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Mental Health Matters? Evaluating the Validity of Anti-Stigma Media Content Published by Westernised Universities: A Semiotic Approach

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Abstract: *This study aims to understand how universities use visual and textual language to destigmatise mental health and illnesses. In discussions of college institutions increasing their anti-stigmatic media content, a controversial issue is whether these universities genuinely contribute to mental health and illness destigmatisation. While some argue that this content about mental health normalises and eliminates the stigma, others contend that this content still reinforces stigmatic views. Understanding the visual and textual complexities of mental health and illness stigma in media through its historical origins enabled this study to grasp both ideas. Furthermore, evaluating the validity of anti-stigma online media created and posted by the academic institutions Arizona State University and Dublin City University allowed this historical concept of stigma to be applied in a modern-day context. Using qualitative methods from well-versed semiotic scholars such as Dyer (1982) and Rose (2016), the findings indicated that stigma is implicitly signified in ASU and DCU's mental health and illness media content, despite explicit anti-stigma remarks. This analysis led to a discussion over these institutions' generic visuals and texts that suggest mental health and illness content is published to fulfil a social trend. Additionally, the study found a lack of direct communication between ASU and DCU regarding their international student's mental well-being, which led to further recommended areas of research and developments on addressing stigma in the university setting. Finally, concluding statements remarked how awareness of stigma is part of the action required to destigmatise—mental health matters; nevertheless, how it is presented matters too.*

Keywords: *Stigma, destigmatisation, mental health, signs, media content, university*

Introduction

At the headlines of universities' initiatives to promote the importance of their students' psychological well-being is the phrase “Mental Health Matters” (The Lancet, 2018). The analysis of media content, from television to online website domains, by scholars on mental health and illness has established that although society is inundated with awareness campaigns on this topic, the representation of such rarely addresses stigma appropriately. Discourses where one calls a depressed peer “crazy” or the person struggling with bipolar disorder “dangerous” is what construes stigma in action. To traject these false narratives, mental health advocacy is meant to destigmatise illnesses and connect to those stigmatised. Regarding this anti-stigma effort in media today, lingering traces of stigma remain. Granting that the scope of most scholarly studies has developed this understanding, little attention has been allocated to critically examining the mental health and illness content circulated by the formative institutions for every future generation: the university. Are universities giving more funding and attention towards mental health and illnesses merely to be part of a social cause that has gained significant traction since COVID-19? How authentic is the language these seminal institutions use in their media content?

These questions help bolster concern about the action of institutions that participate in this social cause and attach themselves to such for validity. As a result, it has provoked me to look at some of the mental health and illness media content society is currently exposed to from universities as a fellow college student; more specifically, the content from Arizona State University (ASU) and Dublin City University (DCU). I chose these colleges not because they are similar but because they are different demographically and culturally, providing a broad scope of content to analyse. Studies have identified that universities publish and create media content to address and help de-stigmatise mental health for their college students. Scholars have established how anti-stigma and stigma can be presented in media. By asking, “Do ASU and DCU reinforce or dampen the mental health and illness stigma for students from their use of words, phrases, and images in their shared media content?” the gap in academic research regarding the form of universities presentation and communication of mental well-being media is addressed. The following study will familiarise the reader with what stigma is and how it is signified through textual and visual signs. The literature review will employ valid qualitative methods to answer this dissertation’s core question. Subsequently, the findings and discussion will be under sub-research questions, enabling a robust response in determining if ASU and DCU reinforce stigmatic views through their supposed anti-stigmatic content directed to their students.

Literature review

Introduction

This literature review aims to provide direction and familiarity with mental health and illness stigmatisation in media for university students. This academic discussion will be treated under four sections. Firstly, section one will provide a brief historical overview of stigma. After that, section two will aid in developing the relevance university institutions hold to combat stigma in their media. Next, three and four will consider how stigma and anti-stigma efforts are exemplified textually and visually in media; while addressing the limitations these prior research paths obtain. These four sections help stimulate further questions and discussions regarding the media signs that signify stigma and anti-stigma of mental health and illnesses.

1 Background

What exactly is stigma? Erving Goffman was the first sociologist to articulate a shared basic definition of stigma, stating how it is a process where the identity of one’s self becomes discredited. This statement stemmed from his study in 1963 on an analysis of mental health patients who were in recovery. Goffman found that these ex-patients had experienced shame, ridicule, and fear when they

had to explain to friends and family why their mental illness was the reason work, and school were challenging to reintegrate into. Upon learning this, Goffman underlined the main social reasons these ex-patients felt uncomfortable. Stigmatic aggravators such as phrases and stereotypical depictions of ex-mental hospital patients as shy or unemployable in the media had cultivated in the minds of the mentally ill and their surrounding social groups. To expand on who is affected by this concept, Goffman identified three main types of stigma:

1. stigma associated with physical deformation
2. stigma associated with mental illness; (blemishes of character, mental disorder, imprisonment, addiction, homosexuality, suicidal attempts, and radical political behaviour)
3. stigma attached to identification with a particular race, ethnicity, religion, ideology, etc.

Following Goffman's typology, he relays that no matter the differentiating physical or social factors, the consequences stigmatised individuals face are exact; they are perceived as burdensome because of their "disabling circumstance" (Goffman, 1963, p.68). Considering this dissertation focuses on mental health and illnesses, Goffman's second type of stigma is the only one relevant. From this view, it is understood how those stigmatised view their mental health and illness as a 'dark secret' (Goffman, 1963, p.71). Social researchers such as Clement et al. (2015) and Corrigan (2018) find this early work seminal. Nonetheless, the rationale for conceptualising stigma has transcended. For McLaughlin (2018), Goffman's illustration of stigma is too individually fixated; it explores the effects of those stigmatised but fails to turn attention towards the stigmatiser. In this study, the term 'stigmatiser' indicates the aggravator for those stigmatised.

Instead of merely characterising stigmatised individuals, McLaughlin (2018) references Link and Phelan (2001) to pinpoint stigma through its outwardness; and how it is formulated by the 'other', or the stigmatiser. In their understanding, stigma occurs because of prevailing cultural beliefs that lead humans to identify definite differences and label one another plainly. Maintaining this idea of labelling, Bracke et al. (2019) claim stereotypes primarily produce the stigma process. Such stereotypes are considered socially harmful, but Bracke et al. (2019) do not state this explicitly. Consequently, this confuses readers because stereotypes are generalisations that may also be positive (Ross, 2019).

Furthermore, they find how society attaches certain words or images to stigma, allowing it to persist. In this way, the stigma concept is productive within today's society. Finally, Tyler (2018) contends that more research should be done to appropriately widen the public understanding of stigma through anti-stigma media campaigns. His work enabled academics to ask whether the words used by anti-stigma campaigns decrease the stigmatisation of mental health and illnesses. Overall, the scholar's definitive studies above' are considered valuable to understanding mental health and illness stigma and its consequences. How this joined conceptualisation of stigma formulates into the age of mass media within university institutions both explicitly and implicitly will now be evaluated.

2 Stigma in the College Setting

Based on the knowledge of previous social science researchers, negative stereotypes about mental health and illnesses have warped the reality that stigmatised people face. Ross (2019) looks at the stigmatiser to rectify that for stigmatisation to occur, power must be exercised. As Foucault (1977) affirms, such power is often found within institutions; therefore, this study will discuss the college university institutional setting and its relevance towards mental health and illness stigma. Historically, studies have examined that stigma impedes students' motivation to seek help and graduate (Niederkrotenthaler et al., 2014: Sokołowska, 2016: Vogel et al., 2007). Within the discussion of modern-day communication in universities, Giamos (2017) orates how although mental health services exist, they are not promoted efficiently and openly on campuses. It, therefore, has resulted in the stigma attached to mental illness as an issue for all students, peers, and professors.

Interestingly, Sibicky and Davido (1986) maintain and test this statement. Data from Sibicky and Davido's (1986) studies of stigmatised individuals suggest that their peers can be a source of stigma. However, those same stigmatised individuals feel that peers can simultaneously be a source of support. More recently, the World Health Organisation identified that poor mental health caused approximately U.S. $2.5 trillion in the world economy in 2010. For this reason, the investment in mental health has since strengthened economically. Socially, the COVID-19 pandemic gave rise to mental health prioritisation due to the event's emotional effects. Since 2018, especially during 2020, The Lancet Commission has continuously called for UN agencies to disperse and invest in mental health recourses within academic institutions to state that today's youth's mental well-being is urgent for all countries (The Lancet, 2018: WHO, 2022). This call to action comes from a long line of research on social science which scholars have collected, establishing how university students with mental illnesses and general college students equally feel the stigma around addressing mental health (Salzers, 2012).

Moreover, considerable evidence concluded that students' access to university communication about mental health and illnesses through various media content aids in its de-stigmatisation and elevates their likelihood to challenge stigmatic societal beliefs (Holland, 2016). Essentially, these global organisations have recognised that the more students see and hear about mental health, the more normalised it becomes, resulting in decreased adverse social effects. All of this knowledge combined, universities' prioritisation of dispersing mental health and illness media content solidifies their innate ability to influence their students' perceptions (Corrigan, 2018). Contrastingly, Ahuja et al. (2017) studied the University of Delhi to find that the greater awareness of mental health and illness among college students may cause them to form a greater distance between stigmatiser and stigmatised. This was explained to be caused by the feeling stigmatisers have induced from stigma, fearing association with those stigmatised would cause them to become mentally ill. This shows that although stigma has been globally recognised as detrimental to mental health and illnesses, most organisations and institutions fail to consider if the media content shared by universities to illuminate these issues is a reason it persists.

Stigma in the university setting is a valid concern around the world, and looking at specific institutions that have taken in this concern is beneficial to the scope of this study. While Arizona State University showed a 90% increase in students seeking mental health and illness services since they have been made more accessible, Dublin City University spent nearly EU 260,000 on their mental health and illness services for the student population during the same 2021 school year (Galan, 2021: Wilson, 2021). These numbers from both universities show how they have integrated multiple global health organisations' pleas to amplify the importance of students' mental health and illnesses today. Nonetheless, the existing literature provides an opportunity to initiate a fresh dialogue to examine whether universities address mental health stigma effectively. Studying the historical and contemporary representation of mental health and illnesses through signs will help to comprehend why they carry stigmatic connotations. Moreover, analysing such media examples will highlight the university environment's significance in promoting anti-stigma and prompt an inquiry into how it is being addressed.

3 The Visual and Textual Examples of Mental Illness and Health Stigma in Media

After reading the previous section, one establishes an understanding of stigma, and two presents its relevance to the modern-day university setting, specifically at Arizona State University and Dublin City University. The preceding section critically explains my analysis of these two universities' mental health and illness-related media content.

3.1 Depicting the Mentally Ill as the Villain and the Victim

Scholars have found several common signs using qualitative analysis that signify those mentally ill as monstrous, villainous, lazy, and vulnerable. These signs that indicate stigmatic views come from how mentally ill people are usually depicted in the media. Wahl (2003) highlights how mentally ill people are typically shown wearing dull-coloured clothes, with dark under-eye bags and messy hair, inhibiting dim and dark places. Along with this, Parrott & Parrott (2015) analysed crime-based television shows in the United States and found that these signs in the media signify mentally ill people as more likely to be a victim of a crime because they are incapable of taking care of themselves. These portrayals echo the assumptions and stereotypes persisting in society. A Discriminant Function Analysis revealed negative implicit attitudes toward mental illness: 58-78% of participants associated adjectives such as "bad," "blameworthy", and "helpless" with mental illness. The analysis from Obert (2017) concluded there were stronger associations between these adjectives with mental illness than physical illness. This myth contributes to stigma as it formulates a lazy and unproductive narrative that can be suggested in written texts or scripts, triggering a stigmatic opinion to form the "other'' (Goffman, 1963, p.10-11). A broadly similar point these preliminary works suggest is that self-stigma among students is partly rooted in expressions that imply undergraduates choose to be mentally ill because they are vulnerable and 'lack a moral backbone' (Corrigan, 2018).

Characters labelled as having a mental illness are likewise found to have a greater probability of being villains in crime-based U.S. television shows, contributing to the stigma (Parrott & Parrott, 2015). This is especially true in the television series Criminal Minds (2011). In the episode "Devotion", the mass murderer had schizophrenia, which was shown to a focus group. Consequently, most viewers from Parrott &Parrott's (2015) focus group understood mentally ill people as unpredictably violent and villainous. Goffman (1963, p.12) clearly illustrates this: "By definition, of course, we believe the person with a stigma is not quite human". In sum, this non-human stereotype of mentally ill people is perpetuated by the depictions mass media has provided. Apart from visual media discourses, Eisenhauer (2008) discovered that the most popular textual phrases involving the subject of mental health and illness are "spun out", "loony", and "crazy for you". This acquired knowledge leads us toward analysing ASU and DCU's content with these common stigmatic depictions in mind to answer the question posed at the beginning. Subsequently, it will aid in determining whether or not these universities' de-stigmatising efforts expel stigma implicitly or explicitly.

3.2 Depicting Mental Illnesses with Women, Facelessness and Banality

In terms of gender, Pattyn et al. (2015) articulate how men are more likely to hold stigmatic beliefs about the utilisation of mental health services than women. The scholars indicated this is due to the general social belief that men can mentally rely on themselves. The preceding literature examines that the media curate stigma by using specific people to represent those illnesses. This disputes Bracke et al. (2019), who state that stigma is formulated purely by stereotypes and adds that college students also experience stigma through prejudiced and discriminatory representations and language (Ahuja et al., 2017). Using semiotic analysis, Levitt (1997) found that thin womanly body types are a common sign used for eating disorders, signifying that women solely experience anorexia, bulimia, damaging dieting and weight loss. As a result, Levitt (1997) states how the exact depictions used to reject eating disorders in media have only encouraged such behaviours for women. Additionally, this helps to explain what Pattyn et al. (2015) reported about men holding more stigmatic beliefs. The male gender's lack of representation in mental health and illness media has been condemnable.

Regarding university students, Levine (2017) looks towards new directions for higher education institutions to decrease the shame about having an eating disorder, especially within the male community. Relating to Levitts (1997), Levine (2017) states that often, media signs have signified to those with eating disorders that they should focus on their eating habits even more rather than discussing the effects this mental illness entails. He suggests that emphasising with words the negative

changes eating disorders have on all genders' bodies and excluding photos of only women can provide a field of comfortability. At the same time, it may eliminate the concept of invalidating males' feelings towards their mental illness (WHO, 2022).

Although numerous studies generate this same knowledge, little is known if there is a more significant number of thin body types, silhouettes, and faceless imagery within university institutions' mental health and illness-related media content. Maintaining this view, Stout's (2004) findings on stigmatic literature and imaging follow Wahl and Roth's (1982), affirming how mental illness is commonly seen to lack an identity and is defined generically in literature. Pavez (2022) argues that banal imagery and facelessness are positive components of de-stigmatising efforts. He clarifies how in the absence of real-world contact, such themes are more suitable to be banal, and the intertextual component becomes relevant. For example, the website "Good Fruit and Vegetables" (2020) uses an image of an onion to discuss improving mental health. In Pavez's (2022) view, this makes mental health and illness media content more engaging, yet, it ignores the characteristics of effective anti-stigmatic approaches the majority of this literature supports. Controversially, mental health and illness normalisation tactics have undermined the serious validity of mental health, according to Corrigan (2018). He states mundane slogans such as "you matter" and "people with mental illnesses are just like us" accentuate similarities between the stigmatiser and stigmatised; and proposes re-evaluating this tactic because it does not celebrate differences. Instead, it shames them for being covered up (Corrigan, 2018, p.141-142). In this way, stigma historically has been detected from explicit stereotyping and 'othering' in media content. However, it can be implicit in modern-day examples, giving the reason for a deeper qualitative analysis of ASU and DCU's chosen words and images in mental health and illness media content.

4 The Visual and Textual Examples of Mental Illness and Health De-Stigmatisation in Media

Section three and its subsections formulate an innate understanding of the stigmatic signs in mental health and illness-related media content comprising signifiers and signifieds. The following will explore the counteractive, which are the de-stigmatising representations of mental health and illnesses.

4.1 Positively Depicting Recovery from Mental Illnesses and the Use of Real-Life Anecdotes in Media

Pavez (2022) discusses recent research gaps regarding de-stigmatising efforts within universities' mental health and illness media content. Thus far, qualitative analyses have focused on the negative representations of mental health and illnesses. In contrast to these earlier findings, however, colourful and bright artistic manifestations may challenge prejudices and minimise stigma content. Institutions commonly use professional terminology and jargon to express their knowledge of mental health and illnesses whilst defining mental illness as a deficiency (Link and Phelan, 2001). This has been proven to result from their exposure to professionalised models and representations of mental health (Saichaie and Morphew, 2014). Although these models may benefit those distressed, they inject a sense of otherness because of the severe and static terminology. Subsequently, Walsh and Foster (2022) argue that this reinforces the stigma and excludes the diverse forms of communication that are more common in university life.

These diverse forms of communication may come from signs of sunlight that signify hope or conversations between peers that may signify comradery about mental illnesses (Sokołowska, 2016). Mjøsund et al. (2015) phenomenological analysis of 12 former inpatients revealed that persons with mental disorders perceive mental health through positively energised body language and movement. Media portrayals of people walking outside or expressing gratitude towards nature and people correlating to mental health resonated with the 12 inpatients most, aligning with their own experience to improve their well-being. Such positive language and imaging within media content were found by Sokolowska (2016) as the most useful for spreading awareness of mental illness recovery. Referring

to section 3.2, however, there is a difference between banal, invaluable phrasing and specific, positive phrasing. Either may signify the rejection of stigma and the acceptance of mental illness recovery amongst college students.

As mentioned in section 3.1, villainous or “loony” depictions and phrases are highly stigmatising. Efforts to rewrite these narratives of those seeking mental health assistance for their illnesses can be changed if mental health literacy is adjusted to focus on the individual's recovery ideas. Link and Phelan (2001) posed the question: how can stigma be changed if stigma is consistently seen as a predicament? Through researching these bodies of work, it is suggested that reinforcing the idea of recovery may ultimately reverse this stigmatic storyline. The programme “Recovery Innovations” in Arizona revealed in 2007 that individuals with a mental illness had an increase in their quality of life regarding participating in education because they received peer support (Repper and Carter, 2010). Moreover, those same individuals were 10% less likely to be re-hospitalised for their mental illness because of the comradery from hearing relatable peer-student stories. Pinfold’s (2018) suggestion for universities to urge their students to express how they feel in their own words rather than promoting the use of words such as “crazy” or “spun out” reflects the findings of those above.

Choi et al. (2021) study found that individual college students who shared their personal mental health experiences and advice through YouTube videos posited an immense contribution to de-stigmatisation. For Choi et al. (2021) and Sheffield (2004), shared experiences validated the sense of recovery because of the casual personal imagery, words, and phrases used. This reflects a previous consensus by Link and Phelan (2001) that people who do not belong to a stigmatised group yet talk about stigma are “...uninformed by the lived experience of the people they study ''. These studies together have gained from their findings that universities should urge and spread their students' lived experiences to combat stigma suitably. Furthermore, this literature has gathered that bright and colourful signs signify the benefits of good mental health. The gap in this research is if ASU and DCU genuinely use these anti-stigmatic phrases and images in their media without stigmatic context.

4.2 Applying Specificity and Simplicity to Anti-stigma Mental Health and Illness Media

Each section of the literature review thus far has proven that a decrease in signs which signify stigma aids in its de-stigmatisation, and an increase in positive mental health and illness visuals eliminates the probability of stigma perpetuation in media. Along with this, Corrigan (2018) and Walsh and Foster (2022) recognise the risks of information overload. They argue that educators need to be clear and concise, simple and brief with the information they provide about mental illnesses and health in media spaces. In Corrigan's (2018) qualitative analysis of mental illness content, cyberspace overload is associated with more stress, poorer mental health, and confusion about appropriate health decision-making. In conjunction with stigma reduction efforts needing to be educationally clear and concise, several studies determined these efforts to be most effective for students when universities target their student's specific needs. For example, an undergraduate student pursuing a BA in Communications differs from an undergraduate student pursuing a BA in Business in terms of their workloads, thus varying in their mental health needs (Choi et al., 2021: Corrigan, 2018: Eisenhauer, 2008: O’Kearney et al., 2007). In this way, O’Kearney et al. (2007) suggest universities must create a culture of awareness, abdicating their students to seek help in the circumstances they require to combat stigma. Collectively, although these bodies of work provide us with examples of anti-stigma texts that could or should have, they lack to investigate content from the universities themselves to find out if these tactics are used.

4.3 Counterarguments Concerning Textual De-Stigmatisation Efforts

These studies offer some critical insights into the very language that institutions use about mental health and illnesses. Researchers contend this does have its limitations to research and development. For instance, purely changing the wording of what may be considered stigmatic labelling may also be

considered “slacktivism” (Corrigan, 2018, p. 114). Although scholars such as Link and Phelan (2001) understand specific labels like “mental patient” can reduce a person's illness, it could be said that focusing on labels too much rather than the actual anti-stigma content distracts from the individual. Especially if we consider how one person may feel differently about a label, they are called than another person would. Therefore, these labels may not be one of the focus points in dissecting the stigmatic nature of DCU and ASU mental health and illness media content.

Conclusion

This literature review provided a path to what this dissertation focuses on. Additionally, it has illuminated questions, contradictions, and research gaps that can be addressed by scoping out mental health and illness media content which at the surface suggests anti-stigma but does not necessarily solidify itself to be such. The scholars mentioned above used various qualitative analysis methods to observe the presence of stigma and anti-stigma in media texts. Wahl (2003) and Goffman (1963) solidified how media inputs shape audiences to perceive people with mental illnesses as non-human. Television and films have connected villainous characters to mental disorders. As a result, these depictions of unworldly darkness about mental illness have overtly perpetuated stigma. Several studies from the likes of scholars such as Stout (2004) examined signs of faceless people and banal objects in association with mental illnesses and health. Such signs that do not necessarily associate with specific mental illnesses reinforce the stigma because they signify unseriousness over the topic. For Levitt (1997) and Pattyn et al. (2015), the stigma of disordered eating as a mental illness has been carried through signs of thin women and harmful eating habits. Together, these signs have signified that men's mental well-being is irrelevant and that those suffering should focus on food more than the dangers of their eating disorder.

Maintaining stigmatic media texts, Eisenhauer (2008) and Mowbray et al. (2006) formulated that the use of childlike signs and words such as “loony” signifies vulnerability and unreliability towards the mentally ill. To condemn stigma, an analysis’ from Pavez (2022) declared that bright images and wording are exceptional efforts, as does language brevity when educating university students to improve their mental health and illness literacy. Observations through content analysis from Choi et al. (2021) found that the destigmatisation of mental illness and health is well executed when real-life images and comments from students who have dealt with the stigma are shared. As Peirce (1931, p. 58) asserts, “Nothing is a sign unless interpreted as a sign”. Therefore, it is not a sign unless interpreted to signify something. The scholars mentioned thus far have laid the basis for valid media signs in mental illness and health because they signify stigma and anti-stigma through such visuals and texts. This informed application of thought opens the debate on whether the texts and visuals Arizona State University and Dublin City University use in their promoted anti-stigma media content is counteractively stigmatising. In sum, it provokes this dissertation's core question: “Do ASU and DCU reinforce or dampen the mental health stigma for students from their use of words, phrases, and images in their media content?” The approach to confronting this question thoroughly is to be discussed in the following methodological section of this dissertation.

Methodology

“...laying bare the prejudices beneath the smooth surface of the beautiful”- Margaret Iversen (2007: p. 84)

Introduction

The methodological design of this study drew extensively from the research mentioned previously in the literature review. This section traces the development of why and how a qualitative research approach was used to assess the images and words used by ASU and DCU in their mental health and illness media content. In addition, the collection of studies from the literature review simultaneously aided in the reasoning for why certain content was included and excluded. As this will all be discussed

in the sections ahead, the methodology will be sectioned into four parts: Research Approach, Data Collection, Method of Analysis, and Limitations. Combined, it provides a research design informed by Rose's (2016) analytical framework and Kuckartz's (2014) qualitative methods, with alterations suggested by other scholars to consider what is visually and textually absent from these universities' media content.

Research Approach

Most of the research from scholars in the literature review conducted various qualitative analysis approaches. Semiology formulates a framework suitable for understanding ASU and DCU's media representation of mental health and illnesses. According to semiotics, signs represent something other than what is blatantly presented. Such signs accumulated are thus given a meaning which reveals ideologies about institutions and society (Hall, 1980). This level of conveying ideas about a topic, in this case, mental health and illness, has formulated stigma, which can be seen as 'myths' in semiotic terms. Applying Rose (2016) to this study, if ideology is the knowledge constructed to legitimate unequal social power relations, the literature review legitimated present-day stigmatic representations in media and their prevalence in university institutions. Semiology claims to be a scientific approach to analysing meaning, and science is the knowledge that reveals those inequalities. The literature review revealed stigma by exemplifying what de-stigmatisation looks like in media. The main drawback associated with using content analysis was its quantitative focus. Nonetheless, this methodological approach considers whether such texts' words, phrases, and images counteractively reinforce stigma.

In designing this research method, the amount of content ASU and DCU dispersed regarding mental health and illnesses was disregarded. Interviews were not held with ASU and DCU students to gain insight into their feelings towards the media content produced. Although this was initially considered a limitation, it would not have allowed for a critical analysis of the form and nature of these universities' selected texts. Due to ASU being based in Phoenix, Arizona, U.S.A. and DCU being based in Dublin, Ireland, their recent content from exceedingly different physical locations showed how mental health and illness representation is highly relevant today. Despite choosing two Westernised universities which creates a lack of global research, it narrowed this study's focus while still providing various materials to analyse.

The time frame of media content from these universities ranged from 2020 to 2023. This was chosen because the Covid-19 pandemic caused a surge in Western universities to devote more funding towards student mental health and illness services (Barrett, 2022). The visual texts for analysis were not dated past January 2023 to avoid further entanglement. This combined research approach allowed me to formulate a methodology for an academic discussion regarding this dissertation's core question.

Data Collection

Depth is of most importance when conducting a qualitative analysis of media, according to Hawkins (2018), which is why these universities' Instagram, physical posters, and official web pages were selected. Five posters were collected by going onto the ASU and DCU campus. Following on-campus media, 16 online media content screenshots from the universities' official web pages were collected. Finally, 11 graphics from ASU and DCU's official Instagram pages were collected. These universities' official websites were chosen because scholars such as Hall and Witek (2016) and Saichaie (2011) establish how in the age of the Internet, institutions have the power to emphasise, include and exclude ideas about mental health and illnesses through their language about higher education. In correlation with ASU and DCU's websites, their official Instagram pages, run by both universities' Student Unions, were selected because Instagram is reported to be a platform vital in shaping ideology through images (Stuart, Stuart, and Thelwall, 2017: McNely, 2012). In order to ensure validity, the homepage of each

university website was used to find their corresponding Instagram account, which was under a "social media" directory page link.

The media chosen had to have involved mental illness and health-related words and images that the literature review illuminated. The textual and visual content chosen had to have used words or phrases such as "stress/anxiety/depression/eating disorder", "support", "stigma", "recovery", "healthy choices", and "counselling/therapy"; and must have been accompanied with either the subject terms "mental health" or "mental illness". If the terms "mental health" or "mental illness" were not in the visual texts, a reference to the literature review was conducted to consider images associated with mental health and illnesses in media, seeking both stigmatic and stigmatic anti-stigmatic signifiers.

Methods of Analysis

The literature review revealed that signs such as images and words, combined with the subject topic of mental health and illness, can reinforce many myths, or in this case, stigmatic representations. Scholars have recognised the consequences of chosen texts and visuals regarding mental illness and health. However, whether those chosen words appropriately engage in de-stigmatisation efforts within universities, specifically for ASU and DCU, is still to be considered. The initial method of semiotic analysis allowed me to assess this gap in the research concerning visual images. Gillian Rose's "Visual Methodologies" (2016) directed this dissertation's use of a semiotic analysis. Asking what sort of reality about mental health and illnesses the texts from ASU and DCU construct and how they do so was determined by first establishing the signs. Using the examples of signs related to mental health and illnesses from scholars in the literature review, nine signs that withhold meaning about stigma and anti-stigma were established. Dyers' (1982) list of signs furthermore aided in determining what was set to be eight signs. "Representations of Bodies" include shadows/silhouettes, the gender of university-aged students, and heroic or villainous figures. "Representations of Manner" include happy or distressed facial expressions and faceless or non-human facial features. "Representations of Activity" is the depiction of students together or alone. The "Props and Settings" category was equally considered, such as weighing scales, darkness/ sun/ sunshine/sunset, and objects unrelated to mental health and illnesses. Referencing the literature review, it is specified how these visual images can produce signifieds about mental health and illnesses.

Determining what those signs mean combined with other texts is why Kuckartz's (2014) qualitative analysis guide was also adopted as a method. Using the justifications from Rose (2016) and Kuckartz (2014), images and texts are more or less dependent on each other to formulate ideas about mental health and illness. In establishing this, Rose (2016) states that Goldman's (2011) qualitative method of creating diagrams helps researchers to see relationships between signs and signifieds in texts and visuals. Mind mapping allowed me, as the researcher, to explore associations between stigmatic and anti-stigmatic concepts in ASU and DCU's content. This method allowed for engagement with the relevant contextual information, which can be examined from the image below:

After collecting the signs regarding mental health and illnesses and considering what those images and texts signify about one another, the process of confronting this dissertation's core question commenced. Considering the literature review helped identify specific signs that signify stigma and anti-stigma, sub questions were formulated to guide the semiotic and textual analysis of ASU and DCU's mental health and illness media content which will be revealed in the findings and discussion section. Ultimately, these sub-questions guided my analysis by allowing me to organise each piece of content collected under the signs of stigma and anti-stigma they confront. Research questions 1-8 bolstered this dissertation's effort to address the gap in research about whether these universities' mental illness and health media content inexplicitly perpetuate stigma.

Limitations

I became aware of limiting factors when formulating a basis for addressing this dissertation's question and executing the methods described. Firstly, the framework provided by Rose (2016) did not make it possible to observe what was visually and textually missing in the selected content. An abundance of previous research from Weber (1990) suggests that the signs absent from texts may immensely contribute to their meaning. Therefore the absence of specific mental health and illness signs equally contributes to what is being signified about the topic. To address what was not shown in ASU and DCU's media content, this insight from Weber (1990) was considered. Secondly, employing these qualitative modes of enquiry meant subjectivity was of greater risk for this study as a fellow undergraduate student aware of the media content of mental health and illness that ASU and DCU shared.

Nevertheless, accurate and persistent references to the literature review and qualitative methodologies created by reliable scholars balanced this shortcoming. Lastly, despite gender being essential to the representations of mental health and illnesses, as covered in section 3.2 of the literature review, race was not examined. This dissertation's stance on college students generally gives reason for this. The reason for not including inflexions of race in this study was to avoid over-complexity. However, further research exploring the relationship between race and the

representation of mental health and illness in media could provide valuable insights into understanding stigma.

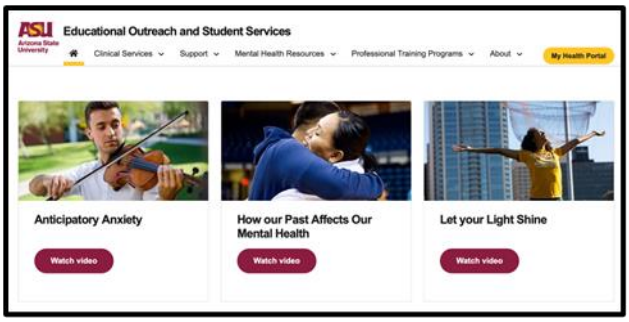
Conclusion

This section outlined the methodological framework appropriate to confront this dissertation's core question. A holistic approach was utilised, integrating Rose's (2016), Kuckartz's (2014), Goldman's (2011), and Weber's (1990) qualitative material to establish a suitable framework for semiotic analysis. The content chosen and sub-questions created were justified by the literature review, which presented examples of stigmatic and anti-stigmatic signs. Finally, a mind map was formulated to provide a clear path for analytical thinking (Davies, 2010). This approach aided in investigating stigma through ASU and DCU's use of words and images in their mental health and illness media content. The findings from this developed a discussion about the usage of specific visuals and text relating to mental health and illnesses that assessed the initial objective of this dissertation.

Findings and discussions arising

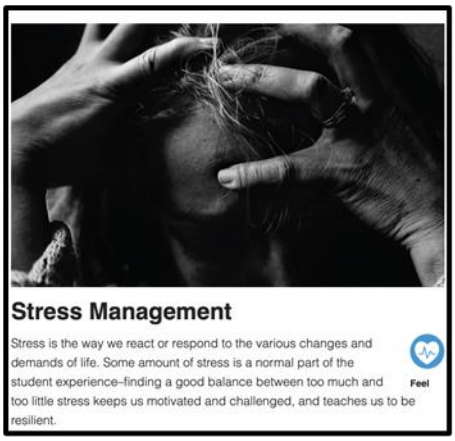
The initial question of this dissertation was developed by recognising ASU and DCU's mental health and illness media content. These universities have dispersed a range of material on this topic to destigmatise it. The literature reviewed and the methodological approach taken ultimately aided in conducting a deeper qualitative analysis on the form of this content to ask if the words and images displayed instead perpetuate stigma further for their students. The signs and texts found were carefully considered using Dyer's (1982) list and referencing keywords regarding mental health and illnesses. Concerning the core question, the following interplay between findings and discussion are formatted through the sub-questions mentioned in the methodology to provide a clear research development and examination pathway.

RQ1: Do DCU and ASU signal somewhat villainous, dark, or other "unworldliness" in their imagery and words?



RQ1.A

RQ1.B



RQ1.C

RQ1.D

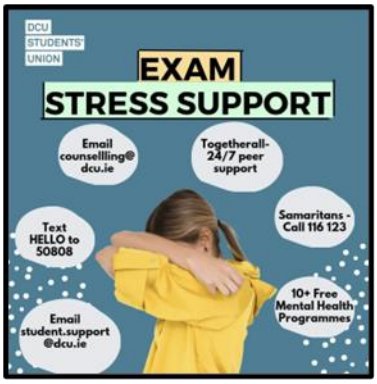
The media content selected to address this question includes signs that follow Dyer's (1982) "Representations of Bodies" (heroic and villainous figures), "Representations of Manner" (happy and distressed facial expressions), "Representations of Activity" (students alone and together), and "Props and Settings" (darkness and sunlight). These signs withhold meaning about mental health and illnesses; dark villainous signs were reported as a signification of stigma in section 3.1 of the literature review. Analysing the images in RQ1.A and RQ1.D, this study found that ASU and DCU did not use villainous, dark, or other "unworldliness" in discussing mental health and illness resources on their official web pages. Instead, real-life faces were used in coalition with psychological topics such as anxiety. The use of human figures will be further examined in RQ6; nonetheless, as Pavez (2022) states, destigmatisation is effectively done through positive, colourful, and humanising depictions, evident in both RQ1.A and RQ1.D.

Further analysis of RQ1.A revealed a happy "Representation of Manner" by picturing a woman expressing gratitude towards the sky with her arms faced upward. Although he is alone, the "Representation of Activity" from the male figure on the left-hand side plays the violin, which Arizona State University presents on its official website to discuss anticipatory anxiety. Under the present results, Mjøsund et al. (2015) have demonstrated from section 4.1 of the literature review that this type of energised body language resonates well with people who have mental disorders; and therefore, is appropriately destigmatising. Similarly, Dyer (1982) establishes the colour yellow as a signal for positivity, and this colour is clearly shown in figure RQ1.A and RQ1.D. Considering previous relevant studies, linking this colour to student-aimed university content about mental health does constitute a genuine anti-stigma promotion.

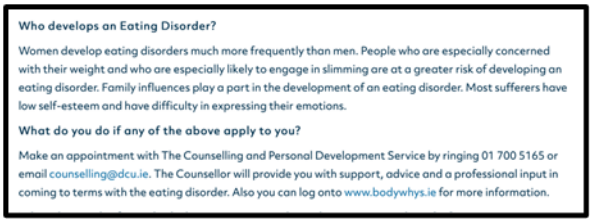
Most compelling were the substantial differences found from RQ1.A and RQ1.D to RQ1.B and RQ1.C. Media representations of manner, activity, and settings regarding mental illnesses in RQ1.B and RQ1.C were considered harmful. A strong relationship between the mentally ill and images of unworldly darkness, messy hair, and shadows was established by Wahl (2003) to perpetuate stigma. Used to promote an event where students can have a mental wellness check-in with peers, the image

RQ1.B, gathered from Dublin City University's Student Union Instagram page, shows a green human figure crouched and alone. According to scholars' qualitative studies from section 3.1 of the literature review, these visual components in tandem signify mental illness as a villainous trait. Due to this finding, it is worth re-discussing the knowledge of Goffman (1963) to explain how the media has continuously shaped a stereotypical storyline of mentally ill people as "not-quite-human". The semiotic analysis guided by Rose (2016) and Dyers (1982) checklist for this study thus solidifies the conclusion that using green to illustrate a person signifies abnormality. As a result, the image DCU chose to use for a mental health-related media post aligns with the characterisations of stigma. Furthermore, RQ.1C, which was found on DCU's official webpage to inform students about stress management for their mental health, is in black and white, with a woman who has messy hair. Although the words underneath the image may be satisfactory to the standards of destigmatisation according to scholars from section 4.2 of the literature review, taking its visual components into account, the image itself is distressing; thus, a signified effort towards stigma was produced.

RQ2: Are women addressed or suggested more often than men visually and textually?



RQ2.A



Who develops an Eating Disorder?

Women develop eating disorders much more frequently than men. People who are especially concerned with their weight and who are especially likely to engage in slimming are at a greater risk of developing an eating disorder. Family influences play a part in the development of an eating disorder. Most sufferers have low self-esteem and have difficulty in expressing their emotions.

What do you do if any of the above apply to you?

Make an appointment with The Counselling and Personal Development Service by ringing 01 700 5165 or email counselling@dcu.ie. The Counsellor will provide you with support, advice and a professional input in coming to terms with the eating disorder. Also you can log onto www.bodywhys.ie for more information.

RQ2.B

Six ways to love your body exactly as it is now

Every body is a good body. Try these easy steps to start loving your body exactly as it is now!

Stop Fat Talk

Be conscious of continuous fat talk! Avoid phrases like "I look fat today" and "I would be so much happier if I lose 10 pounds." If you don't love your body now, chances are you won't love it in 10 pounds time either. Nothing positive comes from fat talk. Instead, try phrases like "I am strong" and "I am beautiful just the way I am!"

Ability Not Weight

Focus your fitness goals on ability, not weight loss. Get excited when you hit your personal deadlift record, not when you hit a "goal weight". Ditch the goal weight. Even better, stop weighing yourself altogether.

RQ2.C

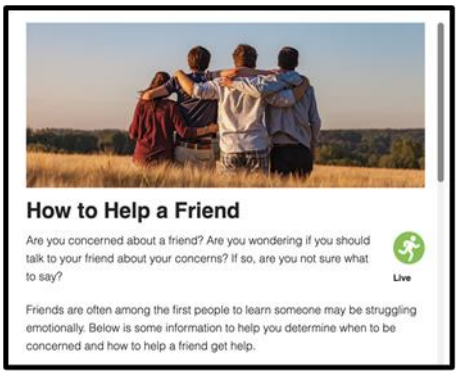
RQ2.D

On the surface level, this study recognises ASU and DCU's mental health and illness media content to be considered destigmatising. To address the gap in research that fails to identify if these surface-level forms of content are distinguished pieces of stigma from these universities' use of images and words required a semiotic and qualitative methodology. Researchers have chartered the history of mental health and illness gender stigma by recognising how women are targeted more than men. The use of women in mental health and illness media content maintains the stereotype that men's mental well-being is either non-existent or not as important. Correspondingly, Ahuja et al. (2017) state that this targeting towards women is prejudiced and discriminative. Each of the four picked images under RQ2 withholds women's representations of bodies. 32 mental health and illness media materials were selected for this study, and out of this pool, 15 depicted university-aged genders or stated the words "male" and "female". 14 of the 15 gender-related media showcased women or had textually written "woman" concerning eating disorders and mental well-being, meaning there were no representations of non-binary and transgender students.

Examining these findings by the knowledge of Dyer (1982), the image RQ2.A, of a young woman used to advertise DCU's stress support resources, accords with the prejudiced societal belief that mental health and illness matters are woman focused. Furthermore, as women have often been used to signify domestication, passivity and emotion, it depletes the importance of mental health and illness as a serious matter that transcends "just being emotional". RQ2.B comes from an informational text on DCU's official webpage about eating disorders, and the first sentence states, "Women develop eating disorders much more frequently than men". Apart from the validity of this statement, DCU failed to generate a sentence or discussion textually in their media that amplifies voices of the opposing gender. It can therefore be implicated that this facilitates the stigma surrounding men's lack of representation in eating disorder discourses. RQ2.C advances this conclusion by referring to "loving your body" with a thin woman figure. Citing Levitt (1997), this illustration of a thin body will likely encourage eating disorders for DCU students and is interestingly relevant to stigma for a media piece meant to be destigmatising.

Some of the issues emerging from these findings relate specifically to the need for more imagery of non-binary and transgender university-aged students in mental health and illness media at ASU and DCU. Likewise, if females are in mental health and illness media content, they should be illustrated as strong and capable; and accompanied by other genders to formulate a destigmatising storyline that mental health and illness are equal affairs for all. Such findings are valuable to this study's investigation of stigma in the university setting and undertake the disparities from previous research to state that there is extensive address towards women presented in ASU and DCU's media. Moreover, the signs within this content signify an encouragement of thin body types that fortify stigma.

RQ3: Do ASU and DCU often use faceless, banal or silhouette imagery and phrases?



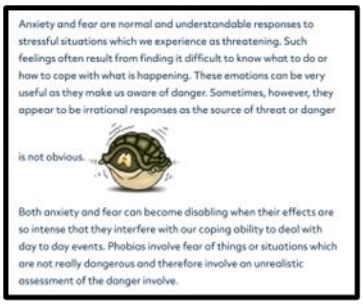
RQ3.A

RQ3.B

RQ3.C

RQ3.D

RQ3.E



RQ3.F

RQ3.G

RQ3.H

To answer the third posed research question, the images provided above fulfilled Dyer's (1982) sign list of “Props and Settings” regarding objects/images unrelated to mental health and illnesses, “Representations of Activity” regarding human beings together, and “Representations of Manner” regarding faceless features. Figures RQ3.A, RQ3.B and RQ3.C were shown on ASU’s official website to emphasise how important it is for their students to prioritise what is mentally beneficial for themselves, including being with their peers for support. In reviewing the literature, Wahl and Roth (1982) observed that mental illnesses in media are generically defined and lack identity, contributing

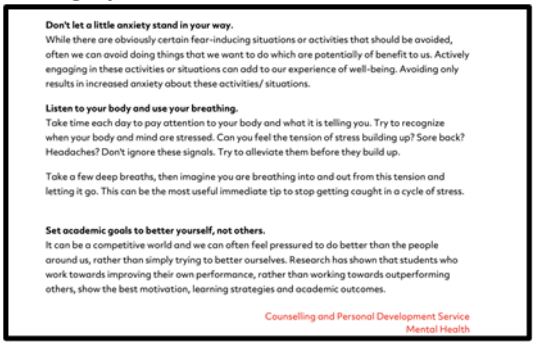
to the stigma because it ignores specificity. This destigmatising trait will become further nuanced in RQ4. Evaluating the common sign using semiotics within RQ3.A, RQ3.B and RQ3.C, they each present silhouette groups of students in unison looking out into the sky.

On the one hand, these images do not grant stigma because they promote a sense of togetherness and depict positive body movement, as discussed in RQ1. On the contrary, they lack identity as they do not clearly show the faces of either person, deeming them as generic. Therefore, although the wording used is destigmatising, the form the images take aligns with Wahl and Roth's (1982) appraisal of stigma in the media. Surprisingly found in the content from both universities, more specifically in RQ3.C, RQ3.E, RQ3.F, and RQ4.G, was the use of signs irrelevant to mental health and illnesses. RQ3.D, RQ3.E, RQ3.F, RQ3.G, and RQ3.H use images of a pink heart with a smiley face, a pineapple wearing sunglasses, a shaking turtle, a Chinese New Year Dragon and walrus in a coffee mug to discuss depression, mental health habits, and anxiety. These findings indicated banality because signs do not ascribe a sense of direction or uniqueness towards mental health and illness matters (Pavez, 2022). For Pavez (2022), this content is destigmatising because he believes such topics are made more suitable for university student audiences when presented banal.

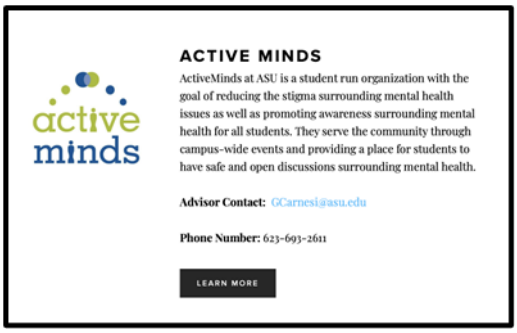
Nonetheless, most literature on destigmatisation efforts stated that specificity through relevant imagery about mental illnesses such as anxiety and depression in media allows those with these illnesses to feel more comfortable confronting their mental health. Reflecting upon such depictions leads this discussion to consider the questions students may raise if they read these signs: What does a pineapple have to do with my mental health? Should I look like a pink heart smiling when I get depressed? Why is a walrus advising me to ask for help when needed? Is that walrus going to help me? A note of caution is due here as this view considers the aspect of students, which is not in the framework for semiotic analysis. Despite this, these questions are worth noting because they illuminate the impracticality and impersonality embedded in these universities' mental well-being content.

Furthermore, the turtle shaking action in RQ3.F concerning anxiety is a “Representation of Activity” that signifies vulnerability and fear, according to Dyer’s (1982) list. Due to the structure RQ3.F takes, combining the topic of anxiety with a fearful depiction signifies that people with anxiety are more fearful or vulnerable. In sum, ASU and DCU do not celebrate the differences between their student's mental illnesses with specific and genuine representations, which Corrigan (2018) establishes to be a reason for self-stigma in students because irrelevant representation expels shame towards them.

RQ4: Do ASU and DCU promote their mental illness services and the importance of mental health through personal student anecdotes and real-life faces?



RQ4.A



RQ4.B

RQ4.C

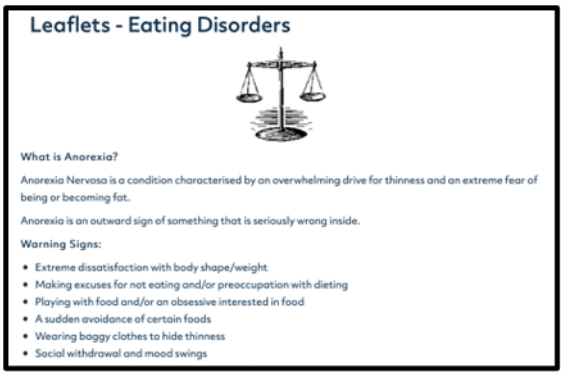
RQ4.D

RQ4.E

Promoting mental health and illness services has been a common topic in ASU and DCU's media content. Nonetheless, this dissertation aims to uncover whether these forms of media are genuinely destigmatising by analysing the images and words used by these universities. RQ3 briefly discussed the implications of real-life faces and relevant imagery in mental health and illness media content for university students. Very little was found in the literature review on whether using personal student anecdotes and real-life faces can obtain stigmatising factors. Images RQ4.C, RQ4.D and RQ4.E are from the official DCU Student Union Instagram and are a "Representation of Activity" that depicts students engaging in conversation through instant messaging about their mental well-being. Referencing Sheffield (2004), the simple word choice used in this media exemplifies a conversation students can linguistically relate to, tending to destigmatisation because it allows students not to feel intimidated to talk about mental health and illnesses that formal language from doctors can trigger. Considering the findings and discussion from RQ2, these images were unexpectedly contrary to the female-dominant narratives in mental health and illness media. Seeing that the text messages are mainly male-focused and use the phrase "he/him" to indicate other possible gender representations, it further appropriately promotes mental health.

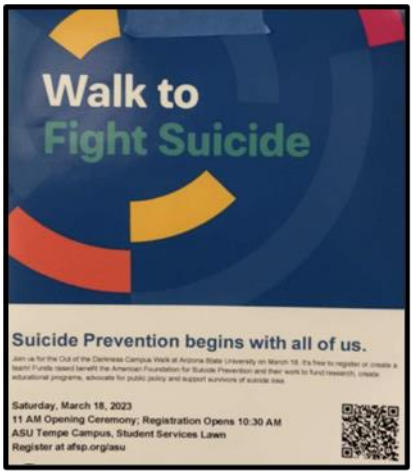
Apart from the use of colloquial language through relatable instant messaging, RQ4.A and RQ4.B are from ASU and DCU's web pages and promote mental well-being differently. The Counselling and Personal Development Service from DCU provides instances proven to benefit their student's mental health, such as "listen to your body and use your breathing". Similarly, ASU's "ActiveMinds" service aims to end the stigma around mental health by allowing students to talk to each other about their experiences regarding their mental illnesses and struggles in university. The literature established that using personal anecdotes validates the idea of recovery for students and therefore authenticates ASU's media destigmatisation efforts. Although RQ4.A and RQ4.B textually exemplify anti-stigmatic phrases, images of real-life student faces, or personal quotes from students to assist their services are non-existent. In this way, ASU and DCU's attempts to destigmatise mental health and illnesses lack authenticity. Just as Choi et al. (2021) articulate that YouTube videos from students talking about their experiences with mental wellness services provide ease for other students to speak up, this absence of such a tactic does not provide agency towards these universities' destigmatisation efforts. Taking into account these findings and discussion, further work is needed by ASU and DCU to address their students in a more personable and individualised way which will allow them to negate societal stigma and self-stigma.

RQ5: Do ASU and DCU promote mental wellness behaviours or express the experience of hope/recovery through signs and text?

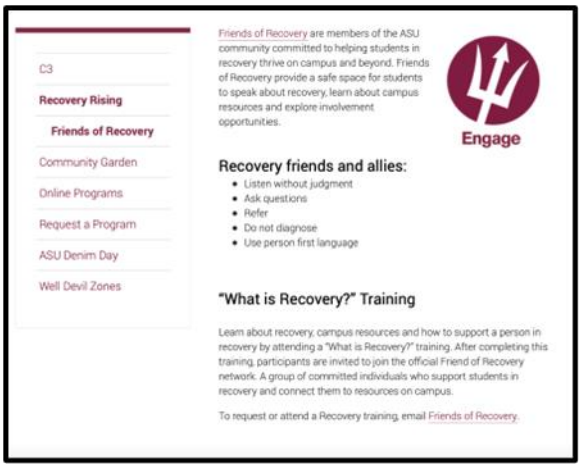


RQ5.A

RQ5.B



RQ5.C



RQ5.D

ASU and DCU's endeavour to reduce the stigma around mental health and illness for their students have thus far mostly afforded to be explicitly anti-stigmatic media; however, implicit meaning through their images and specific phrases have been genuine contributions to stigma according to the literature. As this dissertation aims to explore how universities may implicitly further the stigma around mental health and illness through a combination of qualitative methods, figures RQ5.A, RQ5.B, RQ5.C and RQ5.D were analysed. Previous studies evaluating stigma observed that positive efforts towards destigmatisation require the media to stop posing mental illness as a predicament and instead depict it as a state of being that can be improved through recovery. Images RQ5.B, RQ5.C, and RQ5.D gathered from ASU's on-campus and website domains contain phrases that suggest or clearly state ideas on recovery, prevention, and hopefulness. Due to their explicitness, and use of real-life faces, these media accumulate as anti-stigma. Considering the discussions and findings from RQ2, the images regarding other genders shown are scarce. Apart from this connection, the promotion of support from allies, peers, and professionals is appropriately induced in ASU's mental health and illness content and thus has no apparent implications of stigma. It is appropriate as it does not use any banal or irrelevant imagery, nor does it put shame towards students having a mental illness or caring about their mental health.

ASU ascertains wellness behaviours and upholds ideas of recovery/hope in their media, a statement that is contradicted by DCU's media in RQ5.A. Although DCU makes a pertinent effort to define and advance their student's knowledge regarding anorexia, no statement(s) were textually or visually shown to indicate ideas of recovery or hope. Compared with ASU's media in this section, mention of peer support or suggestions for students to talk about possible anorexia warning signs with someone else is nonexistent. Using Rose (2016) and Goldman (2011) to analyse this media, it is to be remembered that an image or text must be evaluated with its neighbour components to be fully observed—the prop used in RQ5.A is a weighing scale that connotes uneasiness, formulating an intriguing assessment (Dyer, 1982). The literature presented that negative eating habits are driven by media more than positive ones and thus encourage those with eating disorders to participate in these behaviours. Given that DCU does not use any textual or visual signs to signify experiences or feelings of hope or recovery, the university has implicitly driven these negative actions; whilst failing to provide images of real-life students as drawn upon in RQ4. Overall, the discussion of these images' implication of hope and recovery valuably contributes to past literature that has deliberated the use of stigmatic depictions in media; and it does so in a modern context that makes this analysis relevant for universities and their students.

RQ6: Do ASU and DCU suggest that their students are vulnerable if they are mentally ill, need a 'saving grace', or use stigmatic phrases such as 'crazy' and 'spun out'?

RQ6.A

RQ6.B

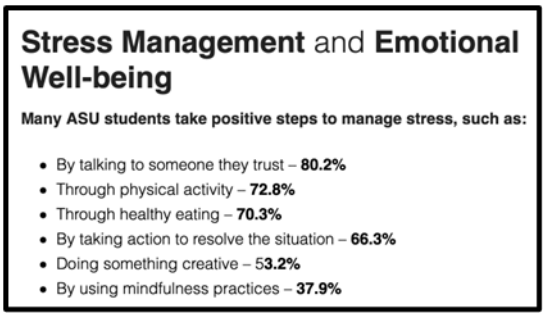
Referencing sections two and 3.1 of the literature review, media content that intends to create mental health awareness can cause more significant dissonance between stigmatisers and those stigmatised because the phrases and images used in this content differentiate the stigmatiser to be the opposite of those with mental illnesses. Scholars and institutions have not yet determined if the content regarding this topic further allows stigma to pursue when published by universities. Critically analysing ASU and DCU's mental health and illness media content to answer if these materials are considered stigmatising by asking if they use words similar to "crazy" or suggest mentally ill students as people who need a "saving grace" will provide nuance to this study. Figure RQ6.A was posted on DCU's Student Union Instagram page announcing a movie night event for their "Mental Health Week", directed towards students with a mental illness. The movie featured was Shrek 2 (2004), and the phrase "Do you need a hero?" is stated in the image. Citing the mind map created in the methodology section, this phrase in RQ6.A correlates to phrases in RQ6.B and RQ1.B. Examining RQ1.B, DCU highlights in bold letting "spun out", which is a highly stigmatising phrase according to Pinfold (2018); it is similar to the terms "crazy' and 'loony" notoriously used by media platforms to describe people with mental illnesses. The other relevant finding was in RQ6.B from DCU, which uses the phrase "Drop out" to discuss university students dropping out of college due to poor mental well-being. Although DCU was not explicitly using the phrase to advise their students to drop out, using semiotic analysis, this term has stigmatic implications bearing in mind the topic it is used for.

Together, these present findings support the helpless and vulnerable storylines Obert (2017) has found common in stigmatising forms of media. Asking students concerned with their mental well-being if they need a hero directly equates to what Goffman (1963) and Corrigan (2018) state about the false narratives stigmatisers have that make them see those stigmatised as weak. In recognition of RQ6.B, the literature argues that lived experiences matter over scholarly comments on mental health. To develop less stigmatising media content at ASU and DCU, rather than saying to not "drop out" and "drop-in", should formulate a specific space for students to discuss the shame they may feel around dropping out. Additionally, due to the findings, these universities are suggested to address the bearing signs they produce that signify disapproval of dropping out of academia, expanding their opportunity to be honest with their students just as they urge their students to be honest with them about mental health and illness. Corrigan (2018, p. 125) expresses, "...the power of research can only

be valued by its real-world impact. Hence, the science is explicitly governed by the advocate's agenda". Suppose ASU and DCU disperse media about mental health and illnesses to place themselves as advocates. In that case, they should do so appropriately by researching and considering the implications of stigmatic phrases and images.

RQ7: Do ASU and DCU format their content clearly and concisely to improve their students' mental health and illness literacy?

RQ7.A



RQ7.B

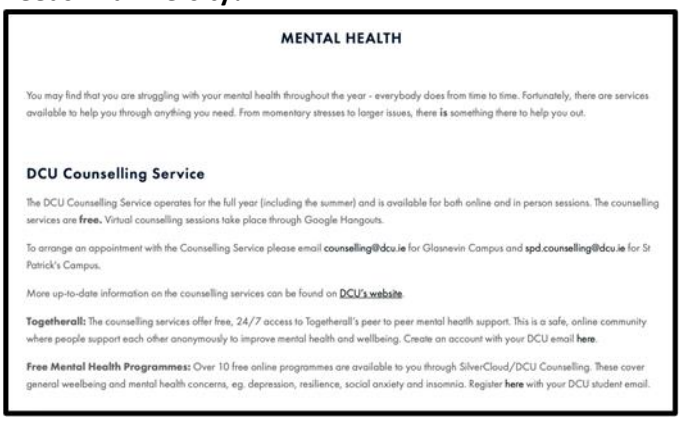
RQ7.C

RQ7.D

Based on the word choice used for these media, it has been gathered that the preferred reading of this mental health and illness content from ASU and DCU is meant to be destigmatising. The scholars from section 4.2 of the literature review outlined the risks of presenting mental health and illness information in a cluttered, unorganised format. This topic's information overload has overwhelmed readers, counteractively depleting their mental health. Based on the collective studies, analysing ASU and DCUs relative content to determine if it is clear and concise can help answer if such content is consequently stigmatising. Rose (2016) asserts that the spatial organisation of images with words offers semiologists an understanding of what the creator implies or signifies. Found on ASU and DCU's official web pages were figures RQ7.A, RQ7.B, RQ7.C, and RQ7.D. Each piece of content has precise numerical percentages next to images or facts about mental health and illnesses that are determined as anti-stigma based on earlier considerations. In RQ7.A and RQ7.B, the percentages reflect the real-life student population at ASU and align with the destigmatisation efforts addressed in RQ4 and RQ5. In addition, the content entails positive reinforcement of mental well-being habits in a spatial and clear format. Statements such as "Follow up", "Be aware", and "There are tools and resources that can help you" from RQ7.C and RQ7.D indicate proper support amongst the student body and universities as they are presented next to words and images regarding these groups. Further evaluation of all four figures concludes that the representations of activity, manner, and prop signs within each signify destigmatising forethought from ASU and DCU towards their students.

Apart from this, no real-life images of students are shown; the graphics used in RQ7.A, RQ7.C, and RQ7.D are computer generated. This is an important issue for future research where asking students if they feel these facts portrayed through graphics and percentages are relevant to their personal lives can open further discussion on perpetuating stigma. Nonetheless, this dissertation can apply the literature to state that these impersonal signs are stigmatic as they do not obtain reflections of the students themselves. Furthermore, each figure uses the generic label "students" to refer to whom these universities have surveyed to receive their results that support healthy mental health habits such as "doing something creative" and to show how "81% of [their] students do not use cannabis". Semiotic analysis considers the complex meaning created by images and words (Rose, 2016). This direction of the findings raises intriguing questions regarding using the word "students". Who exactly are these students ASU and DCU are referring to? Undergraduates? Graduates? Was this survey done with all age groups of students? Without the signification of real-life faces that could help indicate whom exactly these students are that these universities surveyed, there is no personable meaning towards these healthy habits for mental well-being. Considering the literature reviewed, this lack of specificity that will be further delved into in RQ8 allows these media to be deemed superficial and, thus, stigmatic.

RQ8: Do ASU and DCU urge their students to see specific mental health professionals about their needs in university?



MENTAL HEALTH

You may find that you are struggling with your mental health throughout the year - everybody does from time to time. Fortunately, there are services available to help you through anything you need. From momentary stresses to larger issues, there **is** something there to help you out.

DCU Counselling Service

The DCU Counselling Service operates for the full year (including the summer) and is available for both online and in person sessions. The counselling services are **free.** Virtual counselling sessions take place through Google Hangouts.

To arrange an appointment with the Counselling Service please email **counselling@dcu.ie** for Glasnevin Campus and **spd.counselling@dcu.ie** for St Patrick's Campus.

More up-to-date information on the counselling services can be found on DCU's website.

Togetherall: The counselling services offer free, 24/7 access to Togetherall's peer to peer mental health support. This is a safe, online community where people support each other anonymously to improve mental health and wellbeing. Create an account with your DCU email **here**.

Free Mental Health Programmes: Over 10 free online programmes are available to you through SilverCloud/DCU Counselling. These cover general wellbeing and mental health concerns, eg. depression, resilience, social anxiety and insomnia. Register **here** with your DCU student email.

RQ8.A

Apart from conciseness aiding in the destigmatisation of mental health and illness, the literature found that universities that target their students' specific needs by referring to the undergraduate or graduate programme they are enrolled in can promote directiveness and individualisation. Section 4 has revealed that these traits incorporated within words and images are a signification for anti-stigmatic ideologies. As this dissertation aims to reveal if ASU and DCU have significations of stigma in their proposed anti-stigma mental health and illness media, it is suitable to search their content for words or phrases that indicate supporting students by urging them to seek a professional about their mental illness. Figure RQ8.A was the only media found from ASU and DCU that used the words “you” and “counselling services” to articulate the importance of seeking help.

Nonetheless, no content regarding mental health and illness called out to students from their respective programmes to seek the help they may specifically need. This finding correlates to the findings and discussion in RQ7 about the specification of who these “students” ASU and DCU mention. Moreover, RQ8.A states, “You may find you are struggling with your mental health throughout the year- everybody does from time to time”. This language is stigmatic when the discussion from RQ3 and Corrigan (2018) is applied because it is a banal/mundane phrase that contributes to the dilution of the significant mental distress those stigmatised face. The tactics used by ASU and DCU to talk about mental health and illnesses are at the surface level of anti-stigma. However, these tactics neglect to formulate their students as individuals with unique circumstances through text and images, which can intimidate students and cause them to stigmatise others or self-stigmatise (Corrigan, 2018).

Conclusion

This qualitative analysis shows how mental health and illness are portrayed in ASU and DCU media content. It established stigma, and anti-stigma could be visually explicit or implicit. The discussion contributed to existing works by finding that stigmatic images juxtaposed with destigmatising words provide implicit negative meaning around mental health and illnesses. Further reflections and recommendations are discussed in the concluding section.

Conclusion

There are several important areas where this study makes an original contribution in terms of how universities execute anti-stigma in their mental health and illness media through qualitative semiotic analysis. First, each research question addressed the superficiality and perpetuation of stigma as ASU and DCU lacked personal stories from students about their mental illness struggles and experiences; and excluded depictions of other mental illnesses such as obsessive-compulsive disorder or schizophrenia. Although some real-life faces were found, orienting images such as the instant messaging conversation example in RQ4.C are urged to be used as an anti-stigma tactic. This is a practical suggestion regarding discussing the omission of less relative images such as pineapples, silhouettes, and walruses due to these signs' signification of these universities as illegitimate allies of their student's mental illnesses. Despite ASU and DCU occasionally expressing ideas of hope and recovery through visual and textual signs, generic media forms trumped the inclusion of student voices who have experienced the triumphs and struggles of mental illness firsthand. Along with this, signifying students as victims with statements such as ”Do you need a hero?” in coalition with mental illness fortifies mental illness as something to be ashamed of and kept hidden, which was further shown in the dark and messy imagery of the women in RQ1.B RQ1.C, and RQ2.A.

These findings contradict destigmatisation tactics exemplified in the literature review to humanise mental illness by providing a more realistic and empathetic portrayal. Similarly, ASU and DCU's mundane and simplistic phrases, such as “many students feel anxious… you are not alone” for mental health literacy, were determined as stigmatic because they oversimplify mental illness conditions rather than accurately describing the nuances and complexities of the individual experience. Phrases such as “spun out” were reputed as insensitive and inaccurate to mental health

and illness, perpetuating the harmful stereotype that people with mental illness are unstable and dangerous. Due to ASU and DCU both referencing and showcasing the female gender in their mental health and illness media content more than men and other genders, the study found it to be overarchingly stigmatising regardless of the useful informational texts that sometimes followed. The literature has established how lack of gender inclusion does not allow those genders to seek help because they may feel their experiences are invalid. The analysis of anti-stigma content undertaken here has extended this field's knowledge of using specific language and images rather than generic textual elements to ensure stigma is not connotated.

What is awareness if not destigmatising? The insights from this study may assist student and faculty mental health and illness university programmes that want to prioritise this prominent social concern and cultivate a culture of support and care. This dissertation triggers the questioning of our own internalised beliefs and biases. Media that textually describe what self-stigma thoughts sound or look like are thus recommended to universities to dismantle stigma. While there has been a recent surge in funding for mental health services from ASU and DCU, it is crucial to examine how this funding is being utilised and if it is truly making a meaningful impact. One potential research area is analysing media content published by multiple college universities from 2020 to 2030 to determine if mental health is being commodified to increase enrolment or if genuine efforts are being made to destigmatise mental illness and support those in need. By examining these trends, we can better understand the impact of mental health and illness initiatives and develop strategies to educate students about this topic appropriately.

As a community, we are all students of a culture and a craft, and we are responsible for learning about stigma to destigmatise it in all facets of university life. The provision of international students' mental well-being will enhance this idea of community in a large-scale university environment and reduce stigma for this group, considering this group was never addressed in ASU and DCU media. Additionally, due to the findings, these universities are suggested to address the bearing signs they produce that signify disapproval of dropping out, expanding their opportunity to be honest with their students just as they urge their students to be honest with them about mental health and illness. Finally, looking at the university setting as a whole and withstanding the question posed at the start of this dissertation, if institutions want to use the line “Mental Health Matters”, then those same institutions should consider the implications of stigmatic phrases and images, as these components matter too.

Word count: 10,964 words (excluding abstract, keywords and references)

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