# The impact of advertisements on women’s psychological and emotional states: Exploring navigation and resistance of disabling stereotypes

# Abstract

Representations of disabled women in advertising have been historically problematic. Largely, such portrayals have reinforced disability and gender stereotypes. This is an important issue to address because cultural representations have the ability to challenge or support widespread attitudes and beliefs surrounding identity groups. Additionally, representations can generate micro level impact, for example, influencing how individuals perceive themselves. In this article, Thomas’s (1999) concept of psycho-emotional disablism is used to enhance understandings of the relationship between advertising messages and individual psychological and emotional states. The feminist disability studies research presented in this article explores how women with mental health issues navigate advertising portrayals of mental health and gender. The findings develop existing knowledge of psycho-emotional disablism through demonstrating how individuals often use problematic advertising messages and memories of psycho-emotional oppression as a vehicle for positive self-transformation and as a way of resisting cultural stereotypes.

# Key terms

Advertising; mass media; audience response; feminist disability studies; disabled women; mental health; psycho-emotional disablism; stereotypes

# Introduction

Taking a feminist disability studies approach, this research uniquely uses advertising portrayals of women with mental health issues, to explore how women with mental health issues navigate cultural stereotypes. By analysing the responses of disabled women to ads in which they are supposedly represented, this research demonstrates how individuals draw on embodied experience when negotiating cultural stereotypes present in ads. The research findings enhance understanding of the relationship between cultural representation and ‘psycho-emotional disablism’ – a concept created by UK feminist disability studies scholar, Carol Thomas, to draw attention to personal and less-obvious experiences of disablement. The findings demonstrate that, when responding to ads, individuals frequently invoke memories of psycho-emotional disablism they have experienced. This article enhances current understandings of psycho-emotional disablism by uncovering the ways in which individuals exercise agency when resisting cultural stereotypes and experiences of psychological and emotional oppression.

Feminist politicisations of personal realms have steered disability studies into growing appreciation of the impact of disablism on the everyday lives and emotions of disabled people (Crow, 1996; Morris, 1991, 1992, 1993, 1996; Reeve, 2002, 2006, 2014; Thomas, 1997, 1999; Wendell, 1996, 1997). Thomas’s (1999) foundational work on psycho-emotional disablism highlights how disabling barriers are sometimes intangible. Disabled people can experience barriers in less-obvious ways, for example, through harmful attitudes or reinforcement of stereotypes. Examining mental health, disability and gender representation in culture, through a feminist disability studies framework, is important because cultural stereotypes have played a significant role in the historical oppression of disabled women (Garland Thomson, 1997a). Not only do problematic portrayals of disability in culture influence public attitudes, they also impact on a disabled person’s sense of self (Reeve, 2006).

Previous research in the field has mostly prioritised textual analyses of ads featuring disability and gender representations (Bolt, 2014; Hahn, 1997; Haller, 2010; Haller and Ralph, 2006; Heiss, 2011). Shakespeare (2015) argues that the majority of disability studies research on cultural representations does not go beyond text-based analysis, to explore how disabled people’s everyday lives are impacted by cultural representations, thus potentially limiting their ability to enact socio-cultural change. Heeding

Shakespeare’s observation, this research focuses on the responses of women with mental health issues to a small sample of UK and US advertisements, produced post-2000, in which they are supposedly represented. The empirical data demonstrates that individuals frequently link advertising messages to their own perceptions of self. As highlighted in reader-response theory, the findings demonstrate how individuals negotiate (Aitken, Gray and Lawson, 2008), rather than automatically accept, advertising messages. The findings show that individuals frequently draw on their embodied experiences when challenging oppressive advertising messages.

Paying insufficient attention to the psychological and emotional oppression of disabled people hinders the progress of the disability studies movement (Thomas, 1999, 2004; Reeve, 2002, 2004, 2006, 2012). Developing this insight, it is argued that existing understandings of psycho-emotional disablism do not go far enough in exploring the capacity individuals hold in challenging problematic representations and stereotypes. For example, Reeve (2004) emphasises the extent to which disabled people can internalise oppressive attitudes: ‘If disabled people accept the prejudices and assumptions held by non-disabled people, then they become what they have internalised and become the ‘slave of their archetypes’ (Fanon 1986: 35)’.

The empirical data drawn on in this article was gathered by conducting interviews with five women who experience mental health issues. The terms ‘women with mental health issues’ and ‘disabled women’ are used interchangeably and are designed to indicate solidarity with collective identity groups – all participants self-identified with both. In each interview, three ads portraying women with mental health issues were used to prompt discussion. The ways in which women who experience mental health issues construct and protect their own wellbeing, in the face of problematic advertising misrepresentations, are an issue of global relevance. While the ads used in this study were produced in either the UK or US, they can all be freely accessed online and have international reach. It is recognised that cultural texts, such as ads, reflect ideologies and values of the socio-cultural contexts in which they were produced (Fairclough, 2003).

Thus, critical exploration of cultural texts bears relevance to specific national contexts. However, this process also holds international significance in terms of producing data which can be used to compare values and attitudes toward marginalised identity groups held in other nations. Different societies and cultures will vary in their treatment of disabled women, however, the ways in which women with impairments and/or mental health issues respond to their cultural treatment are a process of universal importance.

# Psycho-emotional disablism: A politically personal approach

The theoretical context of this research is feminist disability studies: a burgeoning discipline that merges the aims of feminist theory and disability studies. Through the late 80s and 90s, foundational feminist and disability studies scholars, such as Fine and Asch (1988), Morris (1991), Crow (1996), Wendell (1996), Thomas (1997), recognised the intersectional power created when combining both disciplines.

A core theme in feminist disability studies is reclaiming disabled women’s embodied experience as an empowering form of knowledge, rather than remaining in the realms of medicalised discourse (Crow, 1996; Wendell, 1996; Garland-Thomson, 1997b; Thomas, 1997; Garland-Thomson, 2011; Hall, 2011; Samuels, 2011; Bê, 2012). Bê (2012:366) highlights the importance of embodied understandings of impairment: ‘… if disabled people do not reconceptualise their knowledge of the body and impairment in *their own terms,* then that would always constitute a gap that the individual or medical model would eagerly claim and occupy [emphasis in original]’. As suggested by Donaldson (2011), a feminist disability studies approach to mental health issues necessitates questioning the dominance of science when thinking about mental health.

Feminist disability studies considers culture as a key site in which disabled women are misrepresented (Donaldson, 2003; Garland Thomson, 1996, 1997a; Shakespeare, 1994; Wendell, 1996). On the subject of cultural (mis)representation of mental health issues, Price (2011:1) recounts how, when discussing ‘madness’, many people often refer to portrayals of ‘violent insanity’ in television and film. Thomas (1999:47) suggests that not only do problematic representations impact on societal attitudes, they also effect the ways in which individuals perceive themselves and can ‘lodge themselves in their subjectivities’.

Advancing Thomas’s suggestion that disabling socio-cultural attitudes and representations can infiltrate into an individual’s sense of self, this research examines the role of individual agency in this process. The research findings support the widely accepted knowledge in reader-response theory that readers negotiate, rather than passively respond to texts, and bring this understanding to the enhancement of psycho-emotional disablism through suggesting that a ‘dynamic relationship’ exists among individuals, cultural stereotypes and advertising representations. The notion of problematic advertising portrayals and cultural stereotypes ‘lodging’ in individual subjectivities insufficiently recognises how individuals navigate and, at times, reject oppressive portrayals and stereotypes.

Reeve (2006:96) focuses on cultural representations of disability as forming a key part of psycho-emotional disablism:

This particular dimension of disability which operates along emotional pathways is highly influenced by cultural representations… However, it is important to note that the experience of psycho-emotional disablism is not inevitable or fixed… Disabled people often find ways of resisting this particular form of disablism, although this may have additional emotional costs.

Here, Reeve acknowledges how individuals exercise agency when facing challenges to their psychological and emotional wellbeing. It is this understanding, that individuals exercise agency when confronted with psycho-emotional disablism, which is advanced in this article.

# The dynamic relationship between advertising representations, cultural stereotypes and psycho-emotional disablism

Hall’s (1973) encoding/decoding model of communication aids understanding of how women with mental health issues exercise autonomy when navigating advertising portrayals of mental health and gender. Hall’s (1973:138) model provides a framework for examining the ‘situated’ nature of individual responses to cultural texts. Key to Hall’s approach is the idea that people undertake negotiated readings of texts and not all ideas expressed by the producer of the text are accepted by the audience.

Hall suggests that factors such as social, economic and cultural background, and life experiences, influence how individuals decode texts. Whereas ‘encoding’ refers to the production of a text and requires producer knowledge of the intended audience’s everyday lives and interests, Hall (1973:130) describes decoding as the point at which

‘meaning’ is attached to the text by audiences.

Decoded meanings are complex and subjective, ‘…with very complex perceptual, cognitive, emotional, ideological or behavioural consequences’ (Hall, 1973:130). Hall’s description of the nuanced way in which individuals decode texts is important to the aim of examining how women with mental health issues evaluate, rather than passively absorb, cultural tropes surrounding mental health and gender in advertising. Hall’s foundational approach to the multi-layered process by which audiences make meaning from texts fits well with the feminist disability studies theoretical underpinning of this article. As discussed in the following part of this section, while disability studies research has indicated a rise in the amount of disabled people featured in advertisements, a feminist disability studies approach attends to the ways in which portrayals may impact on individual psycho-emotional states.

Seiter (1999) suggests that the encoding/decoding model of communication is limited in its ability to analyses texts designed for entertainment, rather than factual purposes. For Seiter, it can be more difficult to identify a solitary message or set of ideas, of which the audience can respond to, in texts designed to entertain rather than disseminate facts. However, it can be argued that ads sway in-between the realms of entertainment and fact. As suggested by Williamson (1978:17): ‘it is part of the deceptive mythology of advertising to believe that an advertisement is simply a transparent vehicle for a ‘message’… we are often being *persuaded* to buy products which are unnecessary [my emphasis]’. Williamson describes how ads uniquely provide information – presented as ‘truth’ – in a way that seeks to entice, entertain and spark emotion. Thus, ads can be considered as well-suited to an encoding/decoding model approach as their content, characterised as moving between entertainment and ‘fact’, can be inherently understood as ‘multi-layered and multi-referential’ (Aitken, Gray and Lawson, 2008:283).

As previously indicated, disability studies research has found that disabled people are increasingly present in twenty-first-century ads (Haller, 2010). Bolt (2014) suggests that until the close of the late-twentieth-century, people with impairments would mostly be found in charity ads – if included in the world of advertising at all. Moreover, [author removed] (2016) research into the representation of women with mental health issues in early-twentieth-century pharmaceutical advertising highlights reinforcement of the harmful ‘sane/insane’ binary. As Cross (2010:3) explains, it is important to take note of the dominant ways in which mental health issues are portrayed in the media and wider culture as they arise from and reflect ‘everyday perceptions’ held in society.

Furthermore, Cross warns that such representations can obscure the voices of those who live with mental health issues.

Existing research examining the representation of people with mental health issues in ads has focused on the advertisement of psychotropic drugs, that is, medication used to modify an individual’s mental state (Hansen and Osborne, 1995; Lövdahl and Riska, 2000; Munce *et al.,* 2004). A study by Munce *et al.,* (2004) on psychotropic drug advertisements in American, British and Canadian psychiatric journals found that over half of the ads featured women. In the Nordic context, it is similarly found that ads mainly portray women as users of psychotropic drugs (Lövdahl and Riska, 2000). Comparatively, Hansen and Osborne (1995) find that psychotropic advertisements featured in psychiatric journals disproportionately feature women; it is cautioned that the gendered nature of these ads may strengthen pre-existing cultural biases among physicians. Furthermore, Gardener’s (2007) research found that pharmaceutical advertisements frequently position depression as a feminised condition.

More recently, disabled people are much more likely to be included in a variety of ads (Haller and Ralph, 2006), for example, those produced by popular fashion labels. However, Davis (2013) suggests that the growing trend to reflect diversity in advertising is mostly superficial. Using the term ‘cherry-picking’, Davis describes how only the most palatable forms of ‘diversity’ are reflected, rather than portraying a broader spectrum of individuals who, for example, may be ‘obese’ or ‘depressed’ (Davis, 2013:4). It is noteworthy that Davis recognises depression as an example of human diversity that is, potentially, too precarious for the makers of ads to openly embrace. Cross (2010:131) suggests that people perceived as having mental health issues are often marked, in cultural representations, through visual symbols of

‘madness’ that reinforce the binary of ‘us’ (people who assumedly do not experience mental health issues) and ‘them’ (people who are labelled as having mental health issues).

When considering why ads may reflect stereotypical views surrounding mental health issues, it is important to acknowledge that the makers of ads often strategically seek to provoke emotional responses from audiences (Machleit and Wilson, 1988;

Agres, Edell and Dubitsky, 1990; Percy and Rossiter, 1992; Lavidge and Steiner, 2000;

Edson Escalas and Stern, 2003; Yoo and Kim, 2005; Rappaport, 2007; Geuens, De

Pelsmacker and Faseur, 2011). Edson and Escalas’ (2003) research found that audience emotions of sympathy and empathy are most likely to result in positive regard for a brand. The makers of ads may choose to provoke strong emotional reactions from audiences, as opposed to portraying more realistic scenarios relating to mental health issues.

However, Haller and Ralph (2001) argue that advertising holds strong potential for positively shifting socio-cultural attitudes towards disabled people. The commercial aims of advertising to reach a greater number of audiences can benefit disabled people and well-considered advertising campaigns can provide progressive disability imagery (Haller and Ralph, 2001). Riley (2005) also acknowledges this point as he describes how, in recent years, disabled people are increasingly viewed as potential consumers and not simply as the beneficiaries of charity by the makers of ads.

# Research methodology and design: ‘Nothing about us without us’

The data was collected via individual, semi-structured interviews with a purposively selected sample of five women who self-identified as experiencing mental health issues. At the time of interview, all participants resided in the UK and were over the age of eighteen. Participants were recruited via academic/interest-related mailing lists. The only criteria for participation was that individuals must be over the age of eighteen and self-identify as women who experience mental health issues. The small sample of participants is reflective of the qualitative nature of the research and desire to explore detailed narrative responses of disabled women. The decision to focus on women with mental health issues was influenced by the knowledge that cultural portrayals of mental health have, historically, been weighted with cultural tropes and feminised (Donaldson, 2011). Thus, the opportunity to address the (mis)representation of women with mental health issues in advertising, as a form of popular culture, is realised.

Each interview lasted approximately an hour and the same six open-ended questions were asked, in relation to each of the three ads portraying women with mental health issues. Questions were chiefly concerned with three main areas: personal opinions and reactions towards the representation of women with mental health issues in the sample of ads, defining life experiences as disabled women, and the extent to which advertising representations impacted on participant wellbeing. The interview questions were designed to prompt participant story-sharing or invite individuals to explore past their experiences, for example, ‘could you reflect on your experience of…’

Interviews are a commonly used method in qualitative research due to their capacity to enable in-depth explorations and their potential for unearthing complex streams of data (Rubin and Rubin, 2012). By interviewing a participant, the researcher actively joins a conversation about a particular topic and makes the process of data collection more dialogic (Silverman, 1997). Semi-structured interviews, containing open-ended questions, fit well with the disability rights ethos, ‘nothing about us without us’. This phrase asserts disabled people’s embodied knowledge and life-experiences as a powerful form of knowledge, when understanding the phenomenon of disability and impairment (Charlton, 1998).

A small sample of three prints ads were used in interviews, to prompt participant exploration of advertising portrayals of women with mental health issues. The first ad was produced by UK mental health charities *Mind* and *Rethink,* as part of their 2009 campaign ‘Time to Change’. The ad features a close-up shot of a well-known UK television presenter, Trisha Goddard. Large black text reading, “There are no ‘Get Well

Soon’ cards with mental illness”, is positioned next to Goddard’s picture. Smaller black text, below Goddard, describes her personal experience of experiencing breast cancer and mental health issues. Goddard explains how people were much more likely to offer support and wish her well when she had breast cancer, however, when she experienced depression, she believed that people were unsure how to support her.

The next ad was produced by *SAMHSA* (substance abuse and mental health services administration) – a support service initiated by the US Department of Health and Human Services. The only character, a woman wearing a black top, light blue trousers and a turquoise necklace, is positioned at the centre-left of the frame. She is smiling and her head is tilted to the right, next to a silhouette that takes the shape of another person [her friend]. The silhouette is comprised of small, black text, describing their friendship and the friend’s offer of support in relation to the woman’s mental health issues. The text uses the term ‘mental health problems’ and the final sentence is ‘we will recover together’. The background is filled with a clear blue sky and there is a glimpse of green treetops.

The final ad, produced in 2013, markets US pharmaceutical drug *Wellbutrin XL.* The sole character is a woman who appears content and happy, positioned towards the left of the frame, wearing a pink blouse and smiling broadly. She appears to be standing in front of a beach scene. On the right side of the woman is a box containing *Wellbutrin*

*XL’s* logo. The tagline is positioned at the top right of the screen, ‘I’m ready to experience life. *Wellbutrin XL* works for my depression with a low risk of weight gain and sexual side effects’. Below this, in small print, is the phrase ‘your results may vary’.

Narrative analysis was applied to interview data. Thomas (1999:5) – whose concept of psycho-emotional disablism is pivotal in this research - describes the personal narratives of disabled women as encompassing ‘power to illustrate and illuminate’ the complexity of embodied experience. Exploring individual narratives enables closer understandings into how individuals make sense of their surrounding worlds and identities. Narratives do not provide uninhibited access to an individual’s personal views or feelings, rather they should be understood as mediated by social, cultural and historical contexts (Fivush, 2008).

A ‘sociology of stories approach’ (Plummer, 1995) to narrative analysis is taken in this research. By using this term, Plummer (1995) positions humans as ‘sense makers’ of the surrounding world: people use the language, images and signs within their sociocultural context to take meaning from their life experiences. Taking a sociology of stories approach to narrative analysis requires less focus on linguistic features and structures of narratives. Rather, greater reference is paid to influences from the social and cultural contexts in which they take place (Plummer, 1995).

Narrative analysis was applied to each typed interview transcript. First, each transcript was closely read to develop understanding and familiarity with key narrative threads. Next, various narrative threads were colour-coded. For example, if a participant referred to their partner, such instances were coded in blue, or, if a participant referred to societal discrimination, each instance was coded in green. The codes were later used to establish central themes within each participant’s narrative. For each participant, tables were produced containing key narrative themes as headings data was stored under each corresponding heading.

# Critically evaluating the dynamic relationship between individuals and advertising representations: Exploring how advertisements invoke memories of psycho-emotional disablism

***Do individuals believe that advertising representations challenge or reinforce mental health stigma?***

On multiple occasions, when engaging with advertising representations of mental health issues, participants referred to concealing mental health issues and reflected on periods of mental distress. Prompted by advertising representations, participants were able to identify and challenge past experiences when they have been psychologically and emotionally undermined by family, friends or health professionals. Many participants explained how they have been pressured by other people to construct a ‘brave’ exterior and submerge their mental health issues. For example, Isobel (pseudonyms used for all participants), who is in her forties, works in higher education and experiences depression, explained how she has experienced a lack of support from close family members:

I remember my mum saying I should snap myself out of it [depression], and I must have been about thirty, and I’ve never spoken to her about it since… I look at that now, as a mum, and knowing that I couldn’t talk to my mum about my mental health… She just said she was ashamed and she worried what the neighbours would say…

After Isobel described her mother’s unsupportive response to her admission of mental health issues – the discussion of which was prompted by *Mind/Rethink’s* ad – her narrative changed track and she started to positively reflect on the ways in which she has re-educated her husband on the realities of depression. In her words:

I’ve just educated [husband] and when I’ve actually said to him “but I wouldn’t be who I am without it”… it really got to me educating him – in that [mental health issues] being part of *me* [participant emphasis]. And why he loves me!

And I wouldn’t be this person without it… Now he gets that… well we freely use the word ‘mad’. I love it and absolutely identify with it, completely.

In changing the direction of her narrative, it is clear that Isobel does not accept the way in which her mother has stigmatised her mental health issues. Rather, Isobel used this story as an opportunity to show how she has fought against this form of psychological and emotional oppression by transforming another person’s attitudes toward mental health issues and positively embracing her ‘mad’ identity.

Both of the stories shared by Isobel demonstrate how ads prompt individuals to draw on their lived experiences when evaluating whether the ad is fairly portraying an aspect of their identity. Isobel believed that the makers of the ad conceptualise depression as illness by focusing on ‘recovery’ and equating depression with breast cancer. Challenging this portrayal, Isobel argued that depression can actually add value to an individual’s life by comprising part of their unique character. Here, Isobel strongly demonstrates how individuals can resist cultural stereotypes and past experiences of psycho-emotional disablism, through reasserting their embodied knowledge.

Isobel’s critical exploration of *Mind/Rethink’s* ad is noteworthy when reflecting on

Reeve’s (2002:503) suggestion that problematic cultural representations of disability hinder the extent to which people with impairments can ‘transform themselves’. While Reeve makes a salient point that cultural stereotypes are a disabling barrier facing people with impairments, the research findings presented in this article can be used to augment Reeve’s statement. It is important not to deny that cultural tropes surrounding disability can negatively impact on an individual’s sense of self. However, as Isobel demonstrates, problematic cultural representations can provide an *opportunity*, rather than restriction, for individuals to reflect on their own self-transformation and agency.

It is also important to highlight that some participants solely focused on the pressure they have experienced to conceal mental health issues, and reflected less on moments of self-transformation. Susanna, who is an active member of a disabled people’s organisation and experiences depression, remarked, ‘I’m very good at covering up [mental health issues], I think a lot of people with mental health issues are’, when exploring *Mind/Rethink’s* focus on raising awareness and starting more conversations relating to mental health. While Susanna appreciated the ad’s call for more open discussions surrounding mental health, she challenged the ad’s description of mental ‘illness’. Susanna’s honed focus on the ad’s terminology is prompted by conversations she has had with other disabled people who are activists. Her negotiation of the ad’s handling of mental health issues is influenced by people who she socialises with and share common experiences:

… most people who I’ve talked to who are activists talk about having mental health issues… illness is quite a medical term and it relies on someone diagnosing… it’s not so easy to diagnose something, a lot of the time it’s a collection of symptoms that they put a name to… I think mental health issues might be better than illness, because it [the term illness] kind of makes the assumption about people.

When engaging with *Mind/Rethink’s* ad, Chris, a support worker who is in her fifties and experiences anxiety and depression, comparatively alluded to societal stigma surrounding depression and described how she has concealed her depression:

I’ve suffered from depression myself… and I do keep it a secret because even though people say it’s more acceptable, it’s not something I am comfortable about spreading around, it’s not a sign that I want to wear on my head… there’s certain things that you want to hide… depression is something you want to hide… I’ve always played the clown… I have got a sense of humour but it does

hide things.

In the above, on six occasions Chris alludes to hiding her depression. Interestingly, she uses a couple of idioms, such as, ‘I’ve always played the clown’, when relating her own experience of facing stigma, to the ad’s message. In doing so, she decoded meaning from the ad by relating its main message to idioms expressive of cultural conventions and expectations.

Chris described depression as her ‘secret’. It is essential to consider the contrasting nature of Isobel’s and Chris’ narratives, when exploring the links between advertising representations, cultural stereotypes and psycho-emotional disablism. While Isobel emphasised challenging stereotypical views by asserting her ‘mad and proud’ identity, Chris described the emotional labour she undertakes in concealing her experiences of depression. Rather than overtly rejecting cultural ideologies, like Isobel does, Chris demonstrates how cultural attitudes towards depression have become instilled in her sense of self (Thomas, 1999).

However, despite describing how she has concealed her experiences of depression, Chris strongly welcomed ads advocating for open conservations surrounding mental health. When engaging with *SAMHSA’s* ad – which emphasises supporting friends who experience mental health issues - Chris appreciated the ad’s emphasis on the importance of friends ‘being caring and empathetic… really understanding’. Here, Chris meaningfully connected with the advertising focus on openness and support surrounding mental health issues to reflect critically on her past experiences of wanting, but not being able, to talk about the mental distress she experienced. Thus, Chris’ positive response to the ad can be considered as a desire, or in Hall’s (1973:3) words, a ‘need’, that she holds – wanting to discuss her mental health issues more openly with friends – being satisfied by the ad’s core message.

Similar to Isobel and Chris, another participant, Melody, who is in her thirties, studying at postgraduate level and experiences depression, also described past experiences of psycho-emotional disablism when analysing the ads. In sharing a past experience where her mental health issues were ignored, Melody expressed her support for the ad’s approach to depression:

… Even with my own family… I used to cut myself… if I cut myself, they could see it. They understood it… if I got stitches… they could see it. But I’d try and explain to them what was going on in my head and it’s like ‘Melody just pull your socks up’ or ‘it’s all in your head, you’re just attention seeking’… she’s [Goddard] saying if someone gets physically sick… there’s a card and people will speak about it. But when you’ve got a mental illness, you’ve got to sort of hide it. It’s shameful… When it shouldn’t be shameful… And I think what she [Goddard] is saying is good.

By reflecting on a past, traumatic experience of psycho-emotional disablism, Melody navigated the ads within her embodied ‘framework of knowledge’ (Hall, 1973:4). Another participant, Mary, who is studying at post-graduate level and experiences depression, undertook a similar process when analysing *Mind/Rethink’s* ad:

I guess I do worry about how people perceive it [depression] a lot and that advert does capture that… she’s reflecting on people’s perceptions of her illness, in the same way. I think I’ve always had issues with, do you know the term, ‘locus of control’?... it’s whether you think that you exert influence on the world or whether the world does things to you and you’re a passive person without power.

Here, Mary connected her lived experience of depression with Goddard’s emotive description of her own experiences. Earlier in this article, when discussing how the makers of ads often strive to produce emotional responses in audiences, it was suggested that this could explain why ads can produce unrealistic images of disability and mental health issues. However, here the research findings suggest that ads can produce emotional responses in ways that can resonate with individual’s lived experiences of mental health. Therefore, emotional portrayals of mental health cannot be exclusively approached as problematic.

Melody also appreciated *SAMHSA’s* ad and its focus on friendship and support for people who have mental health issues. Here, Melody’s positive response to the ad’s focus on friendship and support contrasts with Cross’ (2010:131) suggestion that ‘them’ and ‘us’ binaries are often reinforced, in cultural representations, between those of us who have mental health issues and those who supposedly do not. Melody suggested that the makers of ad challenge a binary approach by emphasising mutual support. She described the ad’s representation of mental health as ‘positive’, ‘empowering’ and making her feel as though she is ‘not alone’: ‘I think the big words are good… ‘let’s do it together’… it’s positive and I’m quite a positive person…’ In a similar way to Isobel, Melody used her analyses of ads as an opportunity to describe her self-transformation – from recipient of psycho-emotional disablism, to someone who is empowered.

In Melody’s view, the portrayal of mental health issues in *SAMHSA’s* ad is helpful and links with her affirmative approach to mental health and identity as a ‘positive person’, despite her experiences of being pressured to conceal her mental health issues in the past. Melody seemed to identify with the characters in *SAMHSA’s* ad. As highlighted by Aitken, Gray and Lawson (2008), audience identification with advertising content is a key influence on the extent to which they are likely to pay attention to the ad’s content. Her appreciation of the ad’s positive handling of mental health is important to note when considering the historical misrepresentation of disabled people in advertising. However, as discussed in the following section which explores advertising themes of ‘recovery’ from mental health issues, historical cultural stereotypes surrounding mental health have not been completely eradicated in post-2000 advertising.

***To what extent do individuals accept or reject the advertising theme of ‘recovery’ from mental health issues?***

Participants responded to the advertising theme of ‘recovery’ from mental health issues in contrasting ways. Some participants highly problematized recovery discourses, while others had a more neutral response. Similar to Reeve’s (2002) suggestion that not all disabled people may report experiences of psycho-emotional disablism, it is shown that not all individuals perceive oppression in the same way. However, all participants explicitly referred to personal experiences when responding to the theme of recovery.

Discussing the advertising theme of ‘recovery’ in *Mind/Rethink’s* ad, Isobel suggested that reinforcing the notion of recovering from mental health issues can be problematic, as it detracts from understandings of periodic changes in mental health as a natural part of human life. Isobel described how the reoccurring advertising theme of recovery could lead to people believing that she, as a woman with mental health issues, is ‘ill’ – a normative presumption she strongly rejected: ‘the way my head functions, it can be it bad sometimes, but it also has a lot of good points…. this is a part of me that makes me good’.

Isobel’s approach to her experience of depression supports Swain and French’s

(2000) ‘affirmative’ approach to disability and impairment, wherein impairment is viewed as a positive aspect of an individual’s identity. When analysing *Wellbutrin XL’s* ad, Isobel was frustrated with the suggestion that taking medication can enable women to ‘experience life’ once again. She suggested that this message contributes to the societal assumption of ‘what women want to be and what they want to look like’. Here, Isobel challenged the normative societal values of which the ad is appealing to. She believed that the ad sustains stereotypes held in society regarding how women should behave and appear. However, using her personal values, she rejected this assertion and emphasises her embodied knowledge above societal assumptions.

Mary takes the exploration of *Wellbutrin XL’s* ad further by suggesting that the makers of the ad approach depression in an overly simplistic manner by implying that people can ‘snap out of it [depression]’ and go back to ‘normal’’. Both Isobel and

Mary’s criticisms are foregrounded by their earlier stories of the inter-personal oppression they have experienced from family members. During their interviews, both women described how various relatives have lacked empathy in regards to both of their mental health issues. For example, Isobel described being made to feel as though she should be ashamed of her depression and Mary explained how some relatives believe she is ‘malingering’, when she experiences periods of mental distress. Here, both women indicate the power of advertising to tap into individual subjectivities.

When analysing *Wellbutrin XL’s* ad, Mary was sceptical of its approach to medication. In her response to the ad’s emphasis on recovery (through medication) from mental health issues, Mary satirised and rejected this form of social pressure, rather than comparing her own life to socially expected behaviours, as Richins (1991) suggests that individuals are inclined to do: ‘It’s almost saying, ‘right, I’m ready to take responsibility for my illness so I’m going to start taking medication and be a pro-active, responsible woman for society and start my life again – because it stops when you’re ill [sarcastic tone/laughing]’.

In a similar way to Isobel’s description of how ‘recovery’ from mental health issues is not realistic for all individuals, Mary suggested that the ad’s ‘beautiful’ background purposefully clashes with realities of depression. Rather than accept the ad’s proposition that individuals can experience calmness as a result of taking the advertised medication, Mary outlined her personal experiences to demonstrate how the ad’s message is unrealistic. Moreover, Mary’s analysis supports Davis’ (2013:4) argument that that only the most palatable and socially acceptable imagery tend to be used in the advertising promotion of ‘diversity’:

…they’ve used the beautiful scene with the tree behind her… it contrasts with the reality of depression which is being in a room, in your bed, for months on end… It’s almost saying, ‘take this and you can be outside again and doing the things you used to enjoy’… often the perception is that you’re just malingering when you’re depressed, so it doesn’t really do much to help that image… people assume that she’ll just snap out of it and be back to normal… It doesn’t say she might be on it [medication] forever, there might be years when she relapses… or is in such a state that she decides not to take it [medication] anymore.

Mary’s sceptical approach to the idea of ‘curing’ depression is further informed by another participant, Susanna’s, response to *Mind/Rethink’s* portrayal of mental health issues and the invocation of ‘get well soon’ cards. As Susanna suggested, ‘‘get well soon’, it’s positive in the sense that people are thinking about you, but it’s negative in the sense that you don’t get well soon if you’ve got mental health issues. You’ve probably got it for life.’ Mary and Susanna suggest that both ads present unrealistic images of depression and promote idealistic notions of being ‘cured’, which may fuel assumptive attitudes in other people. It can be seen, then, how ads can play a noticeable role in perpetuating stigma toward people with mental health issues, and disabled people more broadly (Hahn, 1987).

While Mary and Susanna immediately problematized the advertising theme of recovery/curing mental health issues, Chris had a multi-layered response. In her initial response to *Wellbutrin XL*’s ad, she described the ad’s promise of a ‘cure’ for mental distress as enticing. However, after greater reflection, Chris showed scepticism towards the extent that the makers of the ad are authentically aiming to support people with mental health issues:

You’re buying into an idea and into a belief that your life’s going to change. Straight away, I’d want to be getting the name of that [pointing to medication advertised] and buy it straight away. I’m thinking ‘here’s a way out’… Her face is selling it and the water is selling it and the fact that she’s found an answer. She’s found it… she’s smiling, there’s the water, the blue sky… They’ve found a cure… I’m cynical again because it’s another trap into spending big money and making multi-national companies into millionaires on the promise that they’re going to get rid of your depression – which I don’t really believe that they would… That’s not empowering is it, when they’re trying to make money out of you? Out of your insecurities and your depression…

Chris demonstrated how individuals do not passively absorb persuasive tactics used by the makers of ads. Similar to the suggestion that individuals do not simply absorb psycho-emotional disablism and cultural stereotypes, it is argued that individuals do not automatically digest advertising strategies. Moreover, Chris shows how individuals do not simply make ‘positive’ or ‘negative’ appraisals of ads. At first, she acknowledged experiencing hope – ‘here’s a way out’ - in response to the ad’s suggestion that they can provide a ‘cure’ for depression. However, her initial intrigue was immediately followed by scepticism of the real intentions held by the makers of the ad. Chris demonstrates how the relationship between individuals and cultural representations is not a simple one that can be explained by simplistic, ‘positive’ or ‘negative’ appraisals. Rather, better understandings can be formed by focusing on how individuals position themselves – in terms of resistance and reclaiming their identities - in the face of problematic advertising representations that reinforce cultural stereotypes.

# Conclusion

The research presented in this article can be used in two key ways by researchers in the field. First, the research findings enhance current understandings of psycho-emotional disablism by highlighting the strong extent to which individuals exercise agency in negotiating and resisting cultural stereotypes found in advertising representations. Therefore, it is important for future work on psycho-emotional disablism to explicitly address the agency exercised by individuals when they resist oppressive cultural attitudes. It is recommended that discussions surrounding individual internalisation of negative cultural representations of disability are approached with caution, in order to ensure that the power of individual agency is not undermined.

Second, the research findings can be used to better understand how individuals negotiate ads that supposedly represent themselves. The findings show that individuals draw on embodied values and personal experiences of psycho-emotional disablism when navigating advertising messages relating to mental health. In this respect, the research findings may help the makers of ads to better understand how emotional response strategies used in advertising can be applied in a more responsible and effective manner.

Finally, the makers of ads would be encouraged to use the research findings when creating ads that aim to responsibly and realistically represent women with mental health issues. By examining the individual responses of women with mental health issues to advertising representations, it is found that navigation of cultural attitudes and stereotypes is a process inherently entwined in an individual’s subjectivity. Therefore, there are no clear-cut messages in relation to how women with mental health issues can be progressively portrayed in the world of advertising. Taking this into account, it is recommended that individuals who are supposed to be represented are directly involved in the production of ads. In doing so, the outcome is not that the realities of all women with mental health issues will be portrayed. However, the subjective experiences of some women with mental health issues will be given an authentic platform.

# References

Agres SA, Edell, JA and Dubitsky TM (eds) *Emotion in Advertising: Theoretical and Practical Advertising.* Westport: Quorum Books.

Aitken A, Gray B and Lawson R (2008) Advertising effectiveness from a consumer perspective. *International Journal of Advertising,* 27(2): 279-97.

Bê A (2012) Feminism and Disability: A cartography of multiplicity. In Watson, N., Roulstone A and Thomas C (eds) *Routledge Handbook of Disability Studies.* London:

Routledge.

Bolt D (2014) An advertising aesthetic: Real beauty and visual impairment. *British*

*Journal of Visual Impairment,* 32(1): 25-32.

Charlton J (2000) *Nothing About Us Without Us: Disability Empowerment and Oppression.* California: University of California Press.

Cross S (2010) *Mediating Madness: Mental Distress and Cultural Representation.*

London: Palgrave Macmillan.

Crow L (1996) Including all of our lives: Renewing the social model of disability. In Morris J (ed) *Encounters with Strangers: Feminism and Disability.* London: Women’s Press.

Davis L (2013) *The End of Normal.* Ann Abor: University of Michigan Press.

Donaldson EJ (2003) The Corpus of the Madwoman: Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness. *NWSA Journal,* 14(3): 99-119.

Donaldson EJ (2011) Revisiting the Corpus of the Madwoman. In Hall K (ed) *Feminist Disability Studies.* Bloomington: Indiana University Press.

Edscon Escalas J and Stern BB (2003) Sympathy and Empathy: Emotional Responses to Advertising Dramas. *Journal of Consumer Research,* 29(4): 566-78.

Fairclough N (2003) *Analysing Discourse.* London: Routledge.

FDA (2016) Medication guide: Wellbutrin XL. Available from:

<https://www.fda.gov/downloads/drugs/drugsafety/ucm172744.pdf>[Accessed on

04.09.2016]

Fine M and Asch A (1988) *Women with Disabilities: Essays in Psychology, Culture, and Politics.* Philadelphia: Temple University Press.

Fivush R (2008) Remembering and reminiscing: How individual lives are constructed in family narratives. *Memory Studies,* 1(1): 49-58.

Garland Thomson R (1996) *Freakery, Cultural Spectacles of the Extraordinary Body.*

New York: New York University Press.

Garland Thomson R (1997a) *Extraordinary Bodies.* New York: Columbia University Press.

Garland Thomson R (1997b) Feminist Theory, The Body, And the Disabled Figure. In Davis L (ed) *The Disability Studies Reader.* New York: Routledge, pp. 279-295.

Geuens M, De Pelsmacker P and Faseur T (2011) Emotional advertising: Revisiting the role of product category. *Journal of Business Research,* 64(4): 418-26.

Hahn H (1987) Advertising the Acceptably Employable Image: Disability and Capitalism. *Policy Studies Journal*, 15(3): 551-570.

Hall K (2011) Reimagining Disability and Gender through Feminist Studies: An

Introduction. In Hall K (ed) *Feminist Disability Studies.* Bloomington: Indiana

University Press, pp. 1-11.

Hall S (1973). Encoding/decoding. In Hall S, Hobson D, Lowe A and Willis P (eds) *Culture, Media, Language*. London: Hutchinson: 128-38.

Haller B (2010) *Representing Disability in an Ableist World.* Louisville, KY: The Avocado Press.

Haller B and Ralph S (2001) Profitability, Diversity, and Disability Images in

Advertising in the United States and Great Britain. *Disability Studies Quarterly,* 21(2).

Haller B and Ralph S (2006) Are Disability Images in Advertising Becoming Bold and

Daring? An Analysis of Prominent Themes in US and UK Campaigns. *Disability Studies Quarterly,* 26(3).

Hardin B, Hardin M, Lynn S and Walsdorf K (2001) Missing in Action? Images of Disability in Sports Illustrated for Kids. *Disability Studies Quarterly,* 21(2).

Hansen FJ and Osborne D (1995) Portrayal of Women and Elderly Patients in Psychotropic Drug Advertisements. *Women & Therapy,* 16(1): 129-141.

Heiss S (2011) Locating the Bodies of Women and Disability in Definitions of Beauty:

An Analysis of Dove’s Campaign for Real Beauty. *Disability Studies Quarterly*, 31(1).

[author removed] (2016) ‘Mabel is Unstable’: A Feminist Disability Studies Perspective on Early-Twentieth-Century Representations of Disabled Women in Advertisements.

*Considering Disability* 1(1).

Lavidge RJ and Steiner GA (2000) A model for predictive measurements of advertising effectiveness. *Advertising & Society Review,* 1(1).

Lövdahl U and Riska E (2000) The Construction of Gender and Mental Health in Nordic Psychotropic-Drug Advertising. *International Journal of Health Services,* 30(2):

387-406.

Machleit KA and Wilson RD (1988) Emotional feelings and attitude towards the advertisement: The roles of brand familiarity and repetition. *Journal of Advertising,* 17(3): 27-35.

Mind and Rethink (n.d.) About us. Available from: [https://www.time-tochange.org.uk/about-us](https://www.time-to-change.org.uk/about-us) [Accessed on 02.08.2016]

Morris J (1991) *Pride Against Prejudice.* London: The Women’s Press.

Morris J (1992) Personal and Political: a feminist perspective on researching physical disability. *Disability, Handicap & Society,* 7(2): 157-166.

Morris J (1993) Feminism and Disability. *Feminist Review,* 43(1): 57-70.

Morris J (1996) *Encounters with Strangers: Feminism and Disability.* London: The

Women’s Press.

Munce SEP, Robertson EK, Sansom SN and Stewart DE (2004) Who Is Portrayed in

Psychotropic Drug Advertisements? *The Journal of Nervous and Mental Disease,* 192(4): 284-88.

Percy L and Rossiter J (1992) A model of brand awareness and brand attitude advertising strategies. *Psychology & Marketing,* 9(4): 263-74.

Plummer J (1995) *Telling Sexual Stories: Power, Change and Social Worlds.* New York: Psychology Press.

Price M (2011) *Mad at School.* Ann Abor: University of Michigan Press.

Rappaport SD (2007) Lessons from Online Practice: New Advertising Models. *Journal of Advertising Research,* 47(2): 135-41.

Reeve D (2002) Negotiating Psycho-Emotional Dimensions of Disability and their Influence on Identity Constructions. *Disability & Society,* 17(5): 493-508.

Reeve D (2004) Psycho-emotional aspects of disability and the social model. In Barnes

C and Mercer G (eds) *Implementing the Social Model of Disability: Theory and Research.* Leeds: The Disability Press, pp. 83-100.

Reeve D (2006) Towards a psychology of disability: The emotional effects of living in a disabling society. In Goodley D and Lawthom R (eds) *Disability and Psychology:*

*Critical Introductions and Reflections.* London: Palgrave, pp. 94-107.

Reeve D (2012) Psycho-emotional disablism in the lives of people experiencing mental distress. In Anderson J, Sapey B and Spandler H (eds) *Distress or Disability? Proceedings of a symposium held at Lancaster Disability 15-16 November 2011,* Lancaster: Centre for Disability Research, Lancaster University, pp. 24-29.

Rubin H and Rubin I (2012) *Qualitative Interviewing: The Art of Hearing Data.*

London: Sage.

SAMHSA (n.d.) What a difference. Available from: <https://www.whatadifference.samhsa.gov/native>[Accessed on 02.08.2016]

Samuels E (2011) Critical Divides: Judith Butler’s Body Theory and the Question of

Disability. In Hall KQ (ed) *Feminist Disability Studies.* Bloomington: Indiana University Press, pp. 48-67.

Seiter E (1999) *Television and New Media Audiences.* Oxford: Oxford University Press.

Shakespeare T (1994) Cultural Representation of Disabled People: Dustbins for Disavowal? *Disability & Society,* 9(3): 283-299.

Shakespeare T (2015) *Disability Research Today.* London: Routledge.

Silverman D (1997) Introducing qualitative Research. In Silverman D (ed) *Qualitative*

*Research: Theory, Method and Practice.* London: Sage, pp. 1-9.

Swain J and French S (2000) Towards an Affirmation Model of Disability. *Disability & Society,* 15(4): 569-582.

Thomas C (1997) The baby and the bath water: disabled women and motherhood in social context. *Sociology of Health and Illness,* 19(5): 622-643.

Thomas C (1999) *Female Forms: Experiencing and understanding disability.*

Buckingham: Open University Press.

Thomas C (2004) How is disability understood? An examination of sociological approaches. *Disability & Society,* 19(6): 569-583.

Wendell S (1996) *The Rejected Body.* New York: Routledge.

Wendell S (1997) Toward a Feminist Theory of Disability. In Davis L (ed) *The Disability Studies Reader.* New York: Routledge, pp. 260-279.

Williamson J (1978) *Decoding Advertisements.* London: Marion Boyars.

Yoo CK and Kim K (2005) Processing of animation in online banner advertising: The role of cognitive and emotional responses. *Journal of Interactive Marketing,* 19(4): 18-

34.