, they emphasise that ‘human agency is core to social work’ (2017: 238) as it is socially-mediated and, in reference to Emirbayer & Mische (1998) above, ‘people do not only act out of habit and routine, rather agency is oriented towards future possibilities and an individual’s capacity to reflect upon and evaluate their present situation’ (2017: 241). This particular approach to agency demonstrates that the role of agency to both identify and address social injustices is significantly important in this thesis as it is concerned with addressing the unequal representation of men’s mental health both within society and through national figures.

In particular, CDS considers how these institutions continue to perpetuate inequality through power relations and it has been argued that CDS is as ‘an emancipatory political project, and it is critical of asymmetrical power relations’ (Lazar, 2005: 1). This raises questions about what is considered to be an institution of power that needs to be emancipated,

or which may generate asymmetrical axes of social power and how such relationships are legitimated through discourse.

An institution of power includes those that have control over public and media discourses such as the government or the media. van Dijk goes insofar as to say that ‘preferential access to, and control over discourse and its properties are forms of the direct enactment of social or institutional power’ (1995: 21). This suggests that those who are in positions of power are the ones who control what is represented within public discourse, an aspect that is also touched upon by Thomas et al. (2004). However, public discourses are not the only areas where one can argue that institutions of power can control what is represented. Harvey & Koteyko (2012) particularly approach this position from a medical discourse standpoint, identifying areas of medical discourses that are influenced by more social and institutional means such as the power dynamic seen in doctor-patient consultations and the systematic production of patient records (see Section 2.3 for more information on medical discourses)

van Dijk places particular importance on the media as an institution of power in relation to discourse and states that ‘most of the knowledge people have must have been derived from press or television discourse, or from conversations which themselves incorporated media information’ (1992: 248). Couldry further explores the role of the media as social action and argues that ‘media provide an entry point for understanding the organization of human action’ (2012: 8).

A type of media that is often considered as being representative of wider social contexts as perpetuated by institutional powers is newspapers (see work by van Dijk, 1985; 1991). Newspapers as a type of media are an integral part of this thesis as they demonstrate communicative narratives on a mass scale in society (van Dijk, 1988). Furthermore, the news as a type of media represents ‘phenomena of mass communication [which] will receive specific and expert attention’ (van Dijk, 1988: 3). This highlights that topics covered by newspapers are deemed important enough to be communicated on a mass-scale to multiple groups of people, a caveat of media and the news that is key to this thesis.

The media’s role in influencing society as highlighted above by van Dijk (1988; 1995) is also argued in McCoombs & Shaw’s Agenda-Setting Theory (1972), where they argue that mass-media ‘are stunningly successful in telling their audiences what to think about’ (177).

More recently, McCoombs further states that '[t]he ability of the media to focus attention on particular issues can influence the criteria by which the public evaluates political leaders and events' (2004: 199). Weaver (2007) further explains that the agenda-setting theory 'directs attention not only to the topics of public discourse but also to the attributes and language used to define them' (144), highlighting that topics, concepts and even linguistic patterns can be used to influence publicly understood discourses. These demonstrate how influential as an institution of power (e.g. van Dijk, 1995) that the media can be, highlighting its importance to consider in this thesis on mental health representation and how this can potentially influence the language of mental health available to individuals.

Nevertheless, how can this be applied to a more individual context as this thesis aims to illustrate? McCoombs explains that '[a]genda-setting is a process of linguistic diffusion. The words and symbols used by journalists to describe the world become the resources by which citizens describe their own' (2004: 125). What this means is that the language used for a concept within the media can become a linguistic resource that individuals can then draw upon in discourse. For example, if representation of a concept is inherently negative or positive, individuals would then use this negativity or positivity as part of their own resource of language for that concept.

More recent developments in Agenda-Setting theory look at what is dubbed second-level or framing agenda-setting theory, where the consideration of language resources drawn upon from the media are done unconsciously through repeated linguistic patterns within the media. In other words, individuals are unaware that they may be adopting linguistic patterns from the media, as Weaver (2007) describes. Drawing upon Fairclough's (2010) theory that discourse reflects the world around us and that discourse can become discourse practice, Ghanem (1997) states that through second-level agenda-setting theory, language of the media becomes language of the public, whether consciously or unconsciously. This element is of particular interest to this thesis as it aims to that this has occurred with mental health representation through media constructions.

Another theory that conceptualises this relationship between the media and the individual is that of the Uses and Gratifications theory. However, instead of placing importance on the media's influence on individuals linguistic resources, Uses and Gratifications theory places the importance on the 'active role of the audience in selecting media content, interpreting its meaning, and integrating it into their personal and social contexts' (Ruggiero, 2000: 3).

Katz et al. (1973) also states that '[i]ndividuals actively seek media that will satisfy specific wants or needs. The media use is goal-directed and motivated by the gratifications sought by the audience' (510). What this means is that while individuals are considered as active participants in their choice of media consumption that would influence their language resource, they are also active in understanding what media they can consume that would support their ideologies.

While both the Agenda-Setting and Uses and Gratifications theories both examine how the relationship between media discourses and individual accounts can be conceptualised, my position in this thesis is more in line with Agenda-Setting theory and I will consider from this point onwards that what is represented in the media in reference to mental health is influencing individual linguistic constructions of personal experiences with mental illness. As this thesis is concerned primarily with the British context of mental health, and newspapers tend to be categorised based on readership and communication type (Buckton et al. 2018), this has been taken into consideration as part of stage 1's data collection and analysis. Buckton et al. consider the following 3 characteristics for British newspapers:

Tabloid newspapers are politically diverse, with predominantly working-class readerships, and an informal tone. Middle-market newspapers are more serious in tone, have a predominantly older, middle-class readership, and are typically aligned with the political centre-right. 'Quality' newspapers are those formerly categorised as broadsheets, and are politically diverse, with predominantly middle-class readerships (2018: 3).

Although 3 characteristics are identified above, this thesis will only concentrate on 2: Tabloids and Broadsheets. This is due to van Dijk's (1988) consideration of popular, or Tabloid, news and 'Quality' news. van Dijk further explains that elements from tabloid newspapers, such as sensationalism, can also appear in quality newspapers, and vice versa. As such, the identification of more middle market newspapers may not always be as clear (van Dijk, 1988).

Nonhoff states that CDA aims 'to analyse in particular those discourses that express, legitimate, reproduce or question relations of power' (2017: 3). Nonhoff's (2017) position on CDA supports Fairclough's argument that it not only identifies what could be social wrongs reflected through discursive practice but that it also finds 'ways of righting or mitigating'

(2010: 11) those wrongs through language. Thus, taking into account the media as a facet through which language is produced and reproduced where there is a potential for language change, the project considers how mental health representation in British newspapers reflect the broader, societal perception of people with mental illness.

2.2 Part 2: Discourse and Gender

While the previous section examined the concept around discourse and how this has been developed into the interdisciplinary CDS framework, this section and its sub-sections will explore how a facet of CDS can be applied to gendered discourses. Sunderland (2004) argues that discourses should be named based on identifying features, in particular gendered features. Taking this into account, this section will explore expectations of how gender is performed within society and how society associates behaviours and environment with more traditional approaches to gender. Further consideration of Foucault's approach to discourse is also made in this section, taking the perspective that discourses are 'practices which [...] form the objects of which they speak' (1972: 49). Sunderland does warn that the relationship between gender and discourse 'is not a straightforward relationship' (2012: 22) and we must take care when considering discourse from a gendered perspective.

In the following sub-sections, I firstly consider what is meant by gender within society before arguing the position that what we traditionally associate with gender impacts upon how discourses can be gendered and perceived within society through discursive practices. As gender is 'culturally constructed' (Butler, 1990: 9), this section ends on the examination of how the workplace context can reflect traditional understandings of gender through its reproduction and representation in discourse.

2.2.1 Gender

As 'CDA enjoys a mutually beneficial relationship with feminist scholarship' (Christie, 2016: 10), gender discourse in this thesis draws upon more feminist understandings of what is meant by gender. However, before I go into more detail on gendered discourses, I must first explain the distinction between gender and biological sex. This distinction is pertinent here to fully

demonstrate what we mean by performing gender. Drawing upon feminist theory, Butler explains its distinction below:

Originally intended to dispute the biology-is-destiny formulation, the distinction between sex and gender serves the argument that whatever biological intractability sex appears to have, gender is culturally constructed: hence, gender is neither the causal result of sex nor as seemingly fixed as sex. The unity of the subject is thus already potentially contested by the distinction that permits of gender as a multiple interpretation of sex (Butler, 1990: 9)

What Butler means by this statement is that sex is in reference to the biological anatomy of what makes a male or female whereas gender is in reference to the cultural and social construction and representation of what it means to be a man or a woman. However, Butler (1990; 2011) argues that sex is still a social construction, but a social construction which is tied to how we (as social beings) put biological features (and constellations of repeated patterns that we see in biology), into socially constructed boxes.

In more recent publications, Butler states that ‘[i]f gender is the cultural meanings that the sexed body assumes, then a gender cannot be said to follow from a sex in any one way’ (2011: 10). From this quote, it can be said that Butler emphasizes that gender and sex should be considered as two different separate concepts. This is also something that Cameron (1997) declares in that we must distinguish gender from biological sex. Similarly to Butler, Cameron goes on to explain that ‘gender symbolizes sex’ (1997: 22) and that it is performed ‘based on the collective social experience of living as a member of the group [...] taking on particular ‘gender roles’ in order to conform to cultural expectations’ (1997: 22).

Eckert & McConnell-Ginet considered gender in this way and offered an alternative to gender discourse in that society should see gender as a process by which one can analyse ‘the complexities of language as used by real people engaged in social practice’ (1992: 462). This links back to works mentioned above by Foucault (e.g. 1972) and, more recently, Sunderland (2004) where they consider discourse as representative of the discourse environment in which they are produced.

As discourse constructs and represents the world around us (Fairclough, 2010), gendered discourses can in themselves construct and demonstrate identities and contexts through language use (Cameron, 1997; Holmes, 2006). Risman (2004) asserts that

contextualising gender as social practice is important if we are to explore how members of a society conform to gendered behaviour as expected of them. What this thesis explores in relation to gender is what we would normally associate with gender as a concept: how it is performed through discourse; what society expects from gender via its performativity and what impact gender expectations have on discourse.

If gender is a series of social constructions, and language is a social practice, it therefore stands to reason that there exist certain gendered ideals that people are expected to conform to and that these expectations also extend to discourse and how we communicate (see Sunderland, 2006). This may mean, for example, that there is an expectation that men might avoid talking about certain topics, such as mental health. While discussion of this topic is still possible, because gender is something that is situationally constructed by individuals and it is possible to break social expectations, to break such a gendered norm in turn might be challenging and generally avoided. This particular aspect is brought up by Holmes (2006): from a workplace context, it links directly to the consideration of mental health as a stigmatised topic of discussion amongst men to the point that it remains taboo. The analysis of the second stage of this thesis can be found in Chapter 6 where individual experiences of mental health in men is constructed via metaphorical use and interesting social actor constructions from men themselves.

Sunderland (2004) is not the only example where gender performed through discourse can be found. Sheridan also considers gendered differentiations based on language choice and states that ‘Unlike women, men tend to use linear speech, moving sequentially through points [...] Linear speech requires less intimacy and also reaffirms the conversational goal as being one of information exchange’ (Sheridan, 2007: 322). What Sheridan (2007) does mark in their research is that men have the tendency to use language that is informative, perhaps signifying that male orientated speech does not allow room for more emotive aspects. Caution must be taken here as linguistic tendencies in men have been found within the context of Sheridan’s (2007) participant pool and not men as a whole and should not be considered as representative of how all men use language versus how all women use language. While Sheridan demonstrates potential differences in how men and women use language, Galasiński (2004) that such an approach could be considered as damaging from a social norm and expectation perspective, consequently reducing what linguistic choices men are able to draw upon in their discussions on mental health, alluding to the idea that men either do not or are unable to express their

emotional experiences, which this thesis aims to disprove (see Chapters 3, 6 and 7). Therefore, I take Sunderland's (2004) and Galasiński's (2004) approach to gender as performative and that social norms impact how men draw upon linguistic choices when discussing their experience with mental illness.

Risman highlights that gender as social practice is 'embedded in all the social processes of everyday life and social organizations' (2004: 430), suggesting that it is ever present. This aspect of gender is also adopted by Holmes (2006) who states that it is used to understand interaction with others due to the stereotypical gendered expectations of behaviour that we draw upon when we interact (2006). Speer & Stokoe (2011) also note the importance of exploring when something becomes gender relevant. In other words, looking at words *that gender*, rather than assuming everything will be *about gender*. It is this notion of something, which in this case would be language, *becoming gender relevant* that is important for this thesis.

Although the literature does identify that gender is more of a performative social construct and should not be related to biological sex, due to social understandings of gender, they continue to be intrinsically linked within society and based mostly within the more traditional expectations of male versus female. This continued link between gender discourse and binary instantiations has been addressed in Queer Linguistics as a way 'to uncover and destabilize normativity through the analysis of text and discourse' (Koller, 2013: 572). Koller goes on to state that the notion of 'normativity ties in with critical discourse studies in that it addresses the role of texts and context in constituting in-groups and out-groups, and the marginalization and privilege that go with them' (2013: 573). Coimbra-Gomes & Motschenbacher examine how normativity functions in gender and queer discourse and state that:

Normativity is a central mechanism affecting the discursive construction of sexual identities, desires, and practices. It stipulates which sexual aspects are deemed preferable or normal vs. stigmatised or abnormal, and this has an influence on which sexual aspects can be made explicit in a given context, the way people communicate about sexual matters, and how we conceptualise sexuality (2019: 565)

The notions of normativity, or (non-)normativity in this way therefore further support the gendered discourse element of this thesis through a Critical Discourse Study perspective as it

allows the identification of how mental health is gendered through public and individual discourse. I therefore argue that traditional representations of gender impact how discourse around mental health can lead to the continuing, and incorrect, understanding that men do not suffer from mental illness and that men who are open about their experiences are non-confirming (see Chapters 6 and 7).

2.2.2 Discourses of Masculinity

As discussed above, I argue the position that men discussing their mental health is a non-conformity to the social expectations of men and I take on a more fluid approach. However, while this thesis explores the relationship between masculinity and mental health, the data analysed only relates to men's mental health. In other words, while women can draw on features and concepts associated with masculinity, this thesis is primarily concerned with how men construct and navigate masculine norms (around mental health).

As I am specifically discussing men's mental health the concepts around discourses of masculinity must be taken into consideration. Similar to gendered discourses above, masculinity can be performative in nature and Heritage states that 'masculinity is still geographically, historically, and culturally dependent' (2021: 55), emphasising its importance both from a gendered discourse perspective on a wider sociocultural lens.

Similar to the previous section where the literature demonstrates that gender can be understood through language, Heritage takes on Beynon's 'argument that 'social identities and culture also determine to what degree something is classified as masculine, feminine or neutral' (2021: 55). What this demonstrates is that while social identities can be marked from a gendered perspective such as the masculine feminine or neutral stated by Heritage, these identities and the degree to which they can be performed in society are dependent on that particular society's norms. This is also the approach taken by Galasiński who states

'masculinity is a social construct, a gender ideology, a society's way of associating certain practices with gender. Here masculinity can be seen as a configuration of social practices, but these practices are not there to be read off what men say or do, they are mediated by the society's ideological constructs.' (2008: 122).

This links back to what was discussed in Section 2.1, where language and discourse are seen to not only reflect the world around us, but to also determine how members of a society are expected to perform gender.

One aspect of masculinity and gendered discourses that is important to discuss is the concept around the hegemony of gender. The concept of hegemonic masculinity was first proposed by Kessler et al. in the early 80s and critiqued the role of men and power at the time (1982). Drawing on feminist movements in the 80s, 'Hegemonic masculinity was understood as the pattern of practice (i.e., things done, not just a set of role expectations or an identity) that allowed men's dominance over women to continue' (Connell & Messerschmidt, 2005: 832). A tenet of hegemonic masculinity is the continued patriarchal power in society which 'required all other men to position themselves in relation to it, and it ideologically legitimated the global subordination of women to men' (Connell & Messerschmidt, 2005: 832).

From a CDS perspective, the hegemony of gender could be considered as an agentive actor amongst institutions of power, in particular in the continuation of social inequalities and social power imbalances through patriarchal control. However, what must be said of this point is that while hegemonic masculinity seeks to establish patriarchal control over women (and men who do not conform to the hegemony), this involves a small minority of men who are in positions of power, further alluding to societal inequalities.

A way in which hegemonic masculinity is perpetuated is through ideologies around toxic masculinity. The latter is described by the Oxford English Dictionary (online) as

a harmful or destructive form of masculinity, typically characterized as arising from excessive adherence to conventional or stereotyped expectations of the behaviours, qualities, and attitudes appropriate to men and boys, and manifesting in traits such as aggression, misogyny, domineering behaviour, and emotional repression (No Date)

Heritage, however, highlights 'there has been little academic work on 'toxic masculinities'' (2023: 57) due to it being a relatively recent concept on masculinity, although there have been social representations of it such as is highlighted by Waling (2023) through discussions around the #MeToo movement that began in 2017. What both Heritage and Waling do is draw upon the idea that while toxic masculinity and hegemonic masculinities perpetuate masculine and patriarchal dominance over men and 'feminine others'. This is done through the gaze or fear of being 'feminine', which links back to nonconformity of gender norms as

highlighted by Coimbra-Gomes & Motschenbacher (2019). However, both Heritage (2023) and Waling (2023) argue against the use of the term ‘toxic masculinity’ by academics because of its perpetuation of multiple problematic ideas, including the idea that men have no agency in their behaviours.

Notwithstanding the fact that I have discussed masculinity through the hegemony of gender and of toxic masculinity, it must be made clear here that I am not concerned with masculinity in this way for this thesis. This is due to hegemonic masculinity being specifically concerned with how certain men are privileged over others, which this thesis is not exploring. The data I analyse in stage 1 comes from a different hegemonic system (the media through British newspapers) and so what they present as hegemonic may not necessarily be a reflection of what broader society views as such.

As ‘representation is the normative function of a language which is said either to reveal or to distort what is assumed to be true’ (Butler, 1990: 3), the framing of the interview stage (stage 1) from a masculinity perspective could potentially cause issues with how men construct their experiences with their mental illness. Ideas surrounding hegemonic masculinity as discussed above come only from an analytical perspective once the data had already been collected in order to keep the collection process as unbiased as possible. Furthermore, as men’s mental health is under represented in society and I explain in Part 3 below how it is underrepresented in mental health research from both the linguistic and medical standpoint, discussing masculinity in this way going forward would not be appropriate. This does not mean that literature from these areas do not have their place in this thesis and I discuss in my discussion and in my conclusion in reference to future studies where this would be better suited in research done on men’s mental health.

2.2.3 Gendered Discourses in the Workplace

One area where gender as social practice is performed that I consider throughout this thesis is within the workplace context. As ‘communication in its various forms was and still is perceived as being at the heart of what is going on in many workplaces’ (Schnurr, 2012: 12), workplace communication can therefore be analysed as other types of discourses as discussed in this chapter. Marra & Dawson describe analysing workplace discourse in the following way

The original focus of this analysis was conversations between professional and laypeople (institutional talk), a focus which quickly expanded to interactions between colleagues that take place as part of normal, everyday workplace activities (workplace discourse) (2021: 475).

They go on to explain that there are two separate elements to consider with workplace discourse: institutional discourses and workplace discourses. Institutional discourses are considered from a more conversational analysis approach whereas workplaces discourses are related more to discourse analysis (Marra & Dawson, 2021). From that we might deduce that workplace discourse analysis ‘actively draw[s] on wider societal understandings to interpret the (typically naturally occurring) workplace interactions’ (Marra & Dawson, 2021: 476) that occur.

This is supported by Schnurr (2013). However, they distinguish between institutional and professional discourses rather than institutional and workplace discourses. In an adaptation of Gunnarsson’s work on professional discourses (2009), Schnurr highlights multiple features of what makes discourse particularly professional in its construction. This said, I only consider three of these features, based on them being most pertinent to this thesis. These features are described below:

1. Professional discourse is often explicitly goal-oriented and situated. In other words, the goals of professional discourse are typically specified in written documents (such as mission statements, contracts, etc.) and they are often linked to specific actions with concrete results (such as examining patients and prescribing treatments in order to cure them). Most workplaces have specific expectations and norms about what is considered appropriate communication, specifically in terms of who communicates with whom, how and when.
2. The discourses of professions are often conventionalised, in particular, where they reflect specific practices which are characteristic for that profession (e.g. conventionalised patterns of doctor-patient interactions or courtroom interactions).
3. Professional discourse often reflects and reinforces the activities and practices that characterise a workplace unit or group within an organisation. These groups exist on various levels within a workplace, including small local working groups (e.g. a team on the factory floor), a specific workplace, and even an entire organisation (Schnurr, 2013: 14-15)

What these features highlight is that professional, or workplace, discourses have a set of norms and expectations in place that distinguish them from other types of discourse practices. One aspect of workplace discourse that is reiterated in the literature is that it is multifaceted, similarly to CDS, in that many contexts can be considered when analysing workplace discourses (Schnurr, 2013; Gunnarsson, 2009).

From a gendered perspective, Holmes (2006) defines the workplace as an environment that, typically, is traditionally gendered, meaning those within that particular environment are expected to conform with the expected norms that are attributed to a typically binary concept of gender. Schnurr also argues that analysing workplaces in this way can be used to explain ‘how people in a workplace setting communicate with each other’ (2013: 22), while Marra & Dawson found that a speech acts analysis of institutional discourses revealed a community of practice with specific norms and expectations, which are followed by group members (2021). I argue that this particular standpoint can be attributed to a gendered perspective as Kendall & Tannen argue that workplaces as context are their own subset of society that continue to perform expected gender roles as part of their hierarchical development (1997).

Contextually, gendered norms within the workplace have also been touched upon by Kondo (2009) where relationships and hierarchies were analysed within a Japanese factory. Kondo identified that power dynamics exist within the context of their research, in particular in the type of work that was undertaken where men tended to work full-time and women part-time. This links to what Holmes (2006) identified in workplace hierarchies where men were more likely to be in positions of power in contrast to the women. What this demonstrates is that there are cultural expectations at a social macro and social micro level for people of different gender, and typically, workplaces which uphold hetero-cis patriarchal ideologies towards gender enforce such ideologies by a series of social micro expectations, and people navigate these as a way to conform to the socially micro-level expectations.

This approach to how workplaces are gendered is made especially explicit in descriptions of masculine dominant workplaces as ‘authoritative’ and ‘powerful’ (Holmes, 2006: 7) while feminine dominant workplaces are more likely to take a more emotional and supportive role in the way they are managed. Holmes (2006) also suggests that more masculine workplaces do not allow space for more emotional discussions (see previous section). However, this is contested by Schnurr (2013), who argues that professional discourse is dependent on the situation. This is also touched upon by Marra & Dawson (2021) who also

state that both approaches are used based on context, be the situation involve colleagues or clients.

2.3 Part 3: Discourse and Health

2.3.1 Language and Mental Health

There is a significant body of research which explores the relationship between language and health. This relationship is important because, as Gwyn states: ‘Illness is constructed, reproduced and perpetuated through language’ (2002: 6). Taking into consideration Gwyn’s statement with Fairclough’s theory on discourse (2010; see Section 2.1), one can examine illness through how it is linguistically constructed.

One aspect of CDS that is particularly pertinent for this project is medical discourses, in particular medical discourses that refer to mental health. Medical discourse from a CDS perspective has been discussed by Harvey & Koteyko (2013), who consider how information of medical themes can be accurately transferred to an unknowing public through the media. Atanasova et al. (2019) also explore how methods from CDS can be implemented to benefit medical discourses pertaining to mental health and illness. This is particularly the case through its media representations. However, Gwyn does highlight that ‘we are saturated with health issues’ (2002: 6) through these media representations, explaining that we are always being shown representations of various medical conditions through advertisements, the news etc, something that Harvey & Koteyko (2013) also touch upon. Many scholars from the world of medicine have explored mental health research in a variety of ways, for example Corrigan et al. (2014) who looks at the impact of stigma on the uptake of mental health support or in Stuart (2015) where public attitudes to psychiatry and psychiatrists were considered in a multisite survey across the UK, Europe and Asia (see Section 2.4 for more information). One example of a more mixed methods approach can be found in Pyle & Morrison (2014) who argue that mental health research typically utilises quantitative methodologies rather than considering the promising analytical frameworks that qualitative approaches can apply to medical discourse research. Similar considerations and arguments for mental health research have also been made more recently by McKenzie et al., (2016; 2022) who identify that ‘qualitative research in men’s mental illness is emergent’ (2022: 3), highlighting that it is a growing area of research both in mental health research and in reference to men’s mental health.

While McKenzie et al. (2022) do look at stigmatising language of men's health and they do state that it continues to be a underdeveloped area of research, caution must be taken as they do not take a linguistic approach to language/discourse analysis, which can also be found in similar studies from a more medical perspective of language rather than taking on board linguistic frameworks. Therefore, this supports my approach to mental health research from a linguistic perspective as applications of qualitative elements of analysis on medical themes can potentially further explore the social parameters of these themes or most importantly for this thesis, mental health and the potential impact these social parameters may have on those who suffer from an illness.

This is also supported by Galasiński (2008) who states that official mental health manuals 'are charged with removing both the individual's experiences of distress and the social context in which the individual operates' (25), suggesting that more social contexts are not considered from a clinical perspective and could potentially be missing relevant approaches at the individual and social, rather than medical, level. Taking into account Agenda-Setting Theory (McCoombs & Shaw, 1972; McCoombs, 2004), those with mental health issues can only understand their experiences based on the language resources that are currently available to them. While this is normally in the context of media discourses, I argue that this can also occur within medical discourses, especially within those discourses that are designed to offer advice and support. I further argue that a current underrepresentation and underdevelopment of men's mental health both within academic literature and from areas of support directly impacts individual men on how they understand and linguistically construct their own mental health experiences.

It has been argued that while medical discourse research is vast, 'it is still dominated by doctor-patient interaction [...] despite the substantial amount of health care being dispensed by professions allied to medicine rather than by medical professionals themselves' (Adolphs et al., 2004: 10). Karimi et al. (2018) argue against the notion posited by Adolphs et al. (2004) and argue for communication that is more patient-centred rather than the unbalanced power relationship that is taken on within a discursive contact between doctor and patient. This would '[enable] patients to be more agentive and active in decision-making about their health and health care' (Karimi et al., 2018: 1). This demonstrates that there are other avenues to be explored in medicine on discourse that lies outside the clinical relationship one expects to have with their health.

Such research exists from more ethical and philosophical areas as explored by Bergqvist (2023), where they argue the importance of research looking at the expert-by-experience concept where ‘mechanisms for patient empowerment and agency centred on quality of life and shared decision-making’ (2023: 173) can be brought into patient care by those who have gone through a similar experience. Bergqvist also argues that such practice can remove the more clinical and medicalised side of diagnosis and treatment to bring a more humanistic approach which can be more comforting (2023). While involving the public into more medicalised discourses such as posited by Bergqvist can be a positive in increasing both visibility and social understandings for certain medical conditions, Gwyn does caution that the consequence of this is ‘experts know very little’ (2002: 7) which could be damaging in the long term.

While there has been a recent increase in public discussions about mental health, especially in light of the Covid-19 pandemic (see for example Gao et al., 2020), previous research has argued that representations of mental health in the media tend to draw upon negative and stereotypical discourses (e.g. Atanasova et al., 2019; Price, 2022). Cumulatively, previous research demonstrates a long history of negative representations of mental health across multiple text-types (see Corrigan, 2004; Abdullah & Brown, 2011). Such a deep history of poor representations is of particular importance to this project, as media representations are one of the reasons why discussion about (poor) mental health was, and remains to be, socially taboo. I also argue here that the Agenda-Setting theory (McCombs & Shaw, 1972) as discussed in Section 2.1.2 can also be applied to the mental health context and that current representations highlighted above are frequent to influence society’s thought and understanding processes of mental health. This is especially the case with mental health in men (see McKenzie et al., 2022; Schinke et al., 2021; Sharp et al., 2022), where representations tend to focus on more violent imagery and could potentially influence or impact individual men in how they approach their own illness to themselves and to others.

If we consider that the reproduction of a text can be ideological in nature (see Fairclough, 2010; Power, 2007) and that knowledge can be distorted based on previous experiences of society, it can be assumed here that a writer’s position as part of context will determine what they would deem important to frame first when discussing a particular topic. This could also be considered insofar as the political affiliations of particular newspaper

reproductions, argued by Harvey & Koteyko as an aspect that influences how the media chooses to present medical advice (2012).

In relation to mental health, the idea of media avoidance is highlighted as causing more harm than calling for action and that ‘low levels of health literacy contribute to worse health outcomes’ (Mendenhall & Frauenholtz, 2013: 365). This suggests that lack of access to literacy about mental health contributes to misunderstood and stereotypical representations in the media and signifies the importance of addressing mental illnesses in their entirety to properly raise awareness in public discourse. In this thesis however, this needs to be considered from a more academic perspective to examine the institutions and motivations behind increasing mental health literacy as a way of overcoming social stigmatisation of mental health.

van Leeuwen (1996) proposed in his social actor theory that the choice to include or exclude information was also important to consider. By way of exclusion, topics or even people could be avoided within the text, suggesting that to exclude means to signify unimportance. Exclusion can also be construed as an active choice in creating uncertainty or even fear of a topic (van Leeuwen, 1996). Therefore, this project also considers what is omitted within the data with just as much importance as what is included.

More recently, Collins & Baker have conducted a computer-aided analysis of obesity to understand ‘the influence that media representations can have on perceptions of (people with) obesity’ (2024: 3). Drawing on previous research by Brookes and Baker (2021), Collins & Baker state that the ‘press contributes to the stigmatization of people with obesity through shaming discourses, evidenced in the language used to refer to individuals and groups, as well as purported qualities and behaviours’ (2024: 3). This highlights how a discourse analysis and, more importantly, a computer-aided, or corpus-aided, discourse analysis of media discourses can uncover social biases to medical topics. While this article focuses more on the imagery of obesity rather than the text-level construction, attributing a more multi-modal approach to medical discourses, the point made by Collins & Baker is that the press can perpetuate stigma felt by those with medical conditions through the discursive framing of these conditions as shameful (2024).

Given that previous research has demonstrated that there are stigmas associated with mental ill-health, it can also be inferred that discussion about mental health is also considered a taboo topic. The earliest consideration of stigma being attributed to mental health was made

by Goffman (1969) who, in his book on Asylums, called for more considerations made on the social, systemic and political consequences of mental health stigma. However, this is in contrast to Szaz' approach to mental health, where they strongly state that 'there is no such thing as mental illness' (1974: 1), instead stating that it is 'institutional forces' (1974: 262) that contribute to psychiatric manifestations. While from a CDS perspective, it could be suggested that Szaz' approach has merit in reference to institutional power having influence on the general public, they have since redacted this way of thinking via a preface to their book on this matter and they caution against using their original approach to mental illness due to potentially damaging consequences. I argue that it is this approach to mental illness that is still in play within society and contributes to stigma both amongst the general public and within the medical communities (see Chapters 3 and 7).

Despite calls for addressing stigma and taboo being made in academic research on mental health (see Goffman, 1960; Corrigan, 2004; Pyle & Morrison, 2014), they continue to be thematically significant in reference to mental health, something that Price (2022) also identified in their corpus of British news stories.

One way that that societal stigma in medical discourses can be overcome is through the act of storytelling where patients, in particular, discuss their experiences with certain conditions. Harvey & Koteyko argue that storytelling in medical discourses 'offer their narrators a way of re-imagining their lives and (re)creating identities' (2012: 91). This is touched upon by Demjen et al. (2020) in the context of mental health where sufferers of schizophrenia are given the opportunity to discuss the impact of voice-hearing on their everyday lives. More recently, Koteyko et al. (in print) explores medical stigma and how it can be managed for Autistic social media users through linguistic strategies that are more Autism-inclusive.

One argument that can be made in light of van Leeuwen's theory alongside potential misunderstandings around mental health is that there is a lack of representation within society that needs to be further developed. This is highlighted specifically by the literature related to mental health which did not take into consideration social implications to the emergence of mental health and stigma within the medical fields. Instead, the relation between mental health, medicine and language was made by those outside of the field of linguistics. One example of this is in Hui & Stickley (2007) where linguistic methods were used by those outside of the field, however the analytical methods as stipulated by CDS were not undertaken to the point

that they could make the assumptions found within the article. In Hui & Stickley (2007), a CDS analysis involves only the act of reading text and discourse to determine common themes and important linguistic features. However, as can be seen in Section 2.1 and within this thesis, there are many elements to undertaking a CDS analysis of discourse. This alone suggests that there could have been features of language missed by Hui & Stickley (2007), which highlights the importance of a taking linguistic approach to mental health discourse

This lack of representation can also be attributed to the male perspective in its overwhelming scarcity in the research. While research into men's mental health has seen an increase in recent years, such as in Sharp et al. (2022) where multiple focus groups with men about their mental health were conducted or in Campbell et al. (2021) who look at the gender gap in adolescent mental health research across a number of countries, mental health research continues to focus on women more than men. This can be seen especially if we consider national figures on mental health that state certain mental health conditions impact women more than men, such as eating disorders. An example where gender was not considered but became apparent can be seen in Hunt & Churchill (2013) where case studies of bulimia were given to GPs during a focus group discussion and these case studies only had examples from women.

Although representations and literature around mental health do exist, they tend to be more negative in nature. This is particularly apparent in literature produced around mental health from non-academic perspectives where there is a problematic application of language to describe mental health. This can be found in Simmie & Nunes (2000), where they cover both personal and individual experiences with severe mental illness, and in Norah Vincent's book on her experiences navigating mental health treatment in the US where she refers to the hospital as a 'looney-bin' in the title (2008). Uses of words like this can infer negative imagery to those that experience mental illness and perhaps inadvertently lead to them avoiding discussions themselves, for fear of being seen in the same light.

Metaphor as a linguistic process is argued by Harvey & Koteyko (2012), Koteyko & Atanasova (2016) and Gwyn (2002) to be a system via which sufferers of a medical condition can construct and reconstruct their experiences through the creation of linguistic imagery. Gwyn argues that 'people with chronic illnesses often draw upon their own resources to redefine or 'refigure' themselves within the new context of their illness' (2002: 138). Although these are from a more generalised medical perspective, I argue that the use of metaphor is as

important in the context of mental illness, which is corroborated by research done by Coll-Florit & Climent (2023) in their creation of a mental health metaphor framework (see Section 3.3.2.2).

ten Have & Gordjin (2022: 577) explore the importance of metaphor in medical discourses and state that they ‘play a special role in facilitating communication’ between a patient and their physician and that it helps to build trust in communication between them. This supports Gwyn’s own approach to metaphorical language in medicine, who states it as ‘[i]ntimately interwoven with action’ (2002, 138), laying rise to metaphor allowing easier understandings of illness to an extent through which action can be taken, which in this case could mean treatment or management of symptoms.

2.3.2 Representing Men’s Mental Health in the UK

What has been discussed above has focused more on the medically-orientated and mental health discourse in general. However, it is worth discussing mental health in a British context. Previously, mental health literature has typically focused on US, Canadian, and French context. While research into the British context can be found, the focus had previously been held elsewhere, such as in the US and Canadian context (see, e.g. Corrigan, 2004). As previously discussed, the COVID-19 pandemic led to a noticeable increase in academic research into the impact of mental illness both on the general public and on medical professionals. Such research has been conducted both internationally and specifically within a British context.

In consideration of the British context of mental health research the role of the NHS becomes very apparent in how mental health is first, addressed and second, managed. This is especially the case in Kinderman (2019) where they consider both elements of mental health within the British and NHS contexts. However, they address systemic issues that currently exist within the NHS that have manifested from a reduction of monetary budget within the mental health services. Although not from a linguistic perspective, they do draw upon negative references to mental health in similar ways as Abdullah & Brown (2011) have flagged (see previous section).

Similar references to the NHS can be seen in Idrees et al. (2021), where they explore the role of Patient and Public Involvement (PPI) in mental health services. While Idrees et al.

(2021) do look at children adolescent mental health, or CAHMS for short, the research highlights that patient and public involvement increases understanding around mental illness amongst young people. A finding that was realised during the study was that the ‘sense of support and community may also contribute towards the enhanced ability to problem-solve in the management of health conditions’ (2021: 428), linking back to theories around ‘experts-by-experience’ bringing in more humanistic approaches to mental health management as highlighted by Bergqvist (2022). While the research shows a concentrated effort in community care for those with mental illness, Price (2022) found that a thematic consideration of press data is a trend within social policy to move away from community care suggesting that such considerations for community support is not across the UK as a whole.

The monetary impact to mental health services can also be seen in Davies (2022) and Foulkes (2021) who both examine the impact of increased rates of prescribing antidepressant and anxiety medication. Foulkes states that ‘between 2008 and 2018, prescription for antidepressant medications in the UK increased from 36 million to 70.9 million’ (2021: 13). While we could interpret this as an increase rate in recognising the need for mental health support, such as Foulkes does, they do warn that there is also a situation of overprescribing, which Davies (2022) argues is a mischaracterisation of how to identify and manage mental illness in the NHS. Davies (2022) also attributes this trend of overprescribing and over-diagnosing as a direct result of pharmaceutical profit, which Kinderman also touches upon (2019).

What the above literature demonstrates is an overwhelming connection between mental health research in the UK and the monetary and social impacts of reduced mental health service budget. From a linguistic perspective, overwhelming themes of stigma as a result of this can be seen, in particular in Price (2022), which found that stigma in the British context was thematically significant within the British press.

2.4 Discourses of Mental Health, Masculinity, Taboo and Stigma

Described by Fershtman et al. (2011) as an unthinkable action, the use of taboos to control or sanction members in society through language is ‘ancient’ (Jay, 2009). Jay (2009) warns, however, that it is not always clear to define ‘what is taboo in universal terms’ (2009: 153),

suggesting perhaps that a taboo concept can be abstract and refer to many ideas at any one time. Nevertheless, for the purpose of this project, taboo is ‘a practice that is prohibited or restricted by social or religious custom’ (Oxford English Dictionary, No Date), with mental health discourse considered as a practice restricted by and within society.

Relating to the idea that the use of taboos can lead to social sanctions (Fershtman et al., 2011), representations within the media are therefore restricted by the institutions that govern public discourse (Jay, 2009) to avoid those sanctions, thereby reiterating the concept of taboo. Considered a part of social and cultural norms (Hudson & Okhuysen, 2014), society learns what is considered taboo ‘through the socialization of speech practices’ (Jay, 2009). Hudson & Okhuysen (2014) posit that it is through social stigma that society can identify what is taboo, alluding to the idea of societal control by institutions of power as well as indicating the importance of considering stigma in conjunction with taboo. From this, I argue that new taboo areas of discussion can arise from the way institutions of power in society chose to discuss or represent them, such as in the case of mental health discourse (Chapter 7).

One way in which social sanctions allow for the continued existence of taboo topics is the perceived reactions from others in society for deviating from what is considered an important aspect of the way society is performed (Fershtman et al., 2011). This hints at the idea that through indulging in a taboo practice, or even discussing what is considered taboo, this can lead to being signalled as different to one’s peers. This fear of being viewed as different to others in society and ultimately experiencing stigma as a result of that difference is highlighted by Corrigan as being among the main causes of reduced participation with and access to mental health care in the United States (2004).

This idea of reduced participation is also hinted at by Teghtsoonian (1992), who signifies in the neoliberal Canadian context that there has been a disparity between the increased diagnoses of depression and the funding of resources aimed at developing new methods of treatment. She explores how there has been a transfer of funds from the public to private sectors and argues that this could have potential negative effects on sufferers of mental illnesses, ultimately impacting who can access and participate with the relevant services (Teghtsoonian, 1992). A reduction of public access to mental health services could also impact how the public comes to understand mental health discourse and result in uncertainty on what it means to be mentally unwell, leading to potentially damaging social representations of mental illness as a consequence.

A tactic revisited often by van Dijk (2007; 2008) that supports the concept of difference as part of the social consequences of indulging a taboo is the use of a 'Us' vs 'Them' rhetoric, where the writer introduces a positive in-group in comparison to a negative out-group (2008). However, the negative out-group is not always the case, as can be found in work by Scotto di Carlo (2022) and Heritage (2023) on incels and the incelosphere where the out-group has positive connotations. Corrigan supports the use of in-group and out-group analyses in reference to mental health discourse as he states it demonstrates a negative relationship between the two that can ultimately result in 'not associating with people from the out-group' (2004: 616), linking back to creating a social fear of being different.

van Dijk goes on to explain that media draws upon a range of rhetorical means in order to refer to 'Them' (or the out-group), comprising of 'metaphors, hyperboles and euphemisms' (2008: 200). It is stated that these rhetorical means demonstrate a tendency to exaggerate imagery in reference to a particular group. Koller (2012) takes the position that the use of metaphors and hyperboles is a way of exaggerating imagery towards a group, marking them as helpful tools in creating stereotypes that can allow more social understanding of the activities of others. While she does focus on the merits of using stereotypes to mark certain expected traits and behaviours of people, she does also caution that this usage could have potential damaging consequences on a group if these stereotypes are perceived as more negative than positive (Koller, 2012).

Corrigan (2004) confirms that as a method of introducing groups into text, this can be applied to multiple types of discourse, including mental health discourse as a way of introducing stigma. Abdullah & Brown (2011) argue that it is due to stereotypes of violence and incompetence in reference to mental illnesses that people do not admit to needing help and support to overcome their own mental health issues for fear of being stigmatised. This idea is revisited again in Corrigan, Markowitz & Watson where they indicate that 'when the news media portray a group in a negative light, they propagate prejudice and discrimination' (2004: 483). It is this reliance on negative imagery that can have the potentially damaging effects highlighted by Koller (2012), which in this case would be in reference to those that suffer from mental health issues. Stuart (2005: 25) warns that this could be difficult to overcome as she states that 'negative news stories grew at a faster pace' in comparison to positive stories when dealing with mental health as a topic.

As the use of taboos can be strengthened or even weakened in society through discourse practices (Fershtman et al, 2011; Jay, 2009), it is suggested that society can remove as well as create new taboo topic areas. This concept of changing rhetoric to remove taboo and stigma from mental health discourse has been touched upon by both Stuart (2005) and Mendenhall & Frauenholtz (2013) who concern themselves with offering ways in which to overcome this stigma in public discourse. Mendenhall & Frauenholtz (2013) advocate for the development of public mental health literacy, which would increase the knowledge and understanding of mental health illnesses. They state that this is ‘one avenue for increasing use of quality mental health care and reduced stigma’ (2013: 365). Stuart supports this but suggests that the presentation of mental illness through normal everyday life could further reduce stereotyping and stigma towards those who suffer from it (2005), advocating for a change in language and imagery used in public representations.

2.5 Research Questions

Based on the reviewed literature above it has been possible to determine multiple areas to address within this thesis. The first area to discuss here is that a number of gaps have been identified within the current academic literature. While previous research has examined the language of mental health, many of this research has been undertaken by those outside of the area of Linguistics. A linguistic approach to medical data would bridge this gap by bringing the two areas closer, supporting the importance of both, something that Galasiński (2004; 2007) has hinted at in their research. A further gap in the literature on mental health comes from the lack of explicitly male perspectives in mental health research data. While this is a growing area of research and has been touched upon in the Polish perspective by Galasiński, literature continues to be scarce from the British context.

From taking a more gendered perspective to mental health research, this thesis addresses disparities in the literature such as the underrepresentation of men within scientific data on mental health frequencies within the UK and elsewhere. Furthermore, this gendered perspective addresses more social considerations of mental health as seen in the introduction where campaigns already argue against more traditional social and gendered norms around emotions for example that men are not emotional or do not suffer mental health issues in the same way that women do. I argue that it is these disparities both in the literature and within

society that is most important to consider within this thesis, which aims to make mental health research more representative of reality.

Lastly this thesis and the following research questions aim to offer a resource within mental health that allows a mixed methods approach to language and language data Which would further challenge social norms around masculinity. While it was made explicit that toxic masculinity would not appear in this thesis, the hegemony of masculinity as a whole needs to be challenged in order to allow more representative research into mental health.

Taking all this together, this thesis aims to build upon existing medical, gender and linguistic research have led to me deciding on the following research questions, which seek to contribute towards bridging the dearth of knowledge within the academic literature.

1. How is mental health represented in public discourse?
 - a. What themes surrounding mental health arise from such representations?
 - b. How is mental health representation constructed at the text-level?
 - c. Can we derive meaning from what is omitted?
2. How do men construct the experience of mental health and illness?
 - a. Does the linguistic construction of individual experiences draw upon similar constructions as found in media discourses?
 - b. How is agency constructed in individual experiences of mental health?
3. How does the topic of mental health represent traditional gender roles through its discursive reproductions?
 - a. What implications can be drawn from these gendered roles within a workplace context?
 - b. What potential impacts do these gendered roles have on mental health communication practices in the workplace?

3 Methodology

3.1 Representing Mental Health in the UK

3.1.1 Perceptions and Experiences of Mental Health

The project takes a multidisciplinary approach to mental health discourse and considers a mixed-methods application of CDS using both quantitative and qualitative methods of data collection and analysis.

In its initial conceptualisation, this project sought to utilise corpus linguistic methodologies to inform a much larger qualitative study based on several interviews with NHS healthcare professionals. However, given the emergence of the Covid-19 pandemic and worldwide lockdown restrictions, this proved too dangerous during the data collection stage. Thus, the thesis presented here has reoriented the prioritisation of methodological approaches – with an increased focus on corpus linguistic methods for analysing discourse. The following chapter and therefore the research itself does not fully draw upon what would be considered a traditional corpus linguistic approach to allow time for both elements to be completed.

Firstly, a central way to how this thesis undertakes a CDS approach is by utilising Fairclough's (2003, 2010) 3-dimensional model of discourse. As the name suggests, this 3-dimensional approach to discourse has three levels, as can be seen in Figure 3.1 below. These three levels include the micro-, meso- and macro-levels of discourse. The micro-level refers to the linguistic features of a text or discourse that occurs, the meso-level as discourse practice, the processes through which that text or discourse is produced and reproduced, and the macro-level refers to social practice, where discourse represents the wider sociocultural context, i.e. how it used and understood amongst certain types of society (Fairclough, 2003, 2010).

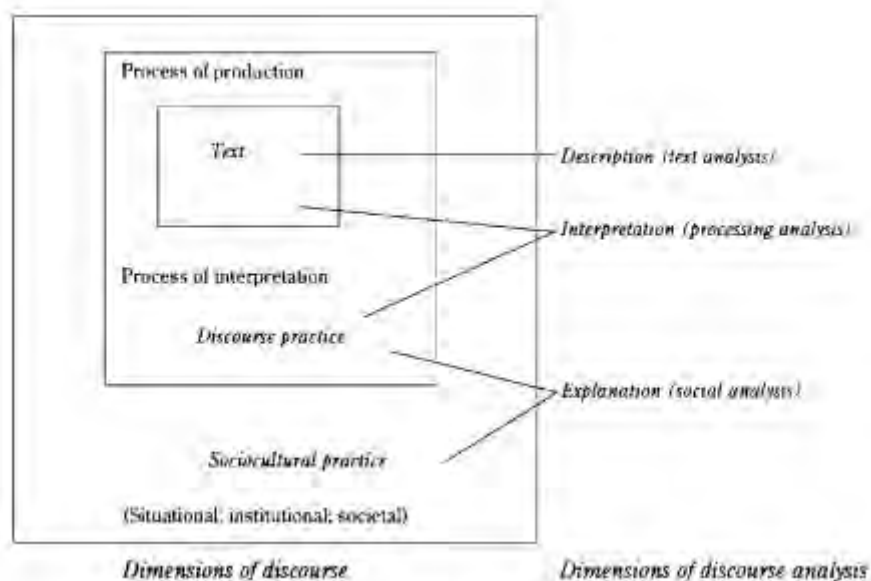


Figure 3.1: Dimensions of discourse, Fairclough (2010: 133)

However, as can be seen in Figure 3.1, Fairclough also looks at how one can analyse these processes to deduce in which dimension they occur. First, starting with the text analysis, this is a process that looks at the physical construction of the text, and what features are used within the text. This could be, for example, exploring how a topic appears at the text-level, i.e. how it is described. Above the textual analysis, there is the level of *Discourse Practice*, which examines how the text can be interpreted and understood by others, as well as how the text is produced to be interpreted. One way to conceptualise this might be, for example, through representations within public discourses. Finally, and at the highest level, there is the analysis of socio-cultural practices, which explores the concepts around the explanation as to how discourse can become practice. This might refer to, for example, how gendered discourses of mental health remain underrepresented and stigmatised in society.

When discourse is considered a social practice (in line with Fairclough's definition), we must take into consideration the situational context in which a discourse is being produced. This could include the discourse type (be it spoken, written etc), where it is found (in a newspaper, on television etc) and from what political affiliation it has come. Therefore, taking the 3-dimensional approach as discussed above into consideration, this project considers the three dimensions as theorised by Fairclough and applies them to both media representations and individual experiences of mental health in men. In the case of this thesis the micro-level refers to the language contained within written texts in the form of digital newspaper articles

as seen in stage 1 and interview transcriptions in stage 2; the meso-level explores the wider discourse practice as demonstrated by the representation of mental health in the media and in individual experiences of mental health in men; and the macro-level considers how gendered mental health discourses remain taboo in society and the workplace. The decision to take a mixed-methods approach was taken in consideration with existing literature in mental health research which explores either the quantitative or the qualitative elements of mental health. A mixed methods approach as theorised by Dörnyei (2007) therefore advocates the use of both quantitative and qualitative methods as separate analytical approaches and provides current mental health research with a distinct methodology and analytical framework. As such, a mixed-methodology to mental health research can be used separately or in conjunction with one another to demonstrate the wider social context of mental health. The application of a linguistic perspective to mental health research in this project further examines this social context in which mental health is represented and understood by society members.

3.1.2 Corpus-Assisted Discourse Studies: A corpus approach to CDS

One way in which a mixed-methods approach can be applied to discourse is through the application of a Corpus-Assisted Discourse Studies (CADS) approach. This approach is supported by Love et al. (2023), who describe the approach as ‘allow[ing] access to repeating discourse patterns via the extraction of frequency-based data, which is then analysed and interpreted qualitatively by the researcher’ (2023: 4). Heritage describes CADS as drawing ‘on corpus linguistics - a collection of methodologies typically facilitated by the use of computational software’ (2023: 23). By referring to CADS as ‘a collection of methodologies’ (2023: 23), Heritage (2023) draws upon similar concepts as found within the development of CDS as discussed within Chapter 2. This is of particular importance to this research, which applies methods of Critical Discourse Studies to mental health research to draw upon multiple areas from linguistics such as Corpus Linguistics, Gendered Discourse and Medical Discourse Analysis.

More recently, Taylor & Heritage (2024) discuss the use of CADS as a way of combining corpus linguistics and discourse analysis and state that the ‘most frequent argument in favour of combining discourse analysis and corpus linguistics is that the typically qualitative and quantitative qualities of each can enhance the other’ (2024: 8). The use of the CADS

approach as highlighted by Taylor & Heritage (2024) is appropriate to use in this research as I combine a mixed-methods approach to two separate data sets - thus drawing upon what are traditionally considered as more quantitative or more qualitative approaches.

Nevertheless, similarly to CDS and drawing upon its nature of being a collection of methodologies as highlighted by Heritage (2023), there are different definitions of what it means to take a CADS approach to discourse. Gillings et al. identify CADS as an approach to examine a 'corpus in its entirety rather than focusing on certain texts' (2023: 1) and that it is usually developed in response to 'a social question [...] rather than a linguistic one' (2023: 1). This link to a social question is especially appropriate for this thesis as I identified in Chapter 2 gaps in the research around mental health in men and I aim to demonstrate how mental health representation in public discourses continue to impact or influence the linguistic choices made by men who have a history of mental illness.

While I position my research along a CADS analytical approach, given the distinctions made above on the use of CADS between Gillings et al. (2023) and Heritage & Taylor (2024), it must be made clear here that it may be more appropriate to refer to CADS as Corpus-Aided rather than Corpus Assisted in this research. Drawing on the idea that the approach to CADS is on a spectrum (Heritage & Taylor, 2024; Gillings et al., 2023), I have drawn upon more CDS elements throughout and I have used corpora not in the traditional sense where it would normally be the main focus of a corpus-related study. This is because I have used the development of a corpus to inform the collection and analytical parameters of a second stage, involving interviews.

The literature explored in Sections 2.3.1 and 2.3.2 considered applications of language analysis, however this was done more as a way of quantifying rates of stigma mentioned in speech from discussions emerging from individual experiences of mental illness. What these studies do not often consider is the social underpinnings that account for the existence of certain expressions of stigmatising language and representations of mental health within an individual's description of mental illness. From a linguistic perspective, the research done by Collins & Baker (2024), Brookes & Baker (2021) and others demonstrates that although stigma and medical themes can be quantified in different ways (i.e. via corpus-assisted analysis), a CDS approach to medical language can further highlight how these stigmatising representations can be reproduced within society to the point that they impact at the individual level which, in this case, would be the text-level discursive practice. This is supported by Pyle

& Morrison (2014) who propose that a qualitative approach would give researchers insight into the personal experiences of mental illness.

To apply this mixed-methods approach, the project incorporates a two-stage methodology for the application of CDS to mental health discourses: the investigation of linguistic and thematic construction of mental health representations in media discourses based on gender, and the individual male experience of mental health. More specifically, the project implements a systematic, bottom-up approach as proposed by Bullo (2018), where one stage of data collection and analysis can inform the approach of another. A similar approach from a more scientific perspective can also be seen in Chang et al. (2021), who examine the prevalence of anxiety and depression amongst university students in light of the Covid-19 pandemic. This is done firstly through the consideration of a meta-analysis of published articles in 2020 before applying developed parameters around anxiety and depression to a survey on their symptoms completed by university students of several countries such as the UK, China and France.

In light of this bottom-up approach, I address two theoretical parameters of the linguistic construction of mental health: the public perception of mental health in wider society as demonstrated by media representations through British newspapers and the potential impact this has on the personal male experience with mental illness. The data collection and analysis reflect these two theoretical parameters (perception and experience) and were carried out in two stages as outlined below.

Stage 1 explores the perception parameter of mental health and foremost considers a quantitative approach to media representations of mental health through a CDS (see above for my use of Aided rather than the usual Assisted) approach where a corpus was developed and analysed. In Section 3.2 I go into detail on the methods used to collect and analyse data from British newspapers on the context of mental health, making note on the search parameters used through LexisNexis to firstly collate my data and how a Corpus-Aided Approach to corpus development and analytical methods has been adapted to this thesis.

Stage 2 explores a more qualitative approach to discourse and incorporates the Systemic Functional Linguistic framework as developed by Halliday (1994) to individual experiences of mental health in men to examine if public discourses, as found in stage 1, influence men in the discursive constructions of their experiences with mental health.

This two-stage approach to the project has not been designed to offer comparisons between the stages, but rather as to demonstrate how the wider social understanding, i.e. media representations, of mental health and gender can impact how men approach their own mental illnesses. As will be discussed in further detail within this chapter, stage 1 has been developed to understand what representations of mental health and gender currently exist within British news stories and these findings have been used to inform the stage 2 approach and interview design to examine if similar linguistic constructions and trends appear in men's own retelling of their experiences with mental illness.

While stage 1 is mainly quantitative and stage 2 mainly qualitative in their approach, a mixed methods approach to both stages was also applied, considering elements from both corpus and critical discourse methods of analysis. Such an approach allows this thesis to identify correlations between public and individual discourse to identify how public understandings and representations of mental health impact the way men frame themselves within their own mental illness.

3.2 Public perceptions of mental health

3.2.1 Collection parameters

The first stage of my data collection consisted of collecting secondary data from newspaper articles that focused specifically on mental health in order to explore how mental health in general is represented, and if these representations change once the focus shifts to men., This stage was carried out over a period of two months (May-July 2020) with a combined total of 836 articles collected from the British press.

The data was collected via the database LexisNexis, which allowed me to identify the newspaper providers classed as Tabloid or Broadsheet within the British press. Using the search term 'mental health', LexisNexis identified the existence of 10 Tabloid and 8 Broadsheet newspaper providers available within the UK who had produced newspaper articles on the topic of mental health.

The newspaper articles were collected from a range of British newspapers: *The Daily Telegraph*, *The Guardian*, *The Independent*, *The Observer*, *The Times*, *The Daily Mail*, *The*

Daily Star, *The Daily Mirror*, *The Sun*, and *The Express*. These were identified by Ofcom as being amongst the most read newspapers in Britain in a 2019 report³ and were also identified by LexisNexis as being the 5 most represented Broadsheet and 5 most represented Tabloid newspapers.

While this range incorporates both Tabloid and broadsheet examples, the majority of UK newspapers have some degree of political affiliation and a consideration of these affiliations was also made therefore the range includes examples from both right-wing and left-wing media as a way to mitigate the balance between different political standpoints in order to avoid politically-motivated bias towards mental health within the data.

It became apparent during the data collection that weekend editions of newspapers (i.e., *The Mail on Sunday*) were still appearing through searches via their parent newspaper (i.e., *The Daily Mail*). As these could potentially be duplicate news stories, the decision was made to exclude from my searches to avoid potential duplication of linguistic constructions and themes during data analysis⁴. Data were therefore manually collected from LexisNexis and checked for appropriateness against the pre-established selection criteria. Regional and local area Tabloid and Broadsheets were disregarded in the data collection as I was concerned with a general UK public perception of mental health in men. Therefore, any searches were made without any specific regions included. An example of a disregarded newspaper provider is the case of *The Daily Record* which focuses specifically on Scotland and a further justification for why this newspaper was disregarded was because Scotland works off its own body of medicine separate from that of England and Wales and reporting is therefore different. This was also the case with specific editions that referred to more European-wide stories as this was outside the scope of the project⁵. No duplicates or newswires were considered a part of my data collection.

Throughout the data collection, my search term was ‘mental health’ as searching topics on mental health in this way avoided the more general uses of these terms where the search term ‘mental’ brought up the word used as an adjective and the term ‘health’ brought up stories related to physical health and illnesses rather than mental. This therefore helped to narrow

³ Ofcom News Consumption Survey 2019

⁴ This system also identified the *News of the World* as part of the 10 Tabloid examples, which I disregarded for this project as it was discontinued in 2011, outside of the time frame that I wanted to explore. <https://www.telegraph.co.uk/news/uknews/phone-hacking/8628313/News-of-the-World-closed-down-July-9-as-it-happened.html>

⁵ *The European* was identified as part of the British broadsheets by LexisNexis but was disregarded as it covered too broad of a region for the project to consider.

down hits to specifically be about mental health. Initial searches on LexisNexis included the search terms ‘mental’ and ‘health’ or ‘illness’ and ‘men’ to look at the medical, mental health and gendered elements of my project. The search terms ‘mental’ and ‘health’ or ‘wellbeing’ and/or ‘men’ were also considered in conjunction with one another to explore if wellbeing was being used as a synonym of health and illness overall and if these also included direct references to men’s mental health. However, these did not produce many results and it became apparent that they tended to focus more on the opinion pieces or letter sections of the newspapers concerned rather than focusing on stories specific to men and their mental health and were therefore excluded from my data.

As these more direct searches to mental health and men/masculinity did not produce appropriate results the corpus data, the decision was made to use only ‘mental health’ as the search term to provide a broader range of news stories referring to mental health rather than mental health in men. As specific topics of mental health for gender and synonyms were not easily identified within newspaper articles via the LexisNexis search terms and were instead found in pieces that were already excluded from my search parameters, they then became part of the analysis stage rather than the collection stage (see Section 5.1.3) for the perception data.

As an initial search brought up each instance of the aforementioned terms in all examples of British newspaper articles, the search was then narrowed down to either the Tabloid or Broadsheet newspaper providers as established above before data was collected, which was done manually within the collection time frame above. As this element was originally used to only inform the interview planning and thematic foregrounding for stage 2, the decision to manage the data manually in this way allowed for a closer analysis of what the broader data identified in reference to mental health (see Discussion and Conclusion chapters on how a digital approach could also be done).

In line with Atanasova et al.’s (2019) decision to explore articles written between the 2007 Mental Health Act and 2015, my search parameters focused on articles published between 2013 and 2019 to reflect the last dated survey about mental health in the UK (Mental Health Foundation, 2013) and the last full year before the data was collected (2020). This resulted in a total of 7 years of published articles on mental health in the UK press being collected over a two-month collection period.

Furthermore, one example of each newspaper was collected per month in the timeframe specified above to aim for a total of 60 newspaper articles per year for Broadsheets and 60 per year for the Tabloids, which totalled 840 possible newspaper articles specifically on mental health. However, there were instances in both newspaper types where one newspaper example did not produce any articles within a given month related to the topic of mental health, giving me a total of 836 articles, totalling 644145 words (as counted by Antconc (Version 3.4.2, Anthony, 2019) once the data collection stage was complete.

The choice to have such dimensions for my specialised corpus are in keeping with the small to mid-size corpus dimension as discussed above and they reflect a similar amount of texts as can be found within the BNC2014 where reference to mental health is made. The BNC2014 totals 870 texts across the whole corpus where mental health is referred to, however, within the newspaper subcorpus, mental health only appears in a total of 386 newspaper texts in the British context, which would have been too small a number to adhere to for this thesis.

Due to the original approaches to the data as mentioned within this section, the corpus used in this project is small in comparison to corpora utilised within similar research, such as is found in Hardaker et al. (2024) who explore a corpus of historical anti-vaccination discourses during the Victorian age. Nevertheless, smaller sized and highly specialised corpora still have significant value in CADS research (see for example Baker & Levon, 2015), which is also demonstrated through this thesis, which examines how findings from my corpus can inform a second stage, despite its size (see Chapter 5).

Furthermore, the merits of a smaller corpus as well as the approach to corpus linguistics from a more CADS perspective are discussed further along this chapter in Section 3.2.2 (see also, Baker, 2008; Love et al., 2023 for example). Despite its smaller than traditionally expected size, in line with the fundamental principles of corpus linguistics, the corpus presented here is still a representative sample of press reports for this period, which adheres to the principle of total accountability (see Baker, 2018; Marchi & Taylor, 2018). Despite all of this, as discussed in Chapter 5, I found themes which informed my analysis, and it allowed me to carry out both stages of the project. In Section 3.3.1, I explain how the analysis was carried out, and what findings were discovered through a Corpus-Aided approach to discourse analysis can be found in Chapters 4, 5 and 6.

3.2.2 Corpus Tools of Analysis

After stage 1's data collection was complete, I created my corpus of British newspaper stories on the topic of mental health from 836 stories from both Broadsheet and Tabloid newspapers, and analysed it using the AntConc software (version 3.5.9., Anthony, 2019 and version 4.2.4., Anthony, 2021). As my project explores current features of mental health discourses in newspaper articles, AntConc offered an opportunity to engage in an in-depth text-level analysis of the data while also identifying the main themes related to mental health at a larger societal level. To do this, I focused on collocates, frequency lists, 'which list all words appearing in a corpus and specifies for each word how many times it occurs in that corpus' (McEnery & Hardie, 2012: 2) and concordance lines as they 'allow users to look at words in context' (2012: 2).

Archer (2016) explores the use of collocations and word frequencies and states that researchers '[may] wish to determine whether the most frequent words of a given text (captured by its word frequency list) are suggestive of potentially meaningful patterns that they might have missed had they read the text manually' (2016: 2). It is this approach that I take into account as this thesis aims to identify linguistic trends within a larger data set which benefits from a corpus method of analysis.

Collocates in the context of my project were considered based on their relationship with mental health. Within Corpus Linguistics, there are a set of statistical tests that are used to determine collocate frequency. Gries states that 'frequency data are among the most widely provided corpus statistics' (2022: 169) and as I am especially interested in the prevalence of certain topics and themes in relation to mental health in this thesis, I focus on statistically key collocates within the data.

One of the tests used to carry out a collocate analysis is a Mutual Information test (or MI), which demonstrates 'all of the places where two potential collocates occur in a text or a corpus' (Baker, 2008: 101). He goes on to explain that the higher a MI score, the stronger the collocation (i.e. the more likely they will occur in the data), where a score of three or higher is 'usually deemed to be a strong indicat[or] of a strong collocation' (Baker, 2008: 101). Baker draws upon WordSmith as the software used to conduct his corpus analysis, whereas I have used AntConc, where the MI scale is identified by Anthony (see Anthony's website on the AntConc software for more information) as 'effect' in the AntConc software. However, all

other elements to the MI scale are still applicable. An example of this can be seen in Figure 3.2 looking at the top ten collocates of ‘mental’ in the data.

	Collocate	Rank	FreqLR	FreqL	FreqR	Range	Likelihood	Effect
1	impacts	1	9	4	5	5	23.548	3.103
2	rethink	2	45	37	8	33	112.351	3.010
3	health	3	6730	218	6512	834	16574.372	2.928
4	diagnosable	4	20	20	0	18	44.151	2.781
5	illness	5	668	18	650	295	1466.077	2.766
6	perinatal	6	32	31	1	14	62.752	2.580
7	adolescent	7	74	72	2	58	139.702	2.518
8	issues	8	496	26	470	295	937.165	2.516
9	provision	9	73	17	56	49	136.109	2.499
10	problems	10	836	42	794	430	1547.983	2.482

Figure 3.2: Effect scale of collocate frequency with ‘mental’.

From this, we can see that the two collocates with the search term ‘mental’ and with a score of three or more are ‘impacts’ and ‘rethink’. However, Baker (2008) warns that despite a higher score, some instances can come through where the collocates do not appear frequently within the data. This is especially true here where ‘impacts’ only collocates 7 times and ‘rethink’ 39 times but the third collocate ‘health’ has a score below three but occurs with ‘mental’ 6541 times, signifying it appears more frequently as a collocate of ‘mental’.

If I instead take an approach to collocates that prioritises likelihood statistics, described by Hardie (2015) as the most common approach to determining frequency and keyness, Figure 3.3 below demonstrates a different picture of collocate frequency.

	Collocate	Rank	FreqLR	FreqL	FreqR	Range	Likelihood	Effect
1	health	1	6730	218	6512	834	16574.372	2.928
2	problems	2	836	42	794	430	1547.983	2.482
3	illness	3	668	18	650	295	1466.077	2.766
4	issues	4	496	26	470	295	937.165	2.516
5	services	5	585	33	552	254	841.271	2.123
6	mental	6	212	106	106	91	753.907	-2.063
7	i	7	287	92	195	164	586.321	-1.656
8	with	8	1135	943	192	495	327.219	0.839
9	people	9	728	576	152	343	238.564	0.902
10	act	10	139	4	135	80	221.959	2.268

Figure 3.3: Likelihood scale of collocate frequency with ‘mental’.

A likelihood approach demonstrates in the top 10 collocates of the search term ‘mental’ that words such as ‘health’, ‘problems’ and ‘illness’ are collocated frequently with the search term. As this thesis is concerned with the representation of mental health specifically, this approach is more appropriate here than the MI approach and all references to collocates and figures below refer to a likelihood approach.

Due to the software’s collocate and concordance tools, AntConc provided a concise analysis between the frequency of words used and the context in which these were used. This analysis can be seen in Chapter 5 of this thesis.

As stated in the collection parameters mentioned previously in the chapter (Section 3.2.1.1), the data used to create the corpus consists of 836 newspaper articles from the British press. Work done by Baker (2006; 2023) and by Cameron & Deignan (2003) state that a corpus comprising of ‘a million words of one variety of language [...] is viewed as adequate for comparative work’ (Baker, 2006: 27-28) and that a small corpus ranges anywhere from 20,000 to 200,000 words. As my corpus is 644,145 words in total, this means that my corpus is outside of the scope to be considered small scale if we take into account Baker’s range above. Therefore, it would perhaps be more appropriate to say that my corpus is within the small to mid-size range as it continues to be less than what would normally be used for larger corpora, identified above by Cameron & Deignan (2003) as being around the million-word mark.

Studies utilising corpus linguistic methodologies tend to explore much larger data sets ‘to see patterns [...] that are not visible on [a] small scale’ (Cameron & Deignan, 2003: 159).

Large data sets can also legitimise linguistic findings and avoid the ‘accusation that critical discourse analysts could ‘cherry-pick’ or intentionally select (possibly atypical) data’ (Baker & Levon, 2015: 222). However, Baker & Levon highlight that cherry picking still occurs within larger data sets, but that methods used within Corpus Linguistics allow us to explore elements that guide the analysis in a way that some presuppositions we may have as researchers are reduced (2015). This is especially the case in smaller corpora where smaller data sets are sometimes chosen with some positioning to examine expected results in more detail , something which is not always appropriate to do with larger data sets, which Vaughan & Clancy consider in reference to deixis and pragmatic markers (2013).

McEnery & Brookes argue that corpus sizes as mentioned above ‘are very general guidelines [...] and there is no consensus on ideal or adequate corpus size’ (2022: 40). However, the choice to use smaller-scale corpora is not always due to analytical positioning and sometimes the data set is much smaller than what would normally be expected or does not exist at all. This is discussed in Baker (2006; 2023), particularly in reference to more specialised corpora, where certain topics or areas of language are pre-determined ahead of the corpus being developed and analysed. However, Baker has also recently taken the position that while corpora can reduce bias, it is not removed altogether from a corpus analysis, and it is something that all should consider when exploring data using CL methods (2023).

Similarly to the development of CDS discussed in Chapter 2, CL is identified by Baker et al. as not being a singular method of analysis, but ‘a collection of different methods which are related by the fact that they are performed on large collections of electronically stored, naturally occurring texts’ (2008: 274). This approach to CL has also been argued by McEnery & Hardie (2011) and Heritage (2023). In Heritage’s work on the language used by online incel communities, they position themselves within the CDS scholarship and highlight how there are multiple discursive frameworks and multiple methodologies associated with CL which can be combined in several ways (see Section 3.2.1.1 for more information on mixed-method approach to corpus development).

As such, the study focuses on how Critical Discourse Analysts can effectively make use of corpus methods. In Baker et al. (2008) they provide a case study of how CL can synergise well with an existing framework to incorporate a quantitative analytical approach to typically more qualitative discourses. In the case of this thesis, this is where the data is contextualised

within the wider social context in which it was produced before considerations are made for quantifying linguistic instances of collocations and connotations. It is this mixed-method approach to data that I take on board throughout this research where the data has been collected and analysed within the context of mental health and mental health in men before a more statistical analysis of word frequencies and themes is made (see below for more information). McEnery & Hardie also support the use of a mixed methods approach to discourse and they state that quantitative and qualitative methods of data analysis ‘are equally important to corpus linguistics’ (2011: 2).

Similar considerations of a mixed methods approach to discourse are made by Baker & Levon (2015) where they consider the use of both quantitative and qualitative methods of analysis through the use of Corpus and CDS methods and argue that they have their merits as approaches that could be used in conjunction together to derive more information. Furthermore, they draw upon Cicourel’s theory of triangulation which ‘involves carrying out two or more approaches as a means of checking results’ (1969: 223), emphasising that a mixed methods approach allows for data analysis to be more reliable.

Baker and Levon (2015) focus on a more triangulation approach where two or more approaches are applied to their data as separated elements. This is done firstly via a 44.1-million-word corpus developed from Nexis news articles on masculinity to identify ‘whether discourse prosodies were unique to particular identities or shared between more than one group’ (2015: 226). A down-sampled analysis of 51 articles from the existing data was further analysed using CDS methods to in/validate the findings of the corpus development stage and examine if topics related to masculinity were the main discussion in the articles analysed. Bednarek (2009) proposed similar theories and ‘suggests a ‘three-pronged approach’ that brings together macro-, meso- and micro-levels of discourse analysis by combining manual analysis of individual texts with semi-automated analysis of small corpora, and with large-scale corpus analyses (in Bednarek et al., 2024), supporting my own approach to Corpus Linguistics and CDA in this thesis.

Comparative and statistical analyses with a second reference corpus were also done through WMatrix (Rayson, 2008) and the written British National Corpus 2014, or the written BNC2014 (Love et al., 2017) as a way of further exploring certain linguistic trends and to

determine their relevancy, or keyness, within the British context of mental health discourses. The choice to use the BNC2014 as a reference corpus is that it is a corpus that includes a range of written texts from the British context. It also reflects the English used within real-life contexts at the time of its creation, which coincides with the collection parameters of my corpus, indicating the language used will draw upon similar usage in real-life contexts.

A keyword analysis involves the comparison of word lists of text A (my specialised corpus) with text B (the BNC2014) to find out what is unusually frequent in text A. Words that ‘occur unusually frequent’ are therefore categorised as statistically significant (see e.g. Archer, 2016). To determine the keyness of my data, I adopted a similar approach to what I already discussed above for the analysis of my specialised corpus as this thesis is concerned with identifying patterns and trends within the data. This was done via a log likelihood ratio approach of keywords, both with and without the use of stop lists. I discuss these findings and what was identified as statistically key in more detail in Chapter 4.

3.2.2.1 Text-level Constructions of ‘Mental Health’

The software identified an overall type/token ratio of 21774 / 644145, where tokens refer to the individual words and types refer to what those words correspond to (see McEnery & Hardie, 2012). As the data was collected on the basis that they were newspaper stories written on the topic of mental health, initial searches were conducted with this in mind. At first, the search term was ‘mental’, which was run through the concordance and collocate tools on AntConc. The software identified 7615 concordance hits (the instances in which the word occurs), 75306 collocate tokens and 6046 collocate types. To understand how many of these were significant, I took the top 100 statistically key collocates (which can be seen in Appendix 1) in relation to the search term ‘mental health’.

It became apparent, however that this search came up with instances of the term ‘mental’ where it was a bound morpheme and thus included as part of a full word, such as ‘fundamental’. Additionally, it did not identify the term in instances where there were no spaces between ‘mental’ and the following word (such as with ‘mentalhealth’) or if the words were written with a hyphen (‘mental-health’, ‘mental-illness’ etc.). This resulted in an element of unreliability regarding searches done with ‘mental’ as it was not clear if the software was drawing on relevant information for my project and it was thus disregarded for further searches.

To avoid any issues with reliability going forward, the search term ‘mental*’ was then implemented for the exploration of mental health. The wildcard ‘*’ feature (incorporating ‘*’ before or after part of a search term) on AntConc allows for the search bar to include any words immediately following the term, such as ‘health’, ‘illness’ and so on. This also meant that instances where ‘mental’ was not followed by a space or a hyphen (i.e. ‘mental-health’) due to the formatting in a data file were included. Furthermore, ‘mental*’ searches also allowed for the inclusion of set phrases to be considered, such as ‘mental and physical health’ and ‘mental and emotional stresses’. This meant that ‘mental*’ was a more reliable search term during my analysis and avoided misanalysing potential bound morphemes such as ‘fundamental’, allowing for a more concise exploration of frequent collocates via the concordance tool.

3.2.2.2 Identification of Corpus Themes

Prior to the KWIC (keyword in context) analysis being undertaken, the concordance tool was set-up to include highlighting the preceding one word and the following two words surrounding the search term and the selected collocate. This was done to demonstrate the immediate context in which each term and its collocate occurred, as a means of identifying any trends within the corpus. In order to highlight these words, the KWIC sort tool was selected as 1L for the preceding word and 1R/2R for the words succeeding the search term. This specific KWIC set-up can be viewed in Figure 3.4 below where the search term is always indicated in blue within a KWIC analysis, the preceding word indicated in red and succeeding words in green and then pink. In Figure 3.4, the search term ‘address’ is indicated in blue, the preceding word ‘address’ in red, and succeeding words in green and then pink.

's a fantastic example of when to address mental health issues." Frank Bruno is another sportsman who also involved with Everton's efforts to address mental health issues, drawing on some of his own udes allocating more realistic budgets to address mental wellbeing issues."

have two or three. ' The PFA were addressing issues of mentalhealth and addiction within the game even

Figure 3.4: Search term ‘address’ and KWIC sort tool.

While the use of specific search terms such as ‘mental*’ and ‘cost’ demonstrated how mental health in general was represented in the newspaper stories, they were too narrow by way of a substantial analysis for the workplace context. In the case of specific workplace

contexts (such as medical staff or criminality), these search terms were used to adopt a more thematic analysis rather than language construction analysis.

While corpus analysis tends to examine more grammatical patterns or semantic groupings of text-level constructions, this thesis is ultimately concerned with the societal context in which mental health is constructed. Therefore, I take on Braun & Clarke's (2006) approach to thematic analysis of language use allowing the exploration of search terms that correspond with those themes specifically (such as 'NHS staff' and 'Army'). More of my findings from a thematic analysis can be seen in Section 5.1.2.

Braun & Clarke state that a 'thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data' (2006: 79) but they do warn against taking a passive role in thematic analysis where the researcher explores what resides in the data. Instead they posit that a 'theoretical framework and [its] methods match what the researcher wants to know, and that they acknowledge these decisions, and recognize them as decisions' (2006: 80), which is a position I take throughout this thesis in that I acknowledge that there is active choice on the part of the British newspapers when referencing mental health and men's mental health.

While the gendered context of mental health is one of the most important elements of research within this project, if we take into account what was stated in Sections 2.2.2 and 2.2.3 of the literature, gender is performative and something that we as humans enact rather than something that can be concretely signalled via written text. In taking on Butler's (1997) stance on performativity as discussed in Section 2.2.1, exposing gendered contexts of media representation of mental health would prove difficult to discuss for this stage. This is due to the way that the data was collected, without gendered contexts being taken into account, and such a close analysis of the corpus data was not undertaken.

More recently, research into gendered discourses has examined how discourses become gendered rather than how gender can be performed through discourse. Therefore, I take on Swann (2002) and Stokoe & Smithson's (2001) ideas around gender being made relevant via discourse and I instead provide an overview of gender via their concordance figures in the same way as I have for the search term 'mental' (3.3.1.1) to demonstrate how often (traditional) gender (roles) were made explicit in stories on mental health. As language can be used to construct a particular reality and reproduce gendered expectations and behaviours the approach

to gender as highlighted by Swann (2002) and Stokoe & Smithson (2001) is more appropriate for this thesis.

A more concrete and unbiased analysis of gender was thus applied to stage 2, where gender was made explicit in the interviews both within the original call for interviews and within the interview scripting stage of the questions being asked of all participants. This was further made explicit through the analysis of text-level constructions of participant agency in conjunction with their own experiences with mental illness (see Chapter 6 for more information).

3.3 Individual Experiences of Mental Health

The review of previous mental health research in Chapter 2 identified that little consideration was given to gender as a potential factor of individualised and diverse experiences of mental illness. However as also discussed in Chapter 2, more examples of such a consideration are coming to fruition (McKenzie et al., 2022). Therefore, it was deemed that an additional step was needed in the research in order to explore non-regulated views of (traditional) gendered norms and how these impact upon the perception of mental health. Stage 2 of this research draws upon how gendered norms and expectations can allow us to identify potential inequalities within current considerations of mental health care and approaches from a male perspective.

The second stage of the project, therefore, consists of data from men's personal experiences with mental illness. This stage and the subsequent interview design were developed through the consideration of thematic trends and features as identified in the first stage. This was done to allow consistency in the thematic elements of both data sets and to easily identify if individual men drew upon similar representations as found within stage 1. Furthermore, through using stage 1 findings to design the approach to stage 2 allowed the thesis to examine if public discourses of mental health influence the way men discuss their experiences of mental illness and how they express their understanding of mental health in relation to gender.

This second stage consists of one-to-one, semi-structured interviews with men who had a history of mental health issues. Similar interview set-ups around mental health experiences

and access to services have been done by Hunt & Churchill (2013), albeit with a focus either on women or specifically on social and religious communities from a more medically-orientated perspective, such as is the case in Alharbi et al. (2019).

3.3.1 Collection parameters

As the theme of the workplace in reference to mental health has both been referred to in national facts and figures (see Mental Health Foundation, N.D. and statistics from the UK Parliamentary report, 2024 for more information) and made especially prominent within the corpus data, all interviewees had to be of working-age and employed at the time of interview. The term ‘working-age’ in the UK denotes someone who is over the age of 16, out of formal education who has not yet retired. However, due to ethical concerns over the interviewing of persons under the age of 18, this stage only looked at those over 18. No upper age limit was implemented in this project, providing that the participant was still in employment at the time of interview. While the official retirement age in the UK is 67, many do return to part-time work after retirement, therefore the choice to not include an upper limit was made to consider this potential occurrence of older (especially part-time workers). Furthermore, this allowed me to advertise the interview process to as large a demographic as possible for the data collection stage. With the introduction of furlough during the Covid-19 pandemic, the decision to expand the inclusion criteria to those on furlough was made as they were still considered to be employed.

Prior to the beginning of the Covid-19 pandemic (with social distancing and Covid restrictions in place between March 2020 and June 2021), the project was to follow Pyle & Morrison’s (2014) advice to conduct more than their sample of 9 participants and continue until the project data reached saturation (Bullo, 2018). Considering that Bullo’s (2018) study had 21 participants despite reaching saturation at 10, I had decided to carry out a minimum of 15 and a maximum of 25 interviews to achieve the best range of data to analyse as possible for the project. Due to Covid safety and social distancing regulations, it was determined that between 15-25 interviews would be too high a number to complete in the project’s timeline and a range of 7-10 interviews would better serve the circumstances. A consideration of potential cancellations and no-attendees was also made and is reflected in the range of 7-10 interviews being considered for analysis. This stage of data collection was carried out over a period of 3

months and total of 18 participants expressed interest in taking part. However, only 9 interviews were successfully carried out between July and September 2021 due to a number of participants not attending and withdrawals from the project. As a result, all 9 interviews were considered in the data analysis stage and were manually transcribed for a closer analysis of the texts.

The sampling method for the interviews can be described as a mix of voluntary response and purposive methods (Dörnyei, 2007), where voluntary response refers to the willing contribution from the participants and purposive method is described as where ‘the researcher chooses the site (context), participants, and the number of participants’ (McKinley & Rose, 2020: 59). In the case of my research, I directly referenced the research as being done with men who had past experiences of mental health.

The call for interviews was advertised via X (formerly Twitter) during the latter stages of UK-wide lockdowns. This platform allowed for the distribution of news and information among a larger number of the population. The purpose of advertising the call for interviews in this way was to identify men in different types of employment who would be willing to take part. While specific workplace environments were made explicit in the corpus analysis, these may not be reflected in the participant demographic and the call for interviews were therefore not restricted to these previously identified workplace environments. While snowball sampling⁶ was considered for the project, this was not done due to the amount of interest gathered in the study. Snowball sampling was considered due to the sensitive nature of mental health and illness in general so that there was an indirect sampling method to avoid any potential risk of forcing participants to take part. However, this method did not generate any interest.

It was made clear in the participant information and consent forms that the interviews would be recorded but personal or identifiable information would be made anonymous throughout to protect participants’ identities. Withdrawal periods were also made explicit in these forms in line with participants being able to withdraw their participation at any time prior to the completion of the project (see Appendix 2). This was communicated to participants prior to interview via consent forms and participant information forms and reiterated at time of interview.

⁶ Where I would explicitly ask if the participants knew someone that would also be interested to take part.

Following changes to Manchester Metropolitan University's ethics guidelines in response to the Covid pandemic, interviews were conducted remotely online via Zoom⁷. Participant anonymity was kept throughout by only using voice recordings and not discussing any identifiable information while the interview was being recorded. This kept to data integrity guidelines as I was the only researcher who had access to identifiable information for the software used to conduct the interviews. As the interviews were done remotely, all correspondence other than the interviews were done via email and participants were sent digital copies of the relevant documents via email prior to the interview.

3.3.1.1 Ethics

Unlike the analysis of media representations of mental health, which is publicly available data, this stage of the study deals with human participants, and therefore additional ethical considerations were required. In particular, because this research interviews potentially vulnerable participants due to the nature of the topic of discussion, additional ethical considerations (compared to interviewing non-vulnerable participants) were made for this stage.

In the first instance, ethical approval for this stage of the project was awarded by the Arts and Humanities Research Ethics and Governance Committee of Manchester Metropolitan University prior to the start of data collection (see Appendix 4)⁸. As part of the ethical approval process, I established systems to ensure the health and safety of both themselves and the research participants. For example, all questions were designed to be open-ended so that the participants themselves could guide the conversation so that they did not feel pressured into discussing any experience that they did not feel comfortable in sharing.

An important consideration when conducting primary, qualitative research with human participants is that of reflexivity. Reflexivity is the acknowledgement of the researcher's own subjectivity, maintained throughout the research project (Rose & McKinley, 2017). This is especially true in this thesis as the data deals with those classed as more vulnerable and a

⁷ Covid-specific Ethos guidance found on <https://www.mmu.ac.uk/research/staff/ethics-and-governance/ethics/index.php#forms>

⁸ Ethos reference number: 13120. Approval date: 02/01/2020

number of assurances were made within this research to ensure that all parties involved were kept safe and informed throughout.

Furthermore, I also needed to ensure that my position as researcher was one of impartiality throughout where I was not to guide or pressure the participants into discussing what I wanted them to discuss and instead let them guide the discussion throughout. However, a main underpinning of the concept of reflexivity is that impartiality in its entirety does not exist and I recognise my position as a person involved with the research that can also succumb to emotions. To mitigate this, I ensured that my position as a researcher was professional so that the interviews could be carried out in as calm an environment as possible. In an ideal situation, these interviews would have been conducted in a physical safe place determined by the participants themselves and I understand that the onset of Covid-19 did make qualitative interviews more fractured and prone to scrutiny more than they would have been prior to the pandemic.

As I did not conduct this research as a medical professional nor have I been medically trained, I needed to make assurances prior to conducting the interviews. At all stages from the call for interviews to the collection and interviewing processes, I made it clear that these interviews were not being conducted by a mental health professional and that I would not be able to provide professional support, although signposting to any needed support as a result of the interviews was done throughout.

3.3.2 Analysis of individual interviews with men with a history of mental illness

The development of the interview stage was informed by trends and features identified in the Corpus-Aided Analysis of British newspaper articles on mental health in stage 1. The choice to approach the interviews in this way was done due to the underrepresentation of men's mental health in relevant literature from medical and linguistic fields as well as within societal representation such as in the media, which provided no concrete precedence to the construction of mental health from the male perspective. By approaching the interviews through the consideration of existing trends and features as found in media, and therefore public, discourse, it allows me to examine if men cognitively draw upon these trends and features to construct

their own experiences with mental illness or if they construct their experiences based on a different cognitive understanding of mental illness.

It was found in stage 1 that at the text ‘level mental health’ occurs frequently as a multi-word unit as a way of adding supplementary information. This is found in examples such as ‘Mental Health Act’ to refer to legislation in place within the UK that encompasses both medical and legal guidance. Implied stigmatisation of those with mental health issues, was linguistically constructed through passive constructions (e.g. ‘mental health problems going untreated’) and through the use of negative stereotypes to refer to members of the public who suffer from mental illness.

Taking these trends into consideration, the interview guide focused specifically on the participant’s own constructions of their experiences with mental illness, with the potential to identify any overlapping linguistic trends between this stage and the first stage on public perception. Particular reference and analysis of stigma, both explicit and implied, was considered throughout. The interview guide was also framed around the way participants themselves discuss their experiences with others based on different contexts (i.e. with friends versus with employer), with questions specifically designed to discuss possible situations where the participant would or would not be open with others about their mental health experiences. This element in particular allowed frank discussions on individual opinions on gendered expectations, workplace practices and current approaches implemented by employers and society to highlight mental health issues. More information on this can be seen in Chapter 6.

Analysis of this interview stage considers the 3-dimensional framework developed by Fairclough (see Figure 3.1 for reference; see also Chapter 2) to examine the processes behind the construction and understanding of what it means to have experienced mental illness from the male perspective. At the micro text-level, I apply the transitivity function from Halliday’s Systemic Functional Grammar (Halliday, 1985; Halliday & Matthiessen, 2014) to determine agency and the social actor framework (van Leeuwen, 1996; 2008) to explore how mental health is constructed, and who it is constructed in relation to.

Drawing on van Leeuwen’s social actor framework and agency, Darics & Koller (2019) posit that there are two types of agency in Critical Discourse Analysis: ‘agency is a semantic category that refers to the meaning expressed through language use, action is a grammatical

category that refers to who or what is represented as grammatically active or passive' (2019: 218). They go on to explain that while agents in language use can have different levels of semantic agency, they may be considered as grammatically passive agents. The distinction of these at the text-level can be seen below:

1. "He *took* the helm of the department that supervises all local governments for only 9 months": semantic agent and grammatical actor
2. "The last time a South Korean leader *was removed from* office under popular pressure was in 1960": neither semantic agent nor grammatical actor
3. "Yang himself *became* CEO only after former CEO Terry Semel left the company in 2007": grammatical actor, but semantically less agentive than the actor in the first example
4. "She *is widely respected* as a leader who gets things done": not a grammatical actor, but a semantic agent (Darics & Koller, 2019: 218)

It is the consideration of both semantic agency and grammatical agents that this thesis will take for the stage 2 analysis. As noted in the literature review (see Chapter 2), mental health continues to be stigmatised and drawing upon the idea of taboo, language construction of mental health could indicate distancing from personal experiences as a result. Through examining both the levels and semantic agency and grammatical agents as found at the text-level, stage 2 will identify who is given agency within the context of mental health experiences in men.

While analysing the representation of mental health, I identified that metaphorical language played a significant role in how people talk about mental health. Therefore, a further analysis of metaphorical language is applied to examine how mental health is conceptualised at the broader meso-level of discourse (Pragglejaz group, 2007). The findings at the micro-level are then interpreted at the discourse level and these are then explained at the macro-level dimension by reference to gender ideologies as social practice, as per Fairclough's 3-dimensional framework. Given the complex nature of the transitivity system, the social actor framework, and metaphor identification, the following sub-sections outline these concepts and methodologies in more detail.

Using Anthony's (2023) AntConc version 4.2.4., all 9 transcriptions from my interviewing stage were uploaded to create their own mini corpus to quantify the significance of utterances and the frequency of transitive processes within the data.

3.3.2.1 Systemic Functional Linguistics

The field of Systemic Functional Linguistics (or SFL) was originally developed by Halliday to study phenomena as found within language (Halliday, 1984) and a tenet of SFL is that it is to do with the functionality of language; i.e. how does language function to reflect what we demand of it (Lyons, 1970). Halliday assumed that language can be organised into what he called functions, of which he identified four set functions as described below (1978)

1. Language has to interpret the whole of our experience, reducing the indefinitely varied phenomena of the world around us, and also of the world within us, the processes of our own consciousness, to a manageable number of classes of phenomena; types of processes, events and actions, classes of objects, people and institutions and the like.
2. Language has to express certain elementary logical relations, like 'and' and 'or' and 'if', as well as those created by language itself such as 'namely', 'says' and 'means'.
3. Language has to express our participation, as speakers, in the speech situation; the roles we take on ourselves and impose on others...
4. Language has to do all these things simultaneously, in a way which relates what is being said to the context in which it is being said, both to what has been said before and to the 'context of situation'; in other words, it has to be capable of being organized as relevant discourse (Halliday 1978: 21-22)

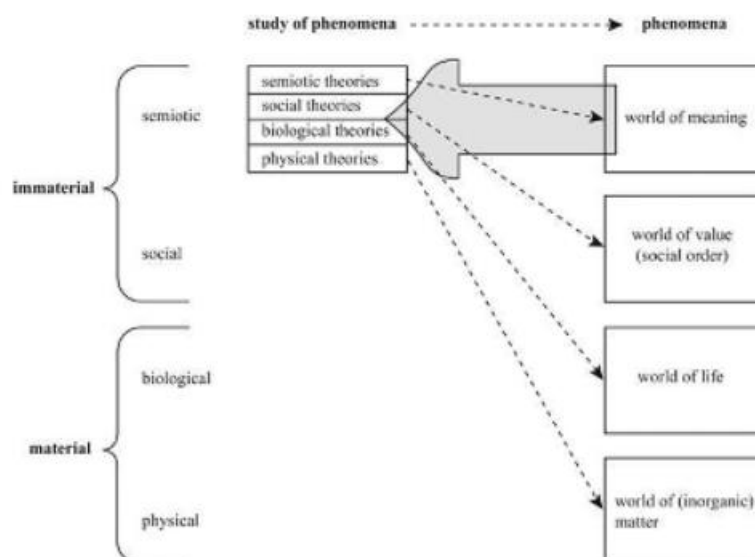


Figure 3.5: Theories of semiotic constructs, Matthiessen et al. (2010) in adaptation of Halliday (1984)

SFL became more of an analytical framework rather than linguistic theory as a way to explore how the text-level construction of discourse can deduce meaning and what implications that meaning hold within the wider world. Within this framework, Halliday identified 3 meta-functions to deduce meaning from text (Halliday & Matthiessen, 1999). These meta-functions include:

1. The Ideational meta-function which explores the organisation and representation of the human experience
2. The Interpersonal meta-function that is concerned with how we negotiate and interact with others through language; and
3. The Textual meta-function which examines the relevance of discourse to its context (Halliday, 1994)

Each meta-function ‘deals with a different aspect of the world in a broader sense’ (Ghani et al., 2022: 2). Karimi et al. (2018) describe this as follows:

The experiential options construe the speaker’s experience of the inner and outer world, the interpersonal options enact the relations among the participants as defined by their roles in the speech event, and the textual options manage the flow of information (Karimi et al., 2018: 2)

For the purpose of this research, I will focus on the Ideational meta-function as ‘the ideational meta[-]function provides the resource for construing our experience of the world around us and inside us as meaning’ (Matthiessen et al. 2010: 92). Focusing on this meta-function allows me to examine how men construct their own experiences of mental health within the wider context of a society that continues to draw upon traditional ideas around masculinity (see Section 2.2.2 for more information on masculinity and gendered discourses).

Within this Ideational meta-function, Halliday assumes two sub-functions called Experiential, or the Transitivity system, and Logical. The Experiential sub-function, , explores ‘how actions or experiences are articulated through the transitivity system’ (Ebbelind, 2015: 3187), making it appropriate for this research, whereas the Logical sub-function looks at the realisation of the clause as a complex system (Halliday, 1984).

3.3.2.2 Transitivity

Transitivity within the Ideational meta-function views language as a ‘theory of processes’ (Halliday, 2003: 127) which are then realised by verbs. These verbs, depending on the process that they take, carry different linguistic elements based on what they represent with the target domains, or nouns, taking on particular functions within those processes (Price 2022, in reference to Matthiessen & Halliday, 1997). Table 3.1 below shows the different types of processes that verb groups can take within the Transitivity system.

Material	Mental	Relational	Verbal	Behavioural	Existential
Actor	Senser	Carrier	Sayer	Behaver	Existent
Goal	Phenomenon	Attribute	Receiver	Behaviour	
Beneficiary: Recipient		Attributor	Verbiage		
Beneficiary: Client		Identifier	Target		
Scope		Identified			
Initiator		Assigner			

Table 3.1: Transitivity processes in Halliday & Matthiessen (2014)

As can be seen in Table 3.1, there are many processes that can be considered within a Transitivity analysis, however for the purpose of this thesis, I am concentrating on the first 3 processes listed above: Material, Mental, and Relational. There are further categorisation to

each of these processes, such as Material Action Intention. However this thesis is not exploring these categories in more detail due to the later analysis stages of Social Actors and Metaphor.

While in Table 3.1, the types of processes have been split by process, Table 3.2 provides a breakdown of the three distinct processes that I am concentrating on:

Process	Type	Elements of process
Material	doing	Actor, Goal
Mental	sensing	Senser, Phenomenon
Relational	being	Carrier, Attribute

Table 3.2: Transitivity processes (adapted from Halliday, 1984;1994) and Halliday & Matthiessen, 2014)

The first process that I will consider in this thesis is the Material process. This process looks at the verb group concentrated on the action of doing something. From Table 1, Material processes take on an ‘actor’ (the person doing the action) and a ‘goal’ (the person or object that action is being done to) and examples of how this process looks can be seen in Table 3.3 below:

MATERIAL PROCESSES		
ACTOR	PROCESS	GOAL
The girl	Chases	The cat
The cat	Drank	The milk
The plane	Flies	In the sky

Table 3.3: Examples of material processes

The second process in my Transitive analysis is the Mental process, which examines the process of ‘sensing’ or ‘thinking’. Within this we can we can highlight the following:

MENTAL PROCESSES		
SENSER	TYPE	PHENOMENON
The man	Doubted	Himself
I	Realised	That I didn’t feed the dog
She	Felt	Scared

Table 3.4: Examples of mental processes

The final process considered in this thesis is the Relational process, which explores verb groups that deal with the process of ‘being’ or ‘having’. What must be said here is that the Relational process within Transitivity does have a complex system of sub-categories depending on who and what is doing the identifying or the attributing. However, this thesis is not concerned with such an in-depth analysis of the Relational process as it is more concerned with identifying linguistic trends and contributing to a developing area of research that overlaps mental health, gender and CDS.

As such, I am taking on board a more simplified approach, as posited by Jeffries (2010) who looks at just the identifier and the attribute. I am also simplifying this further by looking at two elements: that of the carrier/attribute type, which takes on a more identifying relationship, and of the possessor/possession type, which explores who is possessing what within the transcriptions through linguistic construction.

RELATIONAL PROCESSES		
CARRIER/POSSESSOR	TYPE	ATTRIBUTE/POSSESSION
I (carrier)	Am	Tired (attribute)
You	Have	An apple
He	Is	Interesting

Table 3.5: Examples of relational processes

3.3.2.3 Social Actors

van Leeuwen’s theory of social actors examines ‘the ways in which social actors can be represented in English discourse’ with particular references to the ‘choices [that] the English language give us for referring to people’ (1996: 32). Gong et al. take on van Leeuwen’s theory of social actors and explain that ‘is embedded in linguistic basis and aims to deconstruct the single side of the reality represented by media forums’ (2017: 2743)

van Leeuwen posits two ways in which people are represented via discourse: they are either included within the discourse or excluded from the discourse (1996; 2008).. If social actors are included, they are directly involved in the discourse (cf. who is the speaker/person doing the action and who is being spoken about), while if they are excluded, they are omitted

from the discourse in its entirety. However, there are multiple categories in social actor theory, as can be seen below.

As this research is concerned with the influence of power institutions on public and individual discourses around mental health, the consideration of who is represented in the context of mental health is important. As such, this thesis will be considering social actors from both the Inclusion and Exclusion categories.

There are a number of ways individuals and groups of people can be represented within text (van Leeuwen, 1996; 2008). However, due to the scope of the thesis, I will not identify all the social actors as categorised by van Leeuwen above. Instead, this thesis will focus on examining actors that are included within the context of mental health through Individualisation, Nominalization and Assimilation. The thesis will consider individualisation to examine how men themselves frame their experiences with mental illness, nomination to determine who outside of the interview context are also brought into the immediate discourses and, assimilation to demonstrate how groups are assimilated within discourse in reference to mental health. van Leeuwen states that individualisation and assimilation are similar in how they should be approached but that individualisation examines those in a single entity and assimilation as those that are grouped together (2008; 1996).

Similarly, through the Exclusion category, the thesis considers who is omitted from mental health discourse, be it men themselves or others within their experiences. van Leeuwen argues that exclusion can take on different meanings based on if there are any linguistic traces within discourse or not (2008). He goes on to explain that in discourse, there are instances of ‘radical exclusion’ (2008: 29) where no reference is made within social circles or text to a topic or person that is excluded via suppression, where references are done indirectly via inferences or the social context in which the topic is being discussed.

As I do expect to see some reduction in discourse rather than radical exclusion where it is not present within discourse or the context in which that discourse is produced, I consider exclusion from a suppression category perspective, which is more appropriate for this thesis. However, van Leeuwen does explain that the use of nominalization ‘can allow the exclusion of social actors’ (2008: 30). While he considers this in the context of immigration, I argue it can also be used in reference to mental health and medical themes.

3.3.2.4 Identifying Metaphor

The use of metaphor ‘has been recognized as one of the most important rhetorical devices ever since Aristotle (1991) treated it in his *Art of rhetoric*’ (Musolff, 2012: 302), signalling its importance and its longevity in discourse. ‘In metaphor theory, metaphor analysis focuses on the implied conceptual mappings of a metaphor and offers vocabulary for describing writers’ creative strategies in rethinking those mappings’ (Wohlmann, 2022: 26)

In Linguistics, the use of metaphor can carry a multitude of meanings that are not always easy to categorise or uncover in text. This is touched upon by Shutova & Teufel, who state that while we ‘are highly capable of producing and comprehending metaphorical expressions, the task of distinguishing between literal and non-literal meanings and, therefore, annotating metaphor in text appears to be challenging’ (2010: 3255).

In their work, Lakoff & Johnson (1980) explore categories of how we can conceptualise metaphors in discourse. However, they do not go into as much detail in the categorisation of whether a metaphor has been identified at the text level. They state that ‘metaphorical concepts can be extended beyond the range of ordinary literal ways of thinking and talking into the range of figurative, poetic, colourful, or fanciful thought and language’ (1980: 13). Taking this into account, they go on to explain that a metaphor does not always have to fit with what we associate with speech and can draw upon what the speaker themselves understands of the metaphor they use. However, they do warn that the strength of a metaphor can only be considered if it is culturally coherent. Essentially, a conceptual metaphor can use fruitful and imaginative language, but it only works as a metaphor if it is understood by others.

They further develop their metaphor theory and state that ‘[n]ew metaphors have the power to create a new reality’ (2003: 145) and as it has been identified in the literature that discourse around mental health from a linguistic perspective are developing, this element of metaphors being fluid and able to create a new reality is especially important for this thesis. It is argued within metaphor theory that there are two distinct types of metaphor: novel metaphors that are new to language and can therefore cause surprise when used, and conventionalised metaphors which have become part of everyday speech (Nunberg, 1987 in Shutova & Teufel, 2010). Littlemore (2019) also touches on this in their work on embodied metaphors, stating that people’s experiences with metaphor can change over time. Nunberg (1987) goes on to describe that over time, conventionalised metaphors become what they call dead metaphors as their effect has become automatic through their use in language.

The Pragglejaz group (2007) have created a systematic framework to ease the identification of what is metaphor in text. This framework involves the mapping of each lexical unit in a sentence, taking into account its basic meaning in contrast to its contextual meaning. In short, if the contextual use of a lexical unit draws upon a category outside of its basic meaning, that indicates that a metaphor has been used. Nevertheless, while the Pragglejaz group framework systemises the identification process as theorised by Lakoff & Johnson (1980), they do not allow you to identify the target or source domains that allow a metaphor to work through language.

Sullivan examines how the text-level construction of a metaphor can indicate its functionality in language and that '[c]ognitive structure is said to "map" from the source domain to the target domain, so that the target domain can be understood in terms of the source' (2017: 392). Source domains refer to the concrete whereas target domains to the abstract concepts of language used to describe the experience being talked about in a particular discourse (Demjen et al., 2016). For example, in the 'metaphor ILLNESS IS WAR, where ILLNESS is the 'target' conceptual domain and WAR is the 'source' conceptual domain' (Demmen et al., 2015: 207). In reference to how metaphor is analysed, Sullivan highlights that '[s]ource and target domain names are typically represented in small caps even when not in a metaphor name' (2017: 392), indicating it constitutes the conceptual nature of metaphors in language.

The use of metaphor analysis is also argued by those who look at language in medical contexts and that '[f]igurative language is appreciated by patients who regard physicians using metaphors as better communicators who present information in an understandable way' (Casarett et al. 2010 in ten Have & Gordijn, 2022: 577). Work on the importance of metaphor within medical discourses has also been touched upon by Demjen et al. (2016) and Demmen et al. (2015) on their work on cancer and death metaphors and also by Bullo (2020) in their work on conceptual metaphor and endometriosis pain. This supports the use of metaphor analysis in this thesis as there is an established area of research exploring the impact of metaphorical language on medical discourses as a way of making sense of what could otherwise be a serious and negative discussion.

From a more medical perspective, certain metaphors have already been established, such as the JOURNEY metaphor in reference to the journey of being diagnosed, receiving treatment and to achieving remission (Semino et al., 2018; Semino & Demjen, 2017; Coll-Florit & Climent, 2022). As mental health does come from a more medical theme, the

consideration of such a metaphor in this thesis will be made and more about how the JOURNEY metaphor in health discourses appears in my data can be found in Chapter 6.

Categories of medical metaphors in discourse are also discussed by ten Have & Gordijn, who identify ‘health as harmony, the human body as mechanism, disease as disorder’ (2022: 577) and Demmen et al. (2015) who have identified violent metaphors in medical discourses around cancer. However, more recently a metaphor database for mental health has been developed by Coll-Florit & Climent (2023) for the identification and classification of mental health metaphors in discourses, further supporting this thesis’ consideration of metaphor analysis to my data.

What Coll-Florit & Climent (2023) identified can be seen in Figure 3.7 which demonstrates the most frequent and expected metaphor references within mental health discourse. As can be seen in Figure 3.7, these metaphors draw upon JOURNEY, WAR and MACHINERY metaphors as touched upon by Semino et al. (2018) above:

LIFE WITH A MENTAL DISORDER IS	A WAR
THE MENTAL DISORDER IS	A JOURNEY
	A LIVING ORGANISM (PERSON, BEAST, MONSTER)
	DESCENT (VERSUS WELLBEING IS ASCENT)
	DARKNESS (VERSUS WELLBEING IS LIGHT)
	UNBALANCE (VERSUS WELLBEING IS BALANCE)
	A CONTAINER (ENCLOSED SPACE)
	A WEIGHT
	A FORCE
	A PLACE
	AN OBSTACLE
	AN ENEMY
PEOPLE WITH A MENTAL DISORDER ARE	A TRAVEL COMPANION
	SPLIT SELVES
	(FRAGILE, NON-VALUABLE) THINGS
	MACHINES
	CONTAINERS
SOCIAL PREJUDICE IS	AN ENEMY
	A MARK
	A WEIGHT
	A WALL/A FENCE
LACK OF COMMUNICATION IS	DISTANCE (VERSUS COMMUNICATION IS PROXIMITY)
	CONCEALMENT (VERSUS COMMUNICATION IS VISIBILITY)
SOCIETY IS	A PERSON
	A CONTAINER (ENCLOSED SPACE)
FAMILY AND FRIENDS ARE	TRAVEL COMPANIONS
THE MEDICAL PRACTICE IS	POWER
PSYCHIATRY IS	A REPRESSIVE POWER
MEDICATION IS	A TRAVEL COMPANION
	A (HARMFUL) DRUG
	A REPRESSIVE POWER
THE MEDICAL DIAGNOSIS IS	A MARK

Figure 3.6: classification of mental health metaphors (Coll-Florit & Climent, 2023: 1448)

I will consider the above classifications in my own analysis, with the aim of adding to this developing area of mental health research. The application of these classifications in my own data can be seen in more detail in Chapter 6.

4 Contextualising Mental Health in the UK

Before considering the results from the specialised corpus of news reports on mental health it is first worth contextualising how mental health is represented in UK in a general sense.

In this chapter, I firstly explore how mental health is framed within the British context. This is done through a KWIC consideration of the newspaper subcorpus of the BNC2014 on the topic of mental health. I have also compared the subcorpus to the BNC2014 corpus data as a whole to contextualise the framing of mental health in written language within the UK.

I am particularly interested in how mental health in men is represented and if gender is made explicit through a keyword consideration following the lack of men being found via search terms on LexisNexis (see Chapter 3). Due to a lack of direct reference to men in search terms of mental health newspaper data, this chapter focuses on the broader mental health context in its representation. Nevertheless, considerations are made throughout in regard to gendered representations (however please see Section 5.4 for a more detailed discussion on how gender is constructed in my developed corpus).

I then go on to discuss more about the context around my developed corpus for backgrounding the corpus itself before going on to discuss the corpus findings in Chapter 5. As discussed in Chapter 3, LexisNexis demonstrated that mental health was being discussed within British newspapers between 2013 and 2019. Thus, to elaborate on the context in which my data was produced and reproduced in said newspapers, I consider all figures in relation to that time frame below rather than exploring averages across all publications within the British media context.

I end this chapter by summarising what both the BNC2014 and my specialised corpus demonstrate in the framing of mental health within British newspapers. Through comparing and contrasting the statistics found in the reference corpus with those found in my specialised corpus, potential statistically key collocates of mental health and gendered references to mental health can be identified (Section 4.3).

4.1 How is mental health represented in British discourses?

In keeping with the development of my specialist corpus and its analysis (see Section 3.2 for more information), I considered a log likelihood scale approach to the BNC2014 written corpus

to identify key words within the British context of mental health representation. In the case of this chapter, I compare the initial findings of the data collected from LexisNexis (see Section 3.2 for more information) with the BNC2014.

It was identified in the methodology that a Mutual Information score could potentially identify statistically keyword outside of the scope of my research aims and parameters. This can be seen in Figure 4.1 below where words such as ‘the’ are included and are marked as key in the data. While the analysis and identification of such words can draw light to interesting linguistic patterns, this is not the focus in this thesis, which is to examine how mental health, in general and as a search term, is linguistically constructed and represented through language.

	Type	Rank	Freq_Tar	Freq_Ref	Range_Tar	Range_Ref	Keyness (Likelihood)	Keyness (Effect)
1	the	1	27175	298382	836	1251	4675.982	0.056
2	to	2	19836	200644	836	1251	4585.632	0.046
3	of	3	15416	132548	834	1251	5702.442	0.039
4	a	4	15590	218011	836	1251	627.687	0.036
5	and	4	16881	276683	836	1251	45.243	0.036
6	in	6	11838	113336	832	1251	3236.722	0.031
7	mental	7	7615	554	836	243	40354.179	0.023
8	health	7	7599	661	836	322	39717.590	0.023
9	for	9	6395	58180	813	1251	2016.957	0.018
10	is	9	6791	89490	803	1251	433.788	0.018
11	with	11	5453	43489	805	1249	2390.308	0.016
12	as	12	4170	31526	769	1247	2050.864	0.012
13	are	12	4177	37255	750	1250	1387.743	0.012
14	on	12	4373	68856	792	1251	34.961	0.012
15	be	15	3792	57972	766	1251	51.969	0.011

Figure 4.1: MI/Effect scale from reference corpus.

In addition to this, the scores reflected in the Effect column in Figure 4.1 are much lower than would be expected using a MI/Effect scale analysis (see Section 3.2.2) and an element of reliability of the data comes into play. This is particularly the case when the terms ‘mental’ and ‘health’ are considered, which have similar MI/Effect scales, but are not as frequent as the preceding words as seen in the Type column.

As discussed in Chapter 3 and given concerns around reliability, a log likelihood scale approach is more appropriate and a total of 3642 key words were identified between my

specialised corpus and the BNC2014. A table of the top 100 statistically key words without the use of stop lists as generated by the BNC2014 can be found in Appendix 2.

Furthermore, if I consider the table from Appendix 2 and look closer at the top 50 statistically key words, once filler words such as ‘and’ and ‘the’ are removed via a stop list, the majority are in reference to themes related to mental health. This can be seen in Table 4.1 below, where words related to mental health and medicine account for 37 out of the top 50 key words. It is of particular note within Table 4.1 that the three most statistically key words are all related to mental health or health in general, with ‘mental’ being the most statistically key with a likelihood score of 40354.179 and ‘health’ and ‘depression’ coming in as the second and third statistically key words with a likelihood score of 39717.590 and 6130.208 respectively. What this means is that when we consider from a 99.9% chance of occurring, the below keyness figures are not happening by chance and that there has been an informed choice to include these words within the comparative corpora.

Type	Rank	Keyness (Likelihood)	Keyness (Effect)
Mental	1	40354.179	0.023
Health	2	39717.590	0.023
depression	3	6130.208	0.004
services	5	5349.749	0.004
problems	6	4921.096	0.004
NHS	8	4646.119	0.003
Illness	11	4380.619	0.003
support	12	4183.161	0.003
Help	13	3907.920	0.005
patients	14	3441.525	0.002
Their	15	3404.085	0.008
Anxiety	16	3382.914	0.002
Care	19	3150.798	0.003
Issues	20	3071.608	0.002
treatment	21	2986.010	0.002
Cent	22	2844.405	0.002
Suicide	23	2838.766	0.002
Young	24	2412.108	0.003
disorder	26	2388.389	0.001
His	28	2295.726	0.008
Report	29	2164.622	0.002
children	31	2048.984	0.003
People	33	1979.182	0.010
physical	34	1955.861	0.001
suffering	35	1933.100	0.001
Says	36	1920.944	0.004
Stigma	37	1903.822	0.001

Police	38	1738.925	0.002
Women	39	1711.074	0.002
hospital	41	1596.276	0.002
psychiatric	42	1578.284	0.001
Who	43	1561.414	0.007
Stress	45	1542.781	0.001
Crisis	46	1536.524	0.001
Social	47	1531.644	0.002
Self	48	1514.001	0.002
Life	50	1466.129	0.003

Table 4.1: Top 50 statistically key words with filler words removed.

It is the high standing of depression in this data that I will consider further in my call to interviews (see Chapter 6) as it links backs to figures mentioned within the academic literature and in the introductory chapter that state depression and anxiety (which also features prominently below with a score of 3382.914) are the most common mental health disorders in medicine. However, these are not the only references made to disorders as there is evidence of symptomatic manifestations and potential causes of mental illness in the keyword analysis. Some of these are found in Table 4.1 such as ‘psychiatric’, ‘suicide’ and ‘stress’, leading to a more clinical theme around mental health emerging from the data. However, as can be seen from the table above, a more negative connotation can also be seen in reference to mental health, which is evident in the prevalence of words such as ‘suffering’, ‘crisis’ and ‘issues’. A consideration of all three of these keywords through a collocation analysis of my corpus in its entirety can be seen in Chapter 5.

What is significant about these more negative connotations from the reference corpus is that the word ‘crisis’ appears within the top 50 significantly key words. While not seemingly related to the mental health context, if we consider this with the literature that identified that there is a problem with access to mental health care and the rates of which people interact with this care, it is of significance here. While the use of crisis in relation to how it is used within the specialised corpus is discussed in more detail in Section 5.2, these overview findings suggest that this element of mental health being in crisis is particularly important in terms of how it is constructed (more generally speaking). This, in turn, strengthens considerations made in the academic literature of how the current situation of mental health departments are viewed by the public. Furthermore, this finding links back to what was discussed by Corrigan et al. (2004), in that it can be considered that the crisis is in fact a consequence of the effects of stigma faced by those who have experience of mental illness. We can link this back, in addition,

to what I have discussed in the previous paragraph in relation to the term ‘suicide’ where the rates of suicide amongst young men has reached a crisis point.

What is especially significant with the key words is the prevalence of gendered lexical units. This can be seen above and in Appendix 2 where the possessive pronoun ‘his’ is more statistically key with a score of 2295.726 in comparison to the direct gendered unit ‘woman’ with a score of 1711.074. While these units do not match in their linguistic function, with ‘his’ being a possessive pronoun and ‘woman’ being a common noun, and would not traditionally be comparative, they can be compared in this instance as they represent the first gendered linguistic unit indicated within the specialised corpus data. This is significant in that results from direct gendered search terms for men in the mental health context proved difficult during the data collection stage, which was suggestive of men not being present within British mental health news stories. Comparisons could have been made to ‘hers’ instead to follow the same linguistic function as ‘his’, however this did not appear within the top 100 statistically key words within the specialised corpus (Appendix 2).

Furthermore, comparing these two gendered linguistic units here demonstrates that references to men, , although indirect (through pronouns such as ‘his’), not only exist within news stories, but are in fact more likely to occur in public discourses in comparison to more direct references to women, or ‘woman’ in this case, within the mental health context.

Gender is further enhanced by references to the honorific ‘mr’, which has a likelihood of 1189.669 in contrast to ‘mrs’ which has a likelihood score of 105.193, marking it as more statistically likely to occur in the data (although both are still very strong keywords). This could signify that a gendered version of mental health is being discussed by the media and not as underrepresented as the previous academic literature would indicate (see, e.g., Campbell et al, 2021; Hunt & Churchill, 2013).

4.1.1 The BNC2014 and mental health

The BNC2014 is a ‘large collection of samples of contemporary British English language use, gathered from a range of real-life contexts’ (LancsBox⁹, see also Love et al., 2017). As it is a

⁹ <http://corpora.lancs.ac.uk/bnc2014/>

collection of all types of texts across different areas of discourse, it is not specialised to any one topic or research. As such it provides a broad-scale consideration of the language use in the British context. While the BNC2014 is one corpus, it does also include subcorpora categorised by text type, such as academic, newspaper and magazine. While exploring other types of text could provide different perspectives to my own specialised corpus, this has been developed using newspaper articles exclusively and I will only consider the newspaper subcorpus of the BNC2014 in this section.

In keeping with the methodology and dimensions highlighted in Chapter 3, I first explored the search term ‘mental’ (see Section 3.2.2 for an explanation of using ‘mental*’ as a search term in AntConc for this reasoning), which occurs in the BNC2015 6,946 across 2,729 texts in its entirety. In contrast, the term “mental occurs” 1,521 times across 826 newspapers within the newspaper subcorpus. However, in both instances, the most frequent collocate is ‘health’, occurring 2,582 hits across a total of 875 texts in the full corpus and 816 times across 386 texts within the newspaper subcorpus. As such, the following Tables have been considered with ‘mental health’ as the search term as the BNC2014 was not collected with a set topic, such as mental health, in mind.

Table 4.2 below demonstrates the immediate collocates to ‘mental health’ for the corpus as a whole and within its newspaper subcorpus. A consideration for only 1 word towards the right, or 1R, for direct collocations of ‘mental health’ as a search term can be found in Table 4.2. While the search parameters for my specialised corpus were set to the L1 and R2 levels (see Section 3.2.2), the specialised corpus data was collected specifically with ‘mental health’ as the search term through LexisNexis. As such the specialised corpus data does not demonstrate a broader British context of newspaper texts, which the BNC2014 does.

BNC2014 Full Corpus			BNC2014 Newspaper Subcorpus		
Type	Rank	Hits	Type	Rank	Hits
Problems	1	269	Problems	1	103
Issues	2	211	Issues	2	88
Services	3	161	Services	3	62
And	4	155	And	4	41
Act	5	56	Act	5	32
Is	6	55	Charity	6	24
In	7	41	Is	7	14
Conditions	8	37	Of	8	13
Charity	9	35	The	9	12

Care	10	35	Care	10	12
The	11	34	Crisis	11	12
Needs	12	33	Conditions	12	11
Of	13	32	In	13	11
Support	14	27	Patients	14	10
Disorders	15	25	Wards	15	9
Professionals	16	25	Nurse	16	9
Problem	17	24	Support	17	8
Difficulties	18	22	Treatment	18	8
Service	19	21	Trusts	19	8
Condition	20	21	Trust	20	7
Nurse	21	18	Condition	21	7
Nurses	22	18	Professionals	22	7
Crisis	23	18	Stigma	23	7
I	24	16	A	24	6
Outcomes	25	16	Was	25	6
Team	26	16	Unit	26	6
Day	27	15	Day	27	6
Speciality	28	15	At	28	5
A	29	14	Difficulties	29	5
Treatment	30	14	As	30	4
At	31	13	Experts	31	4
Issue	32	13	Needs	32	4
Trusts	33	13	Units	33	4
Teams	34	13	Problem	34	4
Patients	35	13	Hospital	35	4
As	36	12	Charities	36	4
Which	37	12	Beds	37	3
Or	38	12	Campaigners	38	3
Nursing	39	11	Professional	39	3
To	40	11	Disorders	40	3
Wards	41	11	Are	41	3
Diagnosis	42	10	Which	42	3
Trust	43	10	But	43	3
It	44	10	Benefits	44	3
Professional	45	10	Concerns	45	3
But	46	10	We	46	3
Diagnoses	47	9	Awareness	47	3
Has	48	9	Will	48	3
Foundation	49	9	Should	49	3
Unit	50	8	Inpatient	50	3

Table 4.2: Top 50 collocates of ‘mental health’ with R1 in the written BNC2014

Table 4.2 identifies the main collocates found directly with ‘mental health’ and it can be seen that the collocates have a tendency to be medically-orientated such as can be seen with the use of ‘services’ (161 hits overall, 62 hits in the subcorpus), ‘professionals’ (25 hits overall, 7 hits in the subcorpus) and references to mental health units and wards. In comparing and

contrasting between the BNC2014 corpus as a whole and its subcorpus, reference is made to the mental health crisis, which is thematically present within my specialised corpus. A more detailed discussion of the mental health crisis within the context of my specialised corpus can be found in Section 5.2.3.

Furthermore, in both the full corpus and the subcorpus of the BNC2014 corpus, ‘problems’ and ‘issues’ are the two most frequent collocates to ‘mental health’, with ‘problems’ occurring 269 and 103 times and ‘issues’ 211 and 88 times in the BNC2014 corpus and the newspaper subcorpus respectively. Considering literature from Corrigan (2004) and Abdullah & Brown (2011), the frequencies of these collocates (of ‘mental health’) highlights a potential tendency in the data for mental health to be represented alongside its more negative connotations (see Chapter 2 for more information on mental health and language). These collocates also appear in similar frequency within the specialised corpus, indicating that they are statistically key terms in the text-level construction of mental health in British discourse contexts. A discussion on the use of ‘problems’ versus ‘issues’ when constructing mental health in discourse can be seen in Section 5.1.1.

One term that is apparent in the top 50 collocates for the subcorpus is the term ‘stigma’ as a collocate to ‘mental health’, occurring 7 times. While this represents a small number of instances, it is not present in the top 50 collocates of ‘mental health’ within the BNC2014 as a whole. ‘Stigma’ as a search term, however, occurs 422 times in the corpus and 104 times in the subcorpus, signifying that it does occur fairly frequently, although not as a collocate to ‘mental health’ overall. As mental health stigma is a common topic in mental health research and within society (see Chapter 2 for literature on mental health stigma), a higher frequency of its collocation with mental health within the British context would have been expected. However, there is a frequent association between the use of ‘stigma’ and topics related to health within the BNC2014 that are outside the scope of this thesis, such as references to World Aids Day, indicating that it is a key term in medical discourses within the BNC2014.

BNC2014 Full Corpus			BNC2014 Newspaper Subcorpus		
Type	Rank	Hits	Type	Rank	Hits
Problems and	1	35	Issues and	1	14
Issues and	2	24	Problems and	2	11
Services for	3	19	Services for	3	11
Problems in	4	16	Services in	4	8

And wellbeing	5	15	Issues it	5	5
Specialty services	6	15	Services and	6	5
Services and	7	15	Problems in	7	5
Problems are	8	13	Problems the	8	5
Services in	9	12	Act after	9	5
Act 1983	10	11	Problems are	10	5
Problems the	11	11	Charity mind	11	4
And well-being	12	10	Of the	12	4
Charity mind	13	10	At the	13	4
And learning	14	10	And wellbeing	14	4
In the	15	10	Act ø	15	3
Issues in	16	9	Problems he	16	3
Issues the	17	8	Services are	17	3
Service users	18	8	Unit in	18	3
Of the	19	7	Services to	19	3
And the	20	7	Services CAMHS	20	3
Services to	21	7	Care in	21	3
Needs of	22	7	Issues ø	22	3
Is a	23	7	Problems ø	23	3
At the	24	7	And we	24	3
Act after	25	6	Services is	25	2
Services the	26	6	Which will	26	2
Services are	27	6	Of children	27	2
Care and	28	5	Issues for	28	2
Problems I	29	5	Nurse and	29	2
Issues for	30	5	Is the	30	2
Issues it	31	5	Issues if	31	2
Problems he	32	5	Problems she	32	2
Issues but	33	5	Issues in	33	2
Services CAMHS	34	5	Problems did	34	2
As a	35	5	Crisis services	35	2
Problems such	36	5	Problems especially	36	2
Benefits of	37	4	Issues all	37	2
Care in	38	4	Problems is	38	2
And we	39	4	Education in	39	2
First aid	40	4	The duchess	40	2
Problem in	41	4	Must be	41	2
Support for	42	4	Issues can	42	2

Problems has	43	4	Stigma in	43	2
Issues ø	44	4	Stigma is	44	2
It was	45	4	Issues the	45	2
Problems for	46	4	Problems I	46	2
Or learning	47	4	Treatment in	47	2
Care team	48	4	Problems from	48	2
It is	49	4	Issues she	49	2
Issues who	50	4	Act the	50	2

Table 4.3: Top 50 collocates of ‘mental health’ with R2 in the written BNC2014

A change to the search dimensions to include words that appear at the R2 level also demonstrates the prevalence of other collocates for ‘mental health’. While these collocates include a mixture of multi-word units such as ‘mental health services’ and ‘mental health act’ as seen in Table 4.2, there is also an indication of the impact of mental health such as in ‘problems in’ and ‘problems for’ in Table 4.3. See also examples such as ‘problems are’, occurring 13 and 5 times, and ‘issues for’ occurring 5 and 2 times. Due to the presence of multiple ways that ‘problems’ and ‘issues’ are presented in Tables 4.2 and 4.3 above, it is expected that similar instances also occur in the specialised corpus, which I discuss in more detail in Section 5.1.1.

A term that was not collocated with ‘mental health’ at the 1R dimension is that of ‘wellbeing’. While ‘mental wellbeing’ occurs in the BNC2014 49 times, with 21 of those occurring within the newspaper subcorpus, these occurrences are not directly related to mental health as a condition, such as can be seen in ‘health advice and promoted positive mental wellbeing’. This is similar to what was found within the specialised corpus where mental wellbeing refers to the maintenance of one’s mental health through holistic means such as exercise and sleeping well rather than referring to mental health as an illness (see Chapter 5). At the 2R dimension however, ‘mental health’ is collocated with ‘wellbeing’ 10 times in the whole corpus alongside the conjunction ‘and’ and occurs 4 times in the subcorpus. However, it is identified in Table 4.3 that wellbeing is hyphenated in the top 50 collocates for the whole corpus whereas it is not hyphenated in the subcorpus examples and it is difficult to determine if these instances refer to similar contexts. However, Price (2022) posits that the use of the hyphen did not change the meaning of ‘wellbeing’ in context in her data and I did not find instances of ‘wellbeing’ with a hyphen in my data (see Section 5.1.2).

Furthermore, what was also not identified in the 1R collocates to ‘mental health’ as a search term were gender markers, although this continues to be the case with the BNC2014 overall where no gender markers are found within the top 50 collocates at the 2R level. In the subcorpus however, there are 4 terms that appear with reference to gender in some way or another. These can be seen in ‘problems he’ (3 occurrences), ‘problems she’ (2 occurrences), ‘the duchess’ (2 occurrences), and ‘issues she’ (2 occurrences). While mental health and gender from a male perspective was found to be more statistically key in comparison to the female (see previous section), the direct collocates to ‘mental health’ in Table 4.3 illustrate that female references occur more often than male references. This perhaps indicates that direct references occur more towards women rather than men at the text-level but that men are referenced more often indirectly at the contextual level. A discussion of how gender is contextualised with mental health in the specialised corpus can be seen in Section 5.3.

Lastly, another interesting finding in the BNC2014 are references made to both the Mental Health Act and to specific services such as the Children and Adolescent Mental Health Service, or CAMHS. In the case of the Mental Health Act, this is also apparent in Table 4.2, with 56 and 32 hits, however Table 4.3 demonstrates an additional reference specifically to the 1983 Mental Health Act in the BNC2014 with 11 occurrences overall. This reference cannot be seen in the subcorpus, with no additional information added to the multi-word unit ‘Mental Health Act’, as indicated in ‘Act ø’ occurring only 3 times. Due to the collection of texts found in the BNC2014, references to the 1983 Mental Health Act could be due to references being made elsewhere, such as medically-orientated texts and not specifically to newspaper examples.

References made to CAMHS in the ‘mental health’ collocates are found in both the BNC2014 and its subcorpus, occurring 5 times overall, with 3 of these occurrences being found within the newspaper subcorpus. Further to this, explicit reference to children occurs twice in the subcorpus, highlighting that mental health in children and young people is a potentially important aspect to mental health discourses within the British context. This can also be seen in the specialised corpus and is discussed in relation to monetary and social cost of mental health alongside other services referenced within the specialised corpus in Section 5.2.2.

4.2 The context of the specialised corpus

To consider the context in which my corpus data was produced and reproduced in the British media, I collected the total yearly figures of articles that discussed the topic of mental health within my collection parameters to explore if the topic had become more prevalent within the media within this time frame and in what context any increase (or decrease) occurred. In keeping with the timeline of the corpus data, figures related to the total amount of articles published were collected from the same 7-year period (January 2013 – December 2019).

The figures as counted by the LexisNexis database were collated to represent the total amount of articles from all Broadsheet and Tabloid newspaper providers (as indicated above) that had contained the phrase ‘mental health’ published in all months from January 2013 to December 2019 inclusive. While I only collected 1 article per newspaper per month to create the corpus, the total number of articles available on LexisNexis per month on the topic of mental health gave an initial indication of its frequency within reproductions in the British press.

These figures were then averaged together and plotted into line graphs as demonstrated in Tables 4.4 and 4.5 below to quantify the changes in frequency that had occurred between 2013 and 2019. I recognise here that the usual process to consider something of this size would be to average these out by number of words or amongst the total number of British newspapers ever produced. As such, I am interested in just the time frame from which my corpus data was produced due to factors already established in Chapter 3.

These tables highlight that the yearly average for both Broadsheet and Tabloid articles on the topic of mental health saw a dramatic increase between January 2013 and December 2019, suggesting a potential increase in public interest in mental health topics of discussion. Broadsheets saw this average increase from 252 articles in 2013 to 728 articles in 2019, while the Tabloids saw a similar increase from 164 articles in 2013 to 575 articles in 2019. A future approach to similar data would most certainly benefit from considering this in relation to all articles in the British press to further analyse the frequency of mental health reporting overall in the media.

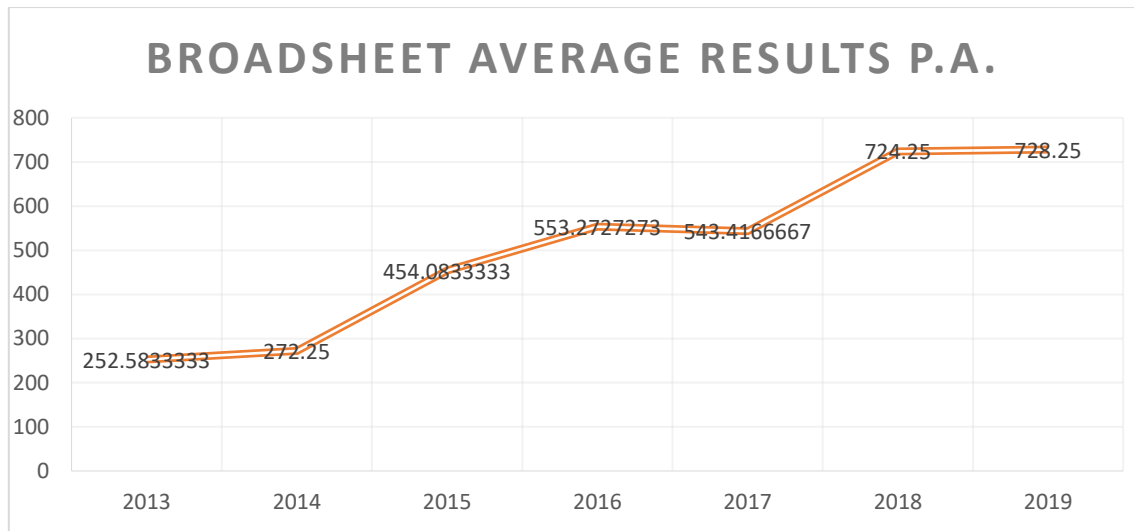


Table 4.4: Broadsheet average per annum

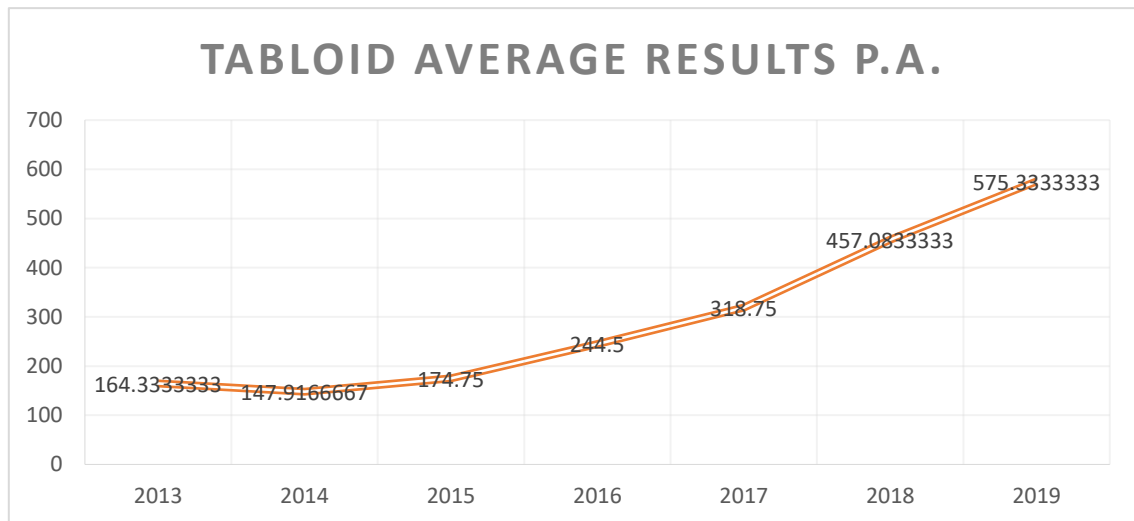


Table 4.5: Tabloid average per annum

Although there is a marked difference between figures from 2013 and 2019 when considered separately, both Broadsheet and Tabloid figures demonstrate a steady increase from 2013. However, this increase becomes more notable after 2017. This suggests that on average, more coverage of mental health as a topic was being carried out by the British media between 2017 and 2019. However, it is worth mentioning here that this average increase could also be due to more press reporting on average within the British media overall and not just in relation to mental health where a consideration against an average of per million words would perhaps indicate otherwise. Nevertheless, this is not in the scope of this particular thesis and is discussed as a potential future approach to mental health in the concluding chapter.

Another way in which a comparison can be made between the Tabloid and Broadsheet articles is through the consideration of word counts in the context of the articles used to build the specialised corpus. As can be seen in Tables 4.6 and 4.7 below, the total wordcount from each newspaper within the specialised corpus has been collated by year and then the overall total of the year at the bottom of both Tables.

Newspaper	2013	2014	2015	2016	2017	2018	2019
The Sun	10,905	11,960	14,707	7,515	4,863	14,930	11,197
The Express	5,542	7,831	8,947	4,717	8,400	10,842	9,532
The Daily Mail	12,490	11,150	11,272	12,034	7,995	10,593	6,735
The Daily Mirror	5,722	8,181	9,419	5,547	6,091	6,921	10,616
The Daily Star	4,097	6,313	5,785	6,650	7,334	6,584	6,501
Total	38,756	45,435	50,130	36,463	34,683	49,870	44,581

Table 4.6: Word count per newspaper per year – Tabloid

Newspaper	2013	2014	2015	2016	2017	2018	2019
The Daily Telegraph	8,998	7,561	7,079	9,973	8,241	8,371	9,001
The Guardian	10,562	12,541	11,987	14,179	7,997	11,581	12,709
The Independent	9,431	8,916	7,591	9,536	12,043	11,125	9,455
The Observer	14,139	10,732	10,572	9,158	11,608	10,976	13,054
The Times	8,789	7,127	7,369	6,843	7,574	7,698	8,770
Total	51,919	46,877	37,007	49,689	47,463	49,751	52,989

Table 4.7: Word count per newspaper per year – Broadsheet

What the total word count per year demonstrates, especially in the case of the Tabloid articles in Table 4.6, is that there has been an increase in the amount of words used in articles about mental health. Contrastingly, the Broadsheets remained relatively consistent across the whole time period between 2013 and 2019, perhaps indicating that Broadsheets overall have not increased their reporting in the same way as the Tabloids have. This is consistent with Tables 4.4 and 4.5 above where overall instances of newspapers published on the topic of mental health have substantially increased when compared to the Broadsheets.

It can be argued that the increase in reporting as seen in Tables 4.4 and 4.5 and in the overall wordcount in the context of my specialised corpus data as seen in Tables 4.6 and 4.7 has contributed to the topic of mental health becoming a part of public discourse. This is further supported through a consideration of reporting and wordcount increases as it involves both Tabloid and Broadsheet newspaper articles, although Tabloid increases are higher than what is seen in the Broadsheets. This increase could be the result of the public's interest with the British Royal Family as 2017 marks the beginning of the Duke and Duchess of Cambridge's charity Heads Together¹⁰ following Prince Harry coming forward to share his experience with mental health issues¹¹. This increase could also be due to mental health stories relating to celebrities becoming more frequent in the media. They include the story of Chester Bennington, the frontman of the rock band Linkin Park, who took his own life in 2017 after years of suffering from mental health problems¹². This event was high profile at the time and would have received attention both amongst fans of the band and also the general public.

The consideration of different news stories coming through regarding male mental health links back to what was found with the reference corpus where references to the possessive pronoun 'his' were more statistically key than more direct references to gender such as 'woman' and 'man'. The identification of gender in my corpus is further discussed in Section 5.3, where I explain how gender appears at the text-level and in what context gender appears.

While an increase can be seen in both, it is also suggested by the figures that the Tabloids do not explore mental health as frequently as the Broadsheets. Based on the literature (see Sections 2.7 and 2.8), it could be argued that the smaller yearly averages in the Tabloid figures reflect the possibility that newspaper owners and editors have made assumptions about their target audience not being (as) interested in mental health stories in the same way as other types of news stories. Taking into consideration the intended, working-class audience of the Tabloids and their tendency to be sensationalist in nature (Buckton et al., 2018), it could be suggested here that the choice to not report on mental health topics reflects their positionality on the topic of mental health. It could even be insofar as it not fitting with a Tabloid reality

¹⁰ <https://www.headstogether.org.uk/about/>

¹¹ <https://www.telegraph.co.uk/news/2017/04/16/prince-harry-sought-counselling-death-mother-led-two-years-total/>

¹² <https://www.independent.co.uk/arts-entertainment/music/news/chester-bennington-dead-linkin-park-suicide-chris-cornell-birthday-date-important-a7852216.html>

paradigm (Archer et al., 2018), especially when we look at the context of men's mental health, something that can be considered as being underrepresented or even misrepresented.

Considering Fairclough's viewpoint (2010) that discourse is representative of our respective social contexts (Section 2.2.1) the choice to not include mental health as often could imply to the public that it is not as frequent in society, thus reiterating that potential reality paradigm. As described by Archer et al. (2018), '[b]y reality paradigm, we mean the individual filter that interlocutors [...] used to interpret/make sense of their worlds at this time' (2018: 182). This approach to mental health within the media could have negative consequences, especially if it is seen as not requiring as much media coverage as other topic areas. As mental health literacy is one of the ways we can increase understanding and reduce stigma (Mendenhall & Frauenholtz, 2011), the choice to exclude certain topics or representations of those topics could contribute to the continued stigma felt by those with mental illness.

In reference to the Tabloid figures, World Mental Health Day falls on October 10th¹³ and any references to this awareness day within the Tabloid articles published in September and October 2013/2014 were difficult to find, with only 7 results between September and October 2013/2014 compared to 46 results in 2019. This could account for the smaller average found for this specific month in the Tabloid figures (222 articles published in 2013 and 173 in 2014) in comparison to 2019 (732 total articles published), where there was a marked increase of articles published in that month. This potentially signals that mental health literacy (Mendenhall & Frauenholtz, 2011) has increased amongst the public's understanding of mental health through the Tabloid reproductions of mental health stories, resulting in newspaper owners and editors choosing increased coverage of mental health stories.

While the above figures do demonstrate that mental health representation has increased in newspaper coverage between 2013 and 2019, they do not consider the exact contexts in which these representations occur and what potential impact these may have on those with mental health illnesses. These figures also do not represent men's mental health in particular and it is therefore impossible to say definitively if these figures relate to stories on the mental health of men or women.

During the Corpus analysis, it became clear that the 'cost' of mental health was a considerable theme in the data. The term 'cost' did not appear often as a collocate of the search

¹³ <https://www.mentalhealth.org.uk/campaigns/world-mental-health-day>

term ‘mental*’ but it was able to be used as its own search term in mental health representation with 470 collocate types and 1136 tokens.

What is interesting in this case is that the two top collocates of ‘cost’ as a search term are ‘health’ (with 19 occurrences) and ‘mental’ (with 18 occurrences), linking directly back to the mental health context. This suggests that there is a monetary value within the British press when it comes to mental health coverage. Furthermore, while reflecting mental health representation in general, ‘cost’ also allowed multiple workplace constructions to be considered within the analysis that may not have been found through the use of the single search term ‘mental*’ (Section 2.3). This legitimised the workplace context of my project and demonstrated a larger picture of the workplace impact on mental health in media representation.

4.3 Summary: How does my corpus compare with the BNC2014?

This chapter examined the British context of mental health discourses, considering firstly how mental health is framed within the BNC2014 corpus and its own newspaper subcorpus. The choice to include the newspaper subcorpus in this chapter allowed for a consideration of mental health as it is constructed within newspapers outside the immediate data set used in this thesis.

Firstly, the chapter identifies why the MI/Effect score was not an appropriate approach to this thesis’ data as evidenced by the low probability scores provided by running an MI/Effect analysis. As scores above three are ‘deemed to be a strong indicate[or] of a strong collocation’ (Baker, 2008: 101), the scores provided by this approach in this instance were too low to be considered as reliable. Instead, a likelihood score approach was undertaken and the reference corpus identified that mental health was statistically key in the specialised corpus data. References made to mental health and medicine accounted for the majority of the first 50 available types, occurring with a likelihood score of between 1466.129 and 40354.179 (see Table 4.1). What this demonstrates is that there is a high percentage of terms related to the domains of mental health and medicine occurring within the specialised corpus, which is not surprising due to the collection methods undertaken for this thesis.

In particular, specific mental health conditions such as depression and anxiety were identified as being statistically key in the data, with scores of 6130.208 and 3382.914

respectively. This is in keeping with the statistics provided in the Introduction that state depression and anxiety are the two most common mental health conditions for people to be diagnosed with within the UK (page 12). While the specialised corpus is concerned with identifying linguistic constructions of mental health in its broader sense (i.e. as an overarching term for all conditions that could appear in the data), the identification of depression and anxiety as being statistically key is considered in the stage 2 data collection. Depression and anxiety were directly mentioned in the call for interviews for stage 2 and took prominence in the interview guide to allow participants to discuss their experiences with these conditions.

While gender was not identified often in the collocates of ‘mental health’ in the BNC2014 corpus (see 4.1.1), it was found to be statistically key, with male references being more key in the data than female references (albeit both were still highly significant, statistically speaking). It was indicated in the likelihood scores that the male references were done indirectly whereas female references were done directly, which was also indicated in Tables 4.2 and 4.3 where a consideration of the 1R dimension of the newspaper subcorpus did not reveal gendered collocations whereas a 2R dimension did. In Table 4.3 particularly, male references to ‘mental health problems’ occurred more than the female references, although there are more types of female references overall in the subcorpus.

Although this thesis is concerned with how mental health is contextualised with gender and, in particular, how men with experiences of mental illness are represented, Chapter 5 below firstly considers mental health in its broader sense before considering the gendered context. This is in keeping with the findings from BNC2014 where a broader perspective did not indicate a gendered relationship within mental health discourses but this was the case in the newspaper subcorpus.

Linguistically, mental health collocates with ‘problems’ (269 hits) and ‘issues’ (211 hits) most often in the BNC2014, across the texts within the corpus. However, due to the broader nature of the corpus, it is not possible nor is it appropriate to determine here if there is a distinction between the meaning behind their use from such a broad perspective. As such, the specialised corpus considers the possibility that there could be a distinction and this is further discussed in 5.1.1. A further consideration for the use of ‘wellbeing’ is also made in the specialised corpus due to its apparent relationship with ‘mental health’ as seen in Table 4.3.

Thematically, this chapter identified two main themes to consider in the upcoming chapter: the theme of the cost of mental health, and the mental health crisis. While cost was not

directly shown as a frequent collocate in the BNC2014 to ‘mental health’ nor within the specialised corpus to ‘mental*’, it was identified in the specialised corpus as a continuous theme in other collocations to the search term. This was especially the case in reference to impact on services, implicitly relating to the mental health crisis within the specialised corpus data. This is done via references to what is referred to as a mental health crisis where people are in such state of distress that they need emergency aid, although mental health crisis as a theme indicated a further relationship with reduced services, which is touched upon in its appearance in Table 4.3. Within both of these themes within the specialised corpus there is an notable theme that is not seen in the BNC2014 and that is the workplace context, which intertwines both the theme of cost and the mental health crisis in its reproductions through the data. As such, the following chapter will also consider this as a theme in its own right due to its prevalence in the data, demonstrating how the workplace context has a social and linguistic relationship to the other themes in the context of mental health public discourses.

5 Stage 1 Findings: How Mental Health is represented in British Newspapers

This chapter focuses on the data collected during stage 1, exploring the public perceptions of mental health through its representation and reproduction within British newspapers. The chapter firstly adapts the mixed-methods approach to a Corpus-Aided Data Analysis (as explained in Sections 3.1.2. and 3.2.2.) of the data set to identify linguistic trends of the representation of mental health in the stories (Section 5.1.). Taking into consideration what was found in Chapter 4, this chapter then goes on to provide a more thematic analysis (see Section 3.2.2.2) of the data. In Chapter 4 it was identified via a keyword analysis that two main themes exist within the British media context in reference to mental health discourses: the cost of mental health from a monetary and individual perspective, and the mental health crisis. However, I argue that there is an intersecting theme of the workplace context that interlocks with the above two themes in the representation and impact of mental health in society. The importance of considering this theme is discussed in Section 5.2.1.

A consideration for the gendered context of mental health discourses within the data was made in Section 5.3 and examines how gender impacts the way mental health is represented within the British media, with particular focus on the differences between representations of men's mental health versus women's mental health. Particular reference to what was identified in Chapter 4 is made in this section to determine potential social impacts of how gendered mental health discourses are represented within society.

This Chapter concludes by examining what trends and themes found within the corpus-aided analysis might inform the development of the stage 2 interviews of this project, with specific considerations made on particular linguistic choices taken by men with experiences of mental ill health. For more information on these trends and themes, please first refer to Section 3.3 of the Methodology chapter and see Chapter 6 for the findings coming from the consideration of these trends and themes. Please see the Chapter 7 Discussion for the implications of these trends on gendered discourses of mental health.

As discussed in Chapter 3, I do not take a traditional approach to Corpus Linguistics and instead take on a Corpus-Aided approach to discourse analysis. As such, the following findings

are presented in a format that one might expect from a Discourse Analysis approach, and I have used the corpus to identify trends quantitatively before analysing them more qualitatively.

5.1 Mental Health Representation I: Linguistic Construction

When considering data from both Broadsheet and Tabloid stories, the collocate identified by AntConc as occurring most frequently alongside the term ‘mental*’ was ‘health’, with a total of 6465 concordance hits. ‘Health’ was also identified as the most frequent collocate in a Broadsheet and Tabloid specific search, with 4240 concordance hits for the Broadsheet stories and 2225 concordance hits for the Tabloid stories.

While ‘health’ is identified as the most frequent collocate, it does appear often in the data alongside other frequent collocates, such as ‘mental health problems’ and ‘mental health issues’ (see Appendix 1). What this demonstrates is that ‘mental health’ can be considered as a set phrase that contextualises the medical aspects rather than considering the social impact of being mentally unwell. It must be said here that when ‘mental’ occurs on its own in the data, it is in a more descriptive capacity, appearing both as an adjective and an adverb, rather than being referenced within a certain context. This can be seen in phrases such as ‘mentally disabled’ (3 occurrences) and ‘mental capacity’ (9 occurrences) where it is used to extend the meaning behind the word it describes.

With the KWIC sort tool set up in the way (1L, 1R/2R) described in the methodology (3.2.1.1) a preceding word does not always occur with the term ‘mental* health’ as can be seen in Figure 5.1 below. The effect of this is that the concept of mental health is emphasised as the important aspect to consider within the clause. The phrase ‘mental health’ appearing at the beginning of each clause with no preceding word occurs 61 times within the corpus, implicitly framing its importance both as a topic in the article itself and as part of public discourse. From an SFL perspective, this is marked as the theme as it is prominent within my specialised corpus findings. This is further reinforced by the fact that this also appears in instances where other collocates appear as a set phrase with ‘mental health’ such as ‘issues’ (3 occurrences), ‘illness’ (5 occurrences) and ‘services’ (4 occurrences).

Mental Health Act detentions at record high THE number
 Mental Health Act 'needs major reform' as black patients
 Mental health at university: 'Students shouldn't have to
 Mental health at work in spotlight; WHY FIRMS MUST
 Mental Health Awareness Week: Seven real men open up
 Mental health care only way to disarm the mass
 Mental health care 'in crisis' as NHS boards miss
 'Mental health care should be like brushing your teeth';

Figure 5.1: 'mental* health' with no preceding word.

While in Figure 5.1, it can be seen that phrases that included 'mental health' do omit the use of a verb, suggesting a passive element, this is not always the case. In Figure 5.2 below, there are examples of 'mental health' being used as the subject of the clause through the use of passive constructions, such as 'going' being used alongside 'mental health problems'. The inclusion of a verb highlights that the term 'mental* health' (and other collocates) is the thing doing the action in the clause, but the use of a passive construction hints at this action being impacted by something else that is external to the clause. In the case of 'mental health problems going untreated', this then removes the focus from 'mental health problems' and instead places it on the succeeding statement 'going untreated'. This is also seen in the second example 'mental health problems rife amongst teenagers', putting the responsibility on intended audiences to question why this is the case (second example) and who is doing the action (the lack of treatment in the first example).

Constructing these clauses in this way carries an implicit suggestion to the audience that while mental health problems need to be addressed and are the topic of discussion (hence their placement at the forefront of a clause), they also need to question why these need to be addressed (by inferring that there is a problem). Furthermore, these clauses carry an element of inaction through the part of the absent actor doing the action to 'mental health' in the fact that, to quote the data itself, 'mental health problems [are] going untreated'. This indicates that nothing is being done to address this issue and serves to prompt an intended audience to question the reason why.

Mental health problems going untreated in young female prisoners
Mental health problems rife among teenagers but teachers lack

Figure 5.2: 'mental health problems' with passive constructions.

This shift in importance is also apparent where we find the inclusion of a preceding word before the search term 'mental*'. This can be seen with the inclusion of the indefinite article 'a' or the preposition 'with'. In this case, the phrase 'mental health' is not the active agent in the clause, instead being used as supplementary information for the audience (e.g. 'A recent survey by YoungMinds, a mental health charity', 'veterans with mental health conditions'), linking back to the above remarks of the use of 'mental' as a descriptor. This perhaps demonstrates that while an article may have mental health as a topic, the article itself may not be contextually produced to directly refer to it except to explain the nature of a story's coverage.

It has been mentioned above that 'mental*' and 'health' can be considered as a set phrase in the data due to its frequency. This set phrase is further adhered to in multi-word units such as in direct reference to the 'Mental Health Act'. This references the legislation in place within the UK encasing the legal and medical guidance on what can be classed as a mental illness and who can be considered mentally unwell. On its own, 'act' was indicated as the 73rd most frequent collocate to 'mental*' and AntConc identified 152 concordance hits as a single unit. This included references to the verb 'to act' as well as to legislature. Nevertheless, 'Mental Health Act' makes up 128 of these concordance hits, demonstrating its prevalence in the data.

at Torbay Hospital. She was sectioned under the Mental Health Act on Friday. But there were no health inpatients." An independent review of the Mental Health Act ordered by Theresa May, chaired by in the number of people sectioned under the Mental Health Act over the past year, suggesting the in the number of people sectioned under the Mental Health Act over the past year, suggesting their many who have found themselves subject to the Mental Health Act. People with mental health problems ought , this is not what's happening. The Annual Mental Health Act Report has raised concerns that too (CQC) annual report into the working of the Mental Health Act reveals disturbing trends in coercive practice Joint role in sectioning decisions under Mental Health Act; Robert Wightmore and Wally Johns responding early enough as data shows detentions under Mental Health Act rose nearly 10% in a year Mental deaths of women and girls detained under the Mental Health Act", said Katharine Sacks-Jones, the chief kidnap and was imprisoned indefinitely under the Mental Health Act. Since then he has effectively become Wales detained 202 vulnerable under-18s under the Mental Health Act, some for more than two days,

Figure 5.3: 'Mental health act'.

While references are made to the Act as a whole, it is interesting to note that many occurrences of the collocate ‘act’ are in relation to sectioning people under the Mental Health Act (25 occurrences) or refer directly to the policies behind it (e.g. ‘the Mental Health Act exists to protect the public’). This suggests that references to the Mental Health Act are external to mental health in the medical sphere and are instead connected more to the legal sphere. In extension to this legality link, there is an element of criminality added to mental health in the data where the concept behind sectioning is instead referred to as ‘detained’, which is usually used to describe arrests by police (see 4.1.2. and 4.1.3 for more information). It is important to highlight that AntConc identified 27 occurrences of the phrase ‘detained under the Mental Health Act’ in comparison to 25 occurrences for ‘sectioned under the Mental Health Act’. While this comparison looks slight, it is significant and indicates that news stories around sectioning could be focusing more on that connection between mental health and the law rather than the medical action of sectioning someone who is mentally unwell.

There is an element of uncertainty brought into stories surrounding the action of detaining or sectioning someone under the Mental Health Act. This is done through the use of impersonal language to explain the act of detaining/sectioning, which can be seen in phrases such as ‘the number of people sectioned under the Mental Health Act’ and ‘data shows detentions under the Mental Health Act rose’. In the first instance we have an example where the actor is not made explicit, and in the second we see that any references to people being sectioned is removed by the nominalising of the verb ‘to detain’ to the noun ‘detentions’. The situation is thus made uncertain by the lack of identification as to who is the actor doing the action (the detaining/sectioning) and to whom (who is being detained/sectioned?). The focus on more stigmatised imagery of uncertain situations could cause fear amongst those that need help and lead to more inaction amongst society members. This inaction out of fear could be triggered further by the framing of the act of sectioning someone as criminal, inferring that the mentally ill are criminals and should be detained, leading to a fear of being stigmatised as such, an element that both Corrigan (e.g. 2004) and Abdullah & Brown (2011) consider in their research.

5.1.1 Mental Health Problems or Mental Health Issues?

Although AntConc identified ‘health’ as the most frequent collocate, ‘problems’ and ‘issues’ were also identified as amongst the topmost frequent collocates in the data. ‘Problems’ was

indicated as the 11th most frequent collocate with 831 concordance hits and ‘issues’ as the 20th most frequent with 504 concordance hits. It can be argued that these two terms are synonyms¹⁴, and they are implemented as such in the data (‘struggling with mental health problems/issues’) and in the fact that they are mostly constructed as part of the set phrase ‘mental health problems/issues’¹⁵. Before going further, I must highlight the meanings behind the terms ‘problems’ and ‘issues’ and how they differentiate.

The Oxford English Dictionary defines the word *problem* as ‘a matter or situation regarded as unwelcome, harmful, or wrong and needing to be overcome; a difficulty’ whereas it defines *issue* as ‘a matter which remains to be decided; a significant matter for debate or discussion’, signifying that they draw upon different meanings. While the dictionary definitions do identify that the two phrases (problem and issue) hold different meanings, the data demonstrates that they draw upon a similar meaning when used in reference to mental health: they refer to the symptomatic manifestations and difficulties presented through a mental disorder. However, as can be seen below, this is done in different contexts.

When the collocate ‘issues’ is used as part of the set phrase ‘mental health issues’, it is used more socially rather than medically in that it primarily explores addressing the stigma felt by those that suffer from mental illness, the stereotypes placed on mentally ill members of society and the issues found within the mental health world in general. Furthermore, in contrast to ‘mental health problems’, words such as *destigmatise*¹⁶ appear solely alongside ‘mental health issues’, suggesting that ‘mental health problems’ looks more at the physical effects and the severity of being mentally ill rather than addressing the social and political barriers felt by those accessing mental health services. This can be seen in the prevalent use of ‘suffer mental health problems/suffer from mental health problems’ (44 occurrences with ‘problems’ in contrast to 24 occurrences with ‘issues’), indicating that there is a closer link between the collocate ‘problems’ and mental illness than with ‘issues’.

In addition to ‘issues’ presenting itself differently, ‘problems’ tends to be related to more negative connotations. This is seen in the phrases ‘serious mental health problems’ (22 occurrences) and ‘severe mental health problems’ (10 occurrences). As stated before, there is a close link between ‘problems’ and mental illness, which these phrases also refer to in that the

¹⁴ <https://www.merriam-webster.com/thesaurus/problems>

¹⁵ “Problems” had only 9 occurrences as a direct collocate (“mental problems”) and “issues” with only 7 occurrences.

¹⁶ 5 occurrences as “destigmatise” and 5 occurrences as “de-stigmatise”

adjectives ‘serious’ and ‘severe’ are used to explain the extent of the mental health problems being discussed. This could be considered from a more cognitive standpoint where an intended audience are already aware of and are able to draw upon particular representations of mental health (van Dijk, 1993), which can be seen as negative in this context. This understanding of negative and stereotypical connotations of mental health would, in turn, be perpetuated by the continuing media representation and reporting of this aspect of mental illness.

An interesting aspect to ‘mental health problems’ that does not occur very often with ‘mental health issues’ is the connection with mental health illness being a process that someone has gone through. This is evident in the use of different tenses and verb forms with the words ‘experience’ (32 occurrences) and ‘suffer’ (26 occurrences), which are seen in the present and past tenses as well as being passively constructed. The effect of this is that the audience is implicitly being told that experiences with mental illness do not necessarily stop and that it is something ongoing. The use of the passive construction hints that mental health problems are not something caused by something or someone concrete, but something more abstract in nature. Going back to ideas of self-stigmatisation (e.g. Corrigan, 2004; Goffman, 1986, see 2.7 and 2.9 for more information), representing mental health in such a way might be argued to undermine the idea that being mentally unwell is related to someone’s character such that that they are to be blamed for their problems and shifts that blame onto an abstract concept.

's a fantastic example of when to address mental health issues." Frank Bruno is another sportsman who also involved with Everton's efforts to address mental health issues, drawing on some of his own experiences allocating more realistic budgets to address mental wellbeing issues."

have two or three.' The PFA were addressing issues of mental health and addiction within the game even

Figure 5.4: ‘Address mental health issues’.

A term that is used often in public discourse in reference to mental health is the term ‘mental wellbeing’, which can be seen in language used by mental health charities and awareness campaigns (e.g. Mental Health Foundation, N.D.) and is flagged by Price (2022) in their own corpus data. This would suggest that the terms ‘mental health’ and ‘mental wellbeing’ are synonymous, and one could use either term to indicate the same thing. However, a KWIC analysis of the data indicates that this is not entirely the case in British press stories on mental health. It is also made apparent through the collocates tool that the term ‘wellbeing’ is not as

frequent as other terms in the corpus, appearing as the 84th collocate for the search term ‘mental*’ with a total of 119 concordance hits.

5.1.2 Mental Health versus Mental Wellbeing

As demonstrated in Figures 5.5 and 5.6 below, there is a difference in how ‘mental* health’ and ‘mental* wellbeing’ are written. Firstly, mental health is constructed more with a medical context behind a story’s production, with medicalised language such as ‘mental health assessment’ (45 occurrences, seen below), ‘mental health diagnosis’ (5 occurrences) and ‘mental health services’ (498 occurrences) being used often. The term ‘wellbeing’ appears more alongside the physical aspect of health (‘mental health alongside physical wellbeing’) and the stress of life (‘what if modern life is incompatible with mental wellbeing’), rather than the mental or medical, suggesting that it is a completely different term.

immediately to a "place of safety" where a mental health assessment can be undertaken. This should be . The day of her death she had a mental health assessment, but experts failed to conclude she of distressing thoughts. I was referred to a mental health assessment team and put back on medication estioning and has since been detained following a mental health assessment. According to the NHS, people detained began in the summer of 2016. But during a mental health assessment on March 7 she was deemed low

Figure 5.5: ‘Mental health assessment’.

The collocate ‘wellbeing’, similar to the collocates above, does not appear often on its own in the data and appears more frequently as an immediate succeeding term. The most frequent examples of this are ‘mental health and wellbeing’ (28 occurrences) and ‘mental wellbeing’ (68 occurrences). The use of the term ‘mental health and wellbeing’ suggests that wellbeing in the data is seen as something external to, but also associated with, mental health, especially if we consider phrases such as ‘mental health alongside physical wellbeing’ as being used synonymously. In contrast to this, ‘mental wellbeing’ appears linguistically as being a part of mental health. However, it is used contextually as a way of promoting better mental health (‘sleep is important for good health and mental wellbeing’) rather than going into the medical aspect of mental illness, such as what we get with other collocates with ‘mental* health’. Thus, in consideration of these findings, ‘wellbeing’ looks more at keeping a healthy mental state emotionally (‘mental wellbeing is the key to happiness’) rather than identifying a medical condition of the mind. This further supports the statements above in that while ‘mental

wellbeing’ appears to be used synonymously with ‘mental health’, its linguistic construction is different and is based on the larger, textual context of an article’s production.

lems are advised to contact counselling services, mental health and wellbeing services as well as their
 's education ministry was just not interested in mental health and wellbeing", despite the long-term costs
 's education ministry was just not interested in mental health and wellbeing; doing anything that might better
 iversities teach children and students that their mental health and wellbeing is every bit as important
 ental health and emotional well-being. We believe mental health and wellbeing should be alongside physical health
 don't take action or talk about their mental health and wellbeing. "Men need to talk to
 clear that prevention is the answer to better mental health and wellbeing. What's more, prevention is
 nd greater consideration by policymakers. Yet the mental health and wellbeing of children in care is
 to point out that attending to children's mental health and wellbeing shouldn't just mean dealing
 ggesting that -although the data isn't recorded - mental health and wellbeing among prisoners has steeply declined.
 suicide and self-harm suggests a decline in mental health and wellbeing overall. "The data on how

Figure 5.6: ‘Mental health and wellbeing’.

There seems to be a cause-and-effect relationship between mental health and wellbeing, where if something were to disrupt someone’s mental wellbeing, then that could impact their mental health in a more medicalised way, such as developing a mental illness due to stress. This can be seen in the phrase ‘not getting enough sleep can affect our mental wellbeing and quality of life’ where we can see that it is the impact of lack of sleep that is seen as causing issues with mental wellbeing, rather than ‘mental wellbeing’ itself being related directly to a mental illness. This can also be seen when applied to the workplace context, as in the phrase ‘driving an initiative to improve the mental wellbeing of the bank’s staff’, suggesting that the bank (the employer) has recognised that workplace practices can impact staff mental wellbeing (for more on workplace contexts, refer to the next section). Although this more holistic and keeping-a-healthy-mind approach is mostly seen with ‘wellbeing’, there is evidence of that happening with ‘mental* health’ and the collocate ‘problems’ in Figure 5.7 below.

the most efficient and effective way to tackle mental health problems."
 issues. "Walking is a great way to tackle mental health problems because of the endorphins that are
 arity YoungMinds, said it was important to tackle mentalhealth problems at a much earlier stage. She said: "

Figure 5.7: ‘tackle mental health problems’.

While ‘tackle’ has a more sporting or violent connotation in its usage, in the context of the data, it is used to introduce a way of overcoming mental health issues. In line with the cause-and-effect relationship mentioned with ‘wellbeing’, ‘tackle’ here is used alongside activities that one would partake in to alleviate mental health symptoms (e.g. ‘walking’). This

is similar to links made with ‘wellbeing’ where sleep is suggested as an activity that can help maintain mental health and wellbeing. Nevertheless, due to its potentially violent connotations, the use of ‘tackle’ with ‘mental health problems’ introduces a sense of urgency to overcoming mental health issues, referring back to the more serious aspect of mental health discourse in newspapers as seen above. This link to violence could also be a subtle reference to stereotypes often attributed to mentally ill people within the media (e.g. Abdullah & Brown, 2011). We could also argue this use of violent references is due to the prevalence of more negative themes in the data. This has been seen with ‘problems’ being used with words such as ‘serious’ and ‘severe’ above, but this is not necessarily the only instance where this happens.

5.1.3 Gender

Gender in the context of mental health was made both explicitly and implicitly within the corpus through the use of pronouns and nouns¹⁷. Tables 5.1 and 5.2 below illustrate the frequency of gendered pronouns and nouns found in the data with Table 5.1 referring to Tabloid data and Table 5.2 to the Broadsheet data. These pronouns/nouns also include those that do not infer any gender in the form of ‘they’ and ‘their’ to be representative of society and explore non-binary references to gender as well as those that conform to the binary of male versus female. The data is presented in ascending order from the pronoun or noun with the smallest frequency to the largest frequency.

Tabloid		Broadsheet	
Noun/Pronoun	Concordance hits	Noun/Pronoun	Concordance hits
hers	1	hers	1
boy	29	boy	28
boys	39	girl	28
girls	49	boys	34
girl	75	woman	71
woman	90	girls	83
man	220	man	107
women	291	him	235

¹⁷ Male versus female-centric names did demonstrate a preference to men with them being directly named more often (this is seen in reference to celebrities), but this is outside of the scope of the project for a complete analysis here.

men	297	men	257
him	562	women	360
their	964	her	841
her	1196	she	841
they	1363	his	912
she	1365	he	1530
his	1807	their	1563
he	2923	they	1706

Table 5.1: Corpus concordance hits for gendered nouns and pronouns

In Table 5.1, ‘he’ was identified as the most frequent pronoun with a total of 2923 occurrences and ‘his’ as the second most frequent with 1807 occurrences. While ‘she’ (1365 occurrences) and ‘her’ (1196 occurrences) occur more often than ‘him’ (562 occurrences), direct references to gender in the form of ‘man’ and ‘men’ occur more often than ‘woman’ and ‘women’. Considering all of these figures together demonstrates that men were discussed more often than women in the Tabloid context. However, caution must be taken as without a closer examination of each individual news story used within the corpus, it is not possible to fully determine if these pronouns are used to denote someone with mental illness, only that they have been referred to in stories about mental illness.

Gender, however, was not referenced as frequently in the Broadsheet data, as can be seen in Table 5.2 where the genderless ‘they’ and ‘their’ were referred to most frequently with 1706 and 1563 occurrences respectively. Nevertheless, male-centric pronouns such as ‘he’ (1530 occurrences) and ‘his’ (912 occurrences) occurred more frequently than their female-centric counterparts in the Broadsheet data, highlighting again that men are represented to a similar, or even higher, frequency than women.

What I must discuss here is that the above findings are in reference to the way I have set up my corpus. As I have developed my corpus using relatively narrow parameters, this is not wholly representative of all newspaper articles on the topic of mental health but is instead to be considered solely in the context of my data. Despite the restricted parameters of my data set, it can be said that the claims made above are strengthened by what I discussed in the Chapter 4 reference corpus as the statistically key word analysis demonstrated that men were in fact more statistically likely to appear in the data than women within the context of mental health.

The use of the plural gendered nouns such as ‘men’ or ‘women’ signifies a reference to gender in its binary form, with male and female as two homogenous groups, perhaps inferring the idea that it is all men or all women being considered in the context of mental health. This in itself could be construed as problematic as it potentially generalises issues relating to mental health. The impact of this generalised approach to mental health can be seen in literature from Corrigan (e.g. 2004) and the impact of this generalised approach on men’s experiences with mental health can be seen in my stage 2 findings in Chapter 6 below. The continued reproduction of such generalisations, which draw upon more negative stereotypes such as those seen previously in this chapter and which are reiterated in this section, could reiterate the stigma felt by men with mental health issues.

Possessive pronouns do make an appearance in the corpus but, as can be seen in Tables 5.1 and 5.2, there is a substantial difference in their frequency based on gender. References to ‘hers’ only occurs twice in the data, compared to 2719 occurrences of ‘his’, perhaps indicating that there is a closer, possessive relationship between mental health stories and men in comparison to women. While ‘hers’ is used only once in each of the Tabloid and Broadsheet stories, the Tabloids focus more on the use of ‘his’ (1807 occurrences) than the Broadsheets (912 occurrences), demonstrating further that the Tabloids bring in the gendered perspective more often in relation to mental health. Caution must be taken here as these results could also be down to how the data set was collected, potentially skewing the data towards more male possessive pronouns. However, when taken into consideration with the reference corpus, feminine possessive pronouns are not identified as being statistically key within the context of mental health, potentially inferring the possessive relationship between mental health and women is constructed differently to that of mental health and men within public discourses.

As stated in my Introduction, the project initially adopted the position that men are underrepresented in mental health stories within the British media. The corpus demonstrates, however, that this may not fully be the case in all mental health contexts as men are referred to more often than women in both Tabloid and Broadsheet stories on mental health. As mentioned above, there is a potential male bias when discussing gender in the context of mental health within my data as a result of the data collection process. Instead, to mitigate this bias, it is perhaps worth considering the way that and the contexts in which they are represented within mental health discourses and explore instances where there is potential gender stereotyping of mental health that contributes to the mental health stigma amongst men.

While gender was apparent in the corpus data, further analysis of gender as a societal expectation was difficult to determine and identify public perceptions of mental health in men from a gendered discourse perspective. Although this was difficult, it was possible to derive gendered contexts through the Corpus-Aided Analysis. A discussion on how gender is contextualised in the data is found in Section 5.3. where I explore 3 elements of gendered contexts of mental health.

5.2 Mental Health Representation II: Themes

The stage 1 Corpus-Aided Discourse Analysis found three distinct themes in the corpus data which include the workplace context, the cost of mental health, and the mental health crisis. These themes were firstly identified through a collocate list to mental health (Appendix 1), with references made to workplaces, the mental health crisis, the NHS and to the cost of mental health all found within the first 100 collocates of mental health. A further text-level analysis was then made to these collocates, identifying further constructions within the data that alluded to overall themes to the news stories collected, which can be seen in this section.

While these themes are different from one another, the underlying social implications of these themes link them together on a broader scale. Due to a potential overlap to the themes found within the data, they can be considered as sub-themes that demonstrate the overarching context of mental health. This is especially the case with the workplace context where it finds itself as a sub-theme to the themes of the cost and social impact of mental health. A summary of these three distinct themes based off of the collocates identified in Appendix 1 is seen in Appendix 3, demonstrating both their frequencies as collocates to mental health and how these themes overlap with another in the data. Gender was also identified as a main theme through contextual analyses, however similarly to the theme of mental health, the contexts in which gender and mental health representation appeared in the data required a deeper analysis than what was done for this section and is instead discussed in more detail in Section 5.3.

5.2.1 Workplace Context

The first theme that was prominent throughout the corpus was that of the workplace context, extending to both direct references to types of employment and to indirect discussions of generic workplace practices concerned with mental health.

The corpus identified 853 occurrences of the term ‘work’ as a single word unit and 98 occurrences as a multiword unit with the search term ‘mental*’. Caution was taken when considering ‘work’ as a search term to reflect the workplace context as there were instances where it was used to infer an action of doing something or working towards a specific goal such as ‘working together’.¹⁸ This was indicated by its use as a verb rather than a noun and was especially the case in references to positive outcomes of mental health treatments and budgets. As these instances were not directly related to work in the employment sense and therefore outside the scope of the project, they were disregarded from the analysis.

With a high rate of occurrences, the term ‘work’ is identified as the most frequent word to introduce the workplace context in the corpus. However, other similar terms also occur throughout. These include terms such as ‘employment’ (57 occurrences), ‘staff’ (459 occurrences overall and 86 occurrences as a collocate of ‘mental*’) and ‘workplaces’ (125 occurrences). While these terms can be considered similar in their meaning, they occur within and introduce distinct contexts, which are discussed in more detail below. References to workplace and the cost of mental health appear as collocates for the search terms ‘mental*’ and ‘cost’, suggesting a close relationship between mental health in the workplace and the potential economic impact of mental health illness for employer. A more detailed discussion on cost and the workplace can be seen in the theme of cost below.

Further to the more implicit (rather than direct) references to mental health in the workplace, there is evidence in the corpus that direct correlations between mental health and specific workplaces appear frequently. There are also correlations between mental illness and the impact of mental illness on the workplace but these are discussed in more detail in the social impact theme.

As mental health in the corpus refers to mostly more medicalised and clinical themes (as discussed in 5.1.1.), it is not surprising that medical employment appears thematically most often as a workplace environment in the data. Similar to 5.1.2, where ‘mental* health’ occurred often as a multi-word unit (e.g. mental health problems), this is also the case with references to medical workplace contexts. These occur more frequently with references to staff members who work with mental health such as ‘mental health staff’ (22 occurrences) and ‘mental health professionals’ (38 occurrences). References to multi-word units such as these follow a negative

¹⁸ 40 occurrences of the word “working”.

pattern in the corpus and tend to focus on failing of patients made both by staff members and the systems in place in mental health workplaces.

As a multi-word unit, ‘mental health at work’ only occurs 9 times in the corpus. While this is a small number of occurrences, the context in which they occur is pertinent. The use of the phrase ‘mental health at work’ in the corpus explores themes around managing mental health issues of staff members in the workplace and ways that they can be improved. This is made explicit in contexts such as ‘improving mental health at work’ (2 occurrences) and ‘promoting good mental health at work’ where there is a recognition that the workplace is a potential environment where mental health can be impacted. ‘Mental health at work’ not only brings with it a more positive outlook to the future of workplace impact on its staff’s mental health, but also implicates that there could be a shift in societal views towards those who suffer from mental illness where workplaces are adapting to accommodate for those staff members. This is in direct contrast to the more medicalised multi-word units such as ‘mental health staff’, where the focus is more on the negative impacts of mental health on the health service, its staff, and patients rather than the overcoming of that impact. This can be seen in examples such as ‘shortage of mental health staff’ and ‘Two thousand mental health staff a month are leaving their posts in the NHS in England’, demonstrating that there exists an issue with the staffing of mental health units and departments. While this does show an underlying social and potential political issue regarding the NHS and staff shortages, I cannot make claims here that this is due to issues specific to mental health services and a larger study would need to be done to determine this correlation.

This is also the case with references to ‘NHS staff’ (18 occurrences) and ‘mental health professionals’ (38 occurrences) where they both generalise medical staff in the NHS as a whole but the former foregoes specifying a particular medical field while the latter is directly referencing the mental health areas of the NHS. However, there is evidence that more direct references to ‘NHS staff’ can appear as positive representations, such as in ‘NHS staff do an exceptional job at managing people’, suggestive of effective training at a more business level. There is a monetary relationship between the NHS and workplace training, which will be discussed in more detail in the theme of cost below.

The theme of medical employment and working environments do take a negative turn within the corpus. This is especially evident in cases where there has been coverage of failure on the part of the NHS or the mental health services. Failings made by staff members is made

explicit in the phrase ‘mental health professionals failed him’. This phrase makes a potential attempt to depersonalise the NHS by placing blame of the failing on the whole of the service rather than focusing on a particular individual. While referencing staff as a whole, it can also be considered as linking back to the mental health system as it is not made clear who did the failing. This link to systematic failings is further alluded to in the phrase ‘mental health professionals’, where this multi-word unit appears in stories about mental health and criminal activity. In these cases, ‘mental health professionals’ are discussed in conjunction with criminal investigations involving the early release of patients who then go on to commit crimes (e.g. ‘IPCC investigations’). The consequence of such representations in the media could result in feelings of mistrust towards the medical fields from members of the public which, in turn, could lead to a reduced participation with mental health services among those that are suffering from a mental illness. As Teghtsoonian (2009) highlights, a lack of participation with mental health services in Canada impacted what services were ultimately available to the public and resulted in care being left to the individuals themselves, an outcome that could potentially come to fruition elsewhere.

The second most prominent correlation between mental illness and a specific workplace is seen with references to the military and these are prominent in both Tabloid and Broadsheet stories. Overall, these references to different types of military positions occur 381 times in the corpus¹⁹, with specific references to veterans from all divisions of the military occurring the most frequently (123 occurrences). Much like what has been discussed previously, references to the military deal with more than one context in the corpus with themes mainly focusing on the social and individual impact of military working environments, although links to budgets (‘The MoD has set aside £7.2m to improve services for veterans’) and charity involvement (‘the charities say there is strong evidence to suggest reservists are more prone to mental health problems.’) also exist.

References to veterans make up the majority of military references within the corpus. These references all follow a similar pattern and tend to focus on themes surrounding the lack of help available to those who are no longer in the service. This is made explicit in ‘veterans diagnosed with mental health problems can wait up to a year for treatment’, where veterans are having to wait significant amounts of time to receive sufficient help. This contrasts with what has been said above about workplaces now beginning to recognise the impact of mental health

¹⁹ These include “military”, “army”, “navy”, “veterans”, “troops”, “soldiers” and “reservists”

issues amongst their staff members, however in this case, it is about the support available once they have left the service and not while they are serving. Nevertheless, these references to veterans and former service men²⁰ call into question not only the fact that there seems to be a disconnect between what the military offers versus what is available to veterans, but also whether the military as a workplace environment adequately considers the impact of service on their personnel's mental health.

Socially, it is understood that members of the military are expected to face combat during service and suffer from more physical injuries than mental or emotional ones. However, in the phrase 'his time in the Army also left a trail of scars, not just emotionally but physically too', emotional injuries are framed as the expected consequence of time in service through the use of the adjective 'just', which modifies 'emotionally' to emphasise that it is not the only consequence but that there are physical injuries as well. This could signify, that as a society, we are now more aware of the mental health impacts of service as well as the physical and that public and media discourses are simply representative of that awareness.

Despite this possible awareness, stereotypes of mental health issues in ex-military personnel continue to be drawn upon in the corpus. This is shown in 'The former Navy reservist had a record of gun misuse and mental health problems', where mental health problems are equated with being violent. This equating of mental health with violence in veterans is further reinforced by the explicit mention of Navy instead of the military as a whole, making the Navy, or more likely the experience of serving in the Navy, responsible for the referenced person's actions. However, some caution might be taken with a phrase such as this with the use of 'had a record of gun misuse', where it implicitly states that there was prior knowledge of this person's activities within the Navy and perhaps an element of blame shifting towards the individual rather than the Navy itself.

With phrases such as '90 per cent of the public think it is common for former service personnel to be "physically, mentally or emotionally damaged by their time in the Forces"' being discussed within the data, it is not surprising that themes related to the military and

²⁰While military personnel are made up of people who identify as male, female, and non-binary, the choice to only refer to service men here has been made due to the fact that the data did not specify gender unless it was in reference to male personnel.

mental health are prominent.²¹ Having such high percentages of the public claiming that the military contributes to mental health issues amongst its personnel and veterans brings about this expectation that those who are serving or have served will be, to quote the above phrase, ‘mentally damaged’ by their experiences. This links to work done by Corrigan (2004) and more recently McKenzie et al. (2022) on mental health stigma and the impact of stigmatising representation of mental health on those with mental illness. Words such as ‘damaged’ here are also discussed by Abdullah & Brown (2011) where the use of negatively charged adjectives with mental health can carry a social expectation of negativity, perpetuating stigmatised approaches to mental health and potentially reducing uptake of services for those that need support.

On the one hand, this expectation does bring with it a public understanding of the potential impact of the military as a workplace environment, demonstrating that society members are aware of mental health issues being prominent in military personnel. On the other hand, stereotypes of how mental health issues manifest in veterans continue to be drawn upon in this way within media discourse. This therefore perpetuates the understanding of mental health in veterans from a more stereotypical or even negative perspective and is then reproduced by society members in public discourse.

Despite different military divisions (e.g. the Army, the Navy etc.) being made explicit in the corpus, direct references to individual experiences of mental health issues in military stories on mental health are rare. Instead, references are represented more as a collective, much in the same way as with the NHS, and perhaps signalling that mental illness is a larger problem to address within the military than just amongst a select few individuals. This can be seen in the phrase ‘the Army has the highest rate of mental disorders’. This phrase not only individualises the Army here, but makes it known that the Army has an issue to overcome; that mental health issues are prominent. Taking this into consideration with other military references, such as ‘the ‘dilemma’ of how the military dealt with soldiers’ mental health problems’, it can be argued that as a working environment, the military is portrayed as being unable to properly address this prominence of mental illness amongst its personnel.

²¹ A degree of caution is needed when consider whether or not this reported figure is factually accurate. Within the original article, there were no references to where the author found these figures. However, it remains an important quote to consider here based on the potential contextual and stereotypical understanding of mental health in the military from the media.

Linking back to references to ‘employers’, it can be said that military references work on a similar premise, that responsibility and positions of care are shifted elsewhere. However, similarly to the workplace references above, there is a shift occurring with references to overcoming mental health problems of military personnel also making an appearance. This shift can be seen in ‘urged to boost job prospects for Armed Forces veterans by fighting the myth that they are traumatised ‘victims’’, where there is a direct intent to engage veterans with employment after their time in service in order to change how they are viewed in society. It is further implied in this phrase that, by reframing veterans as working members in society, the military is making a conscious decision to change the idea behind veterans being victimised by mental health issues. However, while this does provide some positive approaches to veterans and their contributions to society, describing veterans’ potential trauma as a myth could be seen as damaging by, for example, further perpetuating the lack of support currently available for mental health issues in veterans.

Thematically, given the types of employment that are prevalent and made explicit in the corpus, it can be argued that it is the consideration of high risk or high stress positions that brings workplace mental health to the forefront of the news (see Chapter 2 for more information on what makes a topic ‘news-worthy’ from a discourse analysis perspective). Alternatively, it is made clear that media potentially reflects real life and strives to demonstrate the stresses of modern living as a cause for the mental health crisis. There is evidence of this occurring in the corpus where considerations have been made for both high risk or high stress employments and the impact of modern day living on the mental health of society members. This is made explicit in phrases such as ‘high-anxiety City firms grapple with mental health’ and ‘what if modern life is incompatible with mental wellbeing’ where the debate of mental health impacting upon working life is being made by the media. The explicit mention of ‘high-anxiety’ in the former phrase demonstrates a direct link between a specific mental health illness and the general workplace practices of City businesses potentially implying the problematic nature of this type of workplace.

While outside the timeline of the data collected (2013-2019), an interesting addition to discuss here is the Covid-19 pandemic, which brought with it new challenges relating to workplaces and mental health. The data I have collected and analysed already began to question the potential dangers of a mismatched work/life balance on staff mental health prior to the onset of the Covid pandemic. This is shown in the phrase ‘Technology means our work and home

lives are overlapping more and more’ and demonstrates that the close relationship between technology and workplace practices alongside home and personal life was becoming a cause for concern in the media in reference to mental health impacts. It is interesting that the consideration of a worrying level of overlap between work and home life was the concern prior to a pandemic that, for some, has made that overlap grow further to a point where there is little distinction between them. Concerns on social sustainability during and after the Covid-19 pandemic on work/life balance and mental and social wellbeing of employees has been explored by Babapour Chafi et al. (2022), who identify challenges for both employees and workplaces in how best to implement more hybrid working models while also keeping productivity and individual and social sustainability of the workforce. Similarly, Hopkins & Bardoel (2023) have also touched on this through exploring the benefits of different working models, such as working hybrid or remotely from home, and what support should be in place at the more corporate level to ensure that productivity and engagement remain high.

Future studies that explore workplace mental health should consider potentially new emerging themes relating to mental health and unemployment in the Covid context and newly developed workplace practices of mental health awareness related to ‘working from home’ (Please refer to the conclusion for more information).

5.2.2 The cost of mental health

ore. Cost of mental illness 300,000 people with a mental health condition lose their job each year 15% of
15% of people at work have symptoms of a mental health condition £74-99bn cost of poor mental health

Figure 5.8: Examples of the search terms ‘cost’ and ‘mental health’.

A theme that became apparent in the data and one which can be construed as negative was the coverage of the cost of running mental health services. Stories on this topic dealt with two main aspects: the cost to businesses of employees with mental health issues; and cuts to budgets to NHS Mental Health Trusts. While the collocate ‘cost’ does not appear frequently as a collocate for the search term ‘mental*’ (18 concordance hits), topics covering cost of any kind in reference to mental health came up often and within a range of linguistic constructions. This is evident in the prevalence of more economic terms being used such as ‘budget’ (26

occurrences), ‘budgets’ (27 occurrences) and ‘funding’ (75 occurrences)²², with all these terms being used in reference to both the economy and workplaces as well as the impact on the NHS. Examples of this can be found in phrases such as ‘legitimising yet more swingeing cuts in mental health budgets’ (The Observer, January 2014) and ‘outcry at state of NHS mental health care funding’ (The Observer, June 2016).

Thus, while themes on general health tend to focus more on social and personal effects (e.g. the aftereffects of stroke or heart disease), monetary value and economic effects are instead placed on mental health. This can be seen in

The report estimates mental health conditions cost the economy £105billion a year, almost equal to the entire NHS budget (The Daily Mail, February 2016)

Comparing the economic impact to the NHS budget plays with the idea, in this instance, that mental health illness wastes money, which could be better used for ‘more serious illnesses’, potentially leaving the NHS with less money than it should have. This downplays the severe impacts that mental illness can have on the individual and instead, simply views mental illness as an economic barrier to overcome (Teghtsoonian, 2009).

While the economy and the NHS were specifically covered in stories about the cost of mental health, there were in fact stories specifically about Child and Adolescent Mental Health Services (CAMHS) and adult mental health services, although the measure of cost is constructed differently. On the one hand, stories referring to CAMHS were usually about budget cuts and the subsequent impact on referrals to appropriate services for children. Hence, examples such as ‘budgets for child and adolescent mental health services are being frozen or cut’, leading to ‘200 kids left in adult mental health wards’. For adult mental health, stories were concerned with weighing up how much mental illness costs places of work due to the increased uptake of sick leave (‘£74-99bn cost of poor mental health to the economy, £33-43bn direct cost to employers’). This might be taken to suggest that mental health in adults is considered as a drain to business costs whereas with children, the cost of NHS budget cuts is seen as leading to mental health service failings for those children with mental health issues. The severity of mental health problems is therefore considered to carry more weight in stories

²² The figures for the terms “budget” and “budgets” were collocated with the search term “cost” whereas “funding” was collocated with “mental”.

about CAMHS when compared with adults due to the negative monetisation of mental illness in adults.

With 78 occurrences in the data, the phrase ‘child and adolescent’²³ occurs more often in relation to mental health themes in comparison to only 13 specific occurrences of ‘adult mental health’, suggesting that direct references to children and adolescents are more prevalent. If we were to consider that mental health references are only related to adult mental health unless stated otherwise, the consequence of that could mean that a lack of reference to child mental health services would deter younger members of society from accessing relevant support due to a lack of awareness of these services or even that younger people can also experience mental health issues. This in turn could lead to fewer mentally ill children and adolescents accessing the mental health service available to them and thus creating a cycle of the media covering stories such as these less and less (e.g. Stuart, 2005). Although mentions of children and adolescents were found in the data, it must also be said that due to the nature of the data collected, youth related stories were not expected to have a large representation. However, this would be different if I had collected data from different outlets that catered to youth-related audiences and similar approaches to mental health representation in public discourses would benefit from considering different outlets that focus on specific target audiences.

Nevertheless, I must consider the effects that linking mental health with the economy could have on those that suffer from mental illness. Referring back to the literature on mental health stigma (Section 2.3.1.), mentally ill people may feel that they do not want to discuss their experiences openly because of this link to budgets and feel like they will be stigmatised as wasting money if they do come forward. This could then lead to less people accessing relevant services for fear of being marked as mentally ill and them not receiving the appropriate support (e.g. Teghtsoonian, 2009; Corrigan, 2004). This consideration with the literature therefore supports the claim that the theme of cost and budgets is negative when discussing more medical themes as it leads to stigmatisation via economic impact of being mentally unwell. This economic impact can be extended to themes of work and employment, along with the social impact on individuals and access to employment while being mentally ill.

²³ Terms immediately following include “mental health”, “services”, and “psychiatrists”.

References to workplace and the cost of mental health appear as collocates for the search terms ‘mental*’ and ‘cost’, suggesting a close relationship between mental health in the workplace and the potential economic impact of mental health illness for employers. Using ‘cost’ as a search term for the workplace context demonstrated interesting results, especially when considering the collocates ‘employers’ and ‘taxpayers’. Both of these terms are used similarly in the corpus to demonstrate the cost of mental health but they do introduce different social contexts when they occur.

Firstly, ‘employers’ (4 occurrences as a collocate to ‘cost’ and 94 occurrences overall) refers directly back to the economy, but more as a monetary cost of health issues to employers. Similar to what has been discussed previously, potential reasons as to why staff members are becoming mentally unwell and taking sick leave are not considered in the context of the term ‘employers’ (e.g. ‘The majority of employers don’t think mental health is a good enough reason to be off work’). Instead, this relationship between employers and mental health continues to suggest that mental health is a problem to overcome, potentially removing the responsibility of the employer to provide sufficient support to their staff. Having employers removing themselves from positions of responsibility could potentially lead to issues with income such as is found in the phrase ‘mental health problems can lead to 42% pay gap’ and ‘British workers with depression or anxiety face a life of lower earnings’.

The rhetoric of considering mental health issues the problem is also hinted at with ‘taxpayers’. Occurring 10 times overall and twice as a collocate of ‘cost’, the term ‘taxpayers’ shifts the focus from a workplace perspective to more of the outer working community who pay for access to NHS services through their taxes. In phrases such as ‘stop squandering taxpayers’ money’, it is explicitly suggested that tax paid from working members of the community going to mental health services is a waste of money, removing social responsibility in addressing mental health issues, instead of the employer responsibility we see above. This also occurs at a text-level analysis of the phrase: ‘These problems also have social and economic consequences that cost us, as taxpayers, more than £100 billion a year.’ The inclusion of the amount of tax being used for mental health here puts the reality into perspective and demonstrates how some taxpayers may not be in favour of their tax being used in such a way, leading to statements such as ‘squandering taxpayers’ money’. However, on a contextual consideration, this is in fact more in relation to the tax being used for police involvement with mental health crises.

Similar considerations are also made to more medical environments within the data, where the impact of mental health on the NHS and healthcare professionals are made through references to the economic and budgetary areas of health services. This is made explicit as a collocate of the search term ‘cost’, where all 5 occurrences reflect on funding and cuts to NHS budgets for mental health services, impacting not only the service itself but also staff availability (e.g. ‘Despite the human misery, not to mention the financial cost to the NHS’). In the example of NHS budgets and training, there is an indication that this is more of a negative connotation rather than the positive approach to having more people trained in mental health services.

While it can be argued that the link between cost and mental health in the workplace is negative based on what has been found in the corpus, there are examples demonstrating a shift in that rhetoric. In the phrase ‘City bodies back action plan to improve mental health of their staff’, the understanding at a corporate level of the impact of mental health on employees is made clear. Although this shift can be considered as being forced by the potential impact to company budgets, it does demonstrate that workplaces are becoming increasingly aware that mental illness can impact more than just individual members of staff. Taking into consideration where the cost of mental health in adults could be seen as a detriment to businesses due to sick leave, by promoting mental health in the workplace, these businesses are reported as actively addressing both the health of their staff members and the health of their budgets. This is further reiterated by the phrase ‘workplaces can help employees to thrive’, suggesting that there is a change in how society views the workplace environment. The use of the word ‘thrive’ here hints at the possibility of workplaces being healthy spaces, contrasting with the idea that workplaces are not doing enough to ensure staff members are getting the support that they need.

5.2.3 The Mental Health Crisis

Words such as ‘crisis’ (372 occurrences) appear often throughout the data, most commonly as a reference to a mental health crisis, though references to ‘housing crisis’ (3 occurrences) and ‘financial crisis’ (8 occurrences) also make an appearance (as these are outside the scope of this project they are disregarded from the analysis). An interesting aspect to the word ‘crisis’ in the data, when used in the context of mental health, is that this is used both as a direct and indirect reference to a mental health crisis event experienced by an individual as well as a

reference to the overall medical crisis seen by services. This is indicated in phrases such as ‘struggling with a mental health crisis’ and ‘the Prime Minister must wake up to this crisis and ensure the NHS [...]’, where the first phrase refers to someone going through a bad experience with their mental illness and the second is referencing the more ambiguous mental health crisis seen by the NHS as a whole. In both of these cases, the connotation is negative due to imagery created by the word ‘crisis’. The term is defined by the Oxford English Dictionary as ‘a situation or period characterized by intense difficulty, insecurity, or danger, either in the public sphere or in one's personal life; a sudden emergency situation’ (No Date). However, there is a further definition of ‘crisis’ from a medical perspective which defines it as a ‘sudden change (for better or worse) in the condition of a patient occurring during the course of an illness’. Therefore, it can be considered that the use of ‘crisis’ in mental health representation works similarly to the use of the word ‘tackle’ discussed in Section 5.1, by suggesting a sense of urgency and that action needs to be taken quickly to avoid that crisis worsening.

When used in reference to an individual experience (e.g. ‘people in crisis’), we could argue that there is an element of catastrophising and exaggeration to explain to a possibly unknowing audience the extent to which mental illness can impact those that suffer from them. This can be seen in ‘Ending the current definitions of prisons and police stations as a “place of safety”, which means prisoners can go months without treatment and people in crisis can be taken to police cells’ where it suggests that severe mental health crises are dealt with at police stations and not in designated mental health units with medical professionals. Similarly, in ‘People in crisis could be suicidal, self-harming or experiencing psychosis.’ There is a direct reference to severe consequences for those individuals being left without help, with the use of ‘people’ highlighting that a crisis at the individual experience impacts multiple people and is not just a rare event. The omission of a figure of how frequent this occurs also conjures the image that it is not quantifiable, hinting at a large-scale crisis.

On the other hand, imagery created by using words such as ‘crisis’ could also lead to the misconception that everyone with a mental health illness experience them in this way and possibly lead them to stereotypically consider all mentally ill people in the same way in consequence (e.g. McKenzie et al., (2022)). This is similar to what has been discussed in reference to the workplace context above where there is a risk that those previously within the military could be considered as ‘mentally damaged’ as a result of their working experience (see Section 5.2.1)

Stereotyping of the mentally ill could be further alluded to if we consider ‘crisis’ alongside potential themes of violence and phrases such as ‘mentally disabled’, potentially inferring to an audience that those who are mentally ill are disabled and cannot function as they are ‘violent’. This can be linked back to what has been discussed alongside the collocate ‘act’ above, where the process of sectioning under the Mental Health Act is linguistically constructed alongside language more commonly seen with incarceration and the criminal justice system (see page 105). While direct references between mental health and criminality do occur in the data, the contexts of a story’s coverage on these references are normally gendered and are not relevant to discuss here and instead will be discussed in Section 5.3.2.

A serious potential consequence of being mentally unwell that contributes to the overall mental health crisis are the prominent links and references to unemployment. The theme of unemployment in the corpus data represents the wider issue in reference to the misunderstanding of mental health in society and I also argue that the prominence of unemployment is warranted here due to its influence on the other elements of the mental health crisis mentioned above. However, ‘unemployment’ as a term only occurs 20 times and ‘unemployed’ only 18 times throughout the whole corpus. Exploring unemployment as a theme in the corpus on mental health stories demonstrated references on homelessness, ill-health and isolation, further supporting it as a substantial contribution to the mental health crisis theme in this project.

Examples of unemployment being used thematically to infer a broader social impact can be seen in the phrase ‘Unemployment is associated with a higher risk of suicide’, where ‘unemployment’ is referenced as a potential cause of suicide. This links back to the figures discussed within the Introduction that suicide is the leading cause of death amongst young men (CALM, No Date, see page 12) and further alludes to the overall mental health crisis and social problems related to the representation of men’s mental health within society. This is something that Galasiński (2008) also touches on in reference to men and depression, stating that unemployment can both be a consequence of and a precursor to severe mental health issues such as alcoholism and risk of suicide, further supporting its discussion as part of the wider mental health crisis.

On the one hand, it can be argued that this phrase directly correlates unemployment with severe mental health issues. On the other hand, if we consider this link with the phrase ‘multiple stigmas of being unemployed’, it is suggestive of the existence of more social factors

that could be at play in leading someone to commit suicide. Relating this to the literature and figures related to male suicide (Chapter 1 and Section 2.9), it could be said that this consideration of multiple factors for the existence of mental health issues is becoming more apparent in British media and, consequently, it is being brought to the forefront of public discourses on mental health (Mendenhall & Frauenholtz, 2011). This shift is explicitly stated in ‘The case for the role that social, economic and environmental factors play in mental health and distress is robust’, further confirming that media resources are now taking into consideration how mental health issues manifest.

It is interesting to note that unemployment occurs often as something that impacts young people, with the potential social consequences being considered in cases where people may not get the help they need. This is evident in the phrase:

Unless young people get help, they risk a life of problems including unemployment, substance misuse, crime and antisocial behaviour (The Guardian, September 2014).

where mental health decline is represented as a cause of other social issues. In this phrase, there seems to be a call for change in ‘unless young people get help’, suggesting that this is not the case at the time of the story’s publication but it could be in future. Furthermore, the use of ‘unless’ here gives an element of an ultimatum in the phrase, highlighting that whatever comes after it will inevitably happen if nothing or nobody changes.

Although unemployment can be considered, as discussed above, as a cause for mental health issues, it can nevertheless also be considered as a consequence of being mentally unwell. Above, multiple factors of mental illness and employment impacts have been considered in the corpus data and it has been shown that these can have potentially detrimental consequences (e.g. suicide, homelessness etc.). The theme of unemployment also explores situations where mental health issues impact someone’s ability to work. This is made explicit in cases where mental illness is considered in the same way as being physically unwell such as in ‘too unwell to work’ and ‘decrease a person's ability to function at work’. While contextually these phrases come from stories on mental health, being mentally unwell is written in the same way as if they are physically unwell. It is the omission of any representation of mental health issues here that is interesting, despite the stories collected being about the topic of mental health. By omitting ‘mental’ or ‘mentally ill’, the notion of being unwell can be understood by a larger audience, perhaps insofar as normalising mental illness as being the same as any kind of physical illness.

This is further reinforced in more personal statements in the data such as ‘I’ve got a very long-term illness and I can’t come into work?’ and ‘I hadn’t been able to go to work’. In these cases, it personalises a particular mental illness, potentially aiding in the audiences’ understanding and evoking sympathy. This potential for evoking sympathy can serve to linguistically normalise mental illness further by drawing upon the existing language construction understood for physical illness and its impact on being (un)able to work.

This aspect around mental health being a reason for unemployment is suggested further in ‘many of us still feel that our bosses are not open to accommodating mental illness’. In this phrase there is potential mistrust felt by those who have mental illness with members of management teams which could impact their ability to work in such environments. It also highlights a possible concern where accommodations are not made for mental illness, which could lead to someone becoming unemployed as they are not able to work without the right support. The use of ‘still’ hints at a temporal element in that it remains ongoing and that there is something being done in terms of adapting to mental illness amongst staff members but that it is not enough for management to address. The temporal element here demonstrates that more needs to be done in the workplace for those with mental health issues as it is an ongoing issue and not something that could be overcome quickly.

Potential impacts of mental illness in young people in terms of employment/unemployment is also considered from a student perspective where

64 per cent of students believe that disclosing past or continuing mental health issues hinders chances of working in the City (The Times, September 2019).

Unemployment is thus framed as a concern for young people entering or in the early stages of the world of work. Based on what has been discussed above with potential issues with employers and sick leave impacts, it can be argued that this concern has come into fruition due to negative workplace representation of mental health within the media that young people consume. This demonstrates that while there are some shifts in mental health in the workplace rhetoric (e.g. Mind’s guidelines on workplace practice and mental health; Mind, No Date)²⁴, the newspapers continue to draw upon those negative representations. In addition to that, there is a potential issue about disclosing their illnesses to potential employers due to possible

²⁴ Guidelines can be found on mind.org.uk/work

stigmatisation in the workplace (Fox & Gasper, 2020), which in turn could add to already existing mental health issues.

5.3 Mental Health Representation III: Gendered Contexts of Mental Health

The two previous sections focused on mental health representation through the linguistic and thematic constructions of mental health discourses in the British media. Through these constructions, the corpus identified the potential gendering of mental health representations in the data that both questions and reaffirms the notion that men's mental health is underrepresented. However, data relating to gender demonstrates that this underrepresentation is not wholly the case in terms of gendered references in mental health stories but is the case in context of these stories, which this section will reflect upon. While the project is concerned with the gender binary in that it is exploring men's mental health, approaching gender from a more fluid perspective as proposed by Eckert & McConnell-Ginet (1992) allows this section to consider ways to overcome gendered representations by addressing the literature's notion that men are not as emotional (e.g. Holmes, 2006; Sharp et al., 2022).

This section firstly considers gender through explicit and implicit references to specific genders and explores potential consequences that gender-orientated representations of mental health in the media could have on men with mental health issues. This then leads onto the theme of criminality from a gendered perspective and how this prevalent linking in the media could infer a particular stereotype to a potential audience and even stigmatise those with mental health issues. This section ends with the consideration of the workplace context of gender, linking back to the gendered workplace discourses as discussed in 2.2.3 and highlighting the importance of these gendered discourses for the stage 2 interviews as discussed in 3.3.

5.3.1 Gender

Statements such as those seen in 'women are more likely to' mirror the national figures stated in the Introduction, where women are seen to be more likely to have a mental health illness in comparison to men (Men's Health Forum, No Date). This illustrates that public rhetoric

continues to draw upon the gendered expectation of mental illness which could potentially perpetuate the notion that men are not impacted in the same way by mental illness. While discussing national figures can infer legitimacy of these claims to audiences, it does undermine other figures that refer to the starker reality of the mental illness experienced by men to the point that they unfortunately commit suicide (CALM, No Date). This lack of consideration for the impact of mental illness on men while discussing comparative figures between men and women potentially ignores the larger societal picture of mental health and implies that one gender is worth reporting more than the other.

Furthermore, the phrase ‘women are more likely to’, such as in ‘women are more likely to suffer from a mental health condition’, occurs 8 times with ‘men are likely to’ occurring 6 times. What is interesting to note here is that while the frequencies are relatively similar, ‘women are more likely to’ occurs more generally in reference to mental health issues whereas ‘men are more likely to’ occurs in reference to suicide or to obscuring their issues from friends and family. This supports the link to the starker reality in reference to men’s mental health made above, suggesting that the media’s focus on men’s mental health occurs with the more serious implications of being mentally unwell. It also supports claims that suggest that men do not open up about their experiences with others (as discussed by McKenzie et al, 2022), highlighted by the media’s focus as a more male-centric approach to mental illness. Nevertheless, through reporting it in this way, no consideration is made for the potential stigmatising imagery of men’s mental health that are created by focusing on the more serious implications of mental illness.

It must be said here that more direct references to gender are geared more towards women through ‘woman’ or ‘women’ with references to men being more indirect through ‘he’ or ‘his’. Nouns such as ‘men’ and ‘women’ demonstrate the aforementioned underrepresentation as ‘women’ occurs more often overall in the data and in particular within the Broadsheets data than ‘men’. Given that in Chapter 4 it was found that the Tabloids covered gender more often than Broadsheets in the context of mental health, it can be said that they are more inclined to cover mental health stories related to men in comparison to the Broadsheets, although in a more indirect fashion. Furthermore, if we take into account statements surrounding men and emotions (see Sections 2.2.2 and 2.2.3), the use of indirect pronouns to reference gender can be seen here as being reflective of society. This could suggest that men are not as open or direct about their mental health in the same way women are as the literature

in Chapter 2 highlights that they do not approach emotional discourse in the same way as women do (see, e.g. Sheridan, 2007).

Nevertheless, if we consider the findings found in Chapter 4 in the reference corpus, this is not wholly the truth. While I have mentioned above that the findings in this corpus analysis could be due to the way I have developed it and that I am looking at a small time-scale of published articles and not every article ever produced on the topic of mental health, it must be said here that the reference corpus both supports and contests the results from my own developed corpus. In Chapter 4 I discussed how the pronoun ‘his’ was in fact more statistically key in comparison to any feminine references, be they direct via nouns such as ‘woman’ or indirect via honorifics or the possessive pronoun ‘hers’, supporting the claim above that mental health in men is reported indirectly rather than directly but also contesting the claim that men do not discuss their mental health with the same frequency as women as the reference data demonstrates otherwise.

It is interesting to note that while ‘hers’ only occurs twice in the data, it is constructed differently than ‘his’ in the context of mental health. In ‘hers is an inspirational story’, the use of ‘hers’ infers that something has been overcome, marking the mental illness experience as a journey to progress through and implying that talking about this experience will inspire others to do the same. The use of ‘inspirational’ here brings about a positive element to (overcoming) mental illness, hinting at potential improvement and that mental illness does not always carry that negative perspective. This contrasts directly with references to ‘his’, where the trend is more negative. In ‘his abnormality’, mental illness in men is seen as something against the norm, even going so far as suggesting that it is something to fear. This negativity is further reinforced with links to addiction (‘his alcohol addiction and mental health problems’) and violent behaviour (‘his alleged victims’), explicitly creating a possessive relationship between men and more criminal or dangerous activities when it comes to being mentally unwell.

While gender does seem to be more representative of men in the data, references to more age-related nouns such as ‘boy’ and ‘girl’ do demonstrate the underrepresentation as mentioned in the Introduction. Based on what was discussed above age was made explicit in references to CAMHS, which is also true for gender. As can be seen in Tables 5.1 and 5.2, references to children can be considered through the use of ‘girl’/‘girls’ and ‘boy’/‘boys’, with ‘girl’/‘girls’ being referenced more often than ‘boy’/‘boys’. With references to ‘boy’ and ‘boys’ being so few in number (compared to ‘girl’ and ‘girls’), it does put into question the

way mental health in children is viewed and perhaps could further contribute to stigma then felt by men about their mental health. This could be due to the potential framing of gendered expectations in children mirroring the societal gendered expectations of adults, where boys are considered to be boisterous while also representing men as being authoritative and unemotional (Holmes, 2006; Butler, 1990).

This reversal in the frequency of mental health representation in children versus what we have seen in adults from a gender perspective (with men being referenced more than women but girls are referenced more than boys) is potentially noteworthy for future study on how gender expectations impact the way society approaches mental health. While not contributing a lot to the data as a whole, references to gender in children here demonstrate that mental health and age is constructed and reproduced in multiple contexts, with gender and gender expectations also playing a key role in those contexts. While there are more gender roles and expectations at play in how men and boys are represented, they unfortunately move away from the mental health focus of the project and instead bring about a different, but equally important, conversation on how we perceive gender.

A potentially problematic approach to gender and mental health is how certain mental illnesses are framed within the corpus in reference to men's mental health. Eating disorders in particular were framed as female centric despite the fact that men make up 25% of all cases related to an eating disorder (Anorexia & Bulimia Care, n.d.)²⁵ and there has been a recent drive to highlight that eating disorders can impact anybody of any age and gender²⁶. While the corpus did identify stories where eating disorder coverage related to men, the majority of the 71 occurrences of 'eating disorders' were made in reference to the general population through 'people' or directly referencing gender through the use of 'girls'²⁷.

Taken into consideration what has been touched upon in this section that men are not seen as being emotional or do not open up about their mental health issues ('We're told we have to 'man up', that 'big boys don't cry'), the potential misrepresentation of mental illness could further allude to a reluctance to ask for support. An attempt to overcome this has been

²⁵ <https://www.anorexiabulimiare.org.uk/about/statistics>

²⁶ A documentary was made by the BBC in 2020 following Freddie Flintoff's own experiences with bulimia to highlight the stigma of male eating disorders. The documentary can be accessed on <https://www.bbc.co.uk/iplayer/episode/m000n1xx/freddie-flintoff-living-with-bulimia>

²⁷ The use of "boys" occurred once as a collocate of "eating disorders", however this was framed alongside "girls".

made in the coverage of more celebrities, who are open about their experiences and also linguistically in the phrase ‘Manxiety: you may not know you have it’. The use of the neologism here in the form of ‘manxiety’ is clever in that it does not overtly refer to anxiety but creates a more masculine framing of the illness that gains attention and educates men who may not know what having anxiety means. What this demonstrates, however, is that we could consider the media as beginning to understand its potential to educate the public on mental illness by opening up the discussion to be more inclusive (though it could be argued that phrases such as ‘manxiety’ are more reductive than inclusive). It would be interesting to see how inclusivity in mental health media discourses develops in future research, especially gender inclusivity as this project has explored the binary rather than the non-binary aspects of gender.

5.3.2 Criminality and gender

While the theme of criminality could have been included in 4.1.2. with the other themes found within the corpus, it is highly gendered with its representation, which merits its inclusion here.

Analysis of the data from a gendered perspective indicated a strong correlation between gender and themes of crime. References to both police (598 occurrences as ‘police*’) and to prisoners (134 occurrences as ‘prisoner*’ and 52 occurrences as ‘inmate*’) occurred often in the data, as well as references to more criminally orientated activities such as terrorism (17 occurrences), extremism (5 occurrences) and murder (86 occurrences). While these references do occur alongside both men and women, gender is only made explicit when referencing female criminals, suggesting that stories related to criminality and mental health already imply that it is men that are being discussed until indicated otherwise²⁸. This can be seen in the quote below where prisoners are marked by gender through the use of ‘women’.

that women prisoners account for a fifth of self-harm cases across the UK penal estate despite making up only 5% of the prison population (The Observer, January 2013).

Gender is also made explicit in the case of women through the use of female-centric names. In the case of ‘murder’ being a search term, women accounted for only 7 occurrences out of the total 86 occurrences, with 5 of those directly referencing two separate women through

²⁸ As gender and criminal behaviour is only made explicit when in reference to women or in comparison between men and women, all references in the data have been considered as being male-centric unless indicated otherwise to follow the trend shown by the data itself.

name alone. This is in stark contrast to the 79 occurrences of ‘murder’ in reference to men. These 79 occurrences also contextually refer back to the victimisation of women in connection with a mentally unwell man, making an explicit association with violence against women being perpetrated by a man with mental health issues. This association alone could contribute to the stigma of violence and mental health felt by men as discussed by Abdullah & Brown (2011).

This connection between violence against women and mentally unwell men is further reinforced with the search term ‘violence’. ‘Violence’ occurs 106 times, 12 times collocating with ‘mental health’, suggesting that there is a relational aspect between the two in reference to gender. Relating to this, 24 occurrences refer directly to domestic violence, further reinforcing a specific relationship between gender and gendered criminal actions through the focus on domestic violence perpetrated by men against women. However, there are instances where ‘domestic violence’ refers to it being a cause for mental health issues in adults who witnessed this as children, suggesting that violence is both a result of and a cause for being mentally ill, which is considered in the DSM-5 as a diagnostic symptom for certain mental disorders. In these cases, gender is not made explicit in the same way as when it refers to the action, perhaps as an attempt to highlight that both men and women can be impacted by the mental toll of witnessing something like this.

‘Violent’ as an adjective, however, occurs 86 times in the corpus, with ‘violent behaviour’ occurring 4 times and ‘violent crime’ occurring 8 times. Similarly to ‘violence’, ‘violent’ also collocated 12 times with ‘mental health’. The causal relationship between violence and mental health issues is further reinforced in phrases such as ‘many of the problems of youth crime and violent crime are associated with mental health problems’, implying that violence and being mentally unwell are connected and that they are not external to each other. All of these occurrences specifically frame mental health and mental health stories with stereotypes of violence, supporting Abdullah & Brown’s (2011) own findings on violence and incompetence stereotypes of those who are mentally unwell.

While Broadsheets account for more references between mental health and criminality or violence, the Tabloids were harsher in their reporting of male mental health from a criminal perspective. This can especially be seen in how domestic violence and gender is constructed within the Tabloid stories, with Tabloid coverage of general violence (27 occurrences) specifically focusing on domestic violence against women (4 occurrences for both domestic and women as collocates of violence in the Tabloid data. This accounts for the most references

of violence and mental health in Tabloid-specific searches), indicating that there exists a gendered approach to how domestic violence occurs and who is committing that violence.

In addition to more general violence, Tabloids also cover stories on murder in reference to a mental health context more frequently than the Broadsheets, making up 66 of the overall 86 occurrences of ‘murder’ in the data. As stated at the beginning of this sub-section, references to murder were highly gendered towards men, with references to women committing murder occurring infrequently in comparison within the data. Murder and mental health is also framed in ‘the court heard Williams got 23 years for manslaughter rather than murder because of his mental health problems’ as a subtle reference to an injustice, where blame is placed on the justice system for allowing mentally unwell criminals to be given reduced sentences. This links back with what I have said in 4.1.1. where there is a potential misunderstanding of how the public views mental illness due to a perceived lack of mental health literacy (Mendenhall & Frauenholtz, 2011). This is further reinforced through references of violence collocated with mental health, suggesting that being mentally unwell is framed as being a danger to both the individual and to the wider public, resulting in the potential need for incarceration.

This is also the case for terrorism, where the Tabloids discuss terrorism topics more often than the Broadsheets, with an explicitly gendered reference to the act of committing terrorism as seen in the phrase ‘he intended to carry out acts of terrorism’. This reference is made all the more explicit in the phrase ‘mental health link to extremism’, which ties in being mentally ill to extremist discourse surrounding terrorism. This extends the link to violence further and to separate contexts that could be cognitively understood by a larger audience.

It was almost certainly the evil work of a mentally ill loner who, for reasons yet unclear, just happened to have converted to Islam some years ago. (The Sun, March 2017).

In the quote above, this extremism link is exaggerated further with the inclusion of a religious aspect, hinting perhaps through the use of ‘loner’ that those who are mentally unwell find companionship or are more easily manipulated through religion as indicated by ‘converted’. The way that Islam is framed here makes that link to extremism through the use of words such as ‘evil’ and ‘just happened to have converted’, suggesting that there is a causal relationship between the subject’s conversion and an extremist act that they have made. Although gender is not made explicit in this particular quote, if we consider how extremism and terrorism is framed within the media, gender here could be implied based on the

understanding of what it means to be an extremist or a terrorist from an audience's perspective in that acts of terrorism tend to be framed as being carried out by men, even though this is not always the case. This is discussed in Stenger & True's (2024) recent paper on how feminist theory can help identify and counteract extreme acts of terrorism and they explore how the theory of extreme gender typology can be a contributing factor to the potentially expected gendering of extremist behaviour based on who was targeted in that act of extremism. Nevertheless, the gendering of extremist behaviour in the context of mental illness further exacerbates the violent stereotype of being mentally unwell as well as conceptualising a potential behavioural expectation of mentally ill men in society.

A theme that appears often is the link between the police, the law and mental health (see Appendix 3 for number of occurrences within the dominant themes). This theme does branch over the gender binary of men and women, however, as seen above, the stories are constructed differently based on gender. Furthermore, there is a close link between the theme of sectioning versus detaining as seen in 5.1. where the line between sectioning or being arrested during a mental health crisis has been discussed. This link from a gendered perspective can be considered as calling into question the current approach to sectioning under the Mental Health Act and exploring possible failings from both mental health services and the police to understand what a mental health crisis entails.

For example, consider the phrases 'boy with mental health issues held in cell for two nights' and 'mentally ill girl kept in cell because NHS had no beds'. Both of these phrases come from the title of particular news stories on mental health and in both instances, someone is in prison due to their mental health. However, there is a contrast in how they are constructed and what this possibly indicates to an intended audience. Firstly, the boy is 'held in cell' whereas the girl is 'kept in a cell', suggesting that the boy has done something in order to be in prison while the girl is there due to external factors out of her control. Furthermore, their mental illness is framed differently: 'boy with mental health issues' versus 'mentally ill girl'. By constructing gender and mental illness as a modifier (through the use of 'with'), it implies that the boy's mental illness is not what has caused the problem here and it is simply supplementary information, whereas by directly describing the girl as mentally ill, she cannot be discussed externally to her illness as it is part of her and the context of the story.

A significant point to make here is that the story about the boy was reported in a Broadsheet newspaper whereas the girl was reported in a Tabloid newspaper. This difference

in reporting construction based on gender and of media affiliation could be that the Tabloid aims to gather sympathy for the girl while the Broadsheet attempts to vilify the boy (see Chapter 2 for a discussion on choices made between stories in types of newspapers). The sympathy element in the Tabloid construction is further hinted at through mentioning that the ‘NHS had no beds’, directly correlating the girl’s experience with a lack of services. This is in contrast to the boy’s experience where there is no hinting at medical services at all. Perhaps this can be considered insofar as working on more traditional imagery of mentally ill women being locked up (e.g. Mrs Rochester in *Jane Eyre*) and of more social tropes regarding boys and criminal behaviour (e.g. ‘boys will be boys’).

Nevertheless, the fact that these are both titles of a news story and that in both cases they are discussed in the context of their possible age (that they are children), suggests that there is an intent to emphasise the broader situation of mental health in children. This emphasis on their age does call for action and for change, linking back to the wider social lack of action being done for mental health in general as discussed previously. The use of ‘boy’ and ‘girl’ here instead of names de-individualises the experience and introduces a nameless subject to the story. This, we might argue, intends to shock an audience by implying that this could occur to anyone’s child, including their own. Drawing upon imagery of children being held in prison from a possible lack of medical access could also cross into more taboo-orientated discourse and appeal to an intended family audience to act and question why this is occurring and could continue to occur without societal intervention.

Differences in reporting the relationship between mental health issues and the law does not only occur between the gender binary but also within the same gender. While Tabloids seemed harsher on reporting male mental health issues, the phrase ‘mental health professionals failed him’ is an interesting phrase as it appears twice in the corpus and on further investigation, it comes from two separate newspapers from both Broadsheet and Tabloid affiliations covering the same story²⁹. However, the Tabloid coverage was published two months prior to the Broadsheet version, suggesting that Tabloid story coverage is ahead of the Broadsheets in reporting on mental health occurring within/or precipitating a violent context. Perhaps in this case, the Tabloids were more inclined to cover a story that addresses violent stereotypes of mental illness in men while also demonstrating the lack of medical intervention available.

²⁹ The Daily Mirror coverage was published on the 1st March 2018 while The Daily Telegraph coverage was published 4th May 2018

It can be said that harshness continues to be a factor in this phrase with the use of a generic reference to medical staff and with the words ‘failed him’ in particular. While the story follows the male-centric violence and criminality elements of mental illness as discussed above, this particular phrase argues against that violence as being the fault of the individual in question. Linking back to workplace context, this demonstrates that failings within the NHS and amongst mental health staff are directly correlated with the involvement of the law and further highlights the systemic issues that (currently) exist and are experienced by (at least some of) those who have a mental illness.

5.3.3 Workplace and Gender

Working environments are highly gendered in context within the data, with gender only being made explicit if it is in reference to women, highlighting that the media potentially considers high risk/high stress positions as being more male centric rather than female centric. This is in contrast to references in the corpus about childcare working positions, which are discussed in the more feminine and even emotional context, especially in reference to postnatal depression. With the contrast made between the gender binaries of men and women in reference to workplace and mental health, it can be said that men are excluded from more emotional discourses to the point that the data tends to focus on women more often than men in these contexts. The idea that the media tends to draw upon more traditional gender roles in working environments links back to the gendered expectations as demonstrated by Holmes (2006) in the literature where men are in more adversarial roles and women in more emotional roles (see Section 2.2.2 and 2.2.3)

An example of job-type that is highly gendered within the data in regard to men is the coverage of public figures in the media. In particular, coverage relating to celebrities (85 occurrences of ‘celebrit*’³⁰) was made explicit through individual references to specific people. These references range from the Princes William and Harry (173 occurrences of the term ‘prince*’) to sports stars (18 occurrences of ‘sports*’, 77 occurrences of ‘footballer*’ and 50 occurrences of ‘rugby’ in reference to mental health)³¹ such as Rio Ferdinand and Freddie

³⁰ See 3.3.1. for an explanation of the use of “*”.

³¹ While being famous and in the public eye can be debated as not being employed in the traditional sense, due to celebrity prevalence in the data in comparison to the general working public, they are considered as such in the context of this project.

Flintoff. While there are references to female celebrities such as Ruby Wax and Miley Cyrus in the data, the context in which male celebrities were represented explored more the individual impact and experience whereas female celebrity reference to mental health was more to highlight that anybody could experience mental health issues.

References to celebrities made an appearance in both Tabloid and Broadsheets stories in the corpus, although it became clear that they focused on different types of celebrities, with Tabloid newspapers having more celebrity presence (47 occurrences of ‘celebrit*’) in their mental health stories. Tabloid news stories focused more on sports stars, with footballers in particular being referenced (48 occurrences), while Broadsheets focused more on stories about Princes William and Harry (43 references to Harry and 14 to William³²). What must be mentioned here is that an increase in personal stories about mental health experiences becomes more apparent around and after 2017 in the data as highlighted in Section 4.2.

Perhaps this signals a shift in how society views men’s mental health as it was in this year that both of the Princes came forward about their own experiences with mental health problems. Furthermore, the launch of the Heads Together/Heads Up campaign in 2017 brought about discourses on mental illness in the world of football, which could have potentially brought to light mental health as a topic to a wider audience.

While gender is made explicit in the case of celebrity coverage, there are, nevertheless, implicit markers of gender in these stories. This is done through mentioning ‘world of football’ or ‘sport’ rather than a particular person, with gender being implicitly referenced based on traditionally held stereotypes of what makes a footballer or a sportsperson. This is also the case with the military context where gender is referenced implicitly through socially and traditionally held views of who is expected to join the military. However, it must be mentioned here that this perspective is starting to show a shift in more recent years (outside of my collection parameters) thanks to an increase in televised coverage of women’s football and rugby teams and of women joining what have traditionally been considered to be masculine employment.

Explicit gendering in military representation of mental health discourse is rare in the data despite military working environments being prominent. One significant example of the use of explicit gendering is found in the phrase ‘his time in the Army also left a trail of scars,

³² I use references here as they also refer to Prince William by his title The Duke of Cambridge.

not just emotionally but physically too’. This is significant in that it recognises both that men have been impacted by their time in the military to an extent that it causes emotional as well as physical scars on an individual and places importance on both of these elements rather than focusing on the physical over the emotional.

While the corpus did further allude to gendered workplace contexts of mental health within the data, this stage is unfortunately not analytically appropriate to concretely determine if one working environment signals one gender or the other due to potential bias and the consideration of gender as something we do and not say. This is made ever more difficult to concretely determine at this level due to references being implicitly more than explicitly made in the data. This element best deserves a closer exploration on the role of gender expectations in the workplace context of mental health by making gender explicit rather than implicit, such as is the case with my stage 2 interviews. This explicit gendering of the workplace is considered in 5.3 to better elaborate on how gender roles in the workplace can impact the way mental health is viewed by society and how this then impacts the way individuals experience their own mental health issues.

5.4 Summary of Stage 1 Findings

This first analytical stage of the project involved the development of a corpus that assisted with a qualitative analysis of mental health representation in British newspaper stories. The development of this corpus explored linguistic, thematic and gendered contextual frequencies in the data while also identifying how mental health is linguistically constructed based on these contexts. It became clear during this stage that specific themes and linguistic trends were drawn upon throughout by both the Tabloid and the Broadsheet newspapers, signalling perhaps potential expectations and implications when it comes to reporting on mental health. Although the aim of stage 1 was to demonstrate overall representation of mental health in the British media through newspaper representations, this stage also specifically found how this representation can bring to light workplace and gendered discourses of mental health, reflecting the overall theme of the project.

In Section 5.1, it was found that health was collocated most frequently with the search term *mental**, with a total of 6465 concordance hits. Given its frequency in the data, it was decided that ‘mental health’ was a set phrase within the data, with references particularly made towards medical aspects to mental health through phrases such as ‘mental health problems’ and

‘mental health issues’. A closer analysis of ‘mental health problems’ and ‘mental health issues’ demonstrated that these two phrases, although similar in meaning, were used within different contexts, with ‘problems’ being used to refer to medical manifestations of symptoms and ‘issues’ to refer to social applications and impact.

Similarly, the analysis originally considered ‘mental health’ and ‘mental wellbeing’ as being similar in meaning and possibly similar in their constructions. However, it was identified that their constructions were in fact distinct from another, with references to ‘wellbeing’ being used to refer to being ‘mentally healthy’ and lifestyle choices such as improving sleep and exercise. Contrastingly, ‘mental health’ considered the more pathological elements of what is understood to be the symptoms of mental illness, such as depression. This element was also highlighted by Price (2022), who saw ‘wellbeing’ as being positively valenced in their data, whereas ‘mental health’ was more negatively valenced in comparison.

Further to this, mental health was frequently collocated as a multi-word unit within the data as a way to provide supplementary information at the text level to intended audiences. This is seen in examples such as the ‘Mental Health Act’, where we can say that mental health is collocated with legislation within the British context. However, there are instances where ‘Mental Health Act’ is also used in reference to criminality through the act of sectioning discussed in Section 5.1 and then again within the criminality context in Section 5.3.2., though it is also collocated from a medical context such as has seen above with the discussion of symptoms of mental illness. While mental health did appear on its own as a single unit, this was done through passive constructions marked by the omission of a verb such as ‘mental health at work’.

In Section 5.2, a contextual analysis of these collocates highlighted three dominant themes in the corpus: the workplace context, the cost of mental health and the mental health crisis. These themes carry negative connotations throughout (see Appendix 3) with stories covering social impacts, such as economic impacts to businesses economic impacts to health care and social barriers for treatment with an indication that these themes are potentially stigmatising (further discussions around stigma can be seen in Section 7.3). As discussed earlier on in this chapter, gender was also identified as a dominant theme, however this was further broken down into sub-themes, as can be found in Section 5.3.

The theme of the workplace brought with it multiple sub themes related to the world of work. These sub themes include employment types of employment such as medical, military and business employment, while also linking workplaces to investigations which was done through links to the police and links to medical investigations of NHS staff. It was also found through the workplace context that many social concerns and barriers exist. These include links between medical types of employment and staff shortages as well as mental health causing issues within workplaces themselves such as can be seen in the example wider problems in our workplaces.

In relation to the workplace theme is the cost of mental health with references to economic and business cost from an employee perspective being regularly collocated with mental health. Furthermore links are made to economic impacts of workplace mental health to the NHS via the healthcare costs sub-theme. While economic and health care costs do appear frequently it is argued in this chapter that the cost of mental health also refers to individual cost, linking back to the workplace contexts where mental health can have consequences to individuals such as unemployment and homelessness.

The final theme of mental health process incorporates the two awful mentioned themes as well as the severity of men's health within the community. References within this theme exemplify wider social issues, barriers to mental health care and lack of provision within workplaces. This is especially evident with references to suicide, substance abuse and to mass healthcare cuts to support within the community. Again the sub theme of unemployment and homelessness appears within the mental health crisis theme, however, this is more to demonstrate the factors that lead up to the severity of the mental health situation within the UK.

Finally, gendered contexts within the corpus data were made both explicitly and implicitly. Gender is discussed from a linguistic perspective in 5.d1.3 and it was discovered that Tabloids tended to cover gendered mental health stories more frequently compared to the Broadsheets in mental health stories. Furthermore, at a more text-level construction of gendered mental health contexts, Tabloids also tended to individualise the stories covered whereas Broadsheet coverage took a broader social approach. Similarly to what was found in Chapter 4, references to men were made more frequently in the data as seen in Table 5.1, although these references were constructed differently to references to women and were made

more indirect through the use of pronouns and possessive pronouns instead of common nouns as was the case with references to women.

Thematically, gender in the context of mental health discourse tends to have a disparity between the genders. When explicit references are made to mental health in men, the representations are often associated with negative or socially problematic behaviours, such as violence, domestic abuse, extremism or criminality. This creates the image that mental health in men is a risk or a threat to others, reinforcing ideas around masculinity as discussed in Section 2.2.2. In contrast, references to mental health in the workplace are explicitly gendered in reference to women, especially in relation to childcare and emotions, creating a linguistic imbalance in how gender is represented.

It can be argued here that such representations alongside those discussed in section 5.2 themes perpetuates stigmatise in imagery and language within the British media. Therefore, areas where potential stigmas could arise were applied to the interview design, alongside the themes as discussed in this Chapter. This will allow the interview analysis to identify how and when stigma is felt by individual men in their experiences to mental health and if this is further alluded to within the workplace context. To reiterate what has been discussed within the methodology chapters, these findings have been used to inform the research approach and interview design only and not in relation to the data itself.

6 Stage 2 Findings: How do Men Construct Their Experiences with Mental Health

This chapter focuses on the data collected in the second stage of this project and explores the text-level construction of mental health in men and draws upon the social representations of mental illness. This chapter also takes on board the stage 1 findings and considers possible influences from wider social understandings of what mental health in men means.

As discussed in Section 3.1.1 the development of this second analytical stage was informed by the findings in stage 1 (Chapter 5) where I explored the text-level construction of the public perceptions of mental health via a Corpus-Aided analysis in order to establish and consider existing linguistic and contextual trends. However, as these two stages are not designed to be compared and contrasted at the text-level, the design and approach for stage 2 was developed from the main themes as discussed in Section 5.2. The decision was also made to consider gender and workplaces as the two main themes to be used in this design due to ethical restrictions on the severity of discussions that would have come from discussing themes such as the Mental Health Crisis and the Cost of Mental Health.

As discussed in Section 3.2.2, stage 2 was conducted over a period of 3 months with a total of 9 interviews carried out with male participants who were in full time employment. Due to when the data collection occurred, full time employment also includes furloughed employment as a result of the Covid-19 pandemic lockdown (See Section 3.3.1 for more details on how furlough fits into the full-time employment aspect of this research).

An overview of participants is provided in Table 6.1 below, outlining each participant's reference for discussion in the forthcoming sections. This table also provides information that can be provided following participant anonymity and ethical restrictions. Quotes used within this chapter will refer to the individual interview using the reference seen in Table 6.1 i.e. a quote from participant 1 will be referred to as Ref. A.

Participant	Reference	Total tokens	Work
			Industry/other information

1	A	8824	Healthcare industry – had mental health issues from childhood – tried different types of therapies and medication
2	B	5148	Brewing industry – mental health issues manifested due to work stress – tried talking therapies and self-coping habits
3	C	5190	Furloughed, no industry discussed – Mental health issues from childhood – had tried talking therapies and medication
4	D	4870	Business owner – work and family related stress – tried talking thereapy
5	E	5161	Pub industry – had mental health issues for a period of years – Tried group therapy and medication
6	F	6039	No work industry discussed at interview – received a diagnosis

			later in life – on medication
7	G	3413	Project management – work related stress – tried medication
8	H	4365	Healthcare industry – had mental health issues for a number of years – on medication
9	I	3525	No work industry discussed – work related stress – had CBT in the past, not receiving treatment at time of interview

Table 6.1: Participant Overview

This chapter considers Fairclough’s (2010) 3-dimensional framework to discourse (see Section 3.3.2 for an explanation) and applies a Systemic Functional Linguistic coding analysis of transitivity (see Halliday & Matthiessen, 2014) to the interview transcriptions to examine the text-level construction of mental health experiences, leading onto an analysis of agency and social actors to explore how men place themselves and others within their experiences (see for example van Leeuwen, 1996; Ahearn, 2001).

Finally, taking on Lakoff & Johnson’s approach to metaphor (1988), I consider a conceptual rather than traditional metaphor analysis (see methodology Section 3.3.2.2) in relation to mental health and what it means for men to be mentally unwell. Considerations have also been made throughout on potential similarities between this stage and the stage 1 findings. However, more on these considerations can be found in the conclusion of this chapter, which includes a summary of findings from the interview data analysis, leading onto an overall discussion of stages 1 and 2 in Chapter 7.

6.1 Systemic Functional Linguistics

As discussed in Chapter 3, Section 3.3.2.1, stage 2 of this thesis is concerned with the transitivity system found within Halliday's Systemic Function Linguistics (1994). This analytical chapter particularly focuses on how a transitive analysis can decipher meaning at the text-level in individual experiences of mental illness.

While the stage 1 analysis and findings were based on corpus development (see Chapters 4 and 5 for more information), I also applied a CADS approach to my stage 2 interviews to 1) identify mental health collocates and contexts within the interviews, and 2) explore the frequency with which instances of particular terms occurred.

Although the CADS approach has been applied throughout the stage 2 analysis in this way, the transitivity analysis only applied the CADS approach to identify where mental health was discussed via collocates and contextual considerations and where potential processes could be found. A summary of these processes from this CADS approach in relation to mental health can be seen in Table 6.2 in Section 6.1.1. The use of CADS can be especially seen in Section 6.1.2 where I explore how social actors in relation to mental health can be seen at the text-level.

6.1.1 Transitivity

As expressed in Section 3.3.2, a transitive analysis of discourse has multiple processes, however, the data identified three main processes when applying a transitive analysis: material; relational; and mental. The frequency of these processes in relation to mental health can be seen in Table 6.2 below, which also outlines the participants and roles for each process. Although processes were identified through other contexts, this thesis is concerned with mental health representation and how it is linguistically constructed and these other contexts were not considered during the analysis.

Furthermore, while examples from all processes within the Transitivity metafunction were found in the interviews, the material, mental and relational processes were identified as being the most frequent processes during the analysis. As discussed in Section 3.3.2 and highlighted in Table 6.2, the verbal, behavioural and existential processes did not occur as frequently across the interviews and as thesis aims to demonstrate how men contextualise their

experiences with mental health through language, these processes were not analysed in-depth as part of this thesis and are therefore not pertinent to mention further in this chapter.

Process Type	Participants & Roles	Frequency in relation to mental health	Percentage
Material	Actor, Goal	290	22.38%
Mental	Senser, Phenomenon	679	52.38%
Relational	Carrier, Attribute	158	12.20%
Verbal	Sayer, Verbiage	73	5.64%
Behavioural	Behaver	10	0.77%
Existential	Existent	86	6.63%

Table 6.2: Summary of Transitivity Processes

This section first looks at the material processes (6.1.1.1) within the context of mental health. However, material processes only occurred 290 times across the interviews with a frequency of 22.38% of all Transitive processes and it is these mental health-specific processes that have been analysed in this section. The analysis identified the use of both the 1st and 3rd person singular pronouns as actor and goal within a phrase and highlighting the actions taken to overcome one's experience and/or symptoms with mental illness. As the interviews were framed around personal experiences and discussing how the participants discussed their mental health experiences with others, processes with 1st and 3rd person singular occurred most frequently as the actor and goal, with 1st person singular 'I' occurring 2038 times and 3rd person singular 'he' 'she' 'it' occurring 69, 29 and 1161 times respectively across the interviews. The 3rd person plural 'they' also appeared frequently with 263 occurrences, however this was more in the context of grouping people together analysis from a social actor perspective would have been appropriate. Yet, in the interview data, 'they' was used to refer to an unidentified person or persons and was therefore difficult to determine who was being assimilated in this case.

I then go on to examine the mental processes (6.1.1.2) found within the data that draw upon both perceptions of mental health from the speaker's perspective and the perceived

stigma that could manifest amongst members of society. As the interviews were about experiences, understanding and opinions of mental health and mental health services, it is not a surprise that mental processes are the most frequent Transitive process within the interview data, with 679 occurrences across all interviews (Table 6.2).

The section ends with a discussion on the relational processes. In 6.1.1.3, the relational processes were identified by incorporating a small CADS analysis to highlight how the speaker positions their sense of self within their mental health experience both at the individual and more social (i.e. workplace) contexts before moving onto a CADS approach to social actors (see Section 6.1.2).

6.1.1.1 Material processes

An analysis of material processes of the transcriptions demonstrated both expected and unexpected actors and goals at the text level construction of mental health in men's experiences. Firstly, the use of the first person singular 'I' appears often in material processes, creating a direct relationship between the speaker and their mental health experiences. In the data, the use of the first person singular 'I' as the actor in the material process can be seen mainly in reference to treatment and access to services such as in (1), (2) and (4) and even the rejection of treatment as can be seen in (5) and (6).

- (1) **I went on to** antidepressants, and some beta blockers (Ref. C)
- (2) **I went down** the CBT route (Ref. B)
- (3) **I took** what was an overdose (Ref. A)
- (4) **I then switched to** another drug (Ref. C)

It can be said here that the use of constructions such as in (1) demonstrates an attempt on the part of the first-person speaker to connect with the treatment options, such as medication, offered to them. Similarly, in (2), the speaker directly mentions what treatment they chose to follow. The use of 'route' here is also interesting as it carries a more metaphorical element, relating to similar metaphors under the target domain MENTAL HEALTH AS A JOURNEY as discussed in Section 6.2. Furthermore, this is also alluded to in (4) where the use of 'then switched' suggests a temporal element and that they have tried other medication options in the past. However, while (4) does include the speaker doing the action, it can be suggested here that it also carries a passive action on the part of the speaker, where there is an omitted actor

doing the switching of the drug (i.e. a doctor) as the speaker themselves would not have been able to switch medication without medical input.

While (1), (2) and (4) demonstrate a willingness and a direct attempt on the speaker's part to access treatment, (3) highlights the reality of medication alongside mental health issues for many of those who have mental illness. Similarly to (1), (2) and (4), the speaker (3) is very direct in their action of taking an overdose, although the inclusion of 'what was' suggests that there had been some doubt over the severity of it being an overdose at some point in the past.

In contrast to the accepting of different treatments, (5) and (6) demonstrate a rejection to treatment where (5) alludes to an unknown other as not and (6) where the speaker avoids support from their doctor before ceasing medication.

(5) **some people are gonna sit there and not take stuff on board** (Ref. I)

(6) **I just stopped taking** that one (Ref. C)

In (6) there is an element of finality brought into the phrase, where the decision has been made by the speaker. To understand why the speaker decided to reject treatment in this way, the phrase needs to be considered alongside its overall context. By examining the overall context of the phrase, it becomes clear that the rejection of treatment was due to negative side effects to said treatment as these were not explained before administration, placing an element of blame on the doctor.

While above, I have discussed where there is a direct linguistic relationship between the speaker and mental health with reference to treatment and medication, indirect reference to mental health through the material process are also made. This can be seen in (7) and (8) where there is the implication that mental health and potential treatment for mental illness has led to thoughts and attempts of suicide

(7) **It led to** some suicidal thoughts (Ref. C)

(8) **That led to** an actual suicide attempt (Ref. C)

The use of the past tense form of 'lead' in (7) and (8) does suggest that this was an occurrence in the past and not something that is currently happening to the speaker.

Although the interviews were designed around men's own experiences with mental illness and the above examples were expected with the speakers being marked as the actor at a

text-level construction, a Transitive analysis demonstrated that the 3rd person was also marked as an actor. This particular construction is particularly evident within the text-level analysis of all transcriptions when the discussion turns towards treatments services and support offered to the speaker or speakers. In particular, we can see this in (9) where the doctor is the actor doing the action (the referring to services) and the speaker, marked by ‘me’, is the goal (the person being referred).

(9) **The GP referred me** to a CBT specialist and in a primary care unit (Ref. C)

This element and the way in which it appears within the transcriptions is similar to that found in Bullo (2018) and also Bullo & Hearn (2021) within transcriptions that detail individual experiences with endometriosis pain. We can perhaps deduce here that while being constructed from an individual experience, references to more medical discourses frame the medical community as the actor in offering treatment whereas the individual themselves becomes the goal. It is possible that we can go so far as to say that the speaker’s agency is removed in these contexts: this is discussed in more detail in the next section.

Similar linguistic constructions as to (9) where the attempt to access services and support for one’s mental health was made directly by a non-medical professional. In the case of (10), this is marked as the workplace through the use of ‘employer’. This links back to what was highlighted in stage 1 where workplaces were becoming more involved with the mental health of their staff to combat stress and burnout. Similar to (9), in (10) the employer is the actor (doing the referral) and the speaker is the goal (the person being referred).

(10) I’ve had one **employer who referred me** to occupational health after a bit of absence (Ref. A)

While the whole phrase does involve the speaker as the actor upon closer analysis on ‘one employer who referred me’ marks the ‘employer’ as the actor with the speaker being marked as the goal through the use of ‘me’. The effect of this being embedded within a phrase that also marks the 1st person singular as the actor demonstrates that their mental health had impacted their employer to an extent that they had to act on the speaker’s behalf.

Further to this, if we consider this from a wider context around the workplace (as discussed in stage 1), this phrase also highlights that the speaker had had an experience that directly impacted their ability to work, causing issues within the workplace environment. This

is marked via the word ‘absence’, suggestive of a period of time away from work with no actual outcome to overcome why this period of absence had occurred to the point the employer had made the decision for the speaker.

A similar occurrence within the data where the employer takes control of the speaker’s experience of accessing support can be seen in (11) where the employer, marked via the use of ‘my boss’ and the speaker is marked via ‘with me’. Again, this shows that the effect of having a mental illness has impacted the speaker’s working environment to the point that their direct manager or boss has had to do something to support the speaker.

(11) **my boss came and met** with me (Ref. A)

We do, however, need to be cautious here as we cannot assume that this involvement on the part of the workplace comes from a negative perspective as the context built around the interviews at the point of when these phrases were said was framed around what positives had come from their experiences. This suggests that, while the speaker had negatively impacted or had had a negative experience with a mental health issue which impacted the workplace, the fact that the workplace had noticed that there was a problem to overcome meant that the speaker could come to terms with how they were feeling. What does also need to be said here is that the two examples above involve a shift in agency on the part of the speaker, which will be discussed in more detail in Section 6.1.2, when discussing social actors.

The use of ‘we’ marks the application of a more collective approach to mental health within the transcriptions where that is an attempt made by the speaker to include themselves and others are discussed within the discussion. This can be seen in the phrase

(12) we need to understand what **we can put in place in work to support you** to stop you getting like this (Ref. A)

where the speaker is recalling what had been said by someone else through collective we. In this particular construction, the choice to use a collective ‘we’ suggests that to overcome issues, be it due to mental illness or otherwise, more than one person is needed to take control of the situation at hand. We can see similar in more cultural understandings where phrases such as ‘it takes a village’ are used metaphorically to highlight that sharing hardships and workloads takes the pressure off a singular person.

(13) However, the opposite is also true as can be seen in (13), where there is the suggestion that the speaker did not receive support from his workplace in the same way as can be seen in (12) and instead was essentially told to deal with their problems elsewhere. Furthermore, there seems to be the understanding on the part of the workplace that mental health issues can be forgotten at work through the use of ‘take[...]home’, separating the two environments through language. **the attitude from management is just take your problems home** (Ref. B)

Furthermore, the use of ‘just’ here is suggesting that there should be no expectation that support from management would be provided for mental health problems and that it should be dealt with personally. This alludes to an element of omission on the part of management by not providing that support within their workplace environment, further impacting how the speaker is able to manage their mental health at work.

There is also an example of the speaker bringing in others’ mental health experiences into the discussion through the use of material process, which can be seen in in (14) and (15)

(14) **he’d clearly had a bit of a psychotic** episode I think to a relatively acute um level (Ref. B)

(15) **I took it upon myself** to try and kind of nurture this guy (Ref. B)

In (14) the use of ‘he’ highlights that this has occurred to someone outside of the immediate discursive context of the interview and not the speaker themselves. However an element of doubt is raised here through the use of the verb ‘think’ to infer a possibility, but it is also raised implicitly through the context as it is difficult to deduce what exactly constitutes an acute psychotic episode without the correct training. It could be suggested here that the use of psychotic draws upon more of a misunderstanding of the use of the word. The application of the use of similar words have been seen in stage 1 where ‘psycho’ and ‘psychotic’ are used to highlight a breakdown rather than in relation to the medical term ‘psychosis’ that refer to ‘collection of symptoms that affect the mind, where there has been some loss of contact with reality’ (National Institute of Mental Health, n.d.). Perhaps if we consider this from a more non-medical perspective, the use of ‘a bit of a’ minimizes the other person’s experience with that episode and perhaps distancing the speaker’s own experiences from the other person as a way of minimising their own illness.

The discussion of other's mental health is also seen in (15) where the speaker actively takes on a role of caregiving to a coworker, as indicated by 'nurture' due to their workplace's attitude to mental health issues at work. What this demonstrates, especially in the wider discourse context of this transcript is that the speaker attempts to use their own experiences to help guide this other person. What is surprising here is that while the literature in Chapter 2 and figures highlighted in the Introduction state that men are not open about their mental health issues to others, there is a tendency in the interview data to overcome this to help others.

6.1.1.2 Mental processes

Mental process can be applied to the clause process of attitude expression. It can serve different ideology and reflect emotional tendency (Shi & Fan, 2019: 332)

What Shi & Fan (2019) state above in relation to Halliday's theory of SFL is that the mental process of the transitive meta-function in SFL explores the use of emotive language at the text-level. While they do explore more the use of emotive language within the press to express social power imbalance, in the context of this research, the analysis of mental processes can demonstrate how mental health and representations of mental illness can impact the emotional response of individual experiences. Furthermore, mental processes in SFL can also hold a cognitive element as well as the emotional element (Fontaine et al., 2013).

An example of the more cognitive element of the mental process can be found in (16) where the use of 'finally' adds a temporal element to the construction where there is a finality to the action being done. This potentially hints that the speaker wanted to highlight that this was the end action to something that had been occurring over a period of time and the end result is the speaker coming to terms with their experience and that something needs to be done. Furthermore, we can go in so far as to state that 'I' in this context has been used to concretely highlight that the speaker took control of the situation, i.e. their mental health.

(16) **I finally decided** to do something (Ref. I)

Across the transcriptions, a mental process analysis uncovered highly emotive language in reference to both the emotional impact of mental illness on the individual and the speaker's own reaction to coming to terms with having a mental illness. Although both elements are important in this research and will be discussed in more detail below, it is the speaker's reaction to having a mental illness that is of particular importance when considered in relation to the

previous chapter and especially Chapter 4 as it potentially demonstrates how mental health stigma is perpetuated both within society as a whole and on the individual level (Corrigan et al, 2004; Collins & Baker, 2024). The implications brought about by this element of mental health through the mental process in consideration with public representations and reproductions of mental illness alongside gender discourse will be examined in Chapter 7.

One aspect to the mental processes found within the data that I must emphasise is the varied ways in which emotion, feelings and thought are conveyed in the 9 transcriptions. Firstly, we can see in (17) and (18) that feeling and emotion can be conveyed from the first person perspective directly through the use of ‘I’ or implicitly through the use of ‘it’, where ‘it’ suggests a level of psychological distancing.

(17) **It didn’t even necessarily feel like** cries for help at the time (Ref. A)

(18) **I found it very difficult to talk** about how I was truly feeling (Ref. A)

While we can gather that this is felt by the speaker through a wider consideration of the context, the use of ‘it’ in reference to mental health or the speaker themselves distances the speaker away from their experiences with mental health, potentially downplaying both the relationship between the speaker and their illness and the severity of their experiences.

The mental process in the transcriptions demonstrated an overwhelming connection to feelings of doubt. Contextually this was done in many ways, such as in reference to their own attempts at improvement as in (19) and (20), but one context where these processes became apparent was in reference to the help offered and taken by the individual. This can be seen in (19) where the element of doubt is alluded to with the use of ‘sort of’, suggesting that they have interacted with the health services offered to them but to no exact goal.

(19) **I think I’ve sort of** interacted with mental health services (Ref. A)

The use of ‘think’ in addition to ‘sort of interacted’ in (19) further alludes to doubt as the speaker themselves is not sure whether or not they have interacted with mental health services directly. It can be assumed here that they have used some kind of medical service, but it is not clear if this was purely for mental health treatment. As discussed in Darics & Koller (2019), (19) can be considered as a semantically passive sentence where there is not a direct action being done by anyone in the clause, just an implied action that may or may not have occurred. Nevertheless, it is still semantically relevant to consider here as a demonstration

within the transcriptions of when the speaker cannot be sure something did occur, but they think it did.

In (20), doubt is expressed through the use of both a time-marker followed by ‘I think’. In this particular example of doubt, there is uncertainty on the element of ‘self-referral’ and on the part of the access to the service available to the speaker.

(20) at that time **I think I’d uh put in a self-referral** to for, for an IAPT service (Ref. A)

While time markers are not normally associated with creating doubt, in this example, it is the use of ‘at that time’ alongside ‘I think’ that casts that doubt as the speaker attempts to recollect his thoughts on that particular occurrence but is not sure of when it occurred. To add to this, the use of the utterance ‘uh’ in example (20) suggests that the speaker is attempting to remember the exact situation they are drawing upon, which is argued by Laserna et al. (2014) as being part of spontaneous speech. While not a usual lexical unit and more of a sound that one makes during speech, its utterance here along with ‘I think’ casts that element of doubt over the whole phrase as excessive use of filler words or sounds can impact credibility (Seals & Coppock, 2022).

(21) Caution must also be taken here as while doubt is conveyed as discussed above, not all instances of ‘I think’ alluded to feelings of doubt as it occurs 295 times across the interviews and other possibilities do exist. For example, there are instances where the speaker is simply stating their opinion about something or someone. This is not surprising given that the interviews were also framed around their individual thoughts on current approaches and understanding of mental health within society as well as from their own experiences. Examples of this can be seen in (21) and (22) below. I think is terrible. I think it's absolutely terrible (Ref. C)

(22) I think it's really, really valuable (Ref. E)

While examples such as (21) and (22) can be seen throughout where opinion is expressed, the element of doubt through the use of ‘I think’ presents itself more through the use repetition and hedging such as seen in (19) with the use of ‘sort of’ (occurring 130 times) and (20) with ‘uh’ (occurring 88 times). However, these uses of hedges could further allude to mitigation strategies as highlighted by Bates (2021), Gratch et al. (2005) and Martinovski & Marsella (2005) as a way of managing their vulnerabilities within the context of the interview.

Another element to the mental process that became apparent throughout the analysis was the link to mental health experiences and the perceived reaction from others. Relating back to the potential impact of stigmatised perceptions of mental health as highlighted by Abdullah & Brown (2011), Foulkes (2021) and Corrigan (2004), this idea around stigma and being unable to express clearly or openly to others, even to close family members and friends came through in all interviews.

One potential impact that came through from the interviewees was the assumption that by admitting their experiences with mental health to others they would be admitting to a personal and sometimes more social defeat. This can be seen in (23) where the use of ‘perceived’ along with ‘letting people down’ is suggestive of the speaker being unable to be open with others as they felt that they were failing the unmarked other which depending on the context could mean family members friends or even work colleagues.

(23) **it was perceived as** letting people down (Ref. B)

On one hand, the inclusion of ‘perceived’ in (23)’s construction could demonstrate that there is a potential element of insecurity where the speaker is not 100% sure of how their diagnosis would be taken by other people. On the other hand it could also be statement of opinion on the speaker’s part, which would not contain that sense of uncertainty. However, what is important to consider here is the use of ‘letting people down’ draws upon similar constructions as found in stage 1 where the speaker in this context views their own mental health as a social inability or something which is wrong with them.

This perceived stigma or even perceived self-stigma alludes to figures mentioned within the introduction and within the literature: men in particular do not discuss or accept their own diagnosis for fear that they would be signalled as different within society (see for example Corrigan, 2004; Sharp et al., 2022). The more gendered context here can also be seen as drawing upon similar discussions raised in the literature on gender discourse. It is highlighted in literature by Baxter (2003) and Holmes (2006) in Sections 2.2.1 and 2.2.2 that men do not engage with more emotional elements of discourse with others. We can posit here that the speaker implements, whether consciously or not, more masculine-orientated discourse methods to avoid using what would be socially considered as more feminine-orientated language. Taking into consideration that mental health is viewed socially as more likely to affect girls

and women, as referenced both in the Introduction and in stage 1 findings, this perceived stigma and/or self-stigma was an expected finding.

A different way where the transcriptions demonstrate how social perceptions impact the way the speaker feels about their own illness can be seen in example (24) where the speaker has been attempting to hide illness from others to the point that

(24) 90 something percent of **people who knew me would have thought of me** as a perfectly happy, stable person (Ref. I).

In example (24), although the speaker is discussing their experience, they are not the ones sensing the phenomenon here and it is someone outside of the immediate discourse context that is doing the sensing. The 3rd person plural ‘people’ is marked as the sener (the ones doing the thinking) and the speaker and the way they are perceived is the phenomenon. This alludes to perceptions that the speaker themselves have about their illness to the point that the speaker indirectly states that they hide this element of themselves from others including people that know them well. Through marking the mental process as being done by the 3rd person plural, the speaker indirectly demonstrates through language that we as a society on the whole do not understand what it means to be happy and that to acknowledge their mental illness to others would face some barriers that they do not want to deal with at that moment in time. Furthermore, it could be considered here that the speaker attempts to highlight the likelihood that they were able to mask their real emotions to others through a more superficial indicator of happiness as a way of distancing themselves from their illness and minimizing their experience amongst others.

6.1.1.3 Relational processes

As discussed in 3.3.1.2.2, relational processes within the Transitivity system are a complex system and as such I am drawing upon Jeffries’ (2010) simplified theory. However, I am also simplifying this further and only considering the relational processes from a carrier/attribute and possessor/possession process. As discussed in Section 3.3.2.2, I take on this more simplified theory to relational processes as this research is more concerned with identifying linguistic trends and a full examination of all relational processes as theorised by Halliday (1984) would not be appropriate here. I firstly consider below the carrier/attribute element of

the Relational process before going on to discuss examples of the possessor/possession relationship at the text-level.

In relational processes from an SFL perspective we have the carrier or attribute or the token and value within a relational sentence. In the data from the transcriptions, we can find examples mostly of the carrier attribute element of the process. The most interesting example of the relational process found in all transcriptions is the phrase ‘I’m fine’, which can be seen (25) where the speaker themselves is the carrier with the feeling being the attribute in the sentence.

(25) I’m fine

While only occurring 3 times, the effect from its repetition in Ref. A, B and C highlights that the speakers are attempting to place importance on their positioning in order to deflect from how they are truly feeling. As these examples have been uttered as a complete phrase and appear as such across these three separate interviews, there is an element of finality here where the deflection is used to highlight that they do not want to discuss this element further. If we take into account Bates (2021) approach to mitigation, this finality could indicate that the speaker is using ‘I’m fine’ to reduce the force of their vulnerability and suggesting something is being left unsaid to render this mitigation successful.

A similar construction that is repeated across all transcriptions can be seen in example (26) where instead the deflection being used as a way of the speaker framing themselves as being fine in terms of their own feelings, they are framing the situation they are discussing into a feeling of pleasantness. A similar shift in language was also noted by Galasiński & Ziółkowska (2022) where language became less personal and more generic the more severe the discussion became.

(26) ‘It’s fine’

However, while the use of ‘fine’ can be used to highlight more positive aspects to both the individual and the situation at hand, it cannot be fully considered in this way as the word *fine* does not indicate a particular feeling of happiness nor unhappiness. Again, although this is used in more of a situation or perspective where the sentence carries a more token and value relationship at the text-level rather than carrier/attribute, there is an element of finality where no embellishment is added to the sentence as an attempt from the speaker to not reveal anything

further. We can also consider that this indicates indirectly something left unsaid where the speaker uses 'fine' as a finality to not be at risk of revealing something they do not want to.

The use of the first person singular within a relational process can be seen in (27) where the speaker infers that they are in fact able to accept and to convey to others that they have a mental illness.

(27) **I'm quite open** to talk about **what I feel** and experience at work (Ref. A)

This is in stark comparison to (26) when the first person singular is used to directly deflect from highlighting any relation to a mental illness. In (27), the use of the statement 'I'm quite open' states that the speaker does not hide their feelings from others. This particular example links back to the literature and supports my argument in this thesis that there are men who do not conform to the traditional understanding of male gendered norms of not engaging in discussions around emotions within the workplace (Baxter 2003).

Perhaps from considering (26) and (27) we can see that there are attempts at the individual text-level construction of mental health to overcome traditional gender norms and that language is beginning to reflect social change in that an openness in men's mental health is beginning to occur. This can be seen in more recent literature on mental health, in particular work by Sharpe et al., (2022), where mental health research post-covid are now considering the gendered impact of mental health. The fact that this is done via the first person singular further indicates a personal vindication to prove that there is nothing to be concerned about when one discusses their mental health and that perhaps through that openness they can encourage others to do the same.

In the transcriptions, the possessor/possession relationship of the Relational Process manifests itself in one of two ways. Firstly, there is a direct correlation between the use of 'I have' along with the speaker's intention to describe how they experience mental health and their way of overcoming this, and secondly there is a relationship between parties external to the direct discourse context and misunderstandings of mental health.

In (28), we can see that the speaker directly attempts to demonstrate the ways in which they are able to manage their mental health symptoms. Here, the speaker makes a direct reference to their goals, and within the immediate context before and after the utterance of this phrase the speaker does emphasise that these goals are work-orientated. It is through these self-

set goals that they are able to manage stress levels while working. This possessor/possession relationship demonstrates that the speaker wants to actively via linguistic construction to infer that they are able to manage themselves rather than seek support from appropriate services.

(28) **I have goals I've set** myself (Ref. E)

A similar relationship also appears in where the speaker correlates their mental illnesses to how they react to the symptoms manifesting. What this does is deflect from the severity of their symptoms by adding 'best intentions'.

(29) **how my depression and anxiety manifests** itself is that **I have the best intentions** (Ref. A)

While on the one hand we can consider from the examples above that the possessor/possession relationship can imply directness as an attempt to make others understand, this is not always the case, The following examples also demonstrate how a possessor/possession relational process can highlight that speakers are concerned with perceptions and misunderstandings of mental health from others. This can be seen in (30) and (31), however these are just two examples from the transcriptions that reflect a trend within the linguistic construction of individual experiences with mental illness.

(30) **my boss hasn't probably got** the best levels of emotional intelligence (Ref. A)

(31) **they have slipped** to a different perspective position (Ref. D)

(32) **they have that** very Dickensian attitude to to hierarchy (Ref. B),

An interesting phrase that applies the possessor/possession process can be seen in (32) where the speaker creates a metonymic phrase to imply that their workplace is traditional in how they approach both mental health and hierarchical systems of management. What this relationship demonstrates at the text-level is that the speaker uses *they have* to infer his own place of work as a way of distancing himself from this attitude and highlighting that they are not in agreement with their management team. With reference to *Dickensian attitude* here, the assumption exists at a more social level, where as a result of this traditional approach within the workplace, a similar approach to men's health occurs leading to the speaker and potentially others in the workplace to refrain from discussing the mental health at work. This contrasts with what was found in stage 1 where references to the workplace and mental health look at how workplaces can apply methods of which to help their staff to manage their symptoms while at work to avoid the need to take sick leave due to stress.

6.1.2 Social Actors

As stated in Section 3.3.2.1.2, a CADS approach was applied to this stage of analysis alongside a social actor theory analysis as developed by van Leeuwen (1996). A frequency analysis of social actors through AntConc (Version 3.4.2, Anthony, 2019) demonstrated that there are many instances where the linguistic positioning of social actors draw upon the individualization, assimilation and exclusion processes (see Section 3.3.2.3 for more information). References to specific social actors within the data were especially the case within the transcriptions where the interviews turned to more individual experiences of mental health and discussions around support and seeking help.

As the interviews were held with individual men rather than groups this section first looks at the individualisation element of social actor theory as theorised van Leeuwen (1996) where I take into consideration how men frame themselves in the context of their mental illness versus how they frame others in similar contexts. This then leads onto an examination of how assimilation marks individuals and groups outside of the discourse context, i.e. the interview, before going on to discuss how people or topics can be excluded from the discourse context.

While social actors in the data do make direct reference to an actor within a sentence, the concept around linguistic exclusion is also an important aspect to this research. As discussed in Section 3.3.2.1.2, van Leeuwen (1996) and Moscovici (1984) have explored the choice of excluding individuals and groups of people from discourse and they argue that their exclusion can also carry importance. Therefore, I end this section by drawing upon the theory of exclusion where the speakers themselves remove themselves or others from the context of mental health.

6.1.2.1 Individualisation

The most prominent social actor found within the transcription data is the speaker themselves, through the use of ‘I’, occurring 2038 times, and through the use of ‘my’, occurring a total of 207 times in the data. While it is not surprising as the interviews were based on individual experience, what is surprising is how ‘I’ is used from a social actor perspective. It was discussed above that there was a level of hesitation in the mental processes where the use of ‘think’

directly before a situation or an action occurs, which also comes through in this context. While Social Actor Theory tends to focus on noun phrases, due to considerations made in the literature and in the data from stage 1 that men do not discuss their mental health as openly as women do to the point it impacts their involvement with services, I argue that it is important to consider here in relation to mental health. This is due to the fact that it contrasts with what was to be expected in individual men's constructions and framing of selves in the context of their own mental health experiences.

The use of 'my' especially carries a high level of agency as the speaker directly places linguistic ownership of their experience with mental health. This can be seen in examples such as 'my mental health' (occurring 4 times) and 'my experience' (occurring 7 times). This agency is further enhanced with the use of the word 'own' (occurring 13 times as 'my own'), where the speaker linguistically makes direct reference to themselves in relation to their mental health. This contrasts with what was found in the corpus analysis stage and in upcoming examples of distancing discussed in Sections 6.1.2.2 and 6.1.2.3 below where the speakers linguistically distance themselves from their experience.

A high-level of agency can also be seen with the use of 'I don't...'. Although negation could be argued as introducing a reduced agency on the part of the speaker, it is used to be direct within the data, such as in 'I don't need'. This sentence can be found in Transcript 3 as 'I don't need to I don't I don't need to do anything' where 'I don't' is repeated 3 times, twice alongside the verb 'need'. This repetition highlights the speaker's insistence that they do not need to accept the support offered to them, which is further strengthened by its construction directly after 'I'm fine'. In this particular example, the speaker places agency on themselves in the context of their mental health as a way of emphasising that they are in control of their own symptoms and that they do not view themselves as needing help.

Similarly, the use of repetition can be found in Transcript 5 in 'I don't, I don't know', where the speaker attempts to draw upon their own thoughts but are unable to fully form what they mean to say. However, we do need to consider the context in this instance as this was said in relation to a question discussing mental health and gender and if the speaker themselves had seen any issues in accessing help due to their gender. It is particularly interesting to see in this example that there is an element of hesitancy here through the use of repetition. This is especially shown further along the sentence where the speaker understands the privilege that

they have had through the experience and support they have been able to access directly states that they do not think gender has ever come into their own experience.

It was found within the transitive analysis that the use of ‘I’ can also be perceived as more positive in that the speaker has taken control over their experiences, in particular when considered within the material process context as seen in the previous section. in phrases such as ‘I didn’t used to be as candid’ (Transcript 1) and ‘I’m a lot more open and able to talk about it’ (Transcript 6) where the speaker directly admits to their past approach to their own experience with mental health but has now taken control over what they discuss with others.

Despite elements of a positive active first person used within the transcriptions, this is not always the case. This can be seen in the phrase ‘I took a lot of extra work that my boss should have been doing’ (Ref. G) where the speaker explains how they became unwell in the first place. Contextually the above phrase was said in reference to an attempt made by the speaker to account for the initial causes of their mental illness and blame is placed on others, which in this case is ‘my boss’ (more discussions on how other people not involved in the interview will be discussed in the nominalisation section below). From what was discovered by the corpus analysis in stage 1 where the workplace is an environment of high-stress that could be a precursor to mental distress, burnout and stress-related anxiety, we can say here that a similar, if not the same, discussion is being had by individuals.

Although ‘I’ is used to denote a direct linguistic relationship between the speaker and their own mental health experience, there are instances where it is used to reduce that relationship and introduce a level of linguistic distancing. This can be seen in instances of ‘I think that...’ across all transcript which downplays the speaker’s own agency alongside their mental health experience due to the level of uncertainty posed.

Similar to ‘I’ in the data, use of ‘you’ also becomes an active social actor through individualisation in the transcriptions. This is done in a multitude of ways within the transcription data but there is a tendency across all transcriptions to use the phrase ‘you know’ as a way of incorporating the listener into the immediate discourse context, something with Koller (2009) has touched upon.

An example of the use of ‘you know’ to render the listener active is in the phrase ‘you know, that broad spectrum of mental health’ from Transcript 3. In this instance, the speaker identifies that mental health is not just one thing and incorporates multiple elements to make it

a broad umbrella and the use of ‘you know’ here includes the listener within that understanding of mental health. However, the assumption is made here by the speaker that the listener understands the same as what the speaker is attempting to convey and this would therefore only work in a discourse context where both parties are in agreement of what they understand.

Although the activation of ‘you’ is done to involve the listener directly into the narrative, the use of ‘you’ is also done through a speaker’s reporting the words of another. While ‘you’ is normally signalled as active participation, in the following examples, they mostly occur as part of reports, and thus serve to highlight that the speaker is incorporating others into the narrative that they feel have been most involved in their experiences with mental illness. This is also done in ‘you know, you sit there and you tell me’ (Transcript 6) where the speaker directly tells the listener what they are doing in that moment of recollection. As this is said as a report of someone else’s words toward the participant, we can perhaps deduce that the speaker’s active role in their experience is being minimised through these references to others.

This can also be seen in ‘you sit there’ (Ref. F) or ‘you need help’ (Transcript 3). By framing this as something that someone else has said, the speaker adds an element of distancing themselves from their experience, downplaying their active participation in the action and potentially minimising their involvement with that aspect of their experience. This suggests that the speakers linguistically intended in distancing themselves due to the nature of what they are describing.

6.1.2.2 Assimilation

As theorised by van Leeuwen (1996), the process of assimilation demonstrates at the text-level how groups of people can be assimilated through language. This is also the case in the transcriptions where people outside of the direct discourse context were grouped. However, this was more thematic in nature, with people being grouped together based on medical professionalism, workplace relationships and support systems.

Medical professionals as a whole occurred 71 times within the transcription data and included in Table 6.1 below is the frequency of individual references to medical professionals

within the transcriptions. Considerations have been made for the use of CBT and mental health services here as contextually these refer to staff that work within these areas.

Reference to medicine	Frequency
GP	10
Nurse*	2
Doctor*	8
CBT	17
Mental health services	6

Table 6.3: Assimilation frequency of medical groups

Within these references to medical professionals, they tended to be used within negative portrayals of the medical services and treatments offered to the participants. One example that demonstrates this negative portrayal is ‘talk to your GP, I don’t think they favour men particularly well’ (Ref. E) where the speaker directly refers to the fact that he is a man and that he was not expecting any particular positive experience to visiting their GP because of their gender. This negative portrayal of GPs is also brought up in ‘I would get a lot of push back from the GP’ (Ref. A). Both of these examples refer to the negative reaction from their GP in the speaker seeking support, although one is gendered and the other is not. The gendered aspect from Ref. E is particularly significant as it links to potential feelings of being stigmatised for their mental health due to stigma, such as is brought up by Corrigan (2004) as a factor for reduced participation with mental health services.

Further negative portrayals of medical professionals can be seen in ‘mental health nurses that they then struggle with how to to deal with this group of patients’ (Ref. A) where there is an assumption being made that the mental health nurses are not able to do their job to the best of their abilities and training. This example suggests that the participant did not have confidence in their direct medical services to offer the right support for their mental health.

In contrast to negative portrayals on medical professionals, there are negative portrayals from the participants’ opinions on treatment with these professionals. This is seen in ‘I thought the CBT was pretty pointless’ (Ref. D) and in ‘a bit of CBT, which not sure how much it helped’ (Ref. I). In these portrayals, the participants reflect on their dissatisfaction on the support and treatment offered. While not related directly to medical professionals, it adds to overall negative feelings felt by the participants towards the medical services and support they

have been offered. This demonstrates a potential wider issue on what is considered to be appropriate treatment for mental health and where this leaves men who seek that support.

Assimilation of support systems also occurred in the transcriptions and this is done through references to family and friends. While the majority of these references are positive such as in ‘it’s a bit more open in my family’ (Ref. A) and in ‘I’ve never had any issues talking to family or friends about kind of mental health issues’ (Ref. B) where the participants make it clear that they are able to discuss their issues with others who they are close to. Further to this, it must be said that for such a type of assimilation to work in this context, there is a reliance on categorisation at play which are based on what is understood to be kinship ties. What must be said here, however, is that contextually in all transcriptions, there is a level of closure to what the participants are willing to discuss with friends and family, contrasting perhaps with their statements when discussing about their friends and family in more direct terms.

However, support systems were also seen in a negative light such as is found in ‘In many ways, they were the cause’ (Ref. C). There is an element of ambiguity here through ‘they’ as at the text-level, there is no indication of who ‘they’ exactly references. While the speaker is mostly blaming this ambiguous ‘they’, there is hesitancy to cast full blame as linguistic allowances have been made to signify that other factors could also have contributed to such a negative experience. As there is not concrete evidence that their support system were to blame for the speaker’s mental health but there is an attempt to make sense of what had happened to them in the past.

The grouping of gender also occurs frequently in the transcriptions. References to ‘men’ as a group occurs a total of 148 times within the transcription, which involves references such as ‘men’, ‘man’ and ‘male’. This is not surprising given that the interviews had been conducted with men, however in context there is a directness involved in reference to men’s mental health, such as in ‘I think for the face of men’s mental health, it needs to be men’ (Ref. H). What this example demonstrates is that the participants want to have men involved in mental health and that this needs to be done by men themselves, which is also highlighted in ‘I think we could have more role models talk about what you actually do so men can serve themselves’ (Ref. E). Furthermore, age is also factored into the data as bringing about that directness and potentially signalling change in social approaches, such as in ‘I think younger men are far more able to talk about their mental health’ (Ref. E).

In contrast to this, the gendered grouping of women in the transcriptions occurs 67 times, with references including ‘women’, ‘woman’ and ‘female’. While the interviews were done with men and a skew towards male references were expected, these references were also made as contrasting statements and experiences to the participants’ own experiences. This can be seen in ‘I think women are more comfortable with the emotional side of mental health’ (Ref. H) and ‘I’ve sensed the women are more like be open about it’ (Ref. D). In both of these examples, the speaker’s draw upon more social understandings of emotions and mental health, which was touched upon in the literature by Sheridan (2007) where men had a tendency in their research to draw upon more linear rather than emotive language.

Nevertheless, while there are examples of men (and sometimes women) being direct and talking about help and support that exists to encourage men to discuss their mental health, such as references to Men in Sheds, there are frequent references to medical staff not approaching men’s mental health in the same way as women’s mental health. This can be seen in examples such ‘A lot of men's mental health representation has been about crisis rather than management, or health based approaches’ (Ref. H) and ‘I don’t think they favour men particularly well’ (Ref. E). What this demonstrates is that while the participants offered solutions to mental health representation, there exists more systemic issues and potential misunderstandings of what men require from the services available for mental health management.

6.1.2.3 Exclusion

While the two previous sections explored the inclusion of more active social actors within the transcriptions, this section is concerned with how mental health is excluded from discourse. One way in which mental health is excluded but inferred with discourse is the use of ‘it’ to indirectly refer to mental health. This can be seen in ‘it’s a bit more open in my family now’ (Ref. A) where upon contextual considerations, ‘it’ refers to mental health. What the speaker succeeds in doing here is implicitly referencing that the topic of their mental health is no longer a topic that was closed off among their family. Despite this openness, the speaker still draws upon a potential distancing of themselves from their mental health experiences from its exclusion from the sentence.

Furthermore, the use of metaphorical language part of exclusion using 'it' is also used to refer to mental health, which can be seen from Ref. D in 'It's a raw wound' and 'It's a rock opera'. Again, these two examples are referring to mental health but it is not explicitly mentioned in the phrase through the use of 'it's'. Although linguistically excluded at the discourse-level, mental health is implied as the actor here and in both of these examples, the speaker attempts to address the severity of their mental health and the pain their symptoms have caused them and to others. Pain is especially apparent in 'it's a raw wound' where a reference to an injury of some kind is made. It can be argued that this draws upon more symptomatic understandings of mental health where pain is experienced in more severe manifestations of depression and anxiety as explained withing the DSM-5 (American Psychiatric Association, 2013). Bullo (2018; 2020) also touches upon this in their work on endometriosis where metaphorical language is used to describe the symptoms and impacts of endometriosis pain without direct reference to endometriosis as a medical condition.

In 'it's a rock opera' (Ref. D), there is the suggestion that mental health for the speaker is something that is loud and boisterous as one would expect from a rock opera. Such a suggestion creates the image that their experience is one that has had quite an impact on the speaker and it was not something that they could hide from others during that experience in consequence. Although the image of a rock opera is loud, there is a reduction element here through the use of an entertaining metaphor which creates an almost humorous image of mental health impacting the speaker in such a way. This is especially the case on a contextual consideration of what the speaker highlights in this instance where they make a comparison of their own hobbies with taking part in entertainment through theatre with their own experience with mental health.

While "it" is often an anaphoric reference in Social Actor Theory, I argue that the use of "it" to reference mental health as seen in the examples above can also signal psychological distancing on the part of the speaker. Despite the use of 'its' being used as a form of excluding mental health from the discussion at the discourse-level but continuing implicature of mental health being involved at the wider contextual-level and creating a level of directness as the listener becomes aware of the contextual inclusion, there are examples where this directness is reduced to incorporate more distancing. This can be seen in 'it has been kind of a little bit hush-hush in my family' (Ref. A) where the speaker draws upon the same as previous examples to exclude mental health as a direct actor while still signalling its involvement through the use of 'it has been'. The exclusion is further enhanced by what is discussed further along in 'kind of

a little bit hush-hush’. There is clear distancing here on the part of the speaker through the use of ‘kind of’ where the implicature of mental health’s involvement is reduced within the phrase. This distancing is emphasised by the contextual inclusion of ‘hush-hush in my family’, suggesting that mental health is not explicitly discussed within their family. The exclusion of mental health here is further emphasised through the assimilation of ‘my family’, perhaps indicating that this is the case only in the speaker’s family and not necessarily the case in other families.

6.2 Metaphor

Following the Metaphor Identification Procedure as theorised by the Pragglejaz group (2007) in consideration with Lakoff & Johnson’s Conceptual Metaphor Theory (1980) as discussed in Section 3.3.2.2, metaphor in the context of this stage’s data did draw upon the expected source and target domains around health, as discussed by Semino et al. (2018) and specifically around mental health. As theorised by Coll-Florit & Climent (2023), metaphors of mental health followed a similar process as found in Figure 3.7, where source domains such as DARKNESS and JOURNEY were apparent with MENTAL HEALTH as the target domain. While not relevant here, many instances of metonymy also occurred within the data that could be open to further interpretation in future applications of analysis.

One element of the metaphor analysis that became apparent throughout was that no matter the metaphor, it was used to create either a vivid image of mental distress when an individual wanted to discuss the more negative and harrowing aspect of their experiences or to highlight the impact of certain actions of managers or work colleagues when considered from a workplace context.

Taking on Coll-Florit & Climent’s metaphor framework of mental health (2023) alongside what has been theorised by Lakoff & Johnson (1988) and the Pragglejaz group (2007) Table 6.4 demonstrates examples of the most frequent type of metaphors found within the transcriptions. In Table 6.4, the source and target domains, such as MENTAL HEALTH AS BLACKNESS, are found in the first column, with the examples and function of the metaphor in the middle and last columns. It was identified that some metaphors have different functions for the same example and therefore appear more than once in Table 6.4. These instances have been indicated by a succeeding ‘*’.

Source/Target domain	Example	Function
Mental health as BLACKNESS	accepting that you know uh the black dog as it were would never go away*	Metaphor to denote depression: mental health is an omen of death
	was it home or work and it was black and white like that	Simile: mental health is categorised as opposite
Mental health as DARKNESS	I probably reached one of the darkest periods I've ever been in	Metaphor to denote depression: mental health taking colour out of life
Mental health as DESCENT	it probably starts in one area but then it quickly cascades	Metaphor: mental health with a slow onset before crashing, images of heaviness
Mental health as LIVING ORGANISM	accepting that you know uh the black dog as it were would never go away*	Metaphor: mental health as an animal
	it's not like an elephant in the room*	Simile: mental health viewed as an unspeakable topic when it should not be the case
Mental health as an OBSTACLE	breaking that barrier is rare.	Metaphor: access to mental health care is a barrier
	that barrier to communicating about it.	Metaphor: inability to discuss mental health with others
	I managed to break through the barrier of the GP	Metaphor: access to mental health care is a barrier
	but you can't be closed off to it	Metaphor: communicating mental is difficult and a barrier

	my mum was always quite has always been very closed off to kind of accepting that she might have any mental health issues	Metaphor: communicating mental health is difficult and a barrier
Mental health as COMPETITION	beat people to the punchline*	Metaphor: mental health as the end goal to reach
	Almost like a challenger	Simile: mental health is an opponent
INDIVIDUALS WITH MENTAL HEALTH AS MACHINES	something just switched	Metaphor: Mental health can be turned on and off
	making me close down a bit	Metaphor: Mental health forcing the speaker to close down and stop working
	switching me off	Metaphor: Mental health forcing the speaker to close down and stop working
Mental health as a JOURNEY	almost like a delayed journey	Simile: access to mental health care is a delayed conceptualised event in time
	It's very much a journey	Metaphor: mental health is a conceptualised event in time
	You can't just say things that take more history	Metaphor: Mental health as history spanning across time
	So that's a sort of potted history of everything	Metaphor: mental health as history spanning across multiple events in time. Mental health as not a constant event
Mental health as WEIGHT	we definitely felt we were drowning	Simile: mental health as a force plunging the speaker into water, images of heaviness

Mental health as ENTERTAINMENT	It's a rock opera	Metaphor: mental health as an event; mental health is lively and entertaining
	Beat people to the punchline*	Metaphor: mental health as a joke
Dead metaphors	touched in the head	Existing metaphors that exist and are used frequently in society
	I'm batcrap crazy*	
	it's not like an elephant in the room*	

Table 6.4: Metaphors of mental health

As can be seen in Table 6.4, the transcriptions drew on multiple types of metaphor to describe both mental health and the participants' experiences with mental health. There are also instances in the data where metaphors are conceptualised from multiple target domains. Four prominent target domains were identified which include: A) MENTAL HEALTH AS BLACKNESS/DARKNESS, B) MENTAL HEALTH AS A JOURNEY C) INDIVIDUALS WITH MENTAL ILLNESS AS MACHINES, and D) MENTAL HEALTH AS AN OBSTACLE. Taking into consideration these prominent target domains in Table 6.4, the following sections will focus on their function and effect in language in reference to mental health representation.

6.2.1 MENTAL HEALTH AS BLACKNESS/DARKNESS

The first mental health metaphor that is conceptualised in the data is MENTAL HEALTH AS BLACKNESS/DARKNESS as a target domain, and can be seen in examples 1, 2, and 3 below. There are two ways in which BLACKNESS/DARKNESS is used in the data: (1) to denote a sense depression and (2) to denounce mental health as one way or another, i.e. good or bad.

(1) accepting that you know uh **the black dog** as it were would never go away

(2) I probably reached one of the **darkest periods** I've ever been in

In (3) there is an element of trivialisation of mental health, referring to it as either a good or bad thing to have from a workplace perspective where black is negatively valenced to denote something bad (like missing work) and white is positively valenced. In its immediate context, describing mental health in this way creates an opposites relationship where mental

health can be one thing or another, with no instances where there is overlap between the two sides. In this case, the metaphor was realised to describe how the workplace saw the speaker's experience with mental health, where it is identified as either caused by their personal life or the workplace environment and not as an accumulation of factors.

(3) was it home or work and it was **black and white** like that

6.2.2 MENTAL HEALTH AS A JOURNEY

A second mental health metaphor conceptualisation that comes through the data is MENTAL HEALTH AS A JOURNEY. Similarly to what has been discussed in the literature from Semino et al. (2018) in reference to cancer diagnosis and experience of cancer healthcare and Coll-Florit & Climent (2022; 2023) in reference to mental health, the data demonstrates that this is also the case for this thesis. However, MENTAL HEALTH AS A JOURNEY occurs in two ways in the data. In the first, health experiences are a conceptualised journey through time. The second explores that conceptualised journey through an event in the past, which is no longer occurring.

Examples (4) and (5) below demonstrate the first instance, where mental health is a conceptualised event in time. In (4) access to mental health diagnosis and care is delayed, (5) that mental health experience has occurred and still occurring over a long period of time.

(4) almost like a **delayed journey**

(5) It's very much a **journey**

In (6) and (7), the second conceptualisation of JOURNEY is used. In these cases, the use of history instead of journey comes through, though I argue they follow similar patterns in reference to mental health experience. Whereas in (4) and (5), MENTAL HEALTH AS A JOURNEY is conceptualised as a process or experience through time, (6) and (7) a conceptualised event, or events, in the past, suggesting that while it occurred over a period of time, it is no longer occurring or impacting the speaker. In (7) especially, the use of 'potted' suggests more than one event has taken place over a course of time, perhaps indicating that their mental health symptoms have presented themselves in a similar way. Furthermore, in (7), it could be possible that the use of 'potted' hints that there are potentially parts missing or forgotten from their experience and that they are not able to discuss it as one experience through time.

(6) You can't just say things that take more **history**

(7) So that's a sort of **potted history** of everything

6.2.3 INDIVIDUALS WITH MENTAL ILLNESS AS MACHINES

The third most prevalent conceptualised metaphor for mental health found in the data references the participants themselves. This is done via the target domain INDIVIDUALS WITH MENTAL ILLNESS AS MACHINES, which reduces the participants' experiences with mental illness to the mechanics of technology. In the context of the data, this is achieved through something or someone external to the immediate discourse context doing an action on the speaker. In (8) there is the implication that mental health has been switched from one thing to another. This is similar to example (3), where mental health is one thing or another and in (8) it can be argued that this also carries negative connotations of mental health where the speaker is switched to a more negative experience because of their mental health.

(8) something **just switched**

In (9) and (10), the individuals are conceptualised as machines through the use of 'close down' and 'switching me off'. Both of these also draw upon the indication that something, which in this case would be mental health, is forcing the action of closing down or switching off. (9) holds a potential physical element where *close down* refers to the act of talking such that the speaker is no longer able to talk due to their mental health.

(9) making **me close down** a bit

(10) **switching me off**

In both of the above examples, there is a loss of control hinted at, the implication being that an external source, mental health, is responsible for the closing down and shutting off action. This indicates that something has come to an end for the speaker, giving this metaphors in particular a sense of permanence.

6.2.4 MENTAL HEALTH AS AN OBSTACLE

The final conceptual metaphor for mental health that came through the data was MENTAL HEALTH AS AN OBSTACLE. A further analysis of the target domain demonstrated 3 ways in

which this was achieved: (1) where communicating mental health is a barrier as seen in (11), (2) access to mental health care is a barrier as in (12) and (13), and 3) where being mentally unwell makes someone a barrier, as can be seen in (14) and (15).

(11) that **barrier** to communicating about it.

(12) breaking that **barrier** is rare.

(13) I managed to **break through the barrier** of the GP

(14) but you can't be **closed off to it**

(15) my mum was always quite has always been very **closed off to** kind of accepting that she might have any mental health issues

In examples (12) and (13) above, they also draw upon the target domain of MENTAL HEALTH IS VIOLENCE, drawing upon imagery of violence as posited by Abdullah & Brown (2011), although this was not from a conceptual metaphor analysis of mental health discourse. MENTAL HEALTH IS VIOLENCE was not indicated in the identification as seen in Figure 3.7 in Chapter 3, nor in conceptual metaphor analysis of mental health. Caution should be taken here, however, as a similar target domain, MENTAL HEALTH IS WAR, is indicated in reference to mental health (Coll-Florit & Climent, 2022; 2023) and in medical discourses of cancer (Semino et al., 2018) and endometriosis pain (Bullo, 2019).

6.2.5 Other metaphor conceptualisation in interview transcriptions

While the above metaphor conceptualisations are the most prevalent, other target domains for mental health did appear in the data, as can be seen in Table 6.4. While some of these domains follow similar patterns for mental health metaphor, as Coll-Florit & Climent (2022; 2023) have highlighted, others do not. Below is a description of metaphors that are not prevalent but follow the literature and the metaphors that follow new target domains for mental health metaphor conceptualisation.

Firstly, the target domains MENTAL HEALTH AS DESCENT and MENTAL HEALTH AS WEIGHT appears both in the literature and within my own findings. This can be seen in: (16) where the impact of mental health is one that begins slowly, before experience a sharp descent, and (17) where there is a simile used to indicate the pressure of mental illness, as if the weight was causing them to drown.

(16) it probably starts in one area but then **it quickly cascades**

(17) we definitely felt **we were drowning**

In (17) it could be further said that it draws upon MENTAL HEALTH AS FORCE, as seen in Figure 3.7, or to the target domain MENTAL HEALTH AS NATURE, which is not found in the literature for mental health metaphor conceptualisation. However, MENTAL HEALTH AS A LIVING ORGANISM is found within the literature, such as in the examples below:

(18) accepting that you know uh the **black dog** as it were would never go away

(19) it's **not like an elephant in the room**

While (18) does fit the target domain MENTAL HEALTH AS BLACKNESS as discussed in Section 6.2.1, it does also make reference to a living being; a dog. The use of 'black dog' here draws on folkloric references to depression and mental illness where the black dog is seen as an omen of death (Adler, 1991; Cox, 2015). In (19) the metaphor draws upon what Nunberg (1987) calls a dead metaphor (which I also argue is the case for (18)) as these are widely referenced metaphors used outside of the mental health context. Example (19) references mental health as something that should not be avoided, through the use of the metaphor 'elephant in the room'.

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In reference to metaphors that do not appear in the literature for mental health metaphor conceptualisation, I argue here that the target domain MENTAL HEALTH AS ENTERTAINMENT is used to create an element of humour to the mental health experience. This can be seen in (20) where mental health is lively, jovial and an event such as what one would expect from a rock opera, and in (21) with reference to their mental health as something to joke about. However in both examples, it could be argued that they are drawing upon more ironic elements of humour, adding a potentially negative valence to that joviality.

(20) It's a **rock opera**

(21) **Beat** people to the **punchline**

Secondly, the target domain MENTAL HEALTH AS COMPETITION is not marked in the literature in relation to mental health but in examples (22) and (23) below, there is an element of competitiveness coming through the language used. Although (22) could fall under the MENTAL HEALTH AS ENTERTAINMENT target domain as discussed above, here it could also fit COMPETITION where the speaker attempts to beat, or win, others to the punchline of their

mental health. In (23) mental health is adversarial due to the use of ‘challenger’, highlighting that it is in opposition to the speaker.

(22) **beat** people to the **punchline**

(23) Almost **like a challenger**

While the target domain MENTAL HEALTH AS ENTERTAINMENT can be considered as holding more positive values to mental health metaphors, MENTAL HEALTH AS COMPETITION carries negative and adversarial values. This suggests that while the conceptualisation of mental health is beginning to reference more positivity through individual experience, this is not as an alternative to negative mental health references. Mental health metaphors continue to draw upon the negative, however, the inclusion of positive concepts demonstrates a positive outlook on how medical discourses of mental health are developing. Nevertheless, these examples can also be considered as perpetuating the negative if considering the use of ironic humour rather than comedic humour.

6.3 Summary of Stage 2 Findings

This final stage of analysis incorporated 9 interviews with individual men framed around their personal experiences with mental illness. As this developed from the themes found from stage 1 the interviews were framed around workplace contexts, what support they had received or currently are receiving, and how open they were to others. This interview design allowed for more frank discussions around potential factors in the manifestations of their mental health symptoms and to identify potential areas where they have felt stigmatised. This final stage of analysis involved an SFL approach to language to identify transitive processes, social actors and existing and potentially creative metaphorical language.

Firstly, the transitivity element focused on three main processes; the material, the mental, and the relational. While it has been acknowledged that other processes existed within the data these were not included in the overall analysis as the thesis was more focused on personal experiences which were identified through the first three main processes Table 6.2. It was also identified that mental processes incorporated the majority of all transitive processes within the data, however this was to be expected as the research is focused on mental health.

It was identified through the material processes that the participants were frequently marked as actors especially in the case of accessing treatment, though also in more severe cases where the participants wanted to flag their active action towards their symptoms such as suicide attempts. These were marked through the use of the first person pronoun 'I' where the participants directly referred to themselves in relation to that mental health experience. This was also found where the participants wanted to highlight their rejection of treatment such as is in the case of 'I just stopped taking' (Ref. C) which demonstrates an active choice made by the speaker to reject medication.

Another actor that was frequently marked through the material process where those outside of the direct interview context but who were directly involved with the participants' mental health experience. This can be seen in examples where medical professionals or workplace managers are the actor and the speaker is the goal within the process. It could be said here that agency is removed as this is an action done to the speaker rather than the speaker having that active choice to do said action, highlighting perhaps that mental health experiences do not always involve the individual as the active party.

The frequent use of the first person pronoun 'I' can also be seen in the material process is where the participants are marked as the sensor in the process. In the case of phrases such as 'I think' an element of uncertainty is brought into the sentence perhaps to indicate that there is a mental disconnect between the experience that they're discussing versus what could have happened in reality. I do however caution against this for all instances of 'I think' as there are occurrences where this phrase is just used to express an opinion. However, this does not undermine how 'I think' is a marker of uncertainty in this section.

Furthermore, through the mental processes it was identified that participants as sensors had their choice of treatment or accessing treatment as the phenomenon. This is done through a temporal element in 'I finally decided to do something' (Ref. I), where there is an indication that their experiences had been occurring over a period of time and they had reached the point where they decided that they needed treatment. This highlights that the participants contextualised themselves as active within their experience of mental health issues.

While this example does highlight a positive in that treatment was sought after, the mental process also demonstrates elements of potential stigma where the speaker it is a sentence through passive constructions and other people's opinions are considered. This highlights

elements of insecurity on the part of the speaker when they are removed from the sentence and an unmarked sensor is sensing the phenomenon. This removal of self to reflect potential stigma is also done through the use of the third person as the sensor and the speaker becoming the phenomenon.

Directness however is also found within relational processes found in the data where the speaker is active in describing how they have engaged with treatment and support. This can be seen in examples of the use of 'I have' where the participants are actively engaging in the action within the sentence. For example 'I have set goals for myself' (Ref. E), which refers contextually back to goals the participant has in reference to the mental health treatment and support.

Finally, it was found within the relational processes that deflection, or mitigation, is used an example such as in 'I'm fine' and 'it's fine' to potentially distance the speaker from their experience or to downplay the severity of their symptoms to others. Perhaps if we take mitigation theory these processes have been used as a way of protecting the speaker from the listener by obscuring the vulnerability within their illness (Bates, 2021).

Following the transitive analysis of the data, a social actor theory analysis was undertaken to identify who was active or passive within the interviews. As the interviews were designed so that participants spoke about their experiences, individualisation did often occur. Again, this was done through the first person 'I' or the first person possessive 'my', indicating that the participants had active agency within their own experiences of mental illness. However, there are attempts within the data to individualise the listener. This is done through the repetition of 'you know' throughout although it is likely this is more of a mitigative action as a way of giving themselves a linguistic and temporal break to re-collect their thoughts.

From a social actor standpoint, instances of assimilated groups were less common within the data. Nevertheless, medical professionals were most frequently assimilated, though this was done negatively. This was especially the case in negative experiences with treatment or accessing support especially when discussions turned to more gendered perspectives as can be seen in the example 'I don't think they favour men particularly well' (Ref. E). Furthermore, treatment was also assimilated in a similar way where treatment was seen as a negative experience as can be found in the example 'I thought the CBT was pretty pointless' (Ref. D).

Through assimilation it was easy to identify friends and family within a group. This was indicated in two ways, 1) friends and family were positively valenced and classed as supportive and 2) where family was marked as being part of their mental health symptoms. What this demonstrates is that not everybody who has had issues with their mental health are able to draw upon friends and family for support, indicating the importance of having that support within the community.

While what has been discussed active social actors there are cases where actors are excluded from the discourse this is the case through the use of the anaphoric reference ‘it’ where it can be deduced that ‘it’ refers to mental health. I argue that this exclusion of mental health in utterances allows the speaker to distance themselves from that experience. What must be flagged here is that mental health from the use of the anaphoric ‘it’ can only be understood from a further contextual analysis and it is not always possible to determine what is being discussed without further analysis.

As a final consideration in this chapter a metaphor analysis was undertaken. Taking into consideration Coll-Florit & Climent’s classification of mental health metaphors (2023) as seen in Figure 3.7, this metaphor analysis identified multiple metaphors throughout the data however the most significant were MENTAL HEALTH AS BLACKNESS/DARKNESS, MENTAL HEALTH AS A JOURNEY, INDIVIDUALS AND MENTAL ILLNESS AS MACHINES, and MENTAL HEALTH AS AN OBSTACLE. Other metaphors such as what could be considered as dead metaphors also appeared in the data such as ‘elephant in the room’.

In the case of these metaphors these draw upon existent imagery in medical discourses as highlighted Coll-Florit & Climent (2022; 2023), Semino et al. (2018) and Bullo (2019). What this indicates is that the participants have drawn upon resources that they are already unconsciously aware of however the use of certain metaphors have been used in a more humoristic way within the interview data, indicating that individuals are contesting existing metaphors of mental health. Further analysis of metaphors in mental health discourses would benefit from a larger scale study to identify if metaphors draw upon existing imagery or if new metaphors are being created in this way.

7 Discussion

In the preceding analytical chapters (Chapters 4-6), I firstly examined how mental health is contextualised in written British texts through examining statistically key collocates for the noun phrase, ‘mental health’. This allowed me to examine how mental health is linguistically framed outside the direct context of my own research’s data, which can be seen in Chapter 4. Stage 1 considered these findings to determine what themes and linguistic tendencies to expect within the specialised corpus and explored how mental health is linguistically constructed at the text-level in 836 British Broadsheet and Tabloid news stories between 2013 and 2019. Stage 2 includes 9 individual interviews with men who have a history of mental illness.

Drawing on mental health themes as found in stage 1, stage 2 took on a Systemic Functional Linguistic approach to discourse to identify different transitive processes at the text-level, examine social actors and their roles within discourse, and metaphorical manifestations of mental health within men’s experiences of mental illness. As discussed throughout the methodology and analytical chapters, the themes discovered from stage 1 were used to inform an appropriate approach to the framework and interview design in stage 2. The findings from both stages will not be discussed as comparative or contrastive in the following chapter but as two separate elements demonstrating how different approaches can be applied to mental health discourses through the influence of media on individual constructions of mental health experiences.

Throughout this thesis, a mixed-methods approach to mental health discourse has been utilised. These mixed methods have relied on a combination between a qualitative and CADS approach to Corpus Linguistics as well as applying a CDS approach, which has allowed for a deeper understanding how mental health is constructed within public discourses. A combination of a qualitative CADS approach to Corpus Linguistics and CDS allows the thesis to determine how public representations of mental health, as reflected by newspaper reproductions, can influence the way individuals describe their experiences with their own mental illness.

In this chapter, I will first discuss a summary of findings from both stages as separate elements, with Section 7.1 referring to stage 1 and Section 7.2 referring to stage 2 findings. In Section 7.3, I discuss in more detail how the findings from both stages can highlight the relationship between discourse and practice through the conceptualisation of mental health and

gender. Throughout the discussion of findings, I reflect on how these findings compare and contrast with the current literature and consider the implications my findings have for the fields of Linguistics and medicine.

7.1 What does the corpus tell us about mental health representation?

This first analytical stage of the project involved the development of a corpus that assisted with a qualitative analysis of mental health representation in British newspaper stories. The development of this corpus explored linguistic, thematic, and gendered contextual frequencies in the data while also identifying how mental health is linguistically constructed based on these contexts. It became clear during this stage that specific themes and linguistic trends were drawn upon throughout by both the Tabloid and the Broadsheet newspapers, signalling perhaps potential expectations and implications when it comes to reporting on mental health. Although the aim of stage 1 was to demonstrate the overall representation of mental health in the British media through newspaper stories, this stage also specifically found how this can bring to light workplace and gendered discourses of mental health, reflecting the overall theme of the project.

Contextually, both the Tabloids and the Broadsheets provided negative coverage of mental health, which was expected and is in keeping with the literature discussed in Chapter 2 highlighting that negative coverage of mental health is prominent within public, or media, discourses (see, for example, Atanasova et al., 2019). This was also indicated by the BNC2014 reference corpus as found in Chapter 4 where references to problems, issues and the mental health crisis are collocated frequently with ‘mental health’. However, it became clear that the Tabloids looked at individual stereotypes of mental health whereas the Broadsheets considered the broader, socioeconomic impact of mental illness on the economy and the NHS. A contextual and thematic analysis demonstrated that Tabloids are also more likely to be explicit in their gendering of mental health than the Broadsheets (Section 5.3.2). This points to a more individualised focus on mental health from the Tabloid coverage, which can be seen through their coverage of mental health issues amongst celebrities and public figures (Section 5.3).

Linguistically, ‘mental health’ occurs frequently as a multi-word unit as a way of adding supplementary information in both the specialised corpus and in the BNC2014. This is found in examples such as ‘Mental Health Act’, occurring 50 times in the specialised corpus to refer to legislation in place within the UK that encompasses both medical and legal guidance

However, the BNC2014 only made reference to the 1983 Mental Health Act 11 times throughout the corpus and this did not occur within the newspaper subcorpus. This could indicate that this is a more recent phenomenon not captured within the BNC2014 due to the dates of publications included within the corpus, whereas the specialised corpus data incorporates stories from a later time period.

Furthermore, multi-word units to refer to more medical applications of mental illness appear in two ways in the data: ‘mental health problems’ and ‘mental health issues’. While these appear to imply the same thing, they are in fact used differently based on context, with ‘problems’ used in medical contexts and ‘issues’ used in social contexts (5.1.1.). This supports what Price (2022) also found in their research into the construction of mental illness in the press, where ‘mental health’ was often collocated with other terms, creating multi-word units such as ‘mental health problems’. Price found that collocations to mental health were often negative or neutral in nature (2022). While this is also the case in my own findings, some instances were positive and hopeful, such as is the case with ‘tackle mental health problems’, where there is a call to action to overcome wider social and political issues to the mental health crisis.

As ‘mental health’ was collocated frequently with ‘wellbeing’ in the BNC2014 reference corpus, considerations were also made for the use of ‘mental wellbeing’ as a synonym of ‘mental health’ in the specialised corpus. A text-level analysis of the use of both of these terms highlighted that while ‘mental wellbeing’ does include ‘mental health’, it is used externally to mental illness and instead explores concepts behind keeping ‘mentally healthy’. This incorporates elements such as sleep and eating healthily to promote emotional health whereas ‘mental health’ explores themes more related to medical conditions related to being mentally unwell. This more positive element of mental health found through the use of ‘mental wellbeing’ within the news stories was noted by Price (2022), who found that collocates to ‘wellbeing’ were ‘positively valanced’ (145) in contrast to more negative connotations as found with ‘mental health’ and ‘mental illness’. This is also indicated with the use of ‘wellbeing’ in the BNC2014, which related to health in the broader sense and not just to ‘mental health’.

Lastly, the text-level construction of mental health in the data attempted to highlight specific issues of mental health in the UK. This is done through phrases such as ‘address mental health issues’, where it is explicitly mentioned that something is being done or something needs to be done about the current situation around mental health. This is also achieved through words

such as ‘tackle’, bringing in sporting and potentially violent imagery and suggesting the urgency behind needing to act. Further to this, urgency is also implied through the passive constructions of mental health, suggesting that blame and the lack of action is being placed onto something external to the clause such as in the case of ‘mental health problems going untreated’.

While the overall theme of the project is mental health representation, it can be said that the cost of mental health was indicated as a substantial theme in the corpus data, with it being applied to multiple contexts relating to mental health. Firstly, the cost of mental health was considered from an economic standpoint where it was seen as a monetary cost to taxpayers, the NHS and businesses (Section 5.2.3). This is extended to potential job losses from businesses and even those in the medical professions, thus leading to potential cuts to mental health services due to lack of staff and money. There was also an indication in the data that there is stigma attached to these services and that money could be better spent elsewhere, shown in the construction of taxpayers with mental health and the frequent collocation of budget figures and mental health services (e.g. ‘mental health conditions cost the economy £105 billion a year’). This particular point was raised by Atanasova et al. (2019) who also discovered the economy as prominent theme in the context of mental health in British news stories and is a common topic of discussion in mental health research within the UK as can be seen in Foulkes (2021) and Davies (2022).

While cost can be applied to the economic impact, it is not the only case where the cost of mental health is considered within the data. The cost of mental health is also considered from an individual and social standpoint of being mentally unwell in the potential impacts of CAMHS and adult mental health service loss and even in the workplace context where current and future unemployment is explored. It is identified in the literature by Idrees et al. (2022) that one way to overcome this is through PPI (Patient and Public Involvement) by offering services outside of the NHS that allow for a community support system.

While not presented in the BNC2014 reference corpus as a common theme to mental health, the workplace context did become apparent within the specialised corpus. It became clear in the specialised corpus data that there is an attempt to frame mental illness as any other illness in constructions such as ‘too unwell to work’ to indicate the extent mental illness can impact someone’s day-to-day living. Nevertheless, this is linked to unemployment due to sick leave and potential lack of workplace awareness or adaptations for those who suffer from

mental illnesses. Unfortunately, individual cost in this way also considers the impact of unemployment on the individual and directly correlates cost to a more direct and physical cost in the form of suicide, highlighting the extent of the problem (discussed in the Mental Health Crisis theme in 5.2.3; Galasiński, 2008).

The cost of mental health is also considered within the literature on mental health from a medical perspective. Examples of this can be seen in Kinderman (2019), Foulkes (2021) and Davies (2022). However, while the literature on the impact of mental illness on a more societal level does consider the cost of mental health along similar themes as above, such as cost to the workforce and to mental health services, the literature tends to focus more on the monetary cost of the pharmaceutical element of mental health medication, which is especially the case in Davies (2022). This is not something I encountered in my findings. However, this was not an element that I was concerned with exploring for this specific thesis and future research into the theme of cost may benefit from assessing/considering the pharmaceutical industry as a potential factor.

In keeping with the workplace context, it was identified within the specialised corpus that particular workplaces were represented frequently in the newspaper data. These include medical positions, military positions and celebrity positions, although some identification of businesses referenced through phrases such as ‘The City’ did occur (albeit not often). These working environments were framed in a way that suggested them as being high risk and high anxiety, especially in the military context, but there was not an in-depth explanation in the data to describe exactly what it is about these environments to be classed as such. However, the context in which high risk and high anxiety working environments occur appear to be highly gendered, with discussions made in particular towards men in these working environments, such as is the case with military.

Overall, references to gender were made implicitly and explicitly in both Tabloid and Broadsheet stories. However, men were represented more than women with an implied indirectness with the use of ‘he’ rather than explicit reference to ‘men’ or even being named. This was not the case, however, for celebrity men where gender was made explicit such as in the case of Prince William and footballers such as Rio Ferdinand. The difference in language used to refer to men’s mental health can be seen when a comparison between the general public and celebrities is made. For the general public, men’s mental health is represented as negative with frequent references to prison and criminal activity, suicide and even linking with being a

domestic violence abuser (Section 5.3), whereas this is not the case for celebrity men, where the representation seemed more positive and highlighted the normalcy of mental health issues.

Furthermore, links made between specific mental health illnesses was geared towards women or girls in the data, in particular when these illnesses are considered to be related to self-esteem or from a more ‘feminine experience’. These included references to eating disorders and postnatal depression, despite both of these illnesses having been identified in society as being able to impact both men and women. The literature on mental health research also follows similar considerations on gender, where it is not made explicit within the research aims but the methods include only women in the study. This can be seen in Hunt and Churchill’s (2013) study on anorexia nervosa where gender was not made explicit but the case notes designed for the focus group only included women. This does put into question how society understands the way mental illness can manifest based on gender.

The overwhelming framing of men’s mental health as being violent and criminally implicated in the data suggests that media and possibly even the public view, at face-value, men as being violent because they are mentally unwell, rather than considering the circumstances that have led to that violence, such as unemployment and homeless for example. This undermines those that are mentally unwell and do not ‘conform’ to this gendered expectation as well as those that do need access to relevant help if they do happen to be violent. In support of Abdullah & Brown’s (2011) perspective that stereotyping the mentally ill as violent or dangerous to society deters those that need help from seeking it, I argue that this is perpetuated by the way the media has sometimes framed mental illness. While we cannot argue categorically that this leads to the figures stated in my Introduction where young men of working-age commit suicide to such a high degree, it remains worrying nonetheless.

Furthermore, I argue here that there is a misunderstanding of how mental health in general presents itself, and that there is a tendency to provide an overrepresentation of more negative imagery and storylines due to that misunderstanding. This point has also been made by Abdullah & Brown (2011) and Foulkes (2021), who both state that negative imagery contributes to continued negative perceptions of what mental illness means. Kinderman (2019) also considers pejorative understanding of mental illness, although this is more in connection with risk and dangerousness, which supports what was found in stage 1 where criminality was a prominent theme in public discourses of mental health, something that Price (2022) also touches upon in her research. This connection to criminality from the media further reinforces

the need felt amongst men to remain silent or closed off about their problems (Galasiński, 2008; Ziółkowska & Galasiński, 2017), treating them as something to be kept away (McCoombs & Shaw, 1972; McCoombs, 2004).

One interesting finding in the data to mention is that mental health stigma was not made explicit in the news stories despite playing a substantial role in mental health literature and even mental health awareness (e.g. MIND, Heads Together etc.). It can be said, however, that while it was not explicitly referenced, it was implied through the language used and the contexts covered in mental health reporting. An example of this that was touched upon is the use of passive constructions when referring to mental health to infer that there has been a lack of action in overcoming challenges brought on by mental illness both for and by society and the individual. This touches upon work by Corrigan et al. (2004), Stuart (2005) and, more recently Kinderman (2019), who all discuss how passiveness to mental health and mental healthcare can indirectly cause stigmatisation through lack of resources and understanding. Consequences of this are discussed by Mendenhall & Frauenholtz (2011), where reduced service participation leads to lack of mental health literacy and understanding of when to seek help as a result of a perceived stigma.

Furthermore, direct references to mental health draw upon more negative connotations, which I argue here is a choice made by newspapers and editors to sensationalise and trivialise mental illness, framing it as something inherently wrong in society. This is done through direct reference to violence, murder and to increased costs to the NHS, perhaps insofar as to suggest that those with mental illness are contributing to increased crime and to increased issues with local area NHS services, which is discussed by Kinderman (2019), Foulkes (2021) and Davies (2022). This is brought up by Abdullah & Brown (2011) and Price (2022) also remarks that the overwhelming negative stories in the press can contribute to feelings of stigma by those with mental illness. If we take this in connection with taboo language, mental health can potentially become taboo due to the stigmatising imagery found in social representations of mental health, leading to service avoidance and impact to local mental health services, as highlighted by Campbell et al. (2021) and Corrigan (2004).

7.2 What do the transcriptions tell us about mental health experiences?

In stage 2 of this thesis, I explored how a transitive, social actor and metaphor analysis of men's individual experiences of mental health draw upon current thematic and contextual representations of what society understands of mental health. This stage considered how men linguistically construct and contextualise themselves within their own mental health experiences and if they were active or passive within those experiences.

As stigma plays a substantial part in the project and presents itself throughout the data, the way this is individually and linguistically constructed formed the basis of my interviews, alongside the consideration of the main themes of the workplace and gendered expectations around mental health found in stage 1. As previously discussed, explicit references to stigma were difficult to deduce from the stage 1 findings, however, as highlighted by Abdullah and Brown (2011) linguistic trends can be used as a way of demonstrating the continued stigmatisation of mental health (see end of previous section). As such, the interviews considered implied and perceived stigma rather than directly indicated stigmatised imagery and this was done through considerations of workplace inaction and gendered references to men and emotions, as indicated within the literature. These interviews also considered the potential inaction from the participants' workplaces and questions were framed on the basis of the context around their openness with colleagues and their opinions on workplace mental health practice.

Overall, what the analysis of the stage 2 transcriptions found was that all participants drew on some aspect of mental health representation that can be found within the media themes and contexts of mental health as found in stage 1.. This is discussed in more detail in Section 7.3 of this chapter.

This stage firstly undertook an analysis of men's individual experiences of mental health using the Material, Mental and Relational processes of the Transitivity system. The findings from a Transitivity analysis identified that there exists a potential link between a mislaid trust in the system and the inaction of not discussing their experiences openly to others for fear of any perceived stigma they could receive from their family, friends and work colleagues. This mislaid trust was also a concern of Corrigan (2004), who stated that stigma directly interferes with mental health care, with reduced participation to support being a consequence of this stigma. This is also evident in my findings where the participants were

open in discussing instances of stigma and not accessing or reducing their access to support in consequence. What this demonstrates is that stigma continues to exist amongst those with mental health issues and continues to be a barrier for accessing help, despite the literature spanning decades in a concentrated effort to address stigma as a way of promoting mental health care (see Pyle & Morrison, 2013; Maclean, 1969; Hannigan, 1999).

One thing to mention anecdotally as a result of the interviews, is that the potential stigma in relation to how the participants would be perceived by others was something that was brought up by the participants themselves externally to the recordings where they were not too sure about how open they could be. This was mitigated before, during and after the interviews by allowing the participants to discuss whatever they wanted and that they would be anonymised throughout. It was this anonymity that meant that many of these interviewees were willing to take part and while I am extremely grateful and privileged to have had the chance to allow the participants space to be safe in their sharing of experiences, it demonstrated straight away just how much perceptions impact men in their acceptance of being mentally unwell. This highlights just how much more needs to be done individually and socially as a community in offering that safety and space for everyone. To do this we need to understand that social representations and reproductions of mental health are not the whole reality, and that personal experiences can differ to what is socially understood and accepted.

When taking into perspective both the Transitivity system and the Social Actor Theory analysis in Section 6.1.1 and Section 6.1.2, stage 2 found that participants tended to remove themselves as a direct actor from the discussion when describing the most impactful and negative aspects of their experiences. This can be seen through the use of ‘it’ to refer to mental health and from an absence of the first-person singular pronoun ‘I’ being used within discussions around mental health, although there are examples where a direct use of ‘I’ can also be seen. van Leeuwen (1996; 2008) stated that a topic can be excluded from discourse linguistically, i.e. via linguistic constructions such as verbs nouns etc, but contextually can still be understood as being part of that discourse. As can be seen in Section 6.1.2, the use of exclusion to remove oneself demonstrates how often this occurs in speech related to more medical themes, which has also been touched upon by Bullo (2018). The use of exclusion is important to discuss in this research as it demonstrates an intended linguistic distancing between the speaker and their mental health experience, perhaps to strongly indicate to the listener that they are more than their illness.

One particular element of this absence of self or of mental health from the discussions that is pertinent to discuss here, and which will be discussed further in the next chapter, is the participants' use of the material process. This is especially seen when the discussion turns to more severe aspects of mental health, which in the case of the data was seen in examples around suicide or suicidal thoughts. It can be said that these are indirect references as a conscious choice done by the speaker to distance themselves from their past experiences. This alludes to an element of self-stigma (see Section 2.3 and Section 2.3.1 for more information around self-stigma and mental health) where the speakers draw upon more social representation of mental health, namely, the idea that the speakers not should not have had or continue to have this experience due to them being men. This element particularly demonstrates that the way mental health is represented within society as seen in stage 1 negatively impacts how men feel towards themselves to the point that they either do not accept their illness or they attempt to hide it from others.

The relational process was used primarily as a way of deflecting the severity of the situation away from the speaker and context being discussed. This can be seen through the consideration of the use of 'fine' both with the first person 'I am' to infer the speaker and 'it is/it's' to infer the situation being discussed. As explained above the use of 'fine' hints at finality and an attempt to move away from the topic by not offering more than what is needed in the context. This is highly significant as it demonstrates a measured attempt by the speaker to remove themselves from their mental illness by removing any hints of said illness from the text-level construction completely. The impact of this means that there is no allusion to their illness in what they say and there is that attempt to remove all potential references. It can be said that this is done as an attempt to ensure that the speaker themselves are not framed or perceived solely from their illness, that they are more than their mental health experience. If we consider this alongside the concept of perceived stigmas as raised by Corrigan (2004), it can be considered an active linguistic choice made by the speaker to remove themselves from their own experience as a way to avoid or to minimise any potential stigma that occurs. In contrast to my findings, Sharp et al. (2022) found that men were direct in their recollections of their experiences, with more use of the pronoun 'I' and being present with accepting their mental health on a linguistic level. Nevertheless, I take caution here as their research methodology included multiple focus groups rather than individual interviews and this could account for more openness to mirror others during the group as it offered a safe discursive space for them to participate with more freedom.

A metaphor analysis of the transcription brought with it some examples of the participants drawing upon more cultural understandings of mental health. The appearance of these metaphors is in line with what both Coll-Florit & Climent (2022; 2023) and Semino et al. (2018) discuss, drawing upon similar domains to infer MENTAL HEALTH AS A JOURNEY, MENTAL HEALTH AS AN OBSTACLE and INDIVIDUALS WITH MENTAL ILLNESS AS MACHINES. Further domains were also touched upon, such as MENTAL HEALTH AS DESCENT and MENTAL HEALTH AS WEIGHT to indicate feelings of heaviness from mental health experiences.

While the majority of the metaphors do draw upon previously conceptualised mental health and medical metaphors as highlighted in the literature, there are instances where new conceptualised target domains appeared. This is especially the case with MENTAL HEALTH AS NATURE and MENTAL HEALTH AS ENTERTAINMENT. While it can be argued that the existing target domain MENTAL HEALTH AS A LIVING ORGANISM could refer to nature, I do argue that NATURE as a target domain is a new conceptualisation of mental health, especially with use of words such as “cascades” and “drowning”, which are usually associated with images of water.

Furthermore, MENTAL HEALTH AS ENTERTAINMENT demonstrated a more positive attempt by the speakers to bring in humour to their mental health experience. While references to mental health and illness do draw upon more negative concepts, such as can be found in MENTAL HEALTH AS BLACKNESS/DARKNESS and MENTAL HEALTH AS AN OBSTACLE, the use of humour by bringing in entertaining and lively concepts could be seen as the participants’ attempt at normalising their experience with mental illness.

Nevertheless, this positivity in new conceptualised mental health metaphors is not always the case, such as what can be seen in the target domain MENTAL HEALTH AS COMPETITION. Metaphors conceptualised in this target domain touched upon mental health as something adversarial, where there is a competition with winning as the ultimate goal, such as in “beat to the punchline”. Additionally, mental health is seen as an opponent to the speaker, which could potentially be construed as the opposite of the speaker in an attempt at othering their mental health experience.

It was found in stage 1 that workplaces were thematically key in the corpus analysis and that workplaces played a large part in how mental health impacted businesses from a cost perspective due to the loss of staff to sick leave etc (see Section 5.2.2 more information). This aspect of the workplace element to the research is also found in stage 2 from statements made

by the participants during the interviews. One way that the workplace impact to mental health and vice versa is shown in the metaphor of “black and white” (Transcript 1) under the target domain of MENTAL HEALTH AS BLACKNESS/DARKNESS. However, this example does examine a trivialisation of mental health done on the part of the workplace where mental health carries negative valance to the context of work and not having mental health issues is positively valanced.

While it was not my intention during the development of this thesis to discuss the impact of Covid-19, the pandemic and subsequent lockdowns played a prominent theme in all interviews. As the UK and the rest of the world were in lockdown at the time interviews took place, it would not have been an avoidable topic. However, as the interviews progressed, it became clear that the impact of the lockdown on mental health was and continues to be, significant (see, e.g., Gao et al., 2020; Holmes et al., 2020). One way in which the lockdown impacted the interviewees during the course of the data collection period was the onset of furlough and it was mentioned by many of the interviewees that furlough had given them time to overcome, admit and to understand their mental health. This was especially clear when discussions turned to workplace related stress and burnout and almost all, if not all, participants in this study had alluded to furlough highlighting to themselves just how much their work-life balance had impacted their mental health to the point that it had become a chronic mental illness rather than the more acute aspect of stress and burnout (see Section 5.2.1 and Chapter 6 from a more individual experience).

Similarly, furlough had also given some of the participants the opportunity to take care of their mental health and to reconsider the use of treatments such as medication while they had the time to fully concentrate on what it meant to be stressed and mentally unwell. This came through more as a thematic analysis of the topics and while not part of the methodology, it would be worth revisiting and taking a fully thematic analysis of the interviews in the context of the Covid-19 lockdown to explore the more positive impacts rather than the known negative impact of the lockdowns on the public’s mental health. Studies have more recently come out exploring exactly this, such as Magill et al. (2020) and Pan et al., (2021) who both consider the impact of Covid-19 on mental health. However, these studies consider the impact on medical staff more than the general public. As we move further from the pandemic, we will hopefully see more research on the public’s mental health in a post-pandemic world.

7.3 What do these stages tell us about analysing stigma?

Throughout this thesis, stigma has played a prominent role in identifying mental health themes and contexts, as found in stage 1, and in understanding individual experiences with mental illness and navigating support systems, such as found in stage 2. However, how does stigma present itself within these two stages and what does this mean for mental health discourse analysis?

There are two ways in which stigma is indicated in the two stages' data. This is implicitly and explicitly. From an implicit perspective, it was difficult to conceptualise stigma, especially from the stage 1 data, as it was not always clear where stigma was inferred. However, upon contextual analysis at stage 1, potentially stigmatising contexts and imagery became apparent. This can be seen at text-level analyses of the main themes in stage 1, where assumptions are made through the media that mental health had negative and monetary consequences to workplaces and businesses, representations that have also been found in the literature (e.g. Corrigan, 2004; Foulkes, 2021) as potential factors in mental health stigma.

Implicature of stigma also comes through linguistically through the use of passive constructions in both stages. In stage 1 passive constructions Used in examples that imply a lack of action on the part of society as a whole and within the workplace context to indicate lack of provision and potential lack of interest. Similarly, passive constructions are seen in stage 2 where mental health is referred to as 'it', therefore linguistically distancing the speaker from their illness as an attempt to reduce both vulnerability and potential stigma (see Bates, 2021; Gratch et al., 2005; Martinovski & Marsella, 2005).

While these are more implicit references to stigma and refer more to areas that could potentially cause stigma, the repetition of such references and representations are what can be considered as impactful from a stigma perspective. For example, taking into consideration Agenda-Setting Theory (McCoombs & Shaw, 1972), these representations from the media being repeated would continuously build upon the audience's, or individual's, understanding of mental health. This could be potentially damaging for those who are seeking help for their illness but are reluctant due to the fear of stigma consequently caused by the social understanding that mental health is violent, it causes homelessness, unemployment and so on, which is highlighted frequently in literature from Corrigan (2004) and Stuart (2005).

Explicitly, however, the stage 2 interviews revealed that stigma was indicated through active reference to stigma's impact on the individual and through active choices to not engage with support and treatment. As stage 1 was not as explicit in stigmatising references, the stage 2 interviews were designed to be more explicit, indicating that individual men do indeed understand what stigmas exist for mental health and for them as men with mental illnesses. This draws directly upon the literature stating that public stigmas of mental health lead to care and support barriers at the individual level. This is especially the case in stage 2 as the participants were open in discussing what barriers they have experienced and what barriers they faced at the time of interview and this manifested through discussions around hiding their illnesses from others and from rejecting treatment and healthcare support to avoid being stigmatised.

Although stigma is perpetuated throughout the data, it is also contested in the stage 2 interviews. This was done by explicit discussions around how the participants took control of their illnesses and symptoms, especially in consideration of the material processes in regards to treatment. In these cases, the participants actively disclose that they took it upon themselves to seek help, despite barriers they may have faced (as discussed above). However, within this, there is also evidence that the rejection of treatment and medication was also a way for the participants to feel like they have gained control for themselves, effectively removing them from an environment where they could potentially feel stigmatised. This was especially seen in the case where a participant explicitly explained that the healthcare system only offered what they considered to be appropriate and masculine approaches to treatment, such as sport therapy, just because of their gender and that they felt stigmatised as a result as the care offered was not appropriate for them as an individual.

Elements of positivity also come through the interviews through the use of metaphors. While already discussed above as a medium of demonstrating stigma, there were also moments where the metaphors were used in a positive light, indicating that there is an effort on the part of individuals to challenge current conceptualisations of mental health stigma. An example of where this can be found is through MENTAL HEALTH AS ENTERTAINMENT, where an element of humour is brought into the discussion. This perhaps highlights that the speaker is accepting of their illness and unconsciously challenging stigma. However, caution must also be taken when considering positive metaphors as this could also indicate a reducing strategy on the part of the speaker as a way of distancing themselves from, rather than accepting of, their illness or

as a form of concealment as a way of reducing the severity of their illness from others. Further analysis of positive metaphors of mental health would benefit from considering mitigation, as theorised by Bates (2021), as a way of indicating moments of vulnerability in individual mental health discourses.

What an analysis of stigma in this thesis demonstrates is that the stage 1 findings draw upon similar stigmas as highlighted in the literature, supporting the theory that media perpetuates stigmatising representations of mental health in society, whereas stage 2 demonstrates the direct consequence of these stigmatising representations on individual men with mental illness. These consequences to individuals impact how they contextualise themselves within their illness, indicated in the data through the use of mitigation, reduced agency, linguistic distancing through passive constructions and metaphorical language.

While the literature and national figures highlight an issue at the social and individual level through considerations of rates of mental illnesses and suicide as well as reduction rates of health service access amongst men, this continues to be at broad scale rather than the consideration of individuals themselves. This has been touched upon from a male perspective in Galasiński's work (2007; 2008; Ziółkowska & Galasiński, 2017) where the individual impacts are discussed and analysed, although this is from a Polish context. What this thesis does is build upon similar work but from the British context, considering how perceived stigmas at the broader, social level, can be contextualised at the individual level.

7.4 Explaining the relationship between discourse and social practice

In the Introduction, I set out two main research aims that this thesis would consider: to inform areas in Linguistics and Medicine by contributing to developing areas of research within two established bodies; and to explore how gendered workplace discourses can further represent society in their approach to both gender roles and mental illness. In this section, I will discuss the findings from the two analytical stages along with where these findings fit within the established literature.

As the thesis is on mental health, the first element I want to touch upon here is related to mental health and how it is represented within the data, comparing that with how the

literature understands mental health representation. I then discuss the theme of gender and within this will be a discussion on the workplace and on the linguistic construction of gender from both stages.

7.4.1 Mental Health

In stage 1 it was identified through a corpus analysis that mental health discourses were mostly negative in nature (see Chapter 5 for more information), which can be seen through the themes found within stage 1 such as the theme of “mental health crisis” and the connections made to criminal and dangerous behaviour (see Sections 5.1 and 5.3.2). Negative representations of mental illness were identified as a trend in the literature in both medical and linguistic perspectives. For example, both Abdullah & Brown (2011) Kinderman (2019) consider the damaging impact that negative and potentially violent representations can have on those who suffer from mental illness and Price (2022) and Atanasova et al. (2017) found through Corpus and CDS methods of analysis that mental health is constructed at the text-level from a more negative standpoint.

The implications of such representations alongside their reproductions within public discourses via the media can be seen in the stage 2 interviews where the transitivity meta-function analysis of mental processes demonstrated that men felt that they would be perceived a certain way as a result of their mental illness. This supports what the literature from mental health areas of research have previously found, where sufferers of mental illness have a reduced participation with support due to a perceived stigma. Similar has also been touched upon by van Dijk (see, for example, 1985; 1993) in racist discourse in the news, where perceptions of others can be influenced by institutions of power. I argue that this can also be evident in mental health discourses as in stage 2 there were instances where the speaker expressed a concern over their feelings of self from their own perspective and how others would perceive them.

An interesting finding across the two stages allies with van Dijk’s (2008) notion of the “Us” versus “Them” rhetoric. Although used as a way of distancing between an in-group and out-group within racist discourse, I would argue that this also applies here in the way that people are grouped at the text-level from a more medically-orientated discourse context. By taking van Dijk’s approach to the in and out-group within discourse and that the positive versus negative valance of language used to represent these groups are dependent on the way they are

reproduced within public discourse through institutions of power, we can say that this is shown throughout stage 1. I further argue that in stage 1, due to the overwhelming negative reference to mental health, we can consider this rhetoric to be an active choice on the part of the newspapers to frame those without mental health as the positive in-group and those with mental health as the negative out-group. This links back to reality paradigms discussed in Archer et al. (2018; see page 98) and to institutions of power and the press (see, e.g. van Dijk, 1988) where assumptions have been made by newspaper editors to represent and reproduce mental health in this way as there is a perceived understanding and potential disinterest in mental health stories.

In stage 1 this can be seen at the text-level construction in reference to the impact of mental health on systemic areas of society, such as business, medical services and the emergency services. References are made more often in the stage 1 findings to how mental health costs time and money on these areas in society, with less frequent references to overcoming mental health issues or more positive aspects, such as what can be found in reference to “mental wellbeing”.

One element that overlaps both stages here is how people are grouped: in particular, the grouping of medical professionals. In stage 1, evidence of medical professionals as a specific group can be seen in the workplace context in Section 5.2.1 and in reference to the mental health crisis in Section 5.2.2. where more negative connotations are frequent. In particular, references to reduced staff causing issues within the mental health services are made alongside this contributing to the increase loss of staff due to sick leave and cost to the economy as a result. By framing medical professionals in this way, the news stories create that negative out-group, implicitly stating that they are part of the cause for increased levels of systemic issues caused by mental health.

Further references to negativity in the mental health context were found in stage 2 through the linguistic construction of the individual experience. However, it can be considered here that these references draw upon the more negative representations as found within stage 1. One example of that is the use of metaphor in stage 2 where the transcriptions draw upon more culturally understood metaphors to infer depression or anxiety, such as the allusions to darkness and blackness or to what we understand about symptomatic reactions to an anxiety attack. Although I was not concerned in looking at individual references to mental illnesses in stage 1, references to gender and weirdness and/or violence were made such as in ‘his abnormality’ or ‘his alleged victims’. This link was also made by Kinderman (2019) in their

argument for the need for increased specialised training of mental health professionals dealing with cases of severe mental illness and distress, especially where higher risk to those individuals as well as others exist.

Nevertheless, the participants from stage 2 drew upon their own source and target domains in references to mental health (see Section 6.3) such as MENTAL HEALTH AS ENTERTAINMENT. This perhaps indicates that what we know about mental health is beginning to change as these metaphors were not indicated within the stage 1 data nor in the identification categories as created by Coll-Florit & Climent (2023). This can be seen in ‘it’s a rock opera’ where mental health is likened to an event, suggesting that mental health is lively. However, as discussed in Section 6.2.5, caution must be taken as this metaphor also holds a negative valence if considered from an ironic perspective, perhaps indicating MENTAL HEALTH AS COMPETITION and more self-deprecating imagery on the part of the speaker.

7.4.2 Gender

In stage 1, the data was not collected with gender in mind (see Chapter 3 for more information on why I took this decision for stage 1) but gender in relation to mental health became apparent through the development of the corpus and its analysis. One element that was particularly interesting in the relation between mental health and gender within stage 1 was how different mental illnesses were framed. This was made very apparent with what type of mental illness was discussed in reference to gender, with eating disorders and anxiety being discussed more in reference to girls or women and depression and suicide or violent reactions being attributed more towards men (Sections 4.1 and 5.3.1)

In contrast, stage 2 was framed with gender in mind but as a result from what was found in stage 1, I made anxiety and depression explicit in my call for interviews (see Section 3.3.1. for more information). What the data shows in the context of mental health and gender was how much gender expectations influenced the way men themselves discussed their experiences with mental illness. One unexpected occurrence in this stage was the reluctance I found during the interviews themselves despite the interviewees coming forward to take part willingly in the study. In particular, there was a reluctance to discuss the worst of their experiences and a lot of hedging through the use of metaphors did occur to avoid fully expressing the impact of this part of their experience. The interviewees themselves were, however, open in understanding

their own reluctance and knew it was an issue on the part of how they would be perceived by others should they explain how much their mental illness had impacted them on a personal level.

Although mental health research, as discussed both above and in the literature, does not always put gender into context (such as in Hunt & Churchill, 2013), or when it does it is from the context of women (Mancini & Rodgers, 2007), research from the past few years has begun to do so. This is seen in Sharp et al. (2022), for example, who specifically explores men's mental health and Campbell et al. (2021), who identify a gap in research on mental health and gender.

Workplaces became a central part to this project and references to work and impacts to workplaces due to mental health disorders have been made throughout both of the findings chapters. While the workplace was identified in Section 2.2.3 as an environment where gendered norms and expectations are adhered to on a more binary and traditional sense of what gender means (i.e. men versus women), the findings did draw upon some interesting statistics.

In stage 1, the workplace was framed both as a negative and a positive space to enhance the public's understanding of mental health. In the more negative sense, the corpus found that the media focused on the overall monetary impact of sick leave caused by mental distress to the point that unemployment was a prominent sub-theme in the theme of the workplace in stage 1. From a more gendered perspective, inferences were made to high-risk working environment as being masculine in nature, such as references to the military.

This was also the case in stage 2, where working environments were marked as being masculine in nature ('blokey environment') or where the majority employed were men. This element did influence how the participants approached their workplace as a place of support, where those who identified the workplace from a masculine eye were not open to discussing their mental health with their workmates and those who worked with more women were direct in saying they were open about discussing their experiences. Direct references were made in the transcriptions to 'women being more emotional and understand[ing]', which links to what Holmes (2006) theorised respecting gender within the workplace being enacted in specific and often (traditionally) gendered ways.

What impact this has on gender studies and gendered discourses is that gender continues to be performed based on traditionally understood binary of male or female. While we do have

examples of gendered social change happening in real time with the identification of non-binary, trans and asexual within society, this overlap of what it means to be gendered is still seen as important in the context of more social issues such as health and the workplace. References to the more violent and dangerous aspects of gender and its relationship with mental health continue to be perpetuated, linking perhaps more to understandings of toxic masculinity (Beynon, 2001; Heritage, 2023) as mental illness rather than addressing that men are underrepresented as a whole in mental health research.

Taking into account the findings from both stages and what the literature states, we can potentially deduce that traditional gendered norms and expectations continue to be drawn upon within society and these norms continue to impact how men themselves are able to express their more emotionally and mentally charged experiences.

7.5 Concluding statements from the data

As identified in Chapter 2, the literature identified gaps in mental health research, both from a linguistic and medical perspective. Taking the literature and its gaps into consideration, the thesis aimed to identify how public discourse around mental health can influence and impact individual experiences with mental illness. While public representations and individual experiences do draw upon similar constructions and imagery of what it means to be mentally unwell and what it means to be a man with a mental illness, there are many instances where the data is constructed differently to what was expected, as is discussed in this chapter.

What the analysis finds is that similar constructions and similar themes continue to be drawn upon as what was found in research from 20 to 30 years ago. This demonstrates that while we do have an increase in research on mental health and, more recently, from a gendered perspective, similar systemic issues as identified by Maclean (1969) and Hannigan (1999) remain. This is especially true in the stage 2 findings where discussions centred around long waiting lists, misunderstanding from an employers' perspective and the (fear of) consequence of perceived social stigma.

A lot needs to be done from the aspect of more masculine discourses. While discourses around masculinity do exist, a lot of the data still draws upon more traditional understandings of what it means to be a man, in that they do not participate in more emotional language (Holmes, 2006), however this has been contested by work done by Galasiński (e.g. 2008). Again this was apparent in stage 2 where a misconception is made in reference to what is

expected of the speaker based on their gender, which is the case in interview Ref. A, where they state that medical professionals referred them to more masculine activities to overcome their anxiety and depression, despite the speaker stating they were not interested in these activities. A potential implication we might draw at this stage, for gender studies, is that the language and society continues to explore more traditional ideals around gender, where men are one thing and women are another. While this is an expected finding due to the research aims and research questions set out in Chapter 2, the data does demonstrate the impact these continued ideals and expectations of gender have on men's understanding and acceptance of their own mental health experience.

8 Conclusion

This thesis draws upon the areas of the CADS approach to Corpus Linguistics, Critical Discourse Studies, gender studies and medical research from a more social perspective, demonstrating how a mixed methods approach can identify the social factors behind mental health representation with public discourses via British newspapers and how current representation and public understanding of mental health can impact the way men frame themselves within their own experiences of mental illness.

To reflect the mixed methods and the two main elements of my thesis (public perception and individual experiences), the thesis was developed in two stages. Firstly, I used corpus methods of analysis to identify statistically key linguistic trends in reference to mental health before applying these trends to the formation of a theoretical and analytical framework to analyse the text-level construction of mental health experiences in individual interviews with men who had a history of mental illness. In order to create the corpus for this thesis, 836 newspapers produced within the British Tabloid and Broadsheet context that discuss mental health were collected. While gender forms a substantial role in this thesis, it was identified in Chapter 3 that direct reference to mental health in men produced little to no results when incorporated into search terms on LexisNexis and gender was therefore made explicit within my interview design as a result.

Through a mixed methods approach, this thesis has successfully demonstrated how traditionally scientific approaches to medical discourses could benefit from a more qualitative perspective to mental health, highlighting that social factors such as gender and the context in which mental illness manifests are important to consider in order to further understand an individual's lived experience with a mental illness. This thesis has also demonstrated that linguistic trends within mental health discourses in the media can be identified and analysed from the creation of a small to mid-sized corpus to the extent that themes and statistics can be identified within individual linguistic constructions of mental health experiences.

In this concluding chapter, I summarise how the thesis was developed and to what extent my findings have answered my research aims and questions as set out in Chapters 1 and 2. I then go on to discuss the contributions to research my thesis has made and where it currently lies within the gaps identified in the academic literature in Chapter 2. The contributions are considered in two parts: how the thesis can contribute to Applied Linguistics and where it lies

within medical and mental health research. The thesis concludes with an exploration of the thesis's limitations and a discussion of how these limitations might be addressed in future research into mental health and gender.

8.1 Summary of the Thesis

This thesis drew upon existing literature pertaining to the areas of linguistics, specifically Critical Discourse Studies, gendered discourses, with a particular focus on masculine discourses, and mental health. Although coming from a linguistic lens to mental health, this thesis also considered literature from medicine, identifying a gap in the representation of men within mental health research. As the thesis made use of a two-stage approach, I discuss a summary of findings based on this below, considering the extent to which the research aims and questions have been addressed and answered.

The aims of this thesis as set out in Chapter 1 were to build on a developing area of both linguistics and medicine where the considerations of lived experiences and social, public factors are made to identify how factors outside of the medical context of mental health can impact the way mental illness can manifest. Taking on a gendered approach to both discourse and mental health, I set out to identify how men continue to feel stigma and shame in reference to their own experiences with mental illness, addressing an academic gap in both the literature and practice of mental health diagnosis and research.

To achieve the research aim set out in Chapter 1, this thesis posed three main research questions following the identification of gaps within the academic literature in Chapter 2 in reference to mental health research, discourse and gender studies: (1) how mental health is represented in public discourse, (2) how men construct their experience of mental illness and if they draw upon similar constructions as found within representations of mental health in public discourse, and (3) whether mental health representation continues to draw upon traditional gender roles in its discursive construction. The extent to which these have been answered are discussed below.

8.1.1 Public discourse

The first research question was addressed in the stage 1 corpus analysis of British newspaper articles on the topic of mental health. Stage 1 ultimately identified through a small to mid-size corpus that by taking the search term ‘mental* health’ to my data set, I was able to derive both its most frequent collocates and the thematic context in which these collocates appear. To reiterate, the corpus developed in stage 1 was not taken from a traditional corpus approach and I instead took a Corpus-Aided Approach. This was in response, in part, to researchers like Rose & McKinley, who argue that a ‘major problem in quantitative data collection is a low response rate’ (2017: 6).

The low response rate of quantitative data can be seen in my own results as discussed in Chapters 3, 4 and 5 where ‘mental health’ as a search term did not always return large amounts of results. This was especially the case in the earlier data collection stages of stage 1 where ‘mental’ and ‘health’ as separate search terms did not always uncover newspaper stories that looked at the context of ‘mental health’ (see Section 3.2.1 for more information). Similarly, mental health was not as frequently referenced in the BNC2014 (Section 4.1.1) and results from LexisNexis demonstrated that mental health news stories in both Tabloids and Broadsheets were not as frequent as originally expected. As such, a traditional CL approach would not have been appropriate due to a smaller than expected data set and a Corpus-Aided Approach allowed the data to be explored using both CL and Critical Discourse methods of analysis.

One finding in particular that became apparent throughout this stage was the collocation of ‘mental*’ with other contexts such as health in general and even links to mental wellbeing and how people can keep their minds healthy. It was therefore necessary to distinguish the difference between their use within the data in Chapter 5 as the seemingly fluid use between ‘mental health’ and ‘mental wellbeing’ highlighted that they could have been alternating terms to infer the same thing. However, this was not the case and it was identified that ‘mental health’ referred to more symptomatic and diagnostic elements of mental illness, linking back to what was highlighted in the introductory chapter to this thesis, and ‘mental wellbeing’ more to activities and approaches that can be undertaken to keep a healthy mind.

In relation to the workplace context, this thesis identified that the workplace is an environment which could aid in mental health support by helping to manage the balance

between work, life and sickness (see Sections 2.4 and 7.1). However the findings also demonstrate that this is not always fairly implemented at the individual level and it can be seen in Chapter 6 that perceptions around mental health in the workplace come from a more company-benefit perspective rather than something that is implemented directly by the workplaces themselves (see Section 5.2.1). This is shown in examples such as ‘driving an initiative to improve the mental wellbeing of the bank’s staff’ and ‘The majority of employers don’t think mental health is a good enough reason to be off work’. In these examples it is suggested support in the workplace is more to do with how the company/place of work can keep up appearances via reduced sick-leave rather than offering ways to help their employees overcome their problems with mental health.

While the thesis also planned to explore what was omitted from discourse within the corpus data, this was not fully represented within the data and initial considerations and standpoints around gender meant that the thesis explored men’s mental health as a potential intersecting theme where data is omitted or indirect as is suggested by the literature. However, this omission was evident in the initial search terms as discussed in Chapter 3 when collecting the data. This does highlight that there is a contextual gap in how direct, or more appropriately indirect, public discourses discuss men’s mental health as the corpus analysis identified that this omission was not always the case at the text level (see Section 5.3).

Nevertheless, the data did demonstrate that the omission of a topic did not mean it was not present. This is especially the case for collocates to mental health within the workplace context where mental health or illness is not directly mentioned at the text-level but is contextually related to mental health (see Section 5.2.1). While not being answered in the way set out in the opening chapters of this thesis, meaning can be derived from what is not present but implied at the text level, although this element would have benefitted from a larger data set to explore further.

8.1.2 Men’s constructions of mental illness

In research question 2, I set out to examine how men construct their experiences with mental health at the text-level with particular focus on how men draw from public discourses to represent their experiences and how they frame themselves within that experience through the

consideration of agency. The stage 2 findings not only demonstrated that similar constructions appeared in spoken utterances of mental health, men position themselves differently to what was expected within their own experiences of mental health.

Expected findings from the interview analysis as discussed in Chapters 6 and 7 demonstrated that men attempt to remove themselves from the text-level constructions of their experience with mental health, in particular when discussing support streams and their experience with dealing with their own mental health issues while at work. This can be seen mostly through a social actor analysis where discussions around mental health tended to move to a more mental process, such as in the example of phrases constructed with ‘I don’t think’ where there is an attempt to downplay their experience.

Furthermore, as expected, men drew upon similar linguistic constructions as found within the corpus analysis, which can be seen through discussions around workplace support and reactions to their mental illness (see Chapter 6). However, what must be reiterated here in reference to the workplace is that all references to the workplace were said as quotes from speech outside of the immediate context of the interview. As such it is difficult to determine who has linguistic ownership over these statements and I cannot wholly say that in this particular case that the men themselves were drawing on these constructions or if these are related to the workplaces drawing on these constructions. Furthermore, as these constructions and references come from individual interviews, many of these are individual perceptions of their immediate experiences and there does exist a potential bias on the part of the speaker that I must take into consideration. Nevertheless, as discussed in Chapter 7, this seems to suggest that there is a social trend of drawing upon public understandings of mental health discourse from the perspective of workplaces and employment. This can be seen in metaphorical representations of mental health, such as from the target domains of MENTAL HEALTH AS BLACKNESS/DARKNESS (Section 6.2.1) and MENTAL ILLNESS AS A LIVING ORGANISM (Section 6.2.5).

Another expected finding is that gender was highly referenced in the transcriptions. As discussed in Chapter 3, it was not always easy to deduce gender via search terms while collecting the corpus data, where search terms ‘mental’ and ‘health’ or ‘illness’/‘wellbeing’ and/or ‘men’ brought references to opinion pieces and public letters to the newspapers rather than news stories written by the newspapers and were not therefore relevant to the research. It was, however, identified that gender was statistically key in the Chapter 4 reference corpus,

where references to ‘his’ were more statistically key with a score of 2295.726 in comparison to the direct gendered unit ‘woman’ with a score of 1711.074. In the case of the transcriptions, it was identified that gender was directly referenced via nouns and pronouns as can be found in Section 6.1.2.4. However, surprisingly, in contrast to the men interviewed attempting to remove themselves and remove their own gender from the framing of their experiences, a short corpus analysis found that men were in fact frequently mentioned through the use of pronouns such as ‘his’ and ‘him’ (see Section 6.1.2).

Although some findings in stage 2 were expected due to stage 1 being a guide for the development of stage 2, such as discussions around mental health in the workplace, one element that was completely unexpected was when discussions turned towards what the interviewees wanted to see happen in the future to help other men in their situation (Sections 6.1.2 and 7.2). I have discussed this in detail in Chapter 7 but to summarise, the discussions around men’s mental health became a lot more positive and hopeful in reference to what should be or could be done to bring in support specifically for men. In one instance particularly, a mention of the current younger generations and their approach to kindness and supporting others informed the discussion and offered a different perspective to how older generations view mental health discourses today.

This was also the case in the identification of new conceptual metaphor target domains for mental health, where the target domains of MENTAL HEALTH AS ENTERTAINMENT and MENTAL HEALTH AS COMPETITION were identified through a conceptual metaphor analysis (see Section 6.2 and Section 7.2) of the interview data. What this specifically demonstrated was that while established metaphors of mental health as identified by Coll-Florit & Climent (2023) still draw upon negative connotations, there does exist a humorous and potentially positively valanced tendency in the creation of new conceptual metaphors, such as ENTERTAINMENT. However, as discussed in Section 6.2.5, caution must be taken in the examples found in the ENTERTAINMENT target domain as they could also carry a more negatively valanced target domain of COMPETITION if considered from a more ironic perspective, perhaps indicating self-deprecating humour.

As discussed in the introductory chapter, this research has not been carried out from a medical background. However, this thesis does examine and explore how a linguistic approach can be applied to medical themes, closing the gap between medical or scientific research areas to the more social areas of qualitative and quantitative research methods. The results found in

this thesis have come from a linguistic approach to medical topics to demonstrate how medicine could benefit from a more humanistic approach to their patients in order to understand the distinct causes of mental illness symptoms and feelings of anxiety and depression. This thesis has implemented a Corpus-Aided approach to mental health language, arguing that the traditional approach of pure corpus methods is not always appropriate (see, e.g., Baker, 2008). This has been done throughout this thesis by using methods derived from Corpus Linguistics to assist the development of a larger critical approach to mental health discourse (see Heritage & Taylor, 2024). This has allowed the thesis to address the underrepresentation of men in the data through the corpus stage while also highlighting areas where men feel they could be stigmatised or shamed for having a mental illness as demonstrated through the transcriptions.

8.2 Contributions to Linguistics and Medicine

This project makes an original contribution to linguistic and medical, specifically mental health, research through applying a mixed-methods and two-stage methodologies and analyses to mental health language.

The research is original in that the first stage corpus findings were used to aid in the development of the research aims and design of a second stage incorporating individual interviews in men. Considering the Agenda-Setting Theory (McCoombs & Shaw, 1972), this two-stage methodological and analytical approach was done to firstly identify specific themes related to mental health within British news stories, building on a small existing number of research into the British context of mental health. These themes identified at stage 1 were then used to design the approach to stage 2 to examine if these themes were then consciously or subconsciously identified through text-level constructions of individual experiences.

The approaches to linguistic methodologies were also original in that the thesis contributes to the linguistic field of Corpus linguistics by taking into account a Corpus-Aided approach, in particular the established area of CADS through the development of an original corpus data set collected only for this thesis development.

Secondly, this thesis contributes to the CDS and mental health discourse areas of research by applying existing methods of analysis to a new topic through the triangulation of new genres. This allowed the thesis to examine how social practices and norms, which in this case was

gender and mental health, can be perpetuated and even influenced by the media and then drawn upon by individual men in their discussions on their mental health experiences. This project also contributes to gender discourse and workplace discourse studies by challenging current social norms and gender expectations by arguing that current binary approaches to gendered workplace and social practices further contribute to the stigmatisation of men who experience mental illness, potentially informing how workplaces approach both gender and mental health.

8.2.1 Contributions to the language of Medicine and Mental Health

I identified in Chapter 2 that studies related to language and mental health currently form and contribute to a substantial area of research. Nevertheless, the focus tends to be more clinical in its approach (Mancini & Rogers, 2007) rather than considering a more social aspect as has been argued in the academic literature and in the Chapter 3 Methodology (see for example McKenzie et al., 2022; Collins & Baker (2024)). Concerns within studies related to mental health have mainly been aimed at addressing stigmatised language as a cause of reduced treatment attendance (Abdullah & Brown, 2011; Stuart 2005) rather than addressing stigma as a social factor. Furthermore, studies in the language of mental health in the clinical sense tend to focus more on the direct references to emotions or particular mental illnesses, such as anxiety, but do not consider the relevance of how these are described (e.g. Hui & Stickley, 2007) and leave potentially important language constructions unresearched.

Nevertheless, it must be mentioned here that an area of research looking at the stigmatisation of mental health and medical discourses along with their linguistic impacts on representations and individually constructed discourses is currently developing. Works produced by linguists, medical professionals and those whose research lies within the medical/scientific spheres are being produced and are beginning to address the gap as mentioned above. This is especially the case with Price (2022), Foulkes (2021) from a more mental health perspective and research done in collaboration with linguists and medically affiliated researchers undertaken by, for example, Bullo & Hearn (2021; 2022). However, while this area of research is still developing, the question of gaps in the academic literature continue to be addressed, in particular when exploring the impact of a multi-modal and mixed methodological analysis of the impact of such gaps. This is where my research offers an original contribution: a mixed methods approach to discourse and mental health, taking into account a qualitative approach to traditionally quantitative methods of linguistic analysis on an

area of research that is early in its development. The qualitative approach to traditionally quantitative methods can be seen in stage 1 where it was identified through a corpus analysis that mental health discourses were mostly negative in nature (see Chapter 5 for more information) and that representations of men's mental health was significantly more negative in its coverage (i.e. more references to criminal activity).

While I recognise that there is a body of research in mental health from a medical and from a linguistic standpoint, this thesis took the position that these areas continue to be under-researched from the perspective of gender, in particular men's mental health. I argued in the Introduction that it is this underrepresentation of men within mental health research that contributes to the stigma and underreporting of mental health rates amongst men, especially men of working-age, and that traditional approaches to gender further perpetuates the approach that men do not talk about their mental health. What this thesis has done is identify areas where gaps exist (Hunt & Churchill, 2012; McKenzie et al., 2022) and to highlight areas where both linguists and medical researchers would benefit from exploring further (see, e.g. Price, 2022; Foulkes, 2021, Sharp et al, 2022).

As a final point to discuss here, there has been a recent push in more clinical areas of research to involve experts-by-experience in the adaptation of new techniques and approaches to the way we discuss mental health (e.g. Happell et al, 2022). As the project ultimately aims to inform workplaces on their approaches to mental health, with the development of more research into mental health discourses and the impact of language on the experiences of individuals in healthcare (e.g. O'Sullivan, 2015; Harvey & Koteyko, 2013) my project also contributes to this newer area of research, providing those in healthcare and those who are experts through their own experiences with the linguistic means to communicate effectively between other healthcare professionals and members of the public.

This is done through the contribution to medical discourse and metaphorical language to describe individual experiences with mental illness, highlighting an overlap with medical discourses from different types of medical conditions (see Semino et al., 2016 for metaphor and cancer; see Bullo, 2020, for metaphor and endometriosis). Furthermore, through the quantification of language via CL and Corpus-Aided approaches to mental health language, those who come from medical and healthcare professions would be able to identify features and frequencies of mental health language use within public domains, allowing for a more

holistic understanding between medicine and patients of what it means to be mentally unwell, as argued by Bergqvist (2023).

8.2.2 Contributions to Applied Linguistics

This project has argued that the topic of men's mental health continues to be stigmatised in public discourses, impacting how men themselves view and construct their own experiences with mental illness. This thesis has focused on how expected social behaviour and norms inform the way society views mental health through their discursive reproductions and has applied a variety of linguistic tools to explore how this stigma has been perpetuated through the media and ultimately reproduced by men in their linguistic construction of mental health experiences. Buckton et al. (2018) argue that 'the media could potentially play a powerful role in forming public perceptions' and that it 'has power in putting health issues on the public agenda and determining how those issues are framed' (2018: 2). In collecting and analysing data from public perceptions and personal experiences of mental illness, the project provides an overview of how perceptions of mental health can inform the way experiences are constructed from a linguistic perspective.

In stage 1, the data was not collected with gender in mind (see Chapter 3 for an explanation of why) but gender in relation to mental health became apparent through the Corpus-Aided Analysis. One element that was particularly interesting in the relation between mental health and gender within stage 1 was how different mental illnesses were framed. This was made very apparent with what type of mental illness was discussed in reference to gender, with eating disorders and anxiety being discussed more in reference to girls or women and depression and suicide or violent reactions being attributed more towards men (see Sections 4.1 and 5.3.1).

Stage 2 was framed with gender in mind but what the data did show was how much gender expectations influenced the way men themselves discussed their experiences with mental illness. One expected occurrence in this stage was the reluctance I found during the interviews themselves despite the interviewees coming forward to take part willingly in the study. In particular, there was a reluctance to discuss the worst of their experiences and a lot of hedging through the use of metaphors did occur to avoid fully expressing the impact of this part of their experience. The interviewees themselves were, however, open in understanding

their own reluctance and knew it was an issue on the part of how they would be perceived by others should they explain how much their mental illness had impacted them on a personal level.

Although studies related to medicine and mental health from a discourse analysis perspective do currently exist (Harvey & Koteyko, 2013; Atanasova et al., 2019), few, if any, of them considered the impact of gender as social practice, especially in relation to men. This project addressed this gap by not only exploring general representations of mental illness in the media, but by also investigating whether/how these representations changed once the focus shifted to men's mental health. From the starting point of assuming the workplace to be a highly gendered social context as a result of the stage 1 findings, interviews were carried out with working-age men to uncover how gender expectations and public perception of mental illness linguistically influence the way men approach their own experiences (Chapter 6).

The implications of gendered mental health representations within public discourses via the media can be seen in the stage 2 interviews where the transitivity meta-function analysis of mental processes demonstrated that men felt that they would be perceived a certain way as a result of their mental illness. This is especially evident in the individuals' responses to their experiences with mental illness and in all transcriptions there were instances where the speaker expressed a concern over their feelings of self and a reference to the more traditional, and out-dated, notion that men are not emotional (see Chapter 6 and Section 7.2; Sharp et al., 2022; Campbell et al., 2021).

8.3 Limitations and Scope for Future Research

While I have discussed the strengths of my thesis above, there were limitations that were identified throughout the development of both stages. I first discuss the limitations to the stage 1 corpus development and where future research would benefit from a larger data set before discussing the limitations brought about by the stage 2 interviews.

One limitation that has been discussed at length throughout this thesis is the overwhelming impact that the emergence of Covid-19 and lockdowns had on the development of my mixed approach to mental health. Although not directly a limitation of my work, the impact of changing the scope and methodology of this thesis part-way through due to lockdown

restrictions on interviewing meant that what was originally meant to be an introductory stage to mental health discourse and representation in the media ended up forming a substantial amount of my work. This was impacted further by a lack of formal teaching or training in Corpus Linguistics prior to starting this thesis and I had to learn a substantial amount of work and methods.

I argue, however, that while this is a limitation, this has also resulted in my approach to Corpus Linguistics becoming original by design through the corpus development. This is due to the approach to corpora coming from a CDA perspective, with the Corpus-Aided approach allowing room for my corpus development to progress naturally during the data collection and analysis stages. As a result, the corpus data set is smaller than what would traditionally be considered within Corpus Linguistics, however stage 1 demonstrates that significant findings can still be derived from smaller data sets using a Corpus-Aided approach to linguistic trends. This approach is further supported with findings from the specialised comparative corpus analysis with the BNC2014, which highlighted that previous expectations around men and mental health are not always reflected when analysing linguistic features at the text level (see Chapter 4 and Appendix 2)

Furthermore, the corpus element had grown substantially as a result of the pandemic and future approaches to the data set or the methods would most certainly benefit from a more traditional corpus approach to mental health discourse, utilising more features such as N-grams, and the creation of a larger corpus, allowing me to look at more examples of linguistic features. While this does not counter the effort and legitimacy made by my claims that smaller corpora can still derive useful findings, as this has been demonstrated in Chapters 4 and 5, I do also recognise that the data would have benefited from a full-scale CL study, using a much larger and representative sample. A thematic consideration of mental health would most certainly benefit from a larger sample if taken from a gendered perspective to explore, in particular, whether direct references to men are made or found within search terms applied to a larger data collection parameter.

One thematic area identified within this thesis that could benefit from a full-scale research project is the relationship between criminality and mental health. While the analysis

did demonstrate a highly gendered approach to how mental illness is framed alongside criminal activity and police involvement as found in Chapter 5, Section 5.3., future study done in a similar way where a corpus analysis of media reproductions of mental health as framed through criminality would be able to further explore these links between gender and criminality as a way of understanding how these links influence the way the public understands mental illness in men (i.e. violence caused by mentally unwell men, etc). While this research argues against the use of the term toxic masculinity in keeping with the literature provided by Heritage (2023), research examining how this perpetuating idea of masculinity in society could explore the prevalence of stigmatised imagery of mental health in men in more depth, exploring the impact of claims made within society and within the literature (Section 2.2) that men are not emotional or do not suffer from mental illness. A consideration would need to be made on what constitutes toxic masculinity in discourse (see Heritage, 2023) before exploring how mental health discourses amongst men draw upon similar frameworks and imagery.

Another area future scholars may wish to further develop in reference to men's mental health is the link between gender and eating disorders. Traditional approaches to eating disorders consider these as a more feminine manifestation of mental illness where they tend to be more prevalent in girls and women (Hunt & Harvey, 2015). Although eating disorders have been identified in academic literature as not being inherently male or female (Gremillion, 2003; DSM-5, 2013), a body of research is being developed by lived experience experts such as James Downs that could shed light on the linguistic and gendered constructions made when discussing the mental health element of eating disorders.

Another limitation coming from stage 2, where the impact of Covid-19 was most significant, was that of the interviews and most importantly, the total number of interviews that were undertaken for the analysis of individual men's experiences with mental illness. While I can assume here that this demonstrates a social reluctance to discuss their experiences with others, it did mean that I reached saturation on some elements of the analysis early during the transcriptions but the amount of interviews conducted overall did not allow much room to explore other elements in more detail and I am not able to generalise based on the stage 2 findings.

Due to the limited number of interviews, the sample was not representative of certain demographics, with ethnicity being one demographic that was overwhelmingly skewed to one particular ethnicity: White. While this research was more concerned with men overall, a more

representative sample of men's mental health experiences would further explore how men, especially those of an ethnic minority, encounter social injustices in their acceptance and seeking of support within their mental health diagnosis and treatment journey. Some research exists where similar considerations of mental health and ethnicity are made such as in Alharbi et al. (2019) where they do highlight the barriers from a researcher's point of view of being able to approach certain communities about mental health. Therefore we can consider this as an area that will need a lot of ethical and social considerations before such a study can begin.

Linking back to the limitation of the lack of interviews conducted for stage 2, a future study of male experiences of mental illness would benefit from a larger scale study with more interviews and perhaps focus groups being conducted over a longer period of time to examine how public perceptions influence the framing of mental health at the text level construction in individual experiences. Further to this, the thesis was developed before and during the Covid-19 pandemic, and a future approach to a mixed methods application of corpus and CDS frameworks could explore the post-Covid context of mental health in men. It would certainly be interesting to see if similar research in the post-Covid context identifies whether men continue to draw upon similar constructions of their own experiences with mental illness. It would be particularly important to consider this through a more gendered lens to explore if stigma is still prevalent within the discourse around men's mental health or if there exists a shift within the language used by men themselves.

I must mention here that more recent research has been done that looks at the prevalence of stigma in men's mental health such as Hanley & Williams (2020), who look at mental health impacts of perinatal mental illness in expectant fathers and in McKenzie et al. (2022), who state that 'men may be more vulnerable to stigmatized attitudes and beliefs toward mental illness' (2022: 2). This could be attributed to more social expectations of gender and perhaps a underrepresentation of the impact of certain life events on men within mental health research. However, the area of mental health discourse continues to be focused more on medical approaches of rates of diagnosis and symptomatic manifestations of mental health rather than the more social and linguistic impacts that mental health representation has at an individual level (see Section 2.3, e.g. Kindermann, 2019; Idrees et al., 2021). It is my belief that the medical community would benefit from interactions with linguists to identify social injustices within medicine that could be a barrier to men seeking help. A mixed methods approach to this would allow more statistical analysis that would be beneficial for doctors and scientists but

also introduce a more qualitative understanding of what patients themselves would like to happen to inform their own care.

Although I am aware that research into men's individual experience of mental illness would have benefitted from the inclusion of more data via more interviews, I do understand that this is a topic that could cause distress and not many people would like to volunteer their time for something of such a nature. Also, similar to the impact of the change of approach to the mixed-methods, the Covid-19 pandemic did interfere with how the interviews were to be carried out and I am of the opinion that the move to online, while it has its purposes, did make people more apprehensive to the sharing of their information. Similar concerns and challenges to moving to online interviews are expressed by O'Connor & Madge (2017), suggesting that online interviewing present their own challenges to research in comparison to face-to-face. Outside the context of Covid-19, a similar approach to mental health interviews in the future could consider in-person interviews to include that more humanistic approach rather than discussing such topics over a screen, perhaps therefore bringing a more comforting environment for the participants.

A final point to make here is that although this thesis has successfully demonstrated a mixed methods approach to language and that one stage can be developed with the purpose to inform the development and understanding of another, both of the stages used in this research could also have been conducted as separate elements. By considering them as separate elements, a future approach to either public perceptions of mental health or individual experiences of mental illness could apply what I have discussed within this chapter, especially within this section. To reiterate, in both cases this could be to use larger data sets to examine more representative findings both across the media as a whole or the demographics of the population within the UK.

8.4 Concluding comments

To summarise, this thesis has presented a case for the further exploration and consideration of men's mental health representation within public discourses to address whether/how men with mental illness continue to feel stigmatised and disconnected from their experiences, ultimately leading to reduced uptake of support and misunderstandings of what being mentally unwell

from a male perspective means. I have found in this research that while there is evidence of mental health in men being discussed within the public domain, it is not always explicit, which was the case when establishing my search parameters for the corpus development. As such, I also found that when representations of men were appearing in the corpus, these representations could be considered problematic due to drawing upon more negative images and stories such as criminality or even references to being perceived as less masculine. The effect of these representations was found within the interviews where it was repeatedly expressed across multiple transcriptions that men did not want to frame themselves solely within the context of their mental illness. On more than one occasion this was expressed by way of avoidance techniques, both linguistically through utterances and directly where they did not state they had any problems with their mental health at all to others.

Finally, while more representation of men's mental health continues to grow, we in society should not ignore the impact that gender expectations have on men with mental illnesses. I have attempted in this thesis to begin a conversation around men's mental health with men themselves to hopefully develop a slowly growing area of research outside of the medical environment and to ultimately bring a collective understanding that mental illness can impact anyone of any gender. While statistics can provide a number to quote, there is still that clinical element to men's mental health that we need to address and by bringing in a more human approach, by allowing men with similar experiences to talk, we can perhaps provide the means for someone to seek the support that they need.

References

- Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review, 31*(6), 934-948. <https://doi.org/10.1016/j.cpr.2011.05.003>
- Adler, S. R. (1991). Sudden Unexpected Nocturnal Death Syndrome among Hmong Immigrants: Examining the Role of the “Nightmare.” *The Journal of American Folklore, 104*(411), 54–71. <https://doi.org/10.2307/541133>
- Adolphs, S., Brown, B., Carter, R., Crawford, P., & Sahota, O. (2004). Applying corpus linguistics in a healthcare context. *Journal of Applied Linguistics, 1*(1), 9-28. <https://doi.org/10.1558/japl.v1i1.9>
- Ahearn, L. M. (2001). LANGUAGE AND AGENCY. *Annual review of anthropology, 30*(1), 109-137. <https://doi.org/10.1146/annurev.anthro.30.1.109>
- Alharbi, R., Alsuhaibani, K., Almarshad, A., & Alyahya, A. (2019). Depression and anxiety among high school student at Qassim Region. *Journal of family medicine and primary care, 8*(2), 504–510. https://doi.org/10.4103/jfmpc.jfmpc_383_18
- Allen, D., & Hardin, P. K. (2001). Discourse analysis and the epidemiology of meaning. *Nursing philosophy, 2*(2), 163-176. <https://doi.org/10.1046/j.1466-769X.2001.00049.x>
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5 ed.).
- Anthony, L. (2024). AntConc (Version 4.3.1) [Computer Software]. Tokyo, Japan: Waseda University. Available from <https://www.laurenceanthony.net/software>
- Archer, D. (2016). *What's in a word-list?: Investigating word frequency and keyword extraction*. Taylor & Francis
- Archer, D., Smithson, R., and Kennedy, I. (2018). Achieving influence through negotiation: An argument for developing pragmatic awareness. In *Legal Pragmatics*, ed. by Dennis Kurzon, and Barbara Kryk-Kastovsky, (pp. 181-202). John Benjamins.

- Atanasova, D., Kotevko, N., Brown, B., & Crawford, P. (2017). Representations of mental health and arts participation in the national and local British press, 2007–2015. *Health*, 23(1), 3-20. <https://doi.org/10.1177/1363459317708823>
- Babapour Chafi, M., Hultberg, A., & Bozic Yams, N. (2022). Post-Pandemic Office Work: Perceived Challenges and Opportunities for a Sustainable Work Environment. *Sustainability* 2022, 14(1), 294, 1-20. <https://doi.org/10.3390/su14010294>
- Baker, P. (2006). *Using corpora in discourse analysis*. Continuum.
- Baker, P. (2023). *Using corpora in discourse analysis* (2nd Ed.). Bloomsbury.
- Baker, P., & Ellece, S. (2011). *Key Terms in Discourse Analysis*. Continuum.
- Baker, P., & Levon, E. (2015). Picking the right cherries? A comparison of corpus-based and qualitative analyses of news articles about masculinity. *Discourse & Communication*, 9(2), 221-236. <https://doi.org/10.1177/1750481314568542>
- Balfour, J. (2019). 'The mythological marauding violent schizophrenic': Using the word sketch tool to examine representations of schizophrenic people as violent in the British press. *Journal of Corpora and Discourse Studies*. <https://doi.org/10.18573/jcads.10>
- Balfour, J. (2023). *Representing Schizophrenia in the Media: A Corpus-Based Approach to UK Press Coverage*. Routledge.
- Bartley, L. V. (2018). Putting transitivity to the test: a review of the Sydney and Cardiff models. *Functional Linguistics*, 5(4), 1-21. <https://doi.org/10.1186/s40554-018-0056-x>
- Bates, C. F. (2021). Mitigation in discourse: Social, cognitive and affective motivations when exchanging advice. *Journal of Pragmatics*, 173, 119-133.
- Baxter, J. (2003). *Positioning gender in discourse: a feminist methodology*. Macmillan.
- Bednarek, M. (2009). Language patterns and ATTITUDE. *Functions of Language*, 16, 165-192.

- Bednarek, M., Schweinberger, M. & Lee, K. (2024). Corpus-based discourse analysis: from meta-reflection to accountability. *Corpus Linguistics and Linguistic Theory*, 20(3), 539-566. <https://doi.org/10.1515/cllt-2023-0104>
- Bergqvist, A. (2023). *Lived Experience and Co-production in Philosophy of Psychiatry, Clinical Practice and Mental Health Research*. Cambridge University Press.
- Berman, J. (2019). *Mad muse: The mental illness memoir in a writer's life and work* (First edition ed.). Emerald Publishing.
<https://www.emerald.com/insight/publication/doi/10.1108/9781789738070>
- Bertolote J. (2008). The roots of the concept of mental health. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 7(2), 113–116.
<https://doi.org/10.1002/j.2051-5545.2008.tb00172.x>
- Beynon, J. (2001). *Masculinities And Culture*. McGraw-Hill Education (UK).
- Boden, D. (1994). *The business of talk: Organizations in action*. Polity Press.
- Boer, K. (2010). Pure Reason's Enlightenment: Transcendental Reflection in Kant's first Critique. *Kant Yearbook*, 2(1), 53-74.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brookes, G. and Baker, P. (2021) *Obesity in the News: Language and Representation in the Press*. Cambridge University Press.
- Brown, G., & Yule, G. (1983). *Discourse Analysis*. Cambridge University Press.
- Buckton, C. H., Patterson, C., Hyseni, L., Katikireddi, S. V., Lloyd-Williams, F., Elliott-Green, A., Capewell, S., & Hilton, S. (2018). The palatability of sugar-sweetened beverage taxation: A content analysis of newspaper coverage of the UK sugar debate. *PLOS ONE*, 13(12), e0207576. <https://doi.org/10.1371/journal.pone.0207576>
- Bullo, S. (2014). *Evaluation in advertising reception: socio-cognitive and linguistic perspective*. Palgrave Macmillan.

- Bullo, S. (2018). Exploring disempowerment in women's accounts of endometriosis experiences. *Discourse & Communication*, 12(6), 569-586.
<https://doi.org/10.1177/1750481318771430>
- Bullo, S. (2020). "I feel like I'm being stabbed by a thousand tiny men": The challenges of communicating endometriosis pain. *Health (London, England : 1997)*, 24(5), 476–492. <https://doi.org/10.1177/1363459318817943>
- Burr, V. (1995). *An introduction to social constructionism*. Taylor & Frances/Routledge.
<https://doi.org/10.4324/9780203299968>
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. Routledge.
- Butler, J. (1997). *Excitable speech: a politics of the performative*. Routledge.
- Butler, J. (2004). *Undoing Gender*. Routledge.
- Butler, J. (2011). *Bodies that matter: On the discursive limits of sex*. Routledge.
- Calhoun, A. J., & Gold, J. A. (2020). "I Feel Like I Know Them": the Positive Effect of Celebrity Self-disclosure of Mental Illness. *Academic Psychiatry*, 44(2), 237-241.
<https://doi.org/10.1007/s40596-020-01200-5>
- CALM. (No Date). <https://www.thecalmzone.net/>
- Cameron, D. (1997). *On Language and Sexual Politics*. Routledge.
- Cameron, L., & Deignan, A. (2003). Combining Large and Small Corpora to Investigate Tuning Devices Around Metaphor in Spoken Discourse. *Metaphor and Symbol*, 18(3), 149–160. https://doi.org/10.1207/S15327868MS1803_02
- Campbell, O. L. K., Bann, D., & Patalay, P. (2021). The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries. *SSM - population health*, 13, 100742.
<https://doi.org/10.1016/j.ssmph.2021.100742>
- Christie, C. 2000. *Gender and Language: Towards a Feminist Pragmatics*. Edinburgh: Edinburgh University Press. <https://doi.org/10.1515/9780585468013>

- Coimbra-Gomes, E. & Motschenbacher, H. (2019). "Language, normativity and sexual orientation obsessive-compulsive disorder (SO-OCD): A corpus-assisted discourse analysis." *Language in Society*, 48(4), 565–584.
<https://doi.org/10.1017/S0047404519000423>
- Coll-Florit, M., & Climent, S. (2022). Enemies or obstacles?: Metaphors of war and journey in mental health discourse. *Metaphor and the Social World* 2022, 12(2), 181-203.
- Coll-Florit, M., & Climent, S. (2023). Metaphor repositories: the case of the mental health metaphor dictionary, *Digital Scholarship in the Humanities*, 38(4), 1440–1452, <https://doi.org/10.1093/llc/fqad058>
- Collins, L. and Baker, P. (2023) *Language, Discourse and Anxiety*. Cambridge University Press.
- Collins, L., & Baker, P. (2024). A computer-assisted analysis of image representations of obesity: Comparing UK news content with the World Obesity Federation image bank. *Visual Communication*. Advance online publication.
<https://doi.org/10.1177/14703572231209481>
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic Masculinity: Rethinking the Concept. *Gender & society*, 19(6), 829-859.
<https://doi.org/10.1177/0891243205278639>
- Corrigan, P. (2004). How Stigma Interferes With Mental Health Care. *American Psychologist*, 59(7), 614-625. <https://doi.org/10.1037/0003-066X.59.7.614>
- Corrigan, P. W., & Watson, A. C. (2002). The impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16-20.
- Corrigan, P. W., Markowitz, F. E., & Watson, A. C. (2004). Structural levels of mental illness stigma and discrimination. *Schizophrenia bulletin*, 30(3), 481-491.
<https://doi.org/10.1093/oxfordjournals.schbul.a007096>
- Couldry, N. (2012). *Media, society, world: Social theory and digital media practice*. Polity Press

- Cox, A.M. (2015). Sleep paralysis and folklore. *Journal of the Royal Society of Medicine Open*, 6(7), 1-4. <https://doi.org/10.1177/2054270415598091>
- Darics, E., & Koller, V. (2019). Social Actors “to Go”: An Analytical Toolkit to Explore Agency in Business Discourse and Communication. *Business and Professional Communication Quarterly*, 82(2), 214-238. <https://doi.org/10.1177/2329490619828367>
- Davies, J. (2013). *Cracked: why psychiatry is doing more harm than good*. Icon Books.
- Davies, J. (2022). *Sedated: How modern capitalism created our mental health crisis*. Atlantic Books Ltd.
- Demjen, Z., Marszalek, A., Semino, E., & Varese, F. (2020). ‘One gives bad compliments about me, and the other one is telling me to do things’ – (Im)politeness and power in reported interactions between voice-hearers and their voices. In. <https://doi.org/10.5040/9781350057685.0008>
- Demjén, Z., Semino, E. (2021). Stylistics: Mind Style in an Autobiographical Account of Schizophrenia. In Brookes, G., Hunt, D. (eds) *Analysing Health Communication*. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-68184-5_13
- Demjen, Z., Semino, E., and Koller, V. (2016). Metaphors for ‘good’ and ‘bad’ deaths: A health professional view. *Metaphor and the Social World*, 6(1) pp. 1–19.
- Demmen, J; Semino, E; Demjén, Z; Koller, V; Hardie, A; Rayson, P; Payne, S; (2015) A computer-assisted study of the use of Violence metaphors for cancer and end of life by patients, family carers and health professionals. *International Journal of Corpus Linguistics*, 20 (2) pp. 205-231.
- Dörnyei, Z. n. (2007). *Research methods in applied linguistics : quantitative, qualitative, and mixed methodologies*. Oxford University Press.
- Dusenberry, M. *Doing harm: The truth about how bad medicine and lazy science leave women dismissed, misdiagnosed, and sick*. Harper One.

- Eckert, P., & McConnell-Ginet, S. (1992). Think Practically and Look Locally: Language and Gender as Community-Based Practice. *Annual review of anthropology*, 21(1), 461-488. <https://doi.org/10.1146/annurev.an.21.100192.002333>
- Emirbayer, M., & Mische, A. (1998). What Is Agency? *American Journal of Sociology*, 103(4), 962–1023. <https://doi.org/10.1086/231294>
- Fairclough, N. (1993). Critical discourse analysis and the marketisation of public discourse: The universities. *Discourse & Society*, 4(2): 133–168.
- Fairclough, N. (2003). *Analysing discourse: textual analysis for social research*. Routledge.
- Fairclough, N. (2010). *Critical discourse analysis: The critical study of language*. Routledge.
- Felton, A., & Lambert, M. (2020). Student mental health in the healthcare professions: exploring the benefits of peer support through the Bridge Network. *The Journal of Mental Health Training, Education and Practice*, 15(2), 84-94. <https://doi.org/https://doi.org/10.1108/JMHTEP-03-2019-0015>
- Fershtman, C., Gneezy, U., & Hoffman, M. (2011). Taboos and Identity: Considering the Unthinkable. *American economic journal. Microeconomics*, 3(2), 139-164. <https://doi.org/10.1257/mic.3.2.139>
- Filer, N. (2019). *This book will change your mind about mental health*. Faber & Faber.
- Fisher, P., & Freshwater, D. (2014). Methodology and mental illness: resistance and restorying. *Journal of Psychiatric and Mental Health Nursing*, 21(3), 197-205. <https://doi.org/10.1111/jpm.12073>
- Flusberg, S. J., Matlock, T., & Thibodeau, P. H. (2018). War metaphors in public discourse. *Metaphor and Symbol*, 33(1), 1-18. <https://doi.org/10.1080/10926488.2018.1407992>
- Fontaine, L., Bartlett, T., & O'Grady, G. (Eds.). (2013). *Systemic functional linguistics : Exploring choice*. Cambridge University Press.
- Foucault, M. (1970). The archaeology of knowledge. *Social Science Information*, 9(1), 175-185. <https://doi.org/10.1177/053901847000900108>

- Foucault, M. (1972). *The Archaeology of Knowledge and the Discourse on Language* (A. M. S. Smith, Trans.). Pantheon Books.
- Foulkes, L. (2021). *Losing our minds: What mental illness really is – and what it isn't*. Bodley Head.
- Fox, J., & Gasper, R. (2020). The choice to disclose (or not) mental health ill-health in UK higher education institutions: A duoethnography by two female academics. *Journal of Organizational Ethnography*, 9(3), 295-309. <https://doi.org/10.1108/JOE-11-2019-0040>.
- Freeman, M., & Vasconcelos, E. F. S. (2010). Critical social theory: Core tenets, inherent issues. *New Directions for Evaluation*, 2010(127), 7-19. <https://doi.org/https://doi.org/10.1002/ev.335>
- Galasiński, D. (2004). *Men and the language of emotions*. Basingstoke: Palgrave.
- Galasiński, D. (2008). *Men's discourses of depression*. Basingstoke: Palgrave.
- Galasiński, D. (2013). *Fathers, fatherhood and mental illness. A discourse analysis of rejection*. Basingstoke: Palgrave.
- Galasiński, D., & Ziółkowska, J. (2022). Managing the communication channel. Discursive representations of clinical communication in forensic psychiatric reports. *Qualitative Health Communication*, 1(1), 134–150. <https://doi.org/10.7146/qhc.v1i1.130374>
- Ghanem, S. (1997). Filling in the tapestry: The second level of agenda setting. In M. McCoombs, D. Shaw, & D. Weaver (Eds.), *Communication and Democracy: Exploring the Intellectual Frontiers in Agenda-Setting Theory* (pp. 3-14). Erlbaum.
- Ghani, F., Saleem, T., Majeed, S., Batool, R., & Aslam, M. (2022). A corpus-based comparative ideational meta-functional analysis of Pakistani *English* and UK *English* newspaper editorials on COVID-19. *Cogent Arts & Humanities*, 9(1). <https://doi.org/10.1080/23311983.2022.2114619>
- Gao, J., Zheng, P., Jia, Y., Chen, H., Mao, Y., Chen, S., Wang, Y., Fu, H., & Dai, J. (2020). Mental health problems and social media exposure during COVID-19 outbreak. *PLOS ONE*, 15(4), e0231924. <https://doi.org/10.1371/journal.pone.0231924>

- Gee, J. P. (2010). *An introduction to discourse analysis: theory and method* (3rd ed.). Routledge.
- Gee, J. P. (2014). *How to do Discourse Analysis: A Toolkit* (2 ed.). Routledge.
- Gillings, M., Mautner, G., & Baker P. (2023). *Corpus-Assisted Discourse Studies*. Cambridge University Press.
- Goffman, E. (1961). *Asylums: Essays on the social situations of mental patients and other inmates*. Penguin.
- Goffman, E. (1986). *Stigma: notes on the management of spoiled identity*. Touchstone.
- Gratch, J., Mao, W., Marsella, S., & Martinovski, B. (2005). Mitigation theory: an integrated approach. *Proceedings of the Annual Meeting of the Cognitive Science Society*, 27(27), 1407-1412.
- Gremillion, H. (2003). *Feeding anorexia: Gender and power at a treatment center*. Duke University Press.
- Gunnarsson, B. (2009). *Professional Discourse*. Continuum
- Gwyn, R. (2002). *Communicating health and illness*. Sage
- Halliday, M. (1994). *An Introduction to functional grammar* (2nd ed.). London: Edward Arnold.
- Halliday, M. A. K. (1978) *Language as Social Semiotic: The Social Interpretation of Language and Meaning*. London, Edward Arnold.
- Halliday, M. A. K., & Matthiessen, C. M. I. M. (2014). *Halliday's Introduction to Functional Grammar* (4 ed.). Routledge.
- Halliday, M.A.K. (2003 [1973]) *Explorations in the Functions of Language*. London: Edward Arnold.
- Hannigan, B. (1999). Mental health care in the community: An analysis of contemporary public attitudes towards, and public representations of, mental illness. *Journal of Mental Health*, 8(5), 431-440. <https://doi.org/10.1080/09638239917148>

- Happell, B., O'Donovan, A., Sharrock, J., Warner, T., & Gordon, S. (2022). Understanding the impact of expert by experience roles in mental health education. *Nursing Education Today*, 111, 1-6. <https://doi.org/10.1016/j.nedt.2022.105324>
- Harvey, K., & Koteyko, N. (2012). *Exploring Health Communication: Language in Action*. Routledge.
- Haslam, N., & Baes, N. (2024). What should we call mental ill health? Historical shifts in the popularity of generic terms. *PLOS Mental Health* 1(1), 1-13. <https://doi.org/10.1371/journal.pmen.0000032>
- Heritage, F. (2021). *Language, Gender, and Videogames: Using Corpora to Analyse the Representation of Gender in Videogames*. Palgrave Macmillan.
- Heritage, F. (2023). *Incels and ideologies: how incels use language to represent gender and race*. Palgrave Macmillan.
- Heritage, F., & Taylor, C. (Eds.). (2024). *Analysing Representation: A Corpus and Discourse Textbook* (1st ed.). Routledge. <https://doi.org/https://doi.org/10.4324/9781003350972>.
- Hidalgo Tenorio, E. (2011). Critical Discourse Analysis: An Overview. *Nordic journal of English studies : NJES*, 10(1), 183. <https://doi.org/10.35360/njes.247>
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., . . . Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547-560. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
- Holmes, J. (2006). *Gendered talk at work: constructing gender identity through workplace discourse* (Vol. 2). Blackwell.
- Hopkins, J.; Bardoel, A. (2023). The future is hybrid: How organisations are designing and supporting sustainable hybrid work models in post-pandemic Australia. *Sustainability* 2023, 15, 3086. <https://doi.org/10.3390/su15043086>
- Horkheimer, M. (1972). *Critical theory: Selected essays* (M.J. O'Connell et al. Trans.) (1972)

<https://doi.org/10.1075/msw.6.1.01dem>

Hudson, B. A., & Okhuysen, G. A. (2014). Taboo Topics: Structural Barriers to the Study of Organizational Stigma. *Journal of Management Inquiry*, 23(3), 242-253.

<https://doi.org/10.1177/1056492613517510>

Hui, A., & Stickley, T. (2007). Mental health policy and mental health service user perspectives on involvement: a discourse analysis. *Journal of Advanced Nursing*, 59(4), 416-426. <https://doi.org/10.1111/j.1365-2648.2007.04341.x>

Hunt, D., & Churchill, R. (2012). Diagnosing and managing anorexia nervosa in UK primary care: a focus group study. *Family Practice*, 30(4), 459–465.

<https://doi.org/10.1093/fampra/cmt013>

Idrees, S., Hartley, S., & Hearn, J. H. (2021). ‘We’re all in the same boat’: An Interpretative Phenomenological Analysis study of experiences of being an ‘expert’ during patient and public involvement within Child and Adolescent Mental Health Services (CAMHS). *Health Expectations*, 24(2), 421-430.

<https://doi.org/https://doi.org/10.1111/hex.13183>

Jay, T. (2009). The Utility and Ubiquity of Taboo Words. *Perspectives on psychological science*, 4(2), 153-161. <https://doi.org/10.1111/j.1745-6924.2009.01115.x>

Jeffries, L. (2010) *Critical Stylistics: The Power of English*. Basingstoke: Palgrave Macmillan.

Johnson, J.L., Oliffe, J.L., Kelly, M.T., Galdas, P. & Ogrodniczuk, J.S. (2012). Men’s discourses of help-seeking in the context of depression. *Sociology of Health & Illness*, 34(3), 345-361. <https://doi.org/10.1111/j.1467-9566.2011.01372.x>

Karimi, N. & Ziaee, S. S., (2024). Effectiveness of Group Metacognitive Therapy on Psychological Symptoms of Muslim Women with Substance Use Disorder: Evidence from Afghanistan. *Journal of Muslim Mental Health* 17(2), 50-66. <https://doi.org/10.3998/jmmh.1964>

Karimi, N., Lukin, A., Moore, A.R., Walczak, A., & Butow, P. (2018). Advanced cancer patients’ construction of self during oncology consultations: A transitivity

- concordance analysis. *Functional Linguist*, 5(6), 1-23. <https://doi.org/10.1186/s40554-018-0057-9>
- Karimi, N., Moore, A., & Lukin, A. (2018). Cancer Care as an Integrated Practice Consultations Between an Oncologist and Patients With Advanced, Incurable Cancer. In Sellami-Baklouti, A., & Fontaine, L. (Eds.). *Perspectives from Systemic Functional Linguistics* (1st ed.). Routledge. <https://doi.org/10.4324/9781315299877>
- Katz, E., Blumler, J. G., & Gurevitch, M. (1973). Uses and gratifications research. *Public Opinion Quarterly*, 37(4), 509–523.
- Kendall, S., & Tannen, D. (1997). Gender and language in the workplace. In R. Wodak (Ed.), *Gender and discourse* (pp. 81–105). Sage Publications. <https://doi.org/10.4135/9781446250204.n5>
- Kinderman, P. (2012). *A prescription for psychiatry : why we need a whole new approach to mental health and wellbeing*. Palgrave Macmillan.
- Kinderman, P. (2014). *The new laws of psychology : why nature and nurture alone can't explain human behaviour*. Robinson.
<http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=803450>
- Kinderman, P. (2019). *A manifesto for mental health: Why we need a revolution in mental health care*. Palgrave Macmillan.
- Koller, V. (2009). Analyser une identité collective en discours: acteurs sociaux et contextes. In A. Petitclerc, & P. Schepens (Eds.), *Critical Discourse Analysis I: Les notions de contexte et d'acteurs sociaux* (pp. 69-95). Semen
- Koller, V. (2013). Constructing (non-)normative identities in written lesbian discourse: A diachronic study. *Discourse & Society*, 24(5), 572-589.
<https://doi.org/10.1177/0957926513486166>
- Koller, V. (2017). Critical discourse studies. In B. Vine (Ed.), *The Routledge Handbook of Language in the Workplace* (pp. 27-39). (Routledge Handbooks in Applied Linguistics).

- Koteyko, N. (2014). Compilation of Specialised Corpora. In N. Koteyko (Ed.), *Language and Politics in Post-Soviet Russia: A Corpus Assisted Approach* (pp. 48-64). Palgrave Macmillan UK. https://doi.org/10.1057/9781137314093_4
- Koteyko, N., & Atanasova, D. (2016). Metaphor and the representation of scientific issues: climate change in print and online media. In E. Semino & Z. Demjen (Eds.), *The Routledge Handbook of Metaphor and Language* (pp. 296-308). Routledge.
- Koteyko, N., & Hunt, D. (2016). Performing health identities on social media: An online observation of Facebook profiles. *Discourse, context & media*, 12, 59-67. <https://doi.org/10.1016/j.dcm.2015.11.003>
- Koteyko, N., Hunt, D., & Gunter, B. (2015). Expectations in the field of the Internet and health: an analysis of claims about social networking sites in clinical literature. *Sociology of Health & Illness*, 37(3), 468-484.
- Koteyko, N., Van Driel, M., Billan, S., Barros Pena, B., & Vines, J. (in press). Stigma management strategies of autistic social media users. *Autism in Adulthood*, 0(0), null.
- Kress, G. R., & Leeuwen, T. v. (2001). *Multimodal discourse: the modes and media of contemporary communication*. Arnold.
- Kurzon, D., & Kryk-Kastovsky, B. (Eds.). (2018). *Legal pragmatics*. John Benjamins
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago UP.
- Laserna, C., Seih, Y., & Pennebaker, J.W. (2014). Um . . . who like says you know: Filler word use as a function of age, gender, and personality. *Journal of Language and Social Psychology*, 33(3), 328-338. <https://doi.org/10.1177/0261927X1452>
- Lazar, M. (2005). Politicizing Gender in Discourse: Feminist Critical Discourse. In M. Lazar (Ed.), *Feminist Critical Discourse Analysis: Gender, Power and Ideology in Discourse* (pp. 1-30). Hampshire: Palgrave MacMillan. https://doi.org/10.1057/9780230599901_1
- Lazard, A. J., Bamgbade, B. A., Sontag, J. M., & Brown, C. (2016). Using Visual Metaphors in Health Messages: A Strategy to Increase Effectiveness for Mental Illness

- Communication. *Journal of Health Communication*, 21(12), 1260-1268.
<https://doi.org/10.1080/10810730.2016.1245374>
- Leonard, S. T. (1990). *Critical Theory in Political Practice*. Princeton University Press.
- Litosseliti, L. (2018). *Research methods in linguistics* (Second ed.). Bloomsbury Academic.
- Love, R., Darics, E., & Palmieri, R. (2023). Engaging the public: English local government organisations' social media communications during the COVID-19 pandemic. *Applied Corpus Linguistics*, 3(3).
<https://doi.org/10.1016/j.acorp.2023.100060>
- Love, R., Dembry, C., Hardie, A., Brezina, V., & McEnery, T. (2017). The Spoken BNC2014: designing and building a spoken corpus of everyday conversations. *International Journal of Corpus Linguistics*, 22(3), 319-344.
<https://doi.org/10.1075/ijcl.22.3.02lov>
- Lyons, J. (Ed.). (1970) *New Horizons in Linguistics*. London, Penguin Books
- Machin, D., & Mayr, A. (2012). *How to do critical discourse analysis: a multimodal introduction*. SAGE.
- Maclean, U. (1969). Community attitudes to mental illness in Edinburgh. *British Journal of Preventive & Social Medicine*, 23(1), 45-52. <https://doi.org/10.1136/jech.23.1.45>
- Magill, E., Siegel, Z., & Pike, K. M. (2020). The Mental Health of Frontline Health Care Providers During Pandemics: A Rapid Review of the Literature. *Psychiatric Services*, 71(12), 1260-1269.
- Mancini, M. A., & Rogers, R. (2007) Narratives of Recovery from Serious Psychiatric Disabilities: A Critical Discourse Analysis. *Critical Approaches to Discourse Analysis across Disciplines*, 1(2), 35-50
- Marra, M., & Dawson, S. (2021). Workplace and Institutional Discourse. In M. Haugh, D. Z. Kádár, & M. Terkourafi (Eds.), *The Cambridge Handbook of Sociopragmatics* (pp. 475–495). chapter, Cambridge: Cambridge University Press.

- Martin, P. Y. (2004). Gender As Social Institution. *Social forces*, 82(4), 1249-1273.
<https://doi.org/10.1353/sof.2004.0081>
- Martinovski, B., & Marsella, S. (2005). Theory of mind and coping in discourse. *Virtual Social Agents*, 177.
- Mayo Clinic. (n. d.). *Mental health: What's normal, what's not*.
<https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/mental-health/art-20044098>
- McCombs, M. (2004). *Setting the agenda: The mass media and public opinion*. Polity Press.
- McCombs, M. E., & Shaw, D. L. (1972). The agenda-setting function of mass media. *Public Opinion Quarterly*, 36(2), 176–187.
- McEnery, T., & Hardie, A. (2012) *Corpus Linguistics: Method, theory and practice*. Cambridge University Press
- McKenzie, S. K., Oliffe, J. L., Black, A., & Collings, S. (2022). Men’s Experiences of Mental Illness Stigma Across the Lifespan: A Scoping Review. *American Journal of Men’s Health*, 16(1), 1-16. <https://doi.org/10.1177/15579883221074789>
- Mendenhall, A. N., & Frauenholtz, S. (2013). Mental Health Literacy: Social Work's Role in Improving Public Mental Health. *Social work (New York)*, 58(4), 365-368.
<https://doi.org/10.1093/sw/swt038>
- Mental Health First Aid England. (No Date). <https://mhfaengland.org/>
- Mental Health Foundation. (No Date). <https://www.mentalhealth.org.uk/>
- Mind. (No Date). <https://www.mind.org.uk/>
- Moscovici, S. (2000). *Social representations: Explorations in social psychology*. (G. Duveen, Ed.). Polity Press.
- Musolff, A., (2012). The study of metaphor as part of critical discourse analysis. *Critical Discourse Studies*, 9(3), 301–310. <https://doi.org/10.1080/17405904.2012.688300>

- Nonhoff, M. (2017). Discourse analysis as critique. *Palgrave Communications*, 3, palcomms201774. <https://doi.org/10.1057/palcomms.2017.74>
- Nunberg, G. (1987). Poetic and prosaic metaphors. In *Proceedings of the 1987 workshop on Theoretical issues in natural language processing*, 98–201.
- Núñez Perucha, B. (2009). On the use of narrative discourse in advertising: hibridity, textual voices and gender identities. *Revista española de lingüística aplicada*, 22, 291-306.
- Ofcom. (2019). *News consumption in the UK: 2019 report*.
<https://www.ofcom.org.uk/siteassets/resources/documents/research-and-data/tv-radio-and-on-demand-research/tv-research/news/news-consumption-2019/uk-news-consumption-2019-report.pdf?v=324102>
- O'Connor, H., & Madge, C. (2017). Online Interviewing. In N. G. Fielding, R. M. Lee, & G. Blank (Eds.), *The sage handbook of online research methods*. (2nd ed., pp. 416-434). Sage.
- O'Neil, C. (2022). *The shame machine: Who profits in the new age of humiliation*. Allen Lane (Penguin).
- O'Sullivan, S. (2015). *It's all in your head: Stories from the frontline of psychosomatic illness*. Vintage
- O'Keeffe, A., & McCarthy, M.J. (Eds.). (2022). *The Routledge Handbook of Corpus Linguistics* (2nd ed.). Routledge. <https://doi.org/10.4324/97803670763990>
- Pan, K. Y., Kok, A. A. L., Eikelenboom, M., Horsfall, M., Jörg, F., Luteijn, R. A., Rhebergen, D., Oppen, P. V., Giltay, E. J., & Penninx, B. (2021). The mental health impact of the COVID-19 pandemic on people with and without depressive, anxiety, or obsessive-compulsive disorders: a longitudinal study of three Dutch case-control cohorts. *Lancet Psychiatry*, 8(2), 121-129. [https://doi.org/10.1016/s2215-0366\(20\)30491-0](https://doi.org/10.1016/s2215-0366(20)30491-0)
- Powers, P. (2007). The Philosophical Foundations of Foucaultian Discourse Analysis. *Critical Approaches to Discourse Analysis across Disciplines*, 1(2), 18-34.

- Price, H. (2022). *The language of mental illness: Corpus linguistics and the construction of mental illness in the press*. Cambridge University Press.
- Putland, E., & Brookes, G. (2024). Visualizing dementia and stigma: a scoping review of the literature. *Visual Communication*, 0(0). <https://doi.org/10.1177/14703572241245587>
- Pyle, M., & Morrison, A. P. (2014). "It's just a very taboo and secretive kind of thing": making sense of living with stigma and discrimination from accounts of people with psychosis. *Psychosis*, 6(3), 195-205. <https://doi.org/10.1080/17522439.2013.834458>
- Risman, B. J. (2004). Gender as a Social Structure: Theory Wrestling with Activism. *Gender & society*, 18(4), 429-450. <https://doi.org/10.1177/0891243204265349>
- Ruggiero, T. E. (2000). Uses and gratifications theory in the 21st century. *Mass Communication & Society*, 3(1), 3–37.
- Rüsch, N., Evans-Lacko, S., & Thornicroft, G. (2012). What is a mental illness? Public views and their effects on attitudes and disclosure. *Australian & New Zealand Journal of Psychiatry*, 46(7), 641–650. <https://doi.org/10.1177/0004867412438873>
- Schaef, A., (1985). *Co-dependence: misunderstood – mistreated*. Harper & Row.
- Schinke, R. J., Stambulova, N. B., Si, G., & Moore, Z. (2017). International society of sport psychology position stand: Athletes' mental health, performance, and development. *International Journal of Sport and Exercise Psychology*, 16(6). <https://doi.org/https://doi.org/10.1080/1612197X.2017.1295557>
- Schinke, R., Griffin, C., Cosh, S., & Douglas, K. (2021). International society of sport psychology position stand: mental health through occupational health and safety in high performance sport. *International Journal of Sport and Exercise Psychology*, 20(2), 1-23. <https://doi.org/http://dx.doi.org/10.1080/16122197X.2021.1992857>
- Schnurr, S. (2012). *Exploring professional communication: language in action*. Taylor and Francis.
- Scotto di Carlo, G. (2023). An analysis of self-other representations in the incelosphere: Between online misogyny and self-contempt. *Discourse & Society*, 34(1), 3-21. <https://doi.org/10.1177/09579265221099380>

- Seals, D. R., & Coppock, M. E. (2022). We, um, have, like, a problem: excessive use of fillers in scientific speech. *Advances in physiology education*, 46(4), 615–620. <https://doi.org/10.1152/advan.00110.2022>
- Semino, E. & Demjén, Z. (2017). The Cancer Card: metaphor, intimacy and humour in online interactions about the experience of cancer. In Hampe, B. (ed.) *Metaphor: Embodied Cognition & Discourse*, Cambridge: Cambridge University Press, 181-199.
- Semino, E., Demjén, Z., Hardie, A., Rayson, P. & Payne, S. (2018) *Metaphor, Cancer and the End of Life: A Corpus-based Study*. Routledge.
- Sharp, P., Bottorff, J. L., Rice, S., Oliffe, J. L., Schulenkorf, N., Impellizzeri, F., & Caperchione, C. M. (2022). “People say men don’t talk, well that’s bullshit”: A focus group study exploring challenges and opportunities for men’s mental health promotion. *PLOS ONE*, 17(1), e0261997. <https://doi.org/10.1371/journal.pone.0261997>
- Shedler, J., Mayman, M., & Manis, M. (1993). The illusion of mental health. *The American psychologist*, 48(11), 1117-1131. <https://doi.org/10.1037//0003-066X.48.11.1117>
- Sheppard, M. G., Joint Unit for Social Services, R., & University of, S. (1990). *Mental health: the role of the approved social worker*. Joint Unit for Social Services Research, Sheffield University in collaboration with Community Care.
- Sheridan, F. (2007). Gender, language and the workplace: an exploratory study. *Women in Management Review*, 22, 319-336.
- Shi, W., & Fan, M. (2019). Critical Discourse Analysis of News Texts from Transitivity Perspective. *EAS Journal of Humanities and Cultural Studies*, 1(5), 330-334. <https://doi.org/10.36349/EASJHCS.2019.v01i05.008>
- Shiel, L., Demjen, Z., & Bell, V. (2022). Illusory social agents within and beyond voices: A computational linguistics analysis of the experience of psychosis. *British Journal of Clinical Psychology*, 61, 349-363. <https://doi.org/10.1111/bjc.12329>
- Shutova, E., & Teufel, S. (2010). Metaphor Corpus Annotated for Source-Target Domain Mappings. In *LREC*, 2(2), 3255-3261).

- Simmie, S., & Nunes, J. (2002). *The last taboo: A survival guide to mental health care in Canada*. McClelland & Stewart Ltd.
- Smith-Merry, J. (2018). Public Mental Health, Discourse and Safety: Articulating an Ethical Framework. *Public Health Ethics*, 11(2), 165-178. <https://doi.org/10.1093/phe/phx023>
- Sriwimon, L., & Zilli, P. J. (2017). Applying critical discourse analysis as a conceptual framework for investigation gender stereotypes in political media discourse. *Kasetsart Journal of Social Sciences*, 38(2), 136-142. <https://doi.org/10.1016/j.kjss.2016.04.004>
- Stenger, H., & True, J. (2024). The global rise of extremisms: Towards a gendered analytical framework. *European Journal of Politics and Gender* (published online ahead of print 2024) <https://doi.org/10.1332/25151088Y2024D0000000030>
- Stokoe, E.H., & Smithson, J. (2001). Making gender relevant: conversation analysis and gender categories in interaction. *Discourse & Society*, 12(2), 243-269. <https://doi.org/10.1177/095792650101200200>
- Stuart, H. (2005). Fighting stigma and discrimination is fighting for mental health. *Canadian Public Policy*, 31(22), 22-28.
- Stubbs, M. (1983). *Discourse Analysis: The Sociolinguistic Analysis of Natural Language*. University of Chicago Press.
- Sullivan, K. (2017). Conceptual Metaphor. In B. Dancygier (Ed.), *The Cambridge Handbook of Cognitive Linguistics* (pp. 385–406). Cambridge University Press.
- Sunderland, J. (2004). *Gendered Discourses*. Palgrave.
- Sunderland, J. (2012). *Language, Gender and Children's Fiction*. Bloomsbury Publishing.
- Szaz, T. S., (1974). *The myth of mental illness: Foundations of a theory of personal conduct*. Harper.
- Taboo. (No Date). In *Oxford English Dictionary*. Retrieved October 11, 2024, from https://www.oed.com/dictionary/taboo_adj?tab=meaning_and_use#19436203

- Teghtsoonian, K. (2009). Depression and mental health in neoliberal times: A critical analysis of policy and discourse. *Social science & medicine* (1982), 69(1), 28-35. <https://doi.org/10.1016/j.socscimed.2009.03.037>
- ten Have, H., & Gordijn, B. (2022). Metaphors in medicine. *Medicine, Health Care and Philosophy*, 25(4), 577-578.
- Thomas, L., Singh, I., & Peccei, J. S. (2004). *Language, society and power : an introduction* (2nd ed.). Routledge.
- Treichler, P. A., & Kramarae, C. (1983). Women's talk in the ivory tower. *Communication Quarterly*, 31(2), 118-132. <https://doi.org/10.1080/01463378309369495>
- Tyler, I. (2020). *Stigma: The machinery of inequality*. Zed Books (Bloomsbury).
- van Dijk, T. (2016). Critical discourse studies: A sociocognitive approach. In R. Wodak & M. Meyer (Eds.), *Methods of critical discourse studies* (3 ed., pp. 62-85). Sage.
- van Dijk, T. A. (1985). Structures of News in the Press. In T. A. v. Dijk (Ed.), *Discourse and Communication* (pp. 69-93). De Gruyter.
- van Dijk, T. A. (1991). *Racism and in the press*. Routledge.
- van Dijk, T. A. (1993). Discourse and cognition in society. In D. Crowley & D. Mitchell (Eds.), *Communication theory today* (pp. 107-126). Pergamon Press.
- van Dijk, T. A. (1993). Principles of Critical Discourse Analysis. *Discourse & Society*, 4(2), 249-283. <https://doi.org/10.1177/0957926593004002006>
- van Dijk, T. A. (1995). The mass media today. *Discourses of domination or diversity?*, 2(2), 27-45.
- van Dijk, T. A. (2007). Macro contexts. In U. D. S. Lottgen & J. S. Sánchez (Eds.), *Discourse and international relations* (pp. 3-26). Lang.
- van Dijk, T. A. (2009). News, discourse and ideology. In T. Hanitzsch & K. Wahl-Jorgensen (Eds.), *The Handbook of Journalism Studies* (pp. 191-204). Routledge.

- van Dijk, T. A. (2021). Are Ideologies Negative? In I. Fairclough, J. Mulderrig, & K. Zotzmann (Eds.), *Language and Power: Essays in Honour of Norman Fairclough* (pp. 147-155). Independent Publisher.
- van Dijk, T.A. (1988). *News as discourse*. Lawrence Erlbaum Associates
- van Leeuwen, T. (1996). The representation of social actors. In C. Caldas-Coulthard & M. Coulthard (Eds.), *Texts and practices: Readings in critical discourse analysis* (pp. 32-70). Routledge.
- Van Leeuwen, T. (2008). *Discourse and Practice: New Tools for Critical Discourse Analysis*. Oxford University Press.
- Vaughan, E., Clancy, B. (2013). Small Corpora and Pragmatics. In J. Romero-Trillo (Ed.), *Yearbook of Corpus Linguistics and Pragmatics 2013* (pp. 53-73). Springer, Dordrecht. https://doi.org/10.1007/978-94-007-6250-3_4
- Vincent, N. (2006). *Self-made man: My year disguised as a man*. Penguin Books.
- Vincent, N. (2008). *Voluntary madness: My year lost and found in the loony bin*. Viking.
- Waling, A. (2023). ‘Inoculate Boys Against Toxic Masculinity’: Exploring Discourses of Men and Masculinity in #Metoo Commentaries. *The Journal of Men’s Studies*, 31(1), 130-156.
- Weaver, D., (2007). Thoughts, feelings, and issues: Agenda setting in the 21st century. *Journal of Communication*, 57(1), 142-147.
- Webster, L. (2018). "Misery business?": The contribution of corpus-driven critical discourse analysis to understanding gender-variant twitter users' experiences of employment. *pIJ PuntOorg International Journal*, 3(1/2), 25-50.
- Wirth, J. H., & Bodenhausen, G. V. (2009). The Role of Gender in Mental-Illness Stigma: A National Experiment. *Psychological science*, 20(2), 169-173. <https://doi.org/10.1111/j.1467-9280.2009.02282.x>
- Wodak, R. (1996). *Disorders of Discourse*. London: Longman.

- Wodak, R. (2008). *Politics as usual : the discursive construction and representation of politics in action*. Palgrave Macmillan.
- Wodak, R., & Krzyżanowski, M. (2008). *Qualitative discourse analysis in the social sciences*. Palgrave Macmillan.
- Wodak, R., & Meyer, M. (2016). *Methods of critical discourse studies* (Third ed.). SAGE.
- Wohlmann, A. (2022). *Metaphor in illness writing: fight and battle reused*. Edinburgh University Press. <https://openresearchlibrary.org/content/d973c158-9479-4544-bfa2-06f9255a3ff9>
- World Health Organisation. (2022). *World Health Statistics 2022*. World Health Organisation. <https://www.who.int/news/item/20-05-2022-world-health-statistics-2022>
- Zimman, L. (2018) 'Transgender Language, Transgender Moment: Toward a Trans Linguistics', in Kira Hall, and Rusty Barrett (eds), *The Oxford Handbook of Language and Sexuality*. <https://doi.org/10.1093/oxfordhb/9780190212926.013.45>
- Zimman, L. (2021). Beyond the cis gays' cis gaze: The need for a trans linguistics. *Gender and Language*, 15(3), 423–429. <https://doi.org/10.1558/genl.20883>
- Ziółkowska, J. & Galasiński, D. (2017). Discursive construction of fatherly suicide. *Critical Discourse Studies*, 14(2), 150-166. <https://doi.org/10.1080/17405904.2016.1250650>

Appendices

Appendix 1 – Collocate list

Collocate	Rank	Likelihood	Effect
health	1	16574.372	2.928
problems	2	1547.983	2.482
illness	3	1466.077	2.766
issues	4	937.165	2.516
services	5	841.271	2.123
mental	6	753.907	-2.063
i	7	586.321	-1.656
with	8	327.219	0.839
people	9	238.564	0.902
act	10	221.959	2.268
was	11	218.575	-1.034
it	12	216.352	-0.925
problem	13	203.038	1.755
charity	14	199.036	1.796
stigma	15	184.406	1.903
crisis	16	175.613	1.840
wellbeing	17	171.703	2.109
me	18	163.304	-2.427

he	19	162.926	-1.006
physical	20	151.639	1.614
children	21	145.016	1.202
adolescent	22	139.702	2.518
provision	23	136.109	2.499
about	24	130.115	0.818
awareness	25	126.114	1.885
conditions	26	119.168	1.792
suffer	27	118.227	1.900
you	28	117.898	-1.109
rethink	29	112.351	3.010
under	30	110.702	1.388
illnesses	31	103.169	2.178
t	32	102.072	-1.050
suffering	33	100.032	1.492
she	34	98.739	-1.082
mind	35	93.083	1.393
him	36	91.236	-2.365
poor	37	88.636	1.903
improve	38	87.227	1.827
her	39	83.102	-1.081
for	40	78.886	0.421

them	41	77.947	-1.664
they	42	75.490	-0.787
trusts	43	72.201	2.133
ill	44	71.604	1.366
care	45	65.758	0.839
workplace	46	65.443	2.059
charities	47	65.182	1.832
my	48	63.718	-0.885
life	49	63.187	-1.423
perinatal	50	62.752	2.580
issue	51	60.029	1.385
funding	52	59.083	1.441
aid	53	56.383	2.204
there	54	54.988	-0.839
home	55	50.682	-1.979
but	56	50.123	-0.597
difficulties	57	49.887	1.922
experiencing	58	49.753	1.746
his	59	49.066	-0.654
young	60	48.935	0.786
disorders	61	48.110	1.408
surrounding	62	47.443	2.255

support	63	45.943	0.751
parity	64	45.383	2.151
go	65	45.064	-1.804
very	66	44.462	-1.545
condition	67	44.361	1.241
experience	68	44.263	1.081
diagnosable	69	44.151	2.781
unit	70	43.986	1.566
depression	71	43.153	-1.017
death	72	42.945	-2.536
nhs	73	42.501	0.736
specialist	74	41.573	1.466
serious	75	41.420	1.240
then	76	41.073	-1.520
back	77	40.884	-1.662
detained	78	40.200	1.620
teams	79	39.740	2.158
if	80	39.064	-0.844
taboo	81	38.135	2.262
their	82	38.086	0.462
nurses	83	37.401	1.693
m	84	35.276	-1.302

patients	85	34.982	0.799
professionals	86	34.629	1.429
improving	87	34.519	1.755
what	88	34.321	-0.853
months	89	33.885	-1.833
among	90	33.776	1.114
thing	91	33.760	-2.839
therapy	92	33.543	-2.619
child	93	33.238	0.944
around	94	33.169	0.869
up	95	32.493	-0.718
like	96	32.060	-0.950
or	97	31.521	-0.561
the	98	30.794	-0.143
history	99	30.450	1.574
things	100	30.310	-1.470

Appendix 2 – Statistically Key Collocates

Type	Rank	Keyness (Likelihood)	Keyness (Effect)
mental	1	40354.179	0.023
health	2	39717.590	0.023
depression	3	6130.208	0.004
of	4	5702.442	0.039
services	5	5349.749	0.004
problems	6	4921.096	0.004
the	7	4675.982	0.056
nhs	8	4646.119	0.003
to	9	4585.632	0.046
by	10	4537.328	0.009
illness	11	4380.619	0.003
support	12	4183.161	0.003
help	13	3907.920	0.005
patients	14	3441.525	0.002
their	15	3404.085	0.008
anxiety	16	3382.914	0.002
in	17	3236.722	0.031
has	18	3182.327	0.008
care	19	3150.798	0.003

issues	20	3071.608	0.002
treatment	21	2986.010	0.002
cent	22	2844.405	0.002
suicide	23	2838.766	0.002
young	24	2412.108	0.003
with	25	2390.308	0.016
disorder	26	2388.389	0.001
per	27	2316.640	0.002
his	28	2295.726	0.008
report	29	2164.622	0.002
as	30	2050.864	0.012
children	31	2048.984	0.003
for	32	2016.957	0.018
people	33	1979.182	0.010
physical	34	1955.861	0.001
suffering	35	1933.100	0.001
says	36	1920.944	0.004
stigma	37	1903.822	0.001
police	38	1738.925	0.002
women	39	1711.074	0.002
after	40	1630.488	0.004
hospital	41	1596.276	0.002

psychiatric	42	1578.284	0.001
who	43	1561.414	0.007
from	44	1551.570	0.008
stress	45	1542.781	0.001
crisis	46	1536.524	0.001
social	47	1531.644	0.002
self	48	1514.001	0.002
among	49	1483.657	0.001
life	50	1466.129	0.003
staff	51	1429.366	0.001
charity	52	1417.951	0.001
are	53	1387.743	0.012
government	54	1384.313	0.001
former	55	1366.743	0.001
suffered	56	1346.469	0.001
men	57	1312.067	0.002
being	58	1277.847	0.004
including	59	1265.016	0.001
wellbeing	60	1251.971	0.001
also	61	1250.628	0.003
therapy	62	1233.987	0.001
dr	63	1196.929	0.001

mr	64	1189.669	0.001
disorders	65	1180.393	0.001
condition	66	1175.832	0.001
more	67	1164.667	0.007
likely	68	1153.771	0.001
service	69	1138.918	0.001
figures	70	1131.891	0.001
conditions	71	1121.173	0.001
symptoms	72	1119.721	0.001
awareness	73	1113.637	0.001
diagnosed	74	1111.618	0.001
revealed	75	1110.194	0.001
risk	76	1109.155	0.001
campaign	77	1098.938	0.001
gp	78	1067.015	0.001
such	79	1052.202	0.002
harm	80	1046.731	0.001
added	81	1044.028	0.001
chief	82	1005.126	0.001
may	83	1004.666	0.002
year	84	997.040	0.004
psychological	85	989.794	0.001

suffer	86	983.962	0.001
death	87	972.017	0.001
ill	88	952.298	0.001
an	89	945.027	0.007
vulnerable	90	943.267	0.001
funding	91	940.704	0.001
minister	92	935.896	0.001
bipolar	93	935.049	0.001
public	94	918.869	0.001
found	95	903.800	0.002
admitted	96	901.184	0.001
despite	97	900.784	0.001
will	98	900.761	0.005
according	99	894.557	0.001
suicidal	100	890.065	0.001

Appendix 3 – Summary of Mental Health Themes

Main Themes	Sub Themes	Collocates to Mental health	Hits in data	Examples at text-level
Workplace contexts	Employment	Work	853	‘mental health at work’
		Employment	57	‘Finding and keeping employment’
		Unemployment	20	‘can lead to unemployment and divorce’
		Staff	459	‘lack of staff to escort the’
		Workplaces	125	‘Wider problems in our workplaces’
	Types of Employment - Medical	Mental health staff	22	‘shortage of mental health staff in hospitals’
		NHS Staff	18	‘failings by NHS staff and bodies’
		Mental Health Professionals	38	‘early interventions provided by properly trained mental health professionals ’
		Medical Professionals	11	‘An increasing number of medical professionals are at high risk of psychological burnout’
		Healthcare Professionals	14	‘The calls are being backed by a number of healthcare professionals ’
	Types of Employment – Military	Military	69	‘Up to 40,000 British military personnel will suffer mental health problems’
		Veterans	123	‘it is unacceptable that veterans and their families should feel abandoned’

The cost of mental health	Types of Employment – Other	Army	71	‘A retired Territorial Army major general’
		Navy	13	‘The former Navy reservist had a record of gun misuse and mental health problems’
		Police Officers	583 to police overall 154 in reference to the job role “officer”	‘police officers to be trained with black mental health services’
		Office	4	‘someone working long hours in an office ’
	Links to Investigations	IPCC Investigations	9 as IPCC 3 as Independent Police Complaints Commission	‘After an IPCC investigation, two officers were charged with misconduct’
				‘work closely with police forces and the Independent Police Complaints Commission to prevent deaths in custody’
		Police	583 to police overall 18 in reference to investigations	‘partnership working with the police’
	Cost	Cost	114	‘The huge cost of mental health problems’
	Cost to business/employers	Economy	36	‘Mental illness is estimated to cost the UK economy £70bn to £100bn a year’
		Budget	26 as budget 27 as budgets 75 as funding	‘legitimising yet more swingeing cuts in mental health budgets’
		Employers	94	‘£33-43bn direct cost to employers’

The Mental Health Crisis	Healthcare cost	Budget cuts	10	‘budgets for child and adolescent mental health services are being frozen or cut’
	Individual cost	Unemployment	20	‘depression and anxiety are social crises such as unemployment ’
		Risk	349 as risk 7 as risk of depression 2 as risk of anxiety 24 as risk of suicide	‘Even growing up in a cold home is linked to an increased risk of depression and anxiety’
	Social Costs	Taxpayers	10	‘stop squandering taxpayers’ money’
	Workplace costs	Workplaces	125	‘workplaces can help employees to thrive’
	Crisis	Crisis	372	‘prevent young people from reaching this point of crisis ’
	NHS Crisis	NHS mental health services	17	‘This whole episode shows how thinly spread NHS mental health services ’
		Mental health services	498	mental health services are underfunded in relation to other forms of illness
	Violent/criminal links	Violence	106	‘people who are going through mental health problems and domestic violence .’
		Prisoners	134 as prisoner* 52 as inmate*	‘spoke of a prisoner with complex mental health needs’

Individual Crisis	Extremism	5	‘mental health staff are now expected to be aware of the threat posed by radicalisation to violent extremism ’
	Murder	86	‘admitted manslaughter by diminished responsibility and attempted murder .’
	Links to homelessness	40	‘it is particularly important that vulnerable people such as the homeless are able to access mental health services’
	Sick Leave	3 as sick leave 3 as coming into work	‘I’ve got a very long-term illness and I can’t come into work?’
	Risk to health	2	‘Unemployment is associated with a higher risk of suicide’
	People in crisis	14	‘ People in crisis could be suicidal, self-harming or experiencing psychosis.’
Social crisis	Financial crisis	8	‘UK wages have stagnated since the financial crisis .’
	Housing crisis	3 in reference to housing 40 in reference to homelessness	‘a deepening housing crisis ’

Appendix 4 – Ethical Approval letter

02/01/2020
Project Title: The Language of Mental Illness: How do Men Approach Mental Illness in Public and Workplace Discourse

EthOS Reference Number: 13120

Ethical Opinion

Dear Ffion Brown,

The above application was reviewed by the Arts and Humanities Research Ethics and Governance Committee and, on the 02/01/2020, was given a favourable ethical opinion. The approval is in place until 07/01/2022 .

Conditions of favourable ethical opinion

Application Documents

Document Type	File Name	Date	Version
Additional Documentation	References used in Ethics application	11/11/2019	1
Consent Form	Consent form for project	07/12/2019	2
Information Sheet	Participant Information Sheet	07/12/2019	2
Additional Documentation	Project Proposal	08/12/2019	2
Recruitment Media	Recruitment media for ethics version 1	08/12/2019	2
Project Protocol	Project Protocol Ffion Brown signed copy	08/12/2019	1

The Arts and Humanities Research Ethics and Governance Committee favourable ethical opinion is granted with the following conditions:

Adherence to Manchester Metropolitan University's Policies and procedures

This ethical approval is conditional on adherence to Manchester Metropolitan University's Policies, Procedures, guidance and Standard Operating procedures. These can be found on the Manchester Metropolitan University Research Ethics and Governance webpages.

Amendments

If you wish to make a change to this approved application, you will be required to submit an amendment. Please visit the Manchester Metropolitan University Research Ethics and Governance webpages or contact your Faculty research officer for advice around how to do this.

We wish you every success with your project.

Art and Humanities Research Ethics and Governance Committee
Art and Humanities Research Ethics and Governance Committee

For help with this application, please first contact your Faculty Research Officer. Their details can be found [here](#)



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Appendix 5 – Consent form

EthOS ID: 13120 Participant Identification Number: _____ CONSENT FORM Title of Project: The language of mental illness: How is men's mental health constructed in public and workplace discourse? Name of Researcher: Miss Ffion Brown	 Manchester Metropolitan University	
Please initial box		
1. I confirm that I have read the information sheet dated 06/07/2021 (version 3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. 2. I understand that the data collected about me during this study will be anonymised and I will not be identifiable in any research reports. 3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected. 4. I understand that relevant sections of the data collected during the study, may be looked at by individuals from Manchester Metropolitan University from regulatory authorities or where it is relevant to my taking part in this research, including in the event of a safeguarding disclosure. I give permission for these individuals to have access to my records. 5. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers. 6. I agree to the interview being digitally recorded. 7. I agree to take part in the above study.	☐ ☐ ☐ ☐ ☐ ☐ ☐	
Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature
13120, Consent form for project, version 3, 06/07/2021		