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Making Bipolar Britney: Proliferating psychiatric diagnoses through tabloid media [1]

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This article examines tabloid press representations of Britney Spears as a mentally ill subject, and is interested in how the project of ‘diagnosing bipolar Britney’ works towards solidifying biomedical conceptions of madness. Through this work, I look at the ways images and text in 2008 tabloid presses have worked to disperse psy discipline knowledges to ‘lay’ tabloid readers. I will show 1) the ways in which psychiatric expertise has been brought into the tabloid press in order to explain the story of Britney, and promote psychiatric understandings of madness. 2) How information on signs and symptoms of mental illness have proliferated in tabloid text, and how this data can be used to psycho-socialize the lives of everyday readers. 3) How the media monitoring through paparazzi photography of Britney’s life is similar to case file clinical monitoring. I explore how these thematics work to teach the public through popular magazines the ‘proper’ ways to approach, treat, comply, struggle, and recover from mental illness. In this way, the story of Britney through tabloid press has worked to teach readers the appropriate biomedical methods of how to ‘make sense’ of madness.

My interest in Britney Spears as a ‘mad’ subject started in winter 2007, with the cover of a particularly stunning National Enquirer. The image of Britney, shaved head, rumpled shorts and wielding an umbrella, about to smash a paparazzi’s car window -- was stunning enough. The headlines of “Britney in Mental Institution” was really icing on the cake. I started to think about that cover, thoughts like “Britney (or Brit Brit, as the tabloids like to call her) will never end up in the bin: she’s too rich, too managed, too maintained.” I started thinking about how the media had shifted their coverage of her, how she had gone from a ‘bad’ to a ‘mad’ girl almost overnight. During the 2006 holidays, while Britney was still blond, made-up, pantiless and partying -- she was still being understood as a ‘bad girl’. But later, with her boldly shaven head, mini-skirt shed for gym teacher clothing, and brazenly pointed anger, she had transformed into a ‘mad girl.’ That shift, that reinterpretation of her actions from ‘risky’ (Late nights! Drugs! Out-of-control partying!) to ‘at risk’ (Suicide watch! Car crashes! Mental illness!) caught my attention. Bemused, I started minding how Britney was being covered in the press: and started thinking about her as a subject of interest, situated, as she suddenly was, at the precarious nexus of femininity, motherhood, iconic embodiment and madness.

If the personal is political, if fat is a feminist issue, if the medium is the message, if

discourse matters: then the storied account of Britney's 'descent into madness' matters. Granted, the figurehead of Brit Brit as academic subject is easily dismissible as 'cultural studies lite'. But I contend that the coverage of Britney's journey -- from good Christian Southern virgin, to uncertain wife and mother, to late-night Hollywood divorcee excess, to certifiable mental patient -- can tell us a lot about how the intersectionalities of race, class, gender, sexuality and ability play out in popular culture. Much could be said about Britney as a cultural icon: what she means to America, how she has had an impact on our notions of femininity (or how our notions of femininity have dictated her), how her particular small-town Louisiana Whiteness is played out in the entertainment arena, how her becoming a mother and wife disrupted that trajectory. But my focus will concentrate specifically on the tabloid press coverage of Britney in 2008, the year that she shifted from bad girl to mad girl. Through this paper, I want to show what Britney's transformation through the popular press - into a young girl suffering with mental illness - means to the social. Specifically, how 'the case' of Britney has worked to transform and spread psy discipline models of understanding madness into the tabloid press. And how that dissemination of psychiatric knowledge in lay magazines has worked to 'spread the word' about medical models of mental illness: working to circulate signs, symptoms, and cures to readers, and targeting an audience that has hitherto found little exposure to expert psychiatric discourse in such pages. The Britney case has invited psy commentary into such supermarket staples as *Us Weekly* and *People Magazine* to mental health professionals, and by doing so, dispersed mental health discourses to a younger and wider audience.

Confessions

If there is a time to confess: this would be mine. I am someone who is mad identified: I chose to identify myself as part of the 'mad movement,' a growing number of people who have been psychiatrized, but choose to work outside of dominant medical model understandings of 'mental health' and 'mental illness.' Instead, the mad movement embraces different ways of thinking and being, and places particular emphasis on the problematic ways that psychiatry and other psy discourses in particular, and social/medical systems in general, work to hinder mad peoples' social inclusion. To illustrate, I'll draw on the work of Michel Foucault, who rather than seeing power "simply as a site of oppression, or as simply determining certain identities, [he] sees that it is in negotiation and play that identities are formed. Foucault suggests that it is possible to construct what he calls counter-discourses and counter-identification, that is, individuals can take on board the stigmatized individualities that they have been assigned [in this case madness] . . . and revel in them rather than seeing them in negative terms." (Mills, 2003, p. 91). Similar to the ways in which 'queer' or 'dyke' have been reclaimed in the LGBT community, mad pride is a way of celebrating difference and finding power in what is usually considered a problem.

My last confession will be this: I am someone who reads tabloid magazines. It started a decade ago as an undergraduate, as a form of release from the grind of academic

reading. It is something that I continue to do today, as a PhD student. There is a stigma attached to such endeavours, as if my purchasing power is in direct correlation to the decline of the Western Empire (so be it!). I encountered this sentiment at the Madness, Citizenship and Social Justice conference held in Vancouver in June of 2008, when I gave a presentation on this subject, entitled “Bipolar Britney: Spear(s)heading diagnosis through media monitoring.” I drew heavily on images of Britney in the tabloid press, and during Q & A was confronted with my own implication in contributing to the process of ‘celebrity-mania’ by purchasing such ‘low-culture’ magazines. Princess Diana, of course, came up.

As I draw heavily on such magazines for this article, I want to address this issue. I refuse to feel shamed for buying, reading, or enjoying these magazines. With a critical eye, they allow me to understand dominant narratives on beauty, the body, the American dream. They teach me how my always-evolving subjectivity as a White, now thirty-something, educated, financially precarious mad woman is being read in dominant cultures. I use them not only for pleasure, but also as a way of querying what is happening ‘on the ground.’ To dismiss, or express disdain for using such tabloids as a form for political inquiry is to negate certain forms of knowledge production: important narrative forms to which attention must be paid. Further, and what came out during Q & A, as a culture we seem to disdain certain forms of media, but revel in others. How is it that I am negatively implicated for reading *People Magazine*, but positively implicated for engaging in ‘high culture’ medias, such as *The New York Times*? How is it that I am implicated in contributing to the death of Princess Diana through consumer practice, but not implicated in contributing to the war in Iraq when I watch President Bush on CNN?

Finally, I use my interest in Britney as a lecture strategy, as a way to engage students, mostly undergraduate students at the School of Disability Studies at Ryerson University, into thinking critically about how her ‘tragic descent into madness’ has played out in the press. It is an easy entry point for them: almost all of the students know the story. Again, it is a surprise for them to be confronted with thinking about Britney Spears in a scholarly way. There are always some students who are really into it; others who are above it; and then those who are ignorant of it all. But by the end of the lecture, I can tell that students have started to think differently about ‘the case’ of Britney, and at best one can hope that they will start to trouble the ways that young women in general and madness in particular are represented in popular culture.

Bad Bodied Britney

One of the things that particularly intrigues me about tabloid magazines is the way that they monitor female celebrity bodies. How they will compile images of a particular celebrity, compare contrast and comment on her figure: the before and afters; the she’s too fat, she’s too thin; Pregnant!; Starving! There is a demand on the celebrity body that it remain constant, unchanged. There is often an embodied moment in the celebrity body

when it becomes iconic: usually at its thinnest, its youngest, its fittest. That captured image of the celebrity body becomes the template from which any deviation is remarked upon, troubled, noticed. There is a demand for self-governance, a call to both starlets and their followers to call on technologies of the self (diet! exercise! cleanse!) in order to maintain that primary body: the body from which anything else is a deviation, which must be worked upon. I offer up the image of a nineteen year old Britney as she performed at the 2001 MTV Video Music Awards (VMA'S) as her iconic body moment. It is a well known image: Blond, tight, toned, in little more than a green bikini top and gypsy-esque bikini bottom, she is all abs, sinewy muscle and wrapped in a huge albino Burmese python, left dangling around her shoulders (see: <http://www.youtube.com/watch?v=ONuHuiWwcJQ>). She is top form, the pop princess: the image for which she is to be held.

Her health, her desire, and in multiple ways her worth are all tied up with that iconic body: a body which she was vocal at working hard for (1,000 sit ups a day), and which it was expected that she would maintain. Fast-forward five years, and you can see, through tabloid monitoring, how her body came to be problematized. Pre-baby, images of her eating Cheetos with her husband became rampant fodder for tabloid scrutiny. Post-baby, concerns about her lack of diligence in returning to that iconic body sold papers. It is in that liminal space following the birth of her second child, towards the fall and early winter of 2006, that Britney's body falls under deep scrutiny in the tabloid press. There is an expectation for her to return to normalcy: for her, it is that iconic body that she so well exemplified in 2001. Her failure (or refusal) to do so heightened the media monitoring of her 'not-good-enough' embodiment.

There is a link between her non-conforming body at this stage in her timeline that I think led to concern that all was not right with Britney. The failure for her to reshape her body into pre-pregnancy form in the months following her second birth (as is now expected of celebrity moms) came to be understood as a problem in the press. What was wrong with Britney? The press began to ask. I think that the entry point into the possibility that Britney was not 'well' was very much an embodied process, by which her failure to re-conform back into her proper self led to the conclusion that all was not as it should be. As Shildrick notes, "we demand of modern biomedicine that all disruptions to the self's 'clean and proper body' should be dealt with, that the actual vulnerability of the embodied self and its propensity to diverge from the normative structures of health and well-being should be covered over, or managed out of existence, by a technologically driven bioscience. In short, corporeal difference is badly tolerated" (Shildrick, 2008, p. 32). Britney, and her management, seemed unable to contain and control her body. And "in modernist terms, the model of a "normal" body implies one in which everything is predictable, well-ordered and functional . . . the body must be constantly maintained . . . to forestall the lurking threat of disruption" (Shildrick, 2008, p. 33).

These first signs of 'body trouble' were picked up by the press, but mostly mockingly,

and understood through her unwillingness to reign in her appetites. The infamous pictures of her out partying on the night of November 27 2006, when the paparazzi caught images of her without her underwear, made international headlines. The winter 2007 head-shaving incident again brought her to the attention of the press, and led to much commentary and criticism: "Of all of the highly intrusive pictures that have made Britney Spears the reigning goddess of poor life choices and bad parenting, it is impossible to ignore the surpassing weirdness of the image of the world's biggest pop star seated in front of a mirror in a Ventura Boulevard hair salon on February 16, 2007, electric razor in hand, looking blindly at the camera while shaving off all her hair. Her look was at once vulnerable and wildly alienated, the expression one might expect to see on the face of a young cult member who had just set fire to her birth certificate on the sidewalk" (Samuels, 2008, p. 40). Her fall 2007 performance at the MTV VMA awards was supposed to be her comeback: and what better place to hold it than at the awards show that she had ruled in 2001? But her performance was a muddled one, and she was heavily criticized in the press for appearing bloated, "out of shape and disengaged" (<http://www.voanews.com/english/archive/2007-09/2007-09-11-voal5.cfm>).

By fall 2007 she was framed as a 'bad girl': an uncontrollable party girl, drinking, possibly drugging, with close-ups of her flab and double chin making headlines. It was during these months that the all out war against Britney erupted: against her unmanaged sexuality, the sully of her good Southern femininity, her inability to mother, her incapacity to be shamed. Her inability (or refusal) to discipline herself, or to allow her extensive PR team to discipline her. It felt like an embodied sign of protest, with Britney "uncovering parts of the body that should be covered, inverting values of beauty, morality, and cleanliness routinely inscribed onto the body, [and] altogether flouting the sartorial signs of status and respectability [that can be] significant and effective ways of resisting a dominant order" (Masquelier, 2005, p. 16). She was a leaky, unclean, disruptive mess: and forces from all sides were struggling to 'make sense' of what was happening to Brit Brit.

Making Sense: from Bad to Mad.

I'll start with a brief description of what happened to Britney: to the context, before I delve into the content. Britney is 'bad' in Fall 2007: she's on drugs, she drinks until she is sick, she is an unfit mother, and ex-wife, she avoids the gym, she has inappropriate sexual relations. Her hair's a mess, she eats junk food, she is angry. She flashes her privates: she no longer embodies the All-American girl. Then, the tangible shift happens over December 2007 and into early January 2008: that shift from 'bad' to 'mad.' She has post-partum depression; she's suffering; she's in sweatpants; she's out of control; she's crazy. Speculation leads to certitude when, on the night of January 3rd 2008 Britney is involuntarily held at Cedars-Sinai Medical Centre. Images are captured of her being carted out of her home and "despite being strapped to a gurney, Spears is smiling and laughing as she's put in an ambulance" (*US Weekly*, January 26, 2008, p. 55). She is

held on a 72 hour mental lockdown, but is quickly released. She is reinstitutionalized towards the end of January 2008, where she spends “seven days at the [UCLA Medical Center] even though her psychiatrist had extended her stay. . . to a 14-day involuntary hold. It was her second early departure from an involuntary mental-evaluation hospitalization.” (www.people.com/people/article/0,,20176565,00.html?xid=rrs-fullcontentcnn). Her father is granted conservatorship over Britney’s affairs (which is currently in place until December 2008). Britney continues to struggle: lashing out at the press, driving erratically, sobbing in public.

She is now officially a train wreck, a spoiled identity: the descent, that tragedy of American marketing. The bald, the not beautiful enough disappointment that Britney turned out to be. The Fall. A collapse that began to be framed and understood through medical model concepts of mental illness. A dramatic shift occurred in the weeks that separated the ‘bad’ from the ‘mad’ Britney. Prior to her initial institutionalization, a hostile press continued to prey on Britney for her bad girl misdeeds. But once re-conceptualized as ‘mad,’ the press swiftly refocused their approach to Britney: from one of hostility to one of concern. Her misbehaviour was suddenly reinterpreted as signs of symptomology, and Britney was no longer a bad party girl: but suddenly, a vulnerable girl suffering from disease.

Making Meaning of Britney

The abundance of content ripe for textual analysis in the media ‘case file’ of Britney Spears is overwhelming. My main goal in the upcoming pages is to show how, through the ‘case file’ or ‘examination’ of Britney Spears through tabloid reporting, a lot has been said about mental illness. Britney Spears has brought out into the open in the popular presses a supposedly taboo subject -- and the silence surrounding mental illness is often thought to lead to the stigma associated with mental illness. Most proponents of the biomedical approach to madness would contend that this is a good thing -- that the more coverage ‘mental illness’ gets, the better. Psychiatry draws and depends on a plethora of social institutions and systems of meaning in order to ‘make sense’ of madness. As Nikolas Rose (from whom I draw heavily on for this analysis) notes:

“Child psychiatrists would reach out to into the ordinary homes of ordinary citizens through popular books and radio broadcasts, and would educate and instruct parents in the adoption of regimes to ensure mental normality and adjustment in their offspring . . . almost every violation of institutional and social norms of conduct would be accorded a psychological meaning, not so much to be judged, but to be understood. The new imperatives were: investigate, assess, prescribe, treat” ([Rose, 1996](#), p. 11).

My worry is precisely this. That psychiatry has found a new source, through the body of

Britney, to translate, disperse and solidify biomedical understandings of madness. Psychiatry as a science has a history that remains highly contested and unstable. In order to advance its conceptualizations of madness, it must work hard at promoting itself through a myriad of means. As Nikolas Rose has suggested, psychiatric experts are required to collaborate with other professionals in order to strategize and manage psychiatric powers across the territory of the community. Psy professions, as they currently sit at the cusp of the 21st century, are now working under the rubrics of choice, empowerment, management, and recovery. They also find themselves “caught up within a culture of blame, in which almost any unfortunate event becomes a ‘tragedy’ which could have been avoided and for which some authority is to be held culpable.” (Rose, 1996, p. 4). This culpability amplifies the demand that psy professionals police their clients. In turn, psy discourses place increasing emphasis on demanding that the mad work to police themselves through self-monitoring and self-regulation, as the mad are called upon to monitor their own behaviours and subject themselves to incessant psy-self gazing.

Lest the reader underestimate the power of tabloid media as a mental health ‘outreach’ strategy which works to solidify psy understandings of the self and others, researchers within the mental health field are already touting ‘the Britney effect’ as having a positive impact on increasing teenage resourcing of mental health services. As was reported in a May 2 2008 article in *The Globe and Mail*:

The number of young people in Ontario who have visited a mental-health professional nearly doubled in two years, and researchers are giving credit to a surprising influence: celebrities . . . But researchers do not believe the increase means that more young people are suffering from mental-health issues. They say it’s because the stigma associated with seeking help is starting to disappear, as young people watch stars such as Britney Spears, Owen Wilson and Amy Winehouse struggle with problems including bipolar disorder, depression and substance abuse. “I believe that it has a lot to do with more and more public cases of mental-health problems by very significant people in our public culture,”

said Jurgen Rehm, senior scientist at CAMH and a spokesman for the study. “With all the things going on in Hollywood, suicide attempts and problems of substance abuse, of course our daughters and sons are looking there . . . It’s a positive sign,” he said. “It means that those kids who have a mental-health problem no longer deny going to a mental health professional because of stigma” (Agrell, 2008).

Through the story of Britney, psy professions have managed to increase their market share in madness. And teenage behaviour that formally has been understood as acting out, or a stage that they will work through, now has authorities and teenagers themselves

understanding those behaviours as pathologies in need of psy discipline cure. For this reason alone: Britney matters.

Mad Media Con/text

In doing a textual analysis of the tabloid presses in the months following Britney Spear's incarceration and speculated diagnosis with bipolar disorder, I'm going to pull on three thematic threads that all work towards dispersing dominant biomedical models for understanding mental illness. 1) The ways in which psychiatric expertise has been brought into the tabloid press in order to explain and promote certain psychiatric models for understanding madness. 2) How information on signs and symptoms of mental illness have proliferated in tabloid text, and how this data can in turn be used to psycho-socialize the everyday lives of readers. 3) How the media monitoring through paparazzi photography of Britney's day-to-day life is similar case file clinical monitoring. These three thematics all work to teach the public 'proper' ways to approach, treat, comply, struggle, and recover from mental illness. In this way, the story of Britney has worked to teach lay audiences the appropriate biomedical methods of how to understand madness.

Dominant understanding of media representations of madness often follow the argument that mad people are depicted as 'crazy' and violent, instead of as people suffering from a disease: "depictions of persons with experience of mental illness draw upon archetypes of the mad man or mad woman. Those depictions fuel fears of unpredictable violence, social incompetence and contagion that position persons with a mental illness as unlike us: "strange, unpredictable, shocking and frightening" (Nairn, 2007, p. 144). This is viewed as a problem, not only because it mars non-mad audiences perceptions of the mad, but also because it impedes upon mad peoples' own understanding of themselves as mentally ill, and can prevent them from seeking biomedical treatment: "representations of persons with experience of a mental illness in the mass media are problematic for individuals seeking recovery and for services charged with providing quality care in the community" (Nairn, 2007, p. 138).

Thus, the identified problem with media representations is that they work outside of the 'truth' of biomedical models of madness, for workers in mixed medias remain uneducated within the field of psychiatry. Raymond Nain, in his 2007 article, entitled "Media portrayals of mental illness, or is it madness," suggests that journalists draw on a society's discursive resources in order to explain newsworthy events involving mad people. These resources are understood as working within outdated conceptual models of 'archaic madness.' (Nairn, 2007, p. 144). The solution offered to this critique is that relationships between psy professionals and media outlets should be built in order to create and spread the 'truth' about madness: that it is a biomedical illness. "Media representations should include the views of individuals and this should begin at a local level where mental health promotion departments can work more closely with the local media . . . It was discovered that very few mental health professionals contributed to the

writing of these articles and it was concluded that their involvement would help in constructing more positive portrayals of people who experience mental health problems” (Anderson, 2003, p. 301). Thus, the solution offered is to draw together psy and media professionals, create a coalition of expert knowledge, which will in turn be reflected in future media representations of madness. As a side note, I find it remarkable how in this quote ‘including views of individuals’ translates into including views of psychiatric professionals: there is no talk of the media working with mad people themselves (who are certainly the true experts in the field of madness) in order to best inform public discourses on the subject.

I’m going to argue here that the most striking thing about Britney’s case is that the tabloid press did just that: the media drew on a wide range of psy discipline expertise in order to work through and explain what was happening with Britney. That through the case of Britney, the tabloid press transformed into a base of expert knowledge on biomedical psychiatric illnesses like never before, and translated and dispersed such knowledge to a far and wide lay audience. The tabloid press, working with psy discourses, made sense of the Britney story through psychiatric discourse. And through that work, lay audiences were immersed in such knowledge[s] through media outlets that were usually reserved for ‘who’s dating who’ celebrity gossip. Bipolar disorder, as propagated through Britney, has become common vernacular in 2008, with cover stories from the tabloid press all the way through to special commentaries on the nightly news.

Psychiatric Expertise: (who does not treat the star)

I want to start in this section by showing, through tabloid text, just how prevalent drawing on psy professional expertise was in the case of Britney. Contrary to the notion that psy discourses are not drawn on in media reporting, my intention is to show how, over and over, psychiatric and psychological experts were resourced to tell the story and to make sense of what was happening to Britney. I’ll start with a few examples of how tabloid reporting worked to promote clinical diagnosis and the proper pharmaceutical treatment for her madness. Of worthy note is the conflicting and competing diagnoses that various psy experts attached to Britney, conflict that is often mirrored in the everyday experience of psychiatrized people as they often travel through various ‘misdiagnoses.’ So, I ask the reader, when absorbing these conflicting accounts of Britney’s diagnoses and recommended treatment, to not think of one of these accounts as ‘true,’ and the rest as ‘faulty’ reporting; but rather to allow room for these varied diagnoses/treatments and to think of them as similar experiences to the encounters that mad people run up against when being clinicized by psychiatry: discontinuity, prediction, uncertainty.

As *In Touch magazine* reported in February 2008:

“Insiders say Britney, 26, has been heard repeating the mantra, “I’m not crazy,” each morning, but many experts see a deeply troubled woman.

“She exhibits signs of being bipolar and having histrionic personality disorder,” says psychologist Cooper Lawrence, author of *Cult of Perfection*. The symptoms of HPD include being uncomfortable when not the center of attention, inappropriate sexual behaviour and erratic behaviour. While she disagrees with the claim that Britney has multiple personality disorder, Lawrence, who does not treat the star, believes that she needs serious help fast. “She is not crazy, but she needs therapy or she will continue this downward spiral,” she adds. “Britney probably needs to be hospitalized, medicated and to remain in some sort of therapy for the rest of her life (*In Touch*, February 4, 2008, p. 37-38).

A couple of weeks later, *In Touch* drew again on psy knowledge, and translated to the audience how psychiatric drug compliance is crucial to recovery:

According to reports, the pop star has refused to take medication that she has been prescribed, and as a result, “it may have been difficult for her to sort out fantasy from reality,” says an insider who’s knowledgeable about bipolar disorder. Paranoia is common for patients with bipolar disorder. “Delusional thoughts can certainly be a part of the picture,” says psychologist Dr Beverley Smallwood, who does not treat Britney . . . An insider says that she has been put on a variety of meds, including lithium and Seroquel, designed to stop severe mood swings. “Lithium is Britney’s last hope,” says a confidant. “Her doctors didn’t want to prescribe it because it is such a powerful drug, but they finally ran out of options.” Unlike in the past, Britney is now taking her doctors’ orders seriously. “She wants to get better because she can’t live like this,” says a pal. “If lithium can help, she’s prepared to take it -- maybe even for the rest of her life.” (*In Touch*, February 18 2008, p. 39).

In a similar vein, *People Magazine* draws on a psychiatrist to explain to us that Britney’s past ‘bad’ behaviour can now be understood as mental illness:

“She’s suffered from a psychological disease for years,” says a source close to the singer. Two separate sources close to Spears believe she has been diagnosed as bipolar, while additional sources confirm she has been prescribed at least one antidepressant/antianxiety drug. Dr Mark Goulston, a Santa Monica-based psychiatrist who has not treated Spears, says her erratic actions both in the past week and in recent years (see timeline) suggest “classic bipolar behaviour, including hypersexuality, poor judgement and impulsivity.” Minor behaviours that once seemed merely quirky -- the hot-pink wigs, occasional British accent, barefoot bathroom pit stops, as well as major incidents such as shaving her head in early 2007 -- take on new context when viewed through a prism of

possible mental illness. Yet “she does not think that she has a problem,” says a source close to Spears. Dr Goulston points out that “manic behaviour is when you don’t have any sense of rules. There’s a grandiosity: “I play by my own rules.” (Tauber and Tan, 2008, p. 64.).

Further, the question is raised as to whether Britney’s ‘bad’ drug ways might be interfering/contributing to her ‘mad’ ways:

“Also at issue is the question of what role, if any, drugs and alcohol are playing in Spears’ troubles. According to Dr Diana Kirschner, who has not treated Spears, ‘people who show patterns of behaviour like Britney are suffering from a dual diagnosis. They have both a substance abuse problem and a bipolar disorder or manic disorder.’”

(Tauber and Tan, 2008, p. 64.)

And finally, as the Star reported:

“Britney, 26, has been diagnosed with a host of grave problems, including bipolar disorder and schizophrenia. “She hears voices,” the insider adds. “She has trouble sleeping. The doctors try to get her to take medicine, but it’s difficult because she outright refuses.”

Among the drugs prescribed to Britney are lithium, Zyprexa, Zoloft, Effexor and BuSpar (Pearson et al, 2008, p.42).

I find this dissemination of psychiatric expertise striking in such tabloid form, a new venue for the circulation of dominant narratives on mental illness. Britney’s case has brought psy knowledge into what is usually considered ‘low-brow’ reading, and as such, has worked to inform an audience that may have had little previous exposure to such information as clinical diagnoses, brand name drug therapies, and psychiatric explanations for deviant behaviours. As a feminist, I want to mark the particular ways in which Britney’s unmanageable femininity and sexuality have contributed to her being read as mentally ill: much of her problematization rests on her ‘hyper-sexuality,’ lack of impulse control, and bad mothering skills. I also want to highlight the paternalism inherent in the psychiatric contract, particularly when it comes to the expectation of compliance. As Rose notes, psy “professionals become tutors -- sometimes gentle, sometimes harsh -- in the arts of self-management: keep your appointments, take your medicines, don’t get drunk or violent -- or you will lose your place in this project” (Rose, 1996, p.14).

In drawing on psy expertise, the tabloid coverage of Britney also opened up room to inform readers about bipolar disorder in general. A plethora of sidebars and textboxes accompanied Britney-related articles, working to further disperse data on ‘the facts’ about mental illness. As one sidebar informed readers of *US Weekly*:

BIPOLAR BASICS: Nearly 6 million American adults are bipolar, an illness marked by extreme changes in mood, thought, energy and behaviour, says the National Institute of Mental Health. According to Britney's pal Lufti, Britney is bipolar with mixed-state episodes. That is, rather than having manic and depressive episodes back and forth, she has them simultaneously, Dr Drew Pinsky tells US. "It's a little harder to treat."

How is it treated? The drug lithium, says Debra Meehl of the support group The Meehl Foundation (side effects: nausea, loss of appetite and diarrhea). "It takes three weeks to take effect and up to 18 months to stabilize a patient," says Meehl, adding that getting patients to take meds is hard because they don't think that they are sick. "They think others are the cause of their problems."

What's her prognosis? With treatment, "Britney can get a lot better" and keep this incurable illness under control, says Pinsky.

"She can get back to normal." (*Us Weekly*, February 18, 2008, p. 64).

I want to pick up on this thread of 'getting back to normal,' as it is one that crops up a lot as the goal for Britney (and for the mad in general). As Britney's manager recounts "we hired a new psychiatrist last week and that psychiatrist has been there every single day. [The first session] she was manic. And the next session she was great. She was prescribed new meds that were working tremendously well . . . No British accent. We went to the movies like normal people (*Us Weekly*, February 18, 2008, p. 66). The goal of psychiatry to return a client to a state of 'normalcy,' to contribute to the "production and maintenance of social normality and competence" (Rose, 1996, p. 4) is one that has come under critique within the mad movement. The notion of 'normal' has been used against those who are determined 'abnormal' as a powerful tool to exclude, marginalize, and oppress, not only within the dividing realm of sanity/insanity: but also within the dividing practices of race, class, gender, sexuality and ability. The basic idea holds "that deviation -- whether racial, sexual, or other -- could be remedied; individuals who deviated from the norm could be forced back "on track," on the developmental trajectory deemed healthy by the officials in charge" (McWhorter, 2004, p. 53). I just want to flag that the tyranny of normalcy holds a legacy for those who have been deemed Other, and the implicit expectation that mad peoples' goals should be to return to that state which has been used to oppress them is something that should be queried.

Circulating Signs and Symptoms

Another consequence of the psychiatrization of Britney in the tabloid press is that 'signs

and symptoms' of mental disorder in general, and bipolar disorder in particular, staked a claim in pop culture magazines. The reader came to be informed on what behaviours were to be considered signs and symptoms of mental illness, and were given the tools to perform lay analysis on themselves, as well as those in their everyday lives. A strong example of this is an *US Weekly* chart that lists off potential signs of mental illness, by using Britney as an example:

WHAT ARE THE SIGNS OF MENTAL ILLNESS?

Difficulty with everyday life: General confusion, as when Spears has needed directions to her own home, can indicate “drugs or mental illness,” says UCLA visiting psychiatry prof Carole Lieberman (who does not treat Spears).

Wild mood swings: She can flip from partying all night to crying alone in her car, a further sign of “spinning out of control.”

Prolonged apathy: She seemed indifferent after losing custody. And her appearance is increasingly more unkempt. “People stop caring when they get depressed,” says Lieberman.

Bizarre ideas: Trading outfits with strangers and asking for work at Les Deux [a Hollywood club] point to “desperation” and “vulnerability.”

Poor eating and sleeping habits: She often sleeps until 1 pm, says a source. Her diet? Taco Bell, McDonald's and Pizza hut.

Excessive anxieties: Lieberman says Spears' tendency to say things like, “I look ugly” reveals a profound insecurity in social situations. (*Us Weekly*, November 19, 2007)

This conveyance of knowledge works to problematize almost any behaviour into the realm of psychiatric illness. And this is where we currently sit today as a disordered society: one that works to explain any 'trouble' through biomedical models of mental illness. Indeed, our current Diagnostic and Statistical Manual (DSM IV) “runs to 886 pages and classifies some 350 distinct disorders . . . The broad categories of the start of the 20th century -- depression, schizophrenia, neurosis -- are no longer adequate. Pathologies of mood, cognition, will, or affect are dissected at a different scale. The psychiatric gaze is no longer molar but molecular” (Rose, 2007, p.199). What this means to us as a bio-culture is that we have come to understand ourselves as constituted subjects through these signs and symptoms: “The DSM may once have been compiled from “case studies,” as narratives of investigation into the aetiology and trajectory of “mental disorders.” However, a threshold has been crossed so that it is the lives of patients that are now expected to conform to the models of “mental disorders,” rather than the other way round.” (Ingram, n.d., p. 7). We can all 'see ourselves' in this list of

signs and symptoms, and are thus all implicated in our potential to become diagnosable subjects. Hyper-vigilance is called upon, on ourselves, our neighbours, our social worlds: a bio-politics of our everyday praxis that induces us to self-manage, as well as to monitor others' management.

Within this judgment, the story of Britney is used as an educational tool to harness risk management. Stories that are told about mental illness can be used to

point to the misery caused by the apparent symptoms of this diagnosed or untreated condition, and interpret available data so as to maximize beliefs about prevalence. They aim to draw the attention of lay persons and medical practitioners to the existence of the disease and the availability of treatment, shaping their fears and anxieties into a clinical form. These often involve the use of public relations firms to recruit the media, supplying experts who will give their opinions to substantiate the stories, and providing victims who will tell their stories (Rose, 2007, p. 214).

One such example of a 'real life victim of mental illness' is drawn on in the pages of *US Weekly* to elucidate the dangers of mental illness:

A REAL-LIFE BIPOLAR MOM:

Carol* (*not her real name) was a wild, uncontrollable 18-year-old when she became a mother. But after some manic episodes (including joyriding with her infant son in the car), she was diagnosed with bipolar disorder. Carol soon decided to give up her baby, then 18 months, to family friends for adoption. Now 28, the Idaho resident -- who says she's doing "really well" and still has contact with her 9-year-old boy -- tells *US* her story: I had these mood swings and would come across as being on drugs. When Britney shaved her hair, I could relate. It's a manic impulsivity. You think something is a great idea, and two hours later, you go, "Oh, my God, what did I do?" . . . Giving up my son was hard -- but I wasn't stable enough and his father wasn't in the picture. It was my sanest decision. I think Britney can make it, but once you get your mind stabilized, you have to pick up the shambles of your life. It will take her a while to fix that." (Bartolomeo, 2008, p. 51).

Through this tabloid account, the pseudonymous Carol (still stigmatized enough to require confidentiality) uses her pedagogic account to tell us particular things about mental illness: specifically, that mentally ill women are irresponsible, impulsive, and unfit to mother. Further, by drawing out this account, the narrator invites us on a "journey from hostility to an illness model of their condition, through to reluctant acceptance of drug treatment, recovery, and conversion to biomedical and genetic ideas of the origins of

mental disorder” (Rose, 2007, p. 216).

Psy Media Monitoring

Britney’s constant monitoring by the paparazzi has allowed tabloids to draw on images to create collages of timelines -- photographic proofs -- that are pulled together in montages and tell a story: about her descent; about her recovery; about her relapses. These powerful images work together to create a history, and are used in magazine pages to convey an ‘examination,’ a ‘psychiatric history’ that enables the reader to follow the status of her mental health. We are invited in to judge for ourselves Britney’s wellbeing through such images, which enact almost a clinical case study, wherein the public is invited in to judge, assess, and determine, week by week, how Britney is doing. With headlines like “Countdown to Meltdown: Britney’s 4 year decent into insanity” (Star Magazine, January 21 2008, p. 57-58) and “Britney Relapses: Lies, delusions and destructive behaviour -- Britney Spears’ erratic lifestyle returns. What went wrong?” (In Touch, April 21, 2008, p. 37) accompanying photographs of her, the reader is asked to join in on her ‘journey through’ mental illness.

The images are used, usually against her, to convey to us ‘how she is doing.’ A powerful example of how this works is the case of the pink wig. Prior to institutionalization, Britney was seen around town wearing a hot pink bob-with-bangs wig. We came to be informed, through her then-manager Sam Lufti, that when Britney is wearing the pink wig, she is having a manic episode. Manic and pink wig became associated, and as the images of pink-wigged Britney played out in the press, it informed the audience when she was having a ‘manic day.’ Thus, in many tabloids, photographs of a hot-pink haired Britney were printed, with captions attached to them, such as “‘When the pink wig comes on, it’s getting bad,’ Lufti says of Britney (pictured buying laxatives Jan 30) and her manic states” (US Weekly, February 18 2008, p. 64). Every time Britney was captured wearing this pink wig: she was having a manic episode. If she was blond, she was in recovery; if she was pink-wigged, she was having a relapse (In Touch, April 21, 2008, p. 37). Eventually, this wig became such a marker of Britney’s madness, that her father was reported to have confiscated it.

Similarly, images captured of Britney behaving ‘badly’ are taken as signs that she is off her medication. Images of Britney working out are used as proof that she is on the road to recovery. Images of Britney crying tell us that she is suffering: [Britney pictured crying] “‘In her depressive episode, it’s all crying’” Lufti tells US of Britney” (Us Weekly, February 18 2008). Any of the countless images that are captured of Britney on a daily basis can be used against her as a form of psy-media monitoring, allowing us to endlessly infer and judge her mental states. Britney, through her own imaging, cannot escape the psychiatric gaze.

Tabloid reporting also works to organize Britney into a patient who is either cooperating

with psychiatry, or non-compliant. The reporting teaches us how to be a good psychiatric patient through Britney's coverage: what steps a mentally ill person must enact in order to get better. Compliance, treatment, drug and talk therapies are all understood as valued 'cures' to mental illness -- and are never questioned (iatrogenic, anyone?). When Britney is understood as enacting the good mental health patient, there is hope. As was reported in a February 18 2008 article in *People Magazine*, when Britney is reported to be complying with psychiatric medicine, she is supported by the press. And given advice by psychiatrists to continue her compliance, as Dr Carole Lieberman, a UCLA psychiatrist is quoted as saying "I hope the psychiatrists have the courage to keep her there more than 30 days. If she starts cooperating and the psychiatrists take her off the hold, she's so impulsive she might decide to leave. She needs six months in a psychiatric hospital and [to] work with [doctors] in therapy to figure out her underlying diagnosis." (*People Magazine*, February 18, 2008, p. 62).

Conversely, when Britney refuses to comply with psychiatric intervention, she is maligned by the press and much ado is made about her resistance: "Lynne meets with Britney's father, Jamie, and Britney's psychiatrist at the star's Beverly Hills home to persuade her to enter an in-patient psychiatric facility. Britney responds by sneaking out" (*US Weekly*, February 18 2008, p. 63). Ultimately, we are told by the tabloids what Britney needs to do in order to recover: and by extension, we become informed that those deemed mentally ill must follow a psychiatric regimen if they are to be understood as responsible citizens:

Treating Spears' Issues:

Florida-based clinical psychologist Sharon Fried Buchalter (who has not met the singer) talks *US* through a potential treatment plan for the pop star.

EVALUATION: Spears should undergo psychological testing. "She should be monitored in an in-patient setting until they can figure out what type of medication and dosage would work for her particular disorder."

THERAPY: She should go "one to three times a week."

COMPLIANCE: If Spears does require medication, she will have to be responsible enough to take it regularly." (*US Weekly*, February 11 2008: 77).

It is all laid out before us in those innocuous tabloid presses, through the study of Britney. The solution to the 'problem' of mental illness has apparently been discovered: comply with the psy disciplines, and you will find cure; resist, and you will suffer. As Rose so eloquently notes:

In the field of health, the active and responsible citizen must engage in a constant monitoring of health, a constant work of modulation,

adjustment, improvement in response to the changing requirements of the practices of his or her mode of everyday life. Similarly, the new psychiatric and pharmaceutical technologies for the government of the soul oblige the individual to engage in constant risk management, to monitor and evaluate mood, emotion, and cognition according to a finer and more continuous process of self-scrutiny. The person, educated by disease awareness campaigns, understanding him-or herself at least in part in neurochemical terms, in conscientious alliance with health care professionals, and by means of niche-marketed pharmaceuticals, is to take control of these modulations in the name of maximizing his or her potential, recovering his or her self, shaping the self in fashioning a life. (Rose, 2007, p. 223).

Re/covering

Britney, for those who don't know, is on the mend. She is, in psy discipline terms, working on 'recovery.' This has been much celebrated in the tabloids since summer 2008, as images rejoice in her return to the blond, buff, All-American Girl. Headlines such as "Britney Spears: The Change is Amazing" (*US Weekly*, May 5, 2008, p. 54); "Getting her Life Back" (*People Magazine*, August 18, 2008, p. 21); and "Britney Spears: Body Makeover" (*People Magazine*, October 6, 2008, p. 27) tell us as much. Indeed, her return to the MTV VMA's in Fall 2008, embodying a look strikingly similar to that of her old self in 2001, caused the audience and press alike to proclaim that 'She's Back!' Back from: distress, mental illness, mania, unmanaged madness. Back to her true self: recovering from a disease that interrupted her storyline as the pop princess. "What a difference a year makes! Last September, a bloated Britney Spears muddled through an embarrassing performance of her single "Gimme More" at the MTV Video Music Awards. But this year, she stole the show . . . Looking fit and fab in a shimmery Versace mini . . . she took center stage -- and got a standing ovation -- as she welcomed the crowd. And if that wasn't enough, Brit scored [three awards]." (*Star Magazine*, September 22, 2008, p. 1). Britney is, as understood through the popular press, currently back: a comeback, coming back from her descent into the deviation from the norm. An embodied comeback: once again thin, blond, buff, feminine, contained. Her true self restored.

A mad analysis must work towards interrupting this storyline. Just as feminist post-structuralist and disability studies scholars have troubled the notion of a singularly coherent body (see *Butler, 1997; Shildrick et al., 2005*), mad studies must intervene on this idea that madness is always an undesirable state that is due to disease and interferes with representations of our true self. We are more than one dimension, and mad pride must work towards accepting and embracing deviations from essentialist notions of 'one true self.' We must work towards recognizing states that are understood through psy models (such as depression, anxiety, mania, psychosis) as part of our

makeup as mad subjects. We must promote the paradigm of choice within the fields of self-identification, treatment, and management (see, Cheng et al, 2008). We should work towards troubling the shaming and oppressive practices that teach us to repress, rather than accept or revel, in our multiplicity of ways of being. The illness, treatment, recovery trajectory that psy disciplines dictate offers little freedom in accommodating and embracing the diverse statuses that a subject might experience throughout their lives. Psy disciplines continue to hold the notion that there is a true self, that can (and must) be restored through drug management: "The drug thus does not promise to create a false self, on the contrary, it is through the drug that the self is restored to itself. If there is one theme or promise that runs through all these promotional materials [on drug therapies] it is this: with this drug, I can get my real self back, I can feel like myself, I can feel like me again" (Rose, 2007, p. 214). The recovery model of mental illness promotes the notion that there is a best self, and that all roads to recovery must lead to that one, sane subject. That the eye on the prize should always be to "restore the self to its life, and itself, again" (Rose, 2007, p. 211).

The final question I want to leave the reader with is this: what is at stake? What investment does psychiatry have in ensuring that Britney as a patient follows the course of treatment, compliance, and recovery that the story of mental health dictates? I propose that how the storyline of 'Bipolar Britney' plays out in the tabloids matters to psychiatry. That psy professions in general -- and psychiatry in particular -- as it evolves into the 21st century, sits on a precarious credibility which depends on constant re-legitimation in order to hold stable its assertions that madness is a problem of science and disease. It must constantly work to justify the profusion of social, legal, political, financial and scientific interventions and institutions that rely on the premise of 'mental illness.' Within this struggle to power, subject and system resistance is always concurrently at work, chipping away at and destabilizing psy discourses, which in turn forces psy disciplines to work hard to restabilize: "sometimes power struggles are like that. An equilibrium is achieved; the forces in play in a given situation oppose each other repeatedly in exactly the same ways at exactly the same points, so that the situation looks stable" (McWhorter, 2004, p. 43). But I want to remind the reader that psy disciplines are as unstable as the ways that Bipolar Britney is portrayed in the press. And that how Britney manages, or refuses to manage, the making of her self as a mentally ill patient, will impact (either positively or negatively) how our culture responds to both psy and mad practices alike.

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Note

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