



Title: Mass mediation of mental illness in sport

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CHAPTER 9

MASS MEDIATION OF MENTAL ILLNESS IN SPORT

Kass Gibson and Paul Gorczynski

Design/Method/Approach - In the first part of the chapter, we review the extensive literature addressing the mass mediation of mental illness and mental health in order to provide key reference points for future scholarship. We then suggest two potential avenues for sociological study of this topic: Talcott Parson's sick role and Guy Debord's spectacle.

Research Limitations/Implications - The central limitation of the field currently is the dearth of research. Similarly, in providing a broad overview of key considerations, this chapter does not undertake primary media analysis of mental illness in sport. Nonetheless, the author outline key considerations and lines of inquiry for the field.

Keywords: Mental health; mental illness; sick role; society of the spectacle; mass media; sport media

ABSTRACT

Purpose - This chapter outlines the paucity of media research attending to mental health and mental illness in sport. As such, the purpose of this chapter is to encourage critical reflection and further research on the mass mediation of mental illness in sport.

Findings - The authors find that the notion of the sick role provides insight into the assumptions underpinning athlete disclosure of mental illness as well as encouragement of help seeking behavior in relation to mental illness specifically.

From a broader perspective on mental health, the authors identify a central challenge of the spectacular presentation of mental health and well-being and the lived experience.

INTRODUCTION

As indicated throughout this book, mental health is the poor cousin of physical health in almost every regard including, for example, service provision, literacy, and as a focus for research. The latter certainly rings true in media analyses. Indeed, scholars

of sport in the social sciences have regularly and extensively conducted analysis of the mass mediation of gender (Cooky, Messner, & Musto, 2015; Fink, 2015), race (Gehring, 2016), and nationalisms (Bie & Billings, 2013; Kim & Billings, 2017). Mental health is often either implied in, or used as a moral justification for, studies of body image especially (Boeppel & Thompson, 2015; Tiggeman & Zaccardo, 2015) but also more recently concussion (Brayton, Helstein, Ramsey, & Rickards, 2017). Seldom, however, is mental health, an explicit focus of research by sport scholars addressing the media. Simply put, the mass mediation of mental health in sport demands greater attention.

Mental health, including the mental health of athletes, is often discussed in the media but rarely it is defined. Individuals and the media alike usually talk around mental health, instead of about it directly. The World Health Organization defines mental health as

a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO, 2018)

Simply put, mental health is a resource. Mental health is something that allows people to function, address stressful situations and experiences, work in a meaningful manner, and contribute to their communities. In contrast, mental illnesses are various diseases of the brain. Mental illnesses are forms of distress and dysfunction that negatively affect one's cognitions, emotions, behaviors, and social relationships (American Psychiatric Association, 2013). Mental illnesses must meet specific diagnostic criteria with symptoms being distinctly enduring, frequent, and severe. This chapter focuses predominantly on mental health and mental illness in elite professional sports and athletes therein. In one way such a focus is intuitively obvious: mass mediation tends to be of elite level professional sport. Furthermore, while the rise of streaming services, digital and social media has precipitated significant shifts in the consumption (and production) of mass media, the "traditional" value of live sport coverage (e.g., long programming hours at relatively low production cost, rights-purchasing notwithstanding) has in many ways been solidified. Perhaps like no other regular programming sport still attracts simultaneous "live" viewing. In other ways, such a focus is limiting. Therefore, when we seek to draw attention bodily

practices beyond “traditional” and “mainstream” sport forms, we refer to sport and physical culture. In doing so, in this chapter we still consider a relatively narrow range of practices marked by (the pursuit of) efficiently performing bodies (Maguire, 2004; McKenzie, 2013).

With the aforementioned dearth of scholarship directly on the mass mediation of mental health and mental illness in sport, this chapter addresses fundamental and rudimentary aspects of studying mass media before providing indication of potential lines of sociological inquiry. We therefore begin by briefly ³ reviewing the purpose and type of media analyses with reference to studies of sport. In doing so, we demonstrate the paucity of scholarship on the mass medi- ⁵ ation of mental health and sport. Having established the contemporary state of literature, with particular reference to the utility and dominant ways of doing of media analysis in sport, this chapter explores a number of potentially fruitful starting points for the sociological study of mass mediation of mental illness and health in sport. First, we review studies of mass mediation of mental illness with particular reference to the portrayal and framing of mental health in television and film. Relative to the limited study of sport, the mass mediation of mental health in television and film is significant. A number of sensitizing concepts may be borrowed from this voluminous literature in initial explorations of mass mediation and sport and mental health. More specifically, this chapter outlines how the mass mediation of mental illness trades in stigmatizing and trivializing mental illness by reviewing the portrayal of characters with mental illnesses and the concomitant stereotypical roles researchers have identified that characters with mental illnesses fill in the mass media. Second, drawing from the social theorizing of Talcott Parsons, we elaborate on how the concepts of roles can be used to further investigate the mass mediation of mental health in sport with particular reference to the public disclosure of mental illness by elite athletes. More specifically, the sick role encourages sociological consideration of the assumptions and intentions of media coverage and efforts at de-stigmatization and encouraging help seeking. We contend that Parsons has been misread and that functionalism still sensitizes us to the importance of the economic systems in which elite sport is produced. As such, the third section of this chapter addresses the economic production of the mass media more directly by way of Guy Debord’s notion of the spectacle. There we briefly address mental health in sport and physical culture with particular reference to the

gaps between the portrayal and presentation of mental health and illness, and the lived experience.

Mass media plays an integral role in contemporary society generally and sport specifically. Millington and Wilson (2017, p. 154) articulate that a central motivation and need for studying the media in sport and physical culture is because the “media is important in affecting what is considered ‘normal’ within certain sociohistoric conditions.” In the context of mental health, shaping normative assumptions obviously takes on heightened importance. Before attending to that, though, let us focus on more prosaic aspects of studying the media. In the same way, we focus mostly on traditional and mainstream sport forms, for the bulk of this chapter we focus on traditional mass media. At its most simple, this is usually understood as the transmission of content (or more accurately meaning) from one-to-many. Prototypical examples of mass media include newspapers, television, and film. Naturally, the many-to-many transmission of digital media is of significant contemporary importance. However, for the moment we stick to the aforementioned examples.

To better understand mass media and studies of the mass media related to sport, both Cooky (2017) and Millington and Wilson (2017) favor a tripartite framing of production, content/representation, and reception/consumption, respectively. Prior to the ubiquity of discourse of “fake news,” it was easy for many to forget that media outputs (fictional or otherwise) are not neutral portrayals of events. Production studies address the processes, personnel, and/or vested interests, summarized by Hartley (2011) as the political economy of the media, which purposefully or otherwise but always inherently shape decisions regarding the production of the portrayal of events. Studies of content/representation are the most prevalent in all media studies. Simply put, such studies investigate the various meanings and messages in media content that are either privileged or omitted. For example, in a theme evident throughout this chapter, 15 Klin and Lemish (2008) identified that the representations of mental illness and the mentally ill in the mass media are dominated by inaccuracies, exaggerations, 17 and/or misinformation. Such representations reflect and recreate understandings of people with mental illnesses as not simply peculiar but also

dangerous. Content/representation studies, including Klin and Lemish (2008), proceed from the assumption that meaning in, through, and about media content is not only contested but also can be interpreted in ways that variously reinforce or challenge dominant ideologies, understandings, and narratives be that intended or unintended by the producers. In sport and physical culture, the most obvious, and prolific, examples of such research relate to quantitative and qualitative differences in coverage of different athletes and sports (Cooky, 2017) and the framing of sporting events (Tomlinson & Young, 2006). Replication of such application of effort and focus to mental health would be very much welcomed. Rather than analyzing media outputs directly, to study reception/consumption involves researching audiences directly to establish how they engage with and decode media content. Wilson and Millington (2017) explain this as representation studies addressing the potential ways that media might be consumed while consumption studies address that directly. For example, reception/consumption research shows that not only do media portrayals of mental illness influence people's understanding and conceptualizations of mental illness but also influence subsequent behavior toward and evaluations of people with mental illness (Quintero Johnson & Riles, 2008; Roskos-Ewoldson et al., 2008).

The aforementioned ability of mass media to influence considerations of normality has significant and obvious ramifications for not only understanding people and groups, but also how people and groups understand themselves. The former underpins the continual focus of studies on mental health and mass media on investigating how mental illness is trivialized and/or stigmatized. Such a perspective is built on assumptions that the ways in which mental health and mental illness are mediated can impact on understandings of behaviors of people with mental illnesses. Establishing direct causal impact is obviously a tremendous methodological challenge. Therefore, we advocate approaching mass media as a framework that can influence collective meaning and understanding.

There is a tendency to focus on understandings of people without mental illness on what mental illness is. As mental health is important for all, yet mental illness is the common focus in the media and research, undoubtedly when a mental illness becomes personified in mediated characters, this can result in not people having false, usually

negative, connotations of what it is to be mentally unwell. However, it is also possible for individuals with mental illnesses to internalize and exhibit characteristic features of dominant depictions of their condition. In this regard, media scholars have addressed how mediation might directly influence behavior of those with mental illnesses. Again, another obvious area for sport scholars to consider. All told, the ways in which mental health and mental illness are mediated can impact how we understand certain kinds of behavior and how people respond. Such an assumption underpins all attempts at raising awareness. Such awareness raising initiatives have become increasingly promoted through sport and by athletes, both with and without mental illnesses. Bell Canada's Let's Talk initiative is prototypical in this regard. Similarly, All Black great John Kirwan's work beginning in the 1990s is also worth considering along such lines. Thus, just as there is evidence to show that the stigmatizing and trivializing portrayal of mental illness perpetuates negative attitudes and behaviors, there is also positive potential for increasing "mental health literacy" through the mass media (Maiorano et al., 2017; Pirkis, Blood, Francis, & McCallum, 2006).

More specifically, mental health literacy is a concept that was born from the existing health literacy research base. Jorm et al. (1997) define mental health literacy as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention." At its core, mental health literacy is the knowledge individuals have about poor mental health, their attitudes toward overall mental health promotion, and their knowledge and intentions to seek help or support (Jorm et al., 1997; Wei et al., 2013). Mental health literacy is a set of tools that can be used for both personal and social empowerment to address inequities in mental health to improve overall health. Mental health literacy is not simply enhancing one's ability to know whether he or she is not mentally well, it is a skillset that can drive individuals and communities to collective action to address the various determinants of mental health. Overall, mental health literacy is not just an awareness of symptoms of poor mental health, but more importantly, it is the knowledge necessary to design and execute sustainable approaches to how we address the causes of poor mental health and its various consequences. With mental health literacy in mind, it becomes clear that mass mediation of mental health in sport per se and its study have a

long way to go before being meaningful.

As indicated above, fictional films and television programs have been subjected to much scrutiny from media and mental health scholars (see Pirkis et al., 2006; Zexin, 2017, for reviews). The central assumption of such analyses is, of course, twofold. First, mass media is an important source of information for people regarding mental illness, therefore it is important to understand how mental illness is portrayed in the mass media. Second, the messages of the mass media have a cumulative effect on how people perceive mental illness and people with mental illnesses. Based on these assumptions, analyses of the mass media have focused on the framing of mental illness via the accuracy of portrayal of mental illness symptoms and behaviors (Jorm, 2000). A consistent finding of research is that viewers are frequently, if not predominantly, confronted with negative portrayals of mental illness. A central, longstanding, and ongoing debate in the field, then, is the preponderance of either stigmatizing or trivializing of mental illness (Myrick & Pavelko, 2017). Research attending attitudes toward mental illness have identified the media as an important reference point in the formation of such attitudes, even more so than personal experiences (Edney, 2004) that mental illness is disproportionately represented in fictional shows (Bourdaa et al., 2013) and entertainment media often have greater influence than news media, and a negative correlation between use of electronic media as news sources tolerance toward people with mental illness than those who cite other sources (Pirkis et al., 2006).

In addition to establishing prevalence of mental illness, studies have addressed how mental illnesses manifest in mass media. Unsurprisingly, mental illness is an integral plot device in many television shows and films. Given the aforementioned assumptions underpinning media analyses, also unsurprisingly, researchers have attended to the ways in which mass media perpetuates negative stereotypes of mental illness. Briefly, fictional characters with mental illness are often characterized as violent, aggressive, and/or criminally dangerous (Wondemaghen, 2018) incompetent, unattractive, and/or disabled (Wilson, Nairn, Coverdale, & Panapa, 2000). Furthermore, research demonstrates that pejorative language (e.g., “psycho” and “deranged”) is pervasive in reference to characters with mental illness

(Wahl, Wood, Zaveri, Drapalski, & Mann, 2003) and indicative of limited cultural competence (Dunn & Hugson, 2016). Similar cultural (in)competence is demonstrated in cinematography. In a manner reminiscent of the various framing techniques used to present female athletes as different to male athletes by accentuating physical attractiveness and sexually suggestive image composition (Fink, 2015; Fink & Kensicki, 2002) cinematic techniques including atmospheric lighting, close-ups, individual point of view, discordant perspective, and scene juxtaposition are deployed to indicate and accentuate characters with mental illnesses (Camp, Webster, Coverdale, Coverdale, & Nairn, 2010). Attributions of characters with mental illness and their function in terms of plot have been extensively studied. As such, Hyler, Gabbard, and Schneider (1991) and later Pirkis et al. (2006), developed taxonomies of media representation of mental illness. The most pervasive representation of mental illness in fictional film and television is the homicidal maniac. Most obviously this is a staple of horror and thriller genres (Livingstone, 2004; Wahl, 1992). It is an accentuation of the previously mentioned tendency for aggressive and violent traits to be predominant in the portrayal of characters with mental illnesses. More specifically, characters with mental illness are more likely to commit acts of violence than other characters, and to do so at a disproportionate rate (Pirkis et al., 2006).

Mental illness is also stereotyped as a rebellious free spirit. Stereotypical characters of this kind have eccentricities labeled, covertly or overtly, as the manifestation of a mental illness. Such free-spirited characters suffer inappropriate and unfair treatment, oftentimes ostracization or incarceration, which is surprisingly true-to-life.

Importantly, and much less realistically, the narrative also often involves restitution and redemption. Implicit in this process is demonstration of the character's "sanity," (re)inclusion in their community, and messaging that niceness, altruism, and making societal contributions are incompatible with mental illness. Hyler et al. (1991) also identified people with mental illnesses are often depicted as the enlightened member of society. Although they identify this trope as people with mental illness contributing to societal improvement, it is perhaps better thought of where a character with a mental illness helps another character become a better person, if not find salvation. If depicted at all, females with mental illness are often stereotyped as seductresses and

nymphomaniacs. The female patient as seductress stereotype is usually depicted with malice toward men and ultimately stigmatizes (even further) women with mental illnesses by suggesting their mental illnesses are behavioral, purposeful, and ultimately deserving of punishment not treatment. The narcissistic parasite trivializes mental illness as the preserve of the over-privileged. Their mental illness is a product of self-obsession and concomitant fixation on their own (often- times rather trivial) problems. People with mental illness are also held in solitary confinement in maximum security prisons or secure inpatient facilities seemingly without rights for scientific experimentation and observation as the zoo specimen.

The simpleton is found most commonly within films and television programs for children. Behavioral tropes, including limited comprehension, manifest in misconstrued ideas and illogical actions are used for comic effect for the latter (Hyler et al., 1991; Wahl, 1992; Wahl et al., 2003; Wilson et al., 2000). Characters who do not respond, or to use the clinical parlance “adhere,” to treatment regimes, have been defined as the failure or victim and are understood as unable (or unwilling) to contribute in a meaningful way to society. Furthermore, although the character arc may be more nuanced or exhibit characteristics more representative of other stereotypes, research shows that people with mental illness are more likely than other characters to be portrayed as victims of, for example, crime or exploitation than other characters. Or as failures by virtue of fewer useful or praiseworthy, being unemployed, and/or with a generally poorer quality of life (Diefenbach, 1997; Wahl et al., 2003). While not all of the above roles are relevant to the mass mediation of sport, we see many clear parallels and as such potential to stimulate thinking about sports film, television, and documentary content. Indeed, although not in the context of mental health, consider, for example, the portrayal of Grigory Rodchenkov in the 2017 documentary *Icarus as Dr Dippy*. Although not in the context of mental health, mass mediation of sport has also considered the portrayal of particular characters. A recent special issue of *Sports Coaching Review* focused specifically on the portrayal of coaches in sports film. Obviously, coaches and managers occupy important places in the sport community as authority figures, support persons, and “powerful others” (McGannon & Spence, 2010). Such importance is reflected in sports film too given

coaches are “arguably the recent sports film’s defining figure” (Babington, 5 2014, p. 102). In their introduction to the special issue, Bonzel and Chare (2016) couch this importance in an analytic frame highlighting “the coach in sports films therefore reflects changing cultural and social conceptions of sport which in turn have been shaped by broader socio-cultural transformations” (p. 2).

Unsurprisingly, the role of coaches and others in the sports network vis-à-vis mental health has not been a focus in extant media analyses. This is surprising, though, given research shows coaches are fundamental to athletes’ understandings and conceptualizations of mental illness as well as help-seeking behavior. Indeed, there is evidence to suggest that coaches are more important than psychologists in terms of athletes’ understandings of mental health. Nonetheless, parallels are evident in the study of mass mediation of mental health is the on-screen portrayals of mental health professionals. Indeed, if the coach in sports films reflects broader socio-cultural values and changes, few theatrical devices enable plot exposition and support character development as neatly as a therapist and therapeutic session. Schneider (1977, 1987) developed a widely cited taxonomy to categorize on-screen mental health professionals into three types: Drs Dippy, Evil, and Wonderful.

The comic character Dr Dippy (named for the titular character of “Dr. Dippy’s Sanitarium” a 1906 film based on a popular comic strip), often replete with a caricatured Freud-inspired Austrian accent, is bumbling and sometimes sanctimonious (REFS). Dr Evil so effectively parodied (but not as a mental health professional!) by Mike Myers in the Austin Powers film series is summarized by Pirkis et al. (2006, p. 531) as “a sinister scientist often outwardly charming but inwardly malevolent, manipulative, and trust breaching.” The curative agent, Dr Wonderful, by virtue of outstanding clinical skill and unparalleled dedication to patients provides dramatic breakthroughs through therapy. Like the police officer who breaks the law in pursuit of higher justice, Dr Wonderful often transgresses professional practice boundaries in order to help their charge, oftentimes as the result of identification and pursuit of a repressed or sublimated traumatic event or relationship from the patient’s distant past (Diefenbach, 1997). Again, we can think of a number of parallels, fictional or otherwise, to these characters in sports worlds. As with any taxonomy not only are

their flaws and gray areas but also other researchers have sought to expand Schneider's (1997, 1987) three archetypes 39 (Pies, 2001; Wedding & Niemiec, 2003). Pirkis et al. (2006, p. 531) maintain that a number of these replicate the three aforementioned Drs albeit by different 41 names, insisting "only two truly additional subtypes have emerged." The sexualized and misogynistic portrayal of an attractive, seductive, and always, female therapist: Dr Sexy. Obviously skill, training, education, and competency is downplayed and sexuality accentuated as the fulcrum of the therapeutic encounter making any development of the patient a function of the deprofessionalized relationship not the skilled labor of a mental health professional. Finally, less of a character than plot device, mental health professionals are mediated as a rationalist foil. Gabbard (2001) and Gabbard and Gabbard (1999) identified the rationalist foil therapist as providing scientific explanations, often with psychotherapeutic frameworks, for supernatural events. However, the rationalist foil's explanations and theories are ultimately disproven as the plot unfolds (Pirkis et al., 2006).

Attending to the manufacture of narrative tropes replete with heroes, villains, triumph, disaster, and redemption is central to creating tension and drama to frame coverage of sporting events. In their introduction to a special issue of *Sport in Society* addressing sport in films, Poulton and Roderick (2008, p. 107) note that "sport makes for a compelling film narrative and films, in turn, are a vivid medium for sport." Sporting documentaries and films are big business and while they have been scoured for meaning of class, ethnicity, gender, race, and sexuality articulated in sport-specific cultural, social, and historical contexts, mental illness is, yet again, overlooked. The above typologies make for a potential starting point. In doing so, studies of the mediation of therapists and therapeutic relationships, for example, provide support for Bonzel and Chare's (2016) point that research must address sport support staff. Here, then, we find two key foci for further consideration: first, the need to consider more than just athletes in studying the mass mediation of mental illness in sport and second, in more classic sociological terms, the importance of roles.

In encouraging sociological consideration of the mass mediation of mental illness in sport, we turn to a fundamental concept of medical sociology: the sick role. First

posited by Parsons (1951a, 1951b) in the mid-twentieth century as part of his general sociological theory of structural functionalism, the sick role characterizes illness as deviance from social norms. More specifically, the sick role has four aspects. First, the person who identifies as ill is exempted from their usual obligations per their social role(s) such as working, attending class, or, in the context of this chapter, playing sport. Second, the ill person in the sick role is not held individually responsible for their incapacity. Importantly, this is not necessarily a comment on disease etiology but rather the failure to fulfill social role obligations when sick is not viewed as a product of choice. Such emphasis is crucial as Parsons (1964, p. 269) defines illness not just as a “situational incapacity” but also as “normative deviance.” Without such emphasis, the social logic and concomitant personal motivation of people who are healthy to not be ill is destabilized (Gerhardt, 1989). We will return to the complexities of health responsibilities later. For now, it is sufficient to note that the third and fourth aspects of the sick role do attribute responsibility to the sick person: to get well as quickly as possible, and in doing so to seek help, which includes cooperating with medical advice and professionals. These aspects, so-called “Parsons’ postulates,” as Gordon (1966, p. 17) observed, are “not based upon systematic observation; it [the sick role] has not been empirically validated nor have its key assumptions been tested.”

Nonetheless, the sick role has been accepted by both academics and clinicians because of its insight, utility, “prima facie reasonableness” (Gordon, 1966, 3 p. 17). For example, critiques notwithstanding, there is a longstanding consensus that sick people (in the sick role) are permitted to seek support, obligated to get well, and are not held responsible for their illness (Burnham, 2012, 2014). Such permissions and obligations are a fulcrum around which much of the public (i.e., mass mediated) disclosures of athletes’ mental illness turn. Retired athletes often stress that they felt they were unable to gain support for mental illness, unlike physical injury, while in the elite sport system. Indeed, the aforementioned John Kirwan as well as Michael Phelps made disclosures once their careers had ended, while Alison Schmitt made her disclosures during a career hiatus. This is not to say there is no media coverage of athletes in their career discussing and addressing mental health. Disclosures and awareness continues to grow. Rather, it reflects the point that the extent to which such

views of illness are held, and are therefore congruent with Parsons' conceptualization of the sick role, is dependent on the type of illness. Following Perry (2011) who provides empirical support for the sick role in mental illness, we see a fundamental tension between expectations of athletes and rhetoric regarding mental health in the mass mediation of mental illness in and through sport that the sick role can provide a starting point for theorizing. First, role conflict in elite sport that often makes the sick role desirable but untenable for athletes. Second, this juxtaposed with awareness raising initiatives (including most obviously disclosures and mental health literacy campaigns) encourages, in effect, adoption of the sick role in 25 mental health.

The explanatory utility of the sick role and its concomitant academic success beyond prima facie reasonableness is attributable to focusing on conceptualizing experiences of sick people independently, at least in part, from medical professionals and institutions, which only appear in the fourth, and final, postulate. The sick role, then, is not synonymous with "patient" and therefore enables distinguishing facets of illness experience that accentuates social context, individual perception, and interaction, not just diagnosis and treatment (Burnham, 2012). In this regard, Parsons interest in the sick role was an expression of an interest in patterns of social relationships, social interaction, and normative cultural frameworks. As such, the sick role is a reflection of his broader interest in medicine as an example of a collectivity-oriented institution focused toward enabling individually calculated and important social actions. Therefore, and this is often overlooked when introducing the sick role, is that Parsons placed significant emphasis on social systems being made up of actions of individuals. These actions are variously influenced, enabled, and constrained by physical, social, and cultural factors. As such, the sick role must be understood as a particular mechanism of social control in a capitalist society and as such expectations of behavior. In this case, played out in the mediation of sport.

Contra protestations of (ill-informed) critiques of structural functionalism, Parsons certainly found social norms problematic, contested, and historically contingent. Such contingency notwithstanding, repetition of behaviors and expectations derived from social norms become institutionalized as roles. Said differently, many of our roles are

bound up in social institutions and structures. Indeed, if you doubt the importance of roles in society then consider how often people describe their roles when asked to describe themselves. Importantly, an individual can, and usually does, occupy more than one role. The sick role subsumes the multiplicity of other social roles when we are unwell. Hence, the difficulty of athletes occupying the sick role as athletic identity (read: role) is so culturally, normatively, and individually powerful. The sick role enables conformity even during periods of incapacity because the individual's usual obligations and rights are suspended and superseded by those of the sick role. The most fundamental and obvious right is exemption from fulfilling normal role expectations due to illness. Concomitantly, the right to exemption entails an obligation to exclude yourself, although the obligation is often enforced by role partners (Parsons, 1951b) as “disturbing element in the system” (Parsons, 1964, p. 259). As indicated above, consideration needs to be given not only to athletes with mental illnesses as disturbing elements of the sports system but also how role partners may serve to either support athletes or attempt to minimize their disruption while keeping them functioning, from a sports performance perspective in the system (Coyle, Gorczynski, & Gibson, 2017).

The right to not be held individually accountable for illness has shifted in physical health through healthism (Crawford, 1998). Concomitantly, there is a shift in societal norms, patterns of behavior, and the inquiry of sociologists from illness to health. Furthermore, long ago Kutz and Giacopossi (1975) questioned the applicability of the sick role to mental illness. However, as mentioned above, the type and perception of illness is important, and there is empirical support for the sick role in mental illness (Perry, 2011). Moreover, from a mediation perspective, key rhetoric reflects aspects of the sociology of the sick role. In order for the individual to not be held to account as responsible they must dutifully comply with the concomitant obligation to “want to get well” (Parsons, 1951a, p. 437). Herzlich (1973) argues that the motivation to get well entails the prevention and demonstration of acceptance of illness as an escape for the stresses and burdens of social roles. As such, the right to help entails the obligation to seek help. So much is a cornerstone of the logic of high-profile disclosures in the media and coverage of awareness initiatives from sporting bodies. Consider, for example, the work of NBA star Kevin Love. However, the attempt to

become healthy will entail, if not require, accepting violations of personal autonomy and in many cases violation of the body. Violations of elite athletes' bodies and autonomy are routine. For high-profile athletes, violations of their privacy via the media are also common. Parsons (1951b) identifies a paradox as the loss of autonomy, in modern capitalist societies, is a significant cost given the high value placed on autonomy, therefore autonomy is only relinquished in the pursuit of ultimately greater autonomy. Again, this perspective reflects the tendency for mental illness to be viewed as not only strictly spatially, temporally, and socially transitional (Parsons, 1964) but also in terms of possible restitution.

For example, it has become a common refrain that anyone can be affected by mental illness and as an illness is not defect or sign of weakness. Indeed, consider the aforementioned efforts by athletes. Importantly, Perry's (2011) research shows that the ability to adopt the sick role is influenced by the presentation and severity of illness: less severe mental illness is better received. However, inconsistent and less visible symptoms, which are often associated with less severe conditions, result in decreased support and adoption of the sick role. Further, performance of the sick role often results in increased support and acceptance from core networks (insiders), while peripheral (outsiders) are less accepting, leading Perry (2011, p. 471) to conclude that "those with visible symptoms of mental illness attract helpful attention from a safety net of core supporters, while simultaneously attracting harmful attention for the public at large." This has obvious considerations in mass mediation. First, in considering the utility of ubiquitous consciousness raising. Indeed, in the UK, Simon Wessely, the first psychiatrist to be appointed president of the Royal Society of Medicine, argues that over-awareness of mental illness creates significant problems for what is usually an under-resourced service. Second, the kinds of mental illness that are reflected are often compatible with aspects of the sick role, for example, mild to moderate depression, rather than severe psychotic episodes.

THE SPECTACLE OF MENTAL HEALTH IN SPORT

As outlined briefly in the introduction, there are important differences between mental illness and mental health. In this section, we focus more explicitly on the mass mediation of mental health. In doing so, we see the notion of the spectacle (Debord,

1983) as providing a foundation for sociological investigation and critique. Guy Debord's theorizing of the society of the spectacle is often interpreted as an incisive critique of mass media via a typically pithy observation that "the spectacle is not a collection of images, but a social relation among people, mediated by image" (Debord, 1983, §4). Indeed, the field as charted by the chapter thus far is implicitly a review of how mental illness is portrayed in mass media is not simply a collection of images and depictions and/or prominent sources of understanding for the general public, but also a means of shaping relations between people and how people are treated by institutions. This alone makes Debord's work of relevance to anyone seeking to understand mass mediation of mental health. However, Debord's insight is far more profound than media critique. Indeed, Jappe (1999, p. 1) identified a tendency to trivialize Debord's work to the extent that "there must be very few present-day authors whose ideas have been so widely applied in distorted form" by virtue that his central focus, the society of the spectacle, has become a phrase:

practically de rigueur in every discussion of the invasion of life by the mass media, every denunciation of the effects on children of being stuck from babyhood on or in front of the television [obviously as well as tablet, computer, and phone] screen; likewise the "spectacularization" of information is universally deplored apropos of the reporting of tragic events.
(p. 1)

Obviously, then, it is incorrect to view *The Society of the Spectacle* purely as mediation on the media. For Debord (1983), mass media is "the most glaring superficial manifestation" (§24) of the spectacle which denotes the multilayered and multifaceted colonization of social life by the commodity. In classic sociological terms, the spectacle is congruent with the most advanced formation of societies based on production, distribution, and consumption of commodities. Thus, Debord's (1983, 2009) exegeses of alienation and commodification develop the position of Marx (and later Lukes) which theorized the economic and social production relations of modernity as characterized by the decline from "being" into "having" to one of further decline from "having" into "appearing" (Debord, 1983, §17).

The spectacle is founded on technology and the integration of state and economy. Therefore, we should recognize mass mediation as both economic and ideological. In

this regard, we are sensitive to the ideological framing of responsibility in mental health. The inherent and obvious challenges of diagnosis and understandings of mental illness versus physical illness are sidelined in the mediation of (mental) health as a goal that must be endlessly pursued and concomitantly inextricable from individual attitudes, commitment, and personal responsibility. Such is the foundation of the rise of sport and physical culture as mental health (and emotional well-being) prophylaxis. Following Debord 19 (1983), economic exploitation is not the only problem of social organization based on commodity production, rather “direct experience and the determination of events by individuals themselves are replaced by a passive contemplation of images (which have, moreover, been chosen by other people)” (Jappe, 1999, p. 6).

To this end, we can consider the mass mediation of elite athlete disclosures of mental illness as commodification for consumption of and through the media. There are countless examples of such sensationalized and spectacular stories. As alluded to above, the inherent reduction and interpretation of these narratives render athletes as “spectacular representatives of a living human being” (Debord, 1983, §61) and in doing so distracts from the lived reality of mental illness. Consider how the mass mediation of mental health in sport focuses on well-being or relatively minor mental illnesses. Mild depression, anxiety, and borderline body image issues are the order of the day. Furthermore, we can consider how the mass mediation of sport and physical culture more broadly is incorporated into the burgeoning happiness industry. Although space precludes a thoroughgoing development of this line on inquiry here, it can be thought of as analogous to the “fitspiration” grounded in mental health and well-being rather than body image. At its most basic and longstanding level, the mass mediation of sport and physical culture perpetuates its emotional excitement through everyday institutional, technical, and economic structures (Gibson, 2012). As Andrews (2006, p. 95) observes the social relations and experiences in, through, and about spectacular sport and physical culture are “mediated by ancillary commercial texts, products, and services.” Indeed the orchestrated ensemble of the spectacle is reflected in how consumption of sport, through fandom and participation alike, is a significant component on many peoples’ lives.

Importantly, the spectacular nature of mass mediation is not a reflection of demand, but rather its creation, of demand. At a more sophisticated and emergent level, we can think of the integration of sport and physical culture in the development and deployment of sensor technology. Beyond calorie, step, and heart rate counting wearable technology is increasingly providing a conduit for human emotions and computational technology (Millington, 2018) most potently through affective computing algorithms. The detection, recognition, and commodification of happiness, operationalized through physiological and neurological measures entrenches individual responsibility and neurophysiological causes of, and therefore answers to, mental health.

Although Wessley (2017) does not couch his critique in terms of the spectacle, spectacular mental health certainly does result in awareness, however, “we don’t need people to be more aware. We can’t deal with the ones who already are aware” (p. 358). Recall the spectacle is more than the mass media. It is the naturalization of alienation. Importantly, the spectacle underscores structural conditions. Said differently, it sensitizes us to the need for understanding the mass mediation of mental health in sport that goes beyond particular images and representations to why such images and representations are needed in our particular contemporary social configuration.

CONCLUSION

To conclude, the primary message of this chapter is sociologists of sport interested in the media have been remiss to not study mental health. It is our firm hope and expectation that such neglect will be quickly remedied. In such context, this chapter is intended to provide the reader with a number of potential starting points. Most obvious is the literature attending to the mass mediation of mental health outside sport. In developing more sociological understanding, we see great potential in returning to sociology of medicine fundamentals, namely: the sick role. Naturally, the sick role is but one possible starting point and one that will be subject to much criticism. Nonetheless, the point remains that consideration must be given to the ways in which mass mediation focuses on the desirability but often unattainability of the sick role. In a different line of inquiry, we see a need for critical interrogation of

mental health and the image. As such, while there is a clear need to counter negative portrayals of mental illness, potentially through exploration of the potential for positive portrayals of people with mental illness and broader discussions of mental health to educate and inform, there is a great need of caution.

FIVE KEY READINGS

(1) Coyle, M., Gorczynski, P., & Gibson, K. (2017). "You have to be mental to jump off a board any way": Elite divers' conceptualizations and perceptions of mental health. *Psychology of Sport & Exercise*, 29, 10_18. doi:10.1016/j.psychsport.2016.11.005 This qualitative sociological study shows how elite athletes conceptualize and operationalize their culturally conditioned understanding of mental health and mental illness. In doing so, it demonstrates how poor mental health literacy among athletes makes mass mediated disclosures of mental illness an important source of information regarding mental health and illness for athletes. Thus underscoring this chapter's argument for further research in the area.

(2) Debord, G., (1983). *Society of the spectacle*. Detroit, MI: Black & Red.

Debord provides a scathing theorization of our contemporary society with particularly valuable insights into mass mediation, which has aged well even in the context of social media. A must read for any sociologist interested in the mass media.

(3) Parsons, T. (1951). 'Illness and the role of the physician: A sociological perspective'. *American Journal of Orthopsychiatry*, 21, 452_460. A foundational study in medical sociology that is perhaps more critiqued than read. Why certainly deserving of critical reflection, it is equally deserving of careful and considerate attention as an avenue for theorizing in the nascent study of how elite athletes disclose and manage mental illness.

(4) Pirkis, J., Blood, R. W., Francis, C., & McCallum, K. (2006). On-screen portrayals of mental illness: Extent, nature, and impacts. *Journal of Health Communication*, 11(5), 523_541. An approachable summary of foundational studies of mental illness as portrayed in films and television with in-depth explanations of the various typologies reviewed in this chapter.

(5) Zexin, M. (2017). How the media cover mental illnesses: A review. *Health Education*, 117, 90_109. doi:10.1108/HE-01-2016-0004 This up-to date review of media portrayals of mental illness adds little to Pirkis' aforementioned work in terms of film and television, but provides interesting and useful information on direct-to-consumer advertising, social media, and strategic use of mass media for challenging stigma.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.
- Andrews, D. L. (2006). Disneyization, Debord, and the integrated NBA spectacle. *Social Semiotics*, 16(1), 89_102.
- Babington, B. (2014). *The sports film*. London: Wallflower.
- Bie, B., & Billings, A. C. (2013). "Too good to be true?": US and Chinese media coverage of Chinese swimmer Ye Shiwen in the 2012 Olympic Games. *International Review for the Sociology of Sport* doi:10.1080/21640629.2016.1198584
- Bourdaa, M., Konsman, J. P., Sécail, C., Venturini, T., Veyrat-Masson, I., & Gonon, F. (2013). Does television reflect the evolution of scientific knowledge? *Public Understanding of Science*,

24, 200_209. doi:10.1177/0963662513484842

- Brayton, S., Helstein, M. T., Ramsey, M., & Rickards, N. (2017). Exploring the missing link between the concussion “crisis” and labor politics in professional sports. *Communication and Sport*, 50, 785_703. doi:10.1177/1012690213495746
- Boeppel, L., & Thompson, J. K. (2015). A content analytic comparison of fitspiration and thinspiration websites. *International Journal of Eating Disorders*, 48, 98_101. doi:10.1002/eat.22403
- Bonzel, K., & Chare, N. (2016). Sports coaching on film. *Sports Coaching Review*, 5, 1_13.
- Burnham, J. C. (2014). Why sociologists abandoned the sick role concept. *History of the Human Sciences*, 27, 70_87. doi:10.1177/0952695113507572
- Camp, M. E., Webster, C. R., Coverdale, T. R., Coverdale, J. H., & Nairn, R. (2010). The joker: A dark night for depictions of mental illness. *Academic Psychiatry*, 34(2), 145_149.
- Cooky, C. (2017). Text/representation. In M. L. Silk, D. L. Andrews, & H. Thorpe (Eds.), *Routledge handbook of physical culture studies* (pp. 476_483). London: Routledge.
- Cooky, C., Messner, D., & Musto, M. (2015). ‘It’s dud time!’: A quarter century of excluding 41 women’s sport in televised news and highlight shows. *Communication and Sport*, 1_27. Retrieved from <https://doi.org/10.1177/2167479517740342>
- Burnham, J. C. (2012). The death of the sick role. *Social History of Medicine*, 25(4), 761_776.
- Coyle, M., Gorczynski, P., & Gibson, K. (2017). “You have to be mental to jump off a board any way”: Elite divers’ conceptualizations and perceptions of mental health. *Psychology of Sport & Exercise*, 29, 10_18. doi:10.1016/j.psychsport.2016.11.005
- Debord, G., (1983). *Society of the spectacle*. Detroit, MI: Black & Red
- . Diefenbach, D. L. (1997). The portrayal of mental illness on prime-time television. *Journal of Community Psychology*, 25(3), 289_302.
- Gibson, K. (2012). Knight’s children: Techno-science, consumerism and running shoes. *Qualitative*
- Edney, D. R. (2004). *Mass media and mental illness: A literature review*. Ontario: Canadian Mental Health Association.
- Fink, J. S. (2015). Female athletes, women’s sport, and the sport media commercial complex: Have we really “come a long way, baby”? *Sport Management Review*, 18, 331_342.
- Fink, J. S., & Kensicki, L. J. (2002). An imperceptible difference: Visual and textual constructions of femininity in sports illustrated and sports illustrated for women. *Mass Communication and Society*, 5, 317_339.
- Gabbard, G. (2001). *Psychotherapy in Hollywood cinema*. *Australasian Psychiatry*, 9(4), 365_369.
- Gabbard, G. O., & Gabbard, K. (1999). *Psychiatry and the cinema*. Washington, DC: American Psychiatric Press, Inc.
- Gehring, J. (2016). Race, ethnicity and German identity: A media analysis of the 2010 world cup men’s national soccer team. *Ethnic and Racial Studies*, 39, 1962_1980. doi:10.1080/01419870.2016.1148823
- Gerhardt, U. (1989). Ideas about illness: An intellectual and political history of medical sociology. *Research in Sport, Exercise and Health*, 4(3), 341_361.
- Gordon, G. (1966). *Role theory and illness: A sociological perspective*. New Haven, CT: College and University Press.
- Hartley, J. (2011). *Communication, cultural and media studies*. Milton Park: Routledge.
- Hylar, S. E., Gabbard, G. O., & Schneider, I. (1991). Homicidal maniacs and narcissistic parasites: Stigmatization of mentally ill persons in the movies. *Hospital and Community Psychiatry*, 42(10), 1044_1048.

- Kim, Y., & Billings, A. C. (2017). Hostile sports media? Perceived nationalism bias in online sports coverage. *Electronic News*, 11, 195_210. doi:10.1177/1931243117701524
- Klin, A., & Lemish, D. (2008). Mental disorders stigma in the media: Review of studies on production, content, and influences. *Journal of Health Communication*, 13, 434_449. doi:10.1080/10810730802198813
- Livingstone, K. (2004). Viewing popular films about mental illness through a sociological lens. *Teaching Sociology*, 32, 119_128. doi:10.1177/0092055X0403200111
- Maguire, J. (2004). Challenging the sports-industrial complex: Human sciences, advocacy and service. *European Physical Education Review*, 10, 299_321.
- Maiorano, M., Lasalvia, A., Sampogna, G., Poci, B., Ruggeri, M., & Henderson, C. (2017). Reducing stigma in media professionals: Is there room for improvement? Results from a systematic review. *The Canadian Journal of Psychiatry*, 62, 702_705. doi:10.1177/0706743717711172
- McGannon, K. R., & Spence, J. C. (2010). Speaking of the self and understanding physical activity participation: What discursive psychology can tell us about an old problem. *Qualitative Research in Sport and Exercise*, 2(1), 17_38.
- McKenzie, S. (2013). *Getting physical: The rise of fitness culture in America*. Lawrence, KS: University Press of Kansas.
- Millington, B. (2018). *Fitness, technology and society*. London: Routledge.
- Millington, B., & Wilson, B. (2017). Media research: From text to context. In B. Smith & A. Sparkes (Eds.), *International handbook of qualitative methods in sport and exercise* (pp. 152_163). New York, NY: Routledge.
- Myrick, J. G., & Pavelko, R. L. (2017). Examining differences in audience recall and reaction between mediated portrayals of mental illness as trivializing versus stigmatizing. *Journal of Health Communication*, 22, 876_884. doi:10.1080/10810730.2017.1367338
- Parsons, T. (1951a). Illness and the role of the physician: A sociological perspective. *American Journal of Orthopsychiatry*, 21, 452_460.
- Parsons, T. (1951b). *The social system*. Glencoe, IL: The Free Press. Parsons, T. (1964). *Social structure and personality*. London: The Free Press.
- Perry, B. L. (2011). The labeling paradox: Stigma, the sick role, and social networks in mental illness. *Journal of Health and Social Behavior*, 52, 460_477. doi:10.1177/0022146511408913
- Pies, R. (2001). Psychiatry in the media: The vampire, the fisher king, and the zaddik. *Journal of Mundane Behavior*, 2, 1_7.
- Pirkis, J., Blood, R. W., Francis, C., & McCallum, K. (2006). On-screen portrayals of mental illness: Extent, nature, and impacts. *Journal of Health Communication*, 11(5), 523_541.
- Poulton, E., & Roderick, M. (2008). *Sport in films*. London: Routledge.
- Quintero Johnson, J. M., & Riles, J. (2018). "He acted like a crazy person": Exploring the influence of college students' recall of stereotypic media representations of mental illness. *Psychology of Popular Media Culture*, 7(2), 146_163.
- Schneider, I. (1977). Images of the mind: Psychiatry in commercial film. *American Journal of Psychiatry*, 134, 613_619.
- Schneider, I. (1987). The theory and practice of movie psychiatry. *American Journal of Psychiatry*, 144(8), 996_1002.
- Tiggeman, M., & Zaccardo, M. (2015). "Exercise to be fit, not skinny": The effect of fitspiration

- imagery on women's body image. *Body Image*, 15, 61_67. doi:10.1016/j.bodyim.2015.06.003
- Tomlinson, A., & Young, C. (2006). *National identity and global sporting events*. Albany, NY: State University of New York Press.
- Wahl, O., Wood, A., Zaveri, P., Drapalski, A., & Mann, B. (2003). Mental illness depiction in children's films. *Journal of Community Psychology*, 31(6), 553_560.
- Wahl, O. F. (1992). Mass media images of mental illness: A review of the literature. *Journal of Community Psychology*, 20, 343_352.
- Wedding, D., & Niemiec, R. M. (2003). The clinical use of films in psychotherapy. *Journal of Clinical Psychology*, 59(2), 207_215.
- Wilson, C., Nairn, R., Coverdale, J., & Panapa, A. (2000). How mental illness is portrayed in children's television. *British Journal of Psychiatry*, 176, 440_443.
- Wondemaghen, M. (2018). Homeland and its use of bipolar disorder for sensationalist and dramatic effect. *Social Semiotics*. doi:10.1080/10350330.2017.1422900 doi:10.1108/HE-01-2016-0004
- Zexin, M. (2017). How the media cover mental illnesses: A review. *Health Education*, 117, 90_109.