Surveilling ‘Stigma’:
Reading mental health literacy as a colonial text

By

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Abstract

The recent circulation of ‘mental health literacy’ texts in mainstream North American media conceptualizes ‘mental illness’ in medicalized terms as a response to what is referred to as ‘stigma’. This paper examines the roots of psychiatry in white supremacy to investigate the visualized juxtaposition of a racialized ‘madness’ against a normalized ‘mental illness’. First I explore theoretically the concepts of madness and mental illness, the identity politics of both concepts, and how these are framed and distinguished in dominant discourses. Second, using critical discourse analysis I suggest how Marc Lepine and Vince Li’s acts of violence are attributed to the production of racialized madness in Canadian news media. I then examine how mental illness is normalized in campaign and documentary films. Reading mental health literacy media as a colonial text, this research finds that stigma is framed as a *primitive* social behaviour in order to reproduce colonial pathologies rooted in psychiatry.

Keywords: mental illness, madness, nationalism, racism, classism, misogyny, white supremacy, colonialism, psychiatry, feminism

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Chapter 1

1 The politics of mental health

In recent years, the subject of 'mental illness'—or 'mental health,' with terms varying according to rhetorical approach, has permeated mainstream North American attention economies through visual and social media platforms. From the independently produced educational and documentary films to major commercial campaigns such as "Bell Let's Talk," the objective of bringing mental illness out of its cultural shame and silence is being presented in visual media to broad and diverse consumer audiences. Mental illness as a trending topic is undergoing a process of normalization in mainstream media. Commercial and campaign narratives are negotiating cultural legitimacy for what is conceptualized as mental illness by appealing to existing nationalist constructs of respectability. "Mental health literacy" texts are narratives about mental illness in contemporary mainstream media that form an educational genre. Mental health literacy texts typically conceptualize mental illness in medicalized terms that appeal to issues of public health and hence, citizenship. Although mental health literacy media aims to counter social stigma around mental illness, disability studies scholar Margaret Price (2013) warns that it is precisely in educational settings and platforms of information-sharing that the medicalized rationale that mental illness must be cured tends to be reproduced instead of problematized.

In this research I use critical discourse analysis to examine the political influences and implications of mental illness narratives in news, campaign, and documentary media. Critical discourse analysis particularly engages with discursive manifestations of social and political power structures. That is, critical discourse analysis pays attention to the ways in which power is exercised through language to either reproduce or resist systems of oppression. I use this

method to critically analyze how Mad[1] identity is being negotiated in mainstream processes of normalization (White 239). Specifically, I examine the ways in which normalizing discourses about mental illness accommodate oppressive identity politics and discursive practices of exclusion. I use the term "mental health nationalism" to identify the ways in which references to "mental health" in mainstream mental health literacy media appeal to existing constructs of respectability and citizenship. My analyses of the identity politics of madness and mental illness are informed by postcolonial, feminist and disability studies perspectives. I analyze the identity politics of madness and mental illness and how these concepts are distinguished. Furthermore I consider the political climate of neoliberalism as shaping contemporary conversations around mental illness. In doing this research, I intend to contribute to a growing body of feminist postcolonial scholarship which continuously aims to challenge, at a fundamental level, the colonial legacy of psychiatry (Greedharry 2008; Jijian 2013; Vergès 1999).

The normalization of mental illness authorizes and co-operates with the rationale set out by the field of psychiatry, and meets a set of criteria in order to be considered socially acceptable (White 239). Psychiatric or "psy-" discourses are authorized and granted the cultural legitimation of scientific objectivism in mainstream media (Binkley 84). Prior to contemporary campaigning and documentary film narratives, whose apparent aim is to educate the public and alleviate stigma against people with mental illness, portrayals of mentally ill subjects were indeed limited to those of mad and otherwise pathologized individuals as violent, eccentric, and abnormal, and of course as *not belonging* (Ahmed 2000, 20). It is precisely through its hyper-visualization in mainstream media that madness been established and perpetually reinforced as being *out of place*

[1] For the purpose of this paper I will alternate between the terms "mental illness" and "Madness." My uses of these terms will reflect their applications as concepts in the texts I analyze while aiming to problematize their uses as medicalized terms, derogatory labels, and otherwise as euphemisms popular discourses.

in its perceived threats to the dominant social order (Ahmed 2000, 20; Lee 107; Wahl 1596). While the diagnostic statistical manual (DSM) sets a standard reference point for defining mental illness, the meaning-making of mental illness in the context of psychiatry circulates also in the wider public. The definitions of mental illnesses set out by these institutions now permeate mainstream discourses, resulting in the lexicalization of medicalized terms in popular mental health literacy texts (van Dijk 1995, 25; White 35). Despite its usefulness, practices of categorization around Mad identity and experience, psychiatrized or otherwise, continue to border and parallel the policing of social deviance.

An examination of gender, 'race,' class, among other intersecting social constructs is crucial to understanding the ways in which Mad identity is negotiated in narratives of mental illness. The ways in which mental illness is conceptualized privileges European ways of knowing while also assuming rationality as inherent in some groups based on constructs of 'race,' gender, and class. The goal of this research is to explore the influence of colonial identity hierarchies in narratives of mental illness in news media, campaigning, and documentary film, and how respectability is negotiated for mentally ill subjects in 'mental health' advocacy media. First, I set out to explore the themes present in news media narratives featuring subjects who identify as mentally ill or are otherwise marked as such. Specifically I look at online articles between 2006 and 2017 from Canadian news sites (CBC, CTV, Huffington Post Canada, Global News, National Post, The Canadian Press, The Globe and Mail, and The Star Canada) detailing the 1989 "Montreal Massacre" in Montreal, Quebec and the 2008 "Greyhound bus beheading" in Winnipeg, Manitoba (Chauvin; Escort). Second, I examine what kinds of gendered, classed, and racialized ideas are potentially resisted, inverted, and/or reproduced in campaign and documentary media between 2008 and 2017 wherein mentally ill

subjects share their experiences and conceptions of mental illness. The campaign texts I analyze include the Montreal-based "Recovery Advocacy Documentary Action Research (RADAR)" (2016), an ongoing not for profit Academic and community undertaking, and several videos from the "Bell Let's Talk" campaign, a project of one of Canada's major telecommunications companies Bell Canada (2011-current). I analyze USA-based PBS documentaries "Depression: Out of the Shadows," (2008) and "Men Get Depression" (2007) and an independent bipolar disorder documentary entitled "Up/Down." All three mediums from which I draw these texts are granted different forms of cultural legitimacy in their circulation of information. News media is a source of information which projects the political and economic safety and interests of the public as its priority. Campaigning texts pose educational narratives in order to establish a degree of relevance to whole nations or populations about a particular issue (White 244). Similarly, documentary films tend to use scientific or other fact-based evidence in defense of personal narratives which are presented as candid and often representative of the average person or citizen. I use texts from both Canadian and American news sources because despite nuances in their political and economic histories, both sites of nationalist media production are rooted in colonialist discourses, systems and practices.

What distinguishes discourses of mental illness as worthy of anti-colonial feminist inquiry is also the direct relationship of psychiatry to white supremacy and other forces of oppression in a history of colonialism. In chapter one, I discuss the usefulness of critical discourse analysis in interrogating how madness is conceptualized in mental illness discourses. Chapter two reviews the role of colonialism and nationalist identity politics in shaping medicalized, neoliberal mental health discourses. In chapter three, I apply these theories to critically analyze discourses of

mental illness in the news and in campaign and documentary media texts. My final assessment of these materials in chapter four considers how both the content and framing of each narrative speaks to its historical and political context. Reading North American 'mental health literacy' and news media narratives of mental illness as colonial texts, my analysis of these texts scrutinizes the reproduction of racialized pathologies in a contemporary context of neoliberalism. I reflect on the ways in which madness and mental illness are differently illustrated in the texts I analyzed, and what the potential implications are of these narratives.

Chapter 2

2 Theorizing Madness through critical discourse analysis

For the purpose of this study, I employ critical discourse analysis as a method. In order to demonstrate how mental illness is ideologically framed in contemporary mainstream North American culture, I chose as data news media texts, and campaign and documentary films. These narratives hold an influential platform and exercise hegemonic power through their use of voices of authenticity and cultural legitimacy—that is, voices *presented as* authentic to characteristic properties of nationhood, and culturally legitimated educational expertise such as those of psychiatry and the sciences more broadly. Before analyzing the meaning-making of mental illness and its identity politics in campaign and documentary videos, I examine news stories in which mental illness is presented as especially relevant or crucial to understanding the meanings or implications of the events being depicted. In this chapter, I review the relationship of psychiatry with histories of colonialism and the contemporary political context of neoliberalism in North America, and how these relationships shape media discourses of mental illness.

2.1 Discourse analysis: ideology, hegemony, and power

Critical discourse analysis, as a specific variation of Discourse Analysis using Foucauldian theories of power, is distinguishable in practice from general methods of the like due to the analytical (and theoretical) purposes for which it is employed (Blommeart 451). In *Critical Discourse Analysis: The Critical Study of Language,* Norman Fairclough discusses "ideological-discursive formations," whose major characteristic is "the capacity to 'naturalise'

ideologies, i.e., to win acceptance for them as non-ideological 'common sense'" (30). That is, discourses around subjects such as mental illness have the potential to attribute and subsequently reduce cultural meanings to physical or real components. Fairclough argues that "denaturalisation involves showing how social structures determine properties of discourse, and how discourse in turn determines social structures" (30). Thus with the preeminence of medical sciences in consideration, a 'denaturalisation' of psy-discourses requires an explicit problematization of sanism—the structural and ideological systems privileging subjects considered sane and rational over Others—and its identity politics (Diamond 74; Gorman 274; Voronka 319).

Blommaert and Bulcaen (2000) describe Critical Discourse Analysis as "a recent school of discourse analysis that concerns itself with relations of power and inequality in language" (447). As early as 1969, however, in *Archaeology of Knowledge,* Michel Foucault explores the functions of discourse and the ways in which socio-cultural understandings shape and re-shape the rhetorical structures and tools employed in exchanges of dialogue. According to Foucault, the functions of discourse "[enable] us to establish between the simultaneous or successive phenomena of a given period a community of meanings, symbolic links, an interplay of resemblance and reflection, or which allows the sovereignty of collective consciousness to emerge as the principle of unity and explanation" (1972, 22). Language is used as a means of articulating meanings and in turn, discourses—the everyday micro- and macro- level exchanges of language—reinforce and perpetuate all kinds of meanings and values which are culturally ascribed to subjects and concepts. In fields such as Gender Studies specifically, the aim of Critical Discourse Analysis has been to analyze the language being used as well as to find how exchanges of discourse, language and gestures, are gendered, and

therefore culturally dynamic in terms of sociopolitical power. “Individuals move through such institutionalized discursive regimes, constructing selves, social categories, and social realities” (Blommaert 449).

Teun A. van Dijk breaks down a variety of levels of political influence on discourse to consider in its analyses including “overall society structures” such as “capitalism;” “institutional/organizational structures” such as “racist political parties;” and group relations and structures such as “discrimination, racism, sexism, … identity, tasks, goals, norms, position, resources” (2005, 20). Dominant ideas and cultural meanings shape conformity to such ideology in discursive practices. In a critical discourse analysis framework, “ideologies are the basic frameworks for organizing the social cognitions shared by members of social groups, organizations or institutions. In this respect, ideologies are *both* cognitive *and* social” (van Dijk 2005, 17-18). The ideologies that are maintained in everyday uses of language work to form a collective consciousness—one specifically of patriarchy and hegemonic masculinity as well as white supremacy (Connell 2005; van Dijk 2012).

In this study, I pay particular attention to the discursive-ideological legacy of colonialism that is reproduced in mental illness discourses, understood here as an historically contextualized political power structure predominantly maintained in mainstream visual cultures. Thus I examine the ways in which each media text, as well as collectives of media texts, are discursively gendered, racialized, and classed.

2.2 « Popular culture »

News media narratives are possibly the most influential in informing popular conceptions and understandings of mental illness, due to the breadth of their audience and their taken-for-

granted cultural legitimacy. Importantly, news media stories have the capacity to infiltrate what constitutes 'common knowledge' (regardless of whether appeals to it are overt or covert) in a given cultural context (van Dijk 2012, 19). In the process, collective cultural values and attitudes attached to certain subjects are nurtured through discursive practices of hegemony (Blommaert 449). In critical discourse analysis, 'hegemony' is a Foucauldian concept employed to describe a collective or body of ideological assumptions, values and attitudes taken for granted in historically and politically contextualized social realities (Stoddart 192). Despite the complexity of social, political and deeply personal aspects of mental illness narratives shared in news media, the parameters of what can be shared remain fairly narrow. News media tends to present a guise of objectivity whose inevitably biased emphases on certain subjects are projected as wholesome and accurate representations of events: "initial summaries, such as *headlines* in the news, for instance, have the crucial function of expressing the topic highest in the macrostructure hierarchy, and, therefore, the (subjectively) most important information of a news report" (van Dijk 2012, 28). Not only is information sharing on this platform taken for granted as true and accurate, but so also are the cultural values which determine and shape the sharing of such content.

It is important to note here that all events are framed as such in the production of news media texts. Blommaert and others suggest that framing organizes how depictions of events vary with the narrators' political biases. The stories which are chosen are alone carefully selected and displayed in order to circulate narrative patterns in dominant discourse (28). News media stories are framed in an order of projected importance to be conceived and accepted as 'common sense' by a collective (Blommaert 456). At its fullest functional potential, such "framing" has the capacity to constitute collective and cognitive *definitions* of subjects that

are based on conceptualizations of such events as depicted in news media stories (Sieff 263). One example of this is the racialized distinction between the uses of the terms “terrorist” vs. “freedom fighter” in xenophobic nationalist discourses (van Dijk 2005, 25).

The perceived authority and legitimacy of news media is achieved not only through logos or the projection of objectivity but also through an ethos that appeals to dominant cultural value systems. That is, news media texts often assume value systems among the imagined audience and appeal accordingly to hegemonic constructs of nationhood—thus they are predominantly received by consumers as having the ‘best interests’ of the imagined nation in mind (van Dijk 2012, 28). Visual representations of all kinds of subjects on this platform therefore have the potential to reproduce ideas of who belongs and does not belong to culturally valued spaces by inference of those who are portrayed as a threat (Ahmed 24; Razack 127).

2.3 « Campaign and documentary films »

With the exception of news stories and dramatized (often comedic) allusions to it in other lucrative forms of visual media, candid conversations on the subject of mental illness have until recently, been otherwise relatively scarce in mainstream Canadian and American popular culture (Sieff 260). Furthermore, depictions of individuals in the already existing *visual economy* of in/sanity are thematically racialized, gendered and classed (Ahmed 22; van Dijk 17). In order to capture the political implications of recently emerging conversations around mental illness and mentally ill subjects, I set out to explore narratives of self-presenting mentally ill individuals.

In my analysis of campaigning and documentary media, I examine the ways in which cultural ideas of masculinity, constructs of whiteness, and other nationalist identity politics are negotiated upon presentation of individuals’ personal narratives. By analyzing the language

used by the subjects to communicate with an imagined, public audience, I identify discursive processes and patterns within their accounts which locate their experiences as situated within intersecting structures of power. Upon review of the first-person narratives shared by subjects in each text, my intention is not to find or formulate concrete grounds on which to speculate about peoples' actual experiences of mental illness, nor will I take their self-presentation for granted as an all-encompassing representation of the diverse and fluid range of mental illness experience. Among other reasons, this methodological choice acknowledges and reflects the power dynamics present in the strictly conditional circumstances under which they have shared their personal narratives (Presser 2069). Instead, my analysis serves to scrutinize the broader political influences and implications behind the packaging and distribution of each narrative. Provided that contemporary mental health literacy and documentary media are framed both as educational and authentically personal—that is, by including narratives of 'relatable' mentally ill subjects—I examine the circumstances under which the citizenship of subjects chosen to represent mental illness is apparently rendered negotiable in each text. In this way, this work offers a feminist postcolonial understanding of how oppressive identity politics inform conversations and visual presentations of mental illness, drawing from how nationalist ideologies are re/produced in these texts.

Much as with news media discourses' structural alignment with nationalist ideologies, the use of personal narratives in documentary films has the potential to appeal to and reinforce dominant ideologies. Van Dijk argues that in order for Critical Discourse Analysis to effectively read the complexity of individuals' narratives and their applicability to social context, such an analysis must consider and "make explicit the relations between general group ideologies and actual text and talk. That is, how social information in mental models

control how people act, speak or write, or how they understand the social practices of others" (van Dijk 20). In my analysis of first-person narratives I regard their discursive patterns as importantly situated in a *relationship* between self-presenting individuals and an imagined public audience. Furthermore, the analysis bears in mind that participants' narratives in documentary video are edited and packaged by its producers for mass consumption. The political biases of producers and those profiting from the distribution of these narratives therefore have the potential and power to manipulate narratives and added narration to fit a specific political ideology.

2.4 A history of colonialism and psychiatry

Dominant definitions and understandings of mental illness in a contemporary North American context are rooted in European culture and its colonial histories of medicine and institutionalization. Moreover, conceptions of madness are re-negotiated through competing discourses which adapt to their constantly changing political, social and economic atmospheres. In *Madness and Civilization*, Michel Foucault (1961) traces the history of madness in Europe from the 14th to the 19th Century, reviewing the circumstances under which madness had been [re-]attributed meaning and function in these time periods. Foucault describes a cultural and epistemic shift in European history that occurred between the Renaissance and the Classical Age, in which romanticized understandings of madness, characterized by creativity and wisdom, were quickly inverted to symbolize a menacing embodiment of disorder. This shift in the meaning-making of madness accompanied a rigorous defense of "reason" as the foundation of social order. Conceptions of madness informing psy-discourses tend to function on a dichotomy of mad identity connoting either

docility or deviance. Either ideological conceptualization of madness risks its over-simplification and the denial of agency to subjugated subjects.

In its insight into the political functions of madness as a social signifier, Foucault's work emphasized the need to critically examine cultural constructions of the subject as such, and on a historically and politically contextual basis. Upon review of the multiple and dynamic positions that madness has occupied in the symbolic power structures existing throughout these time periods, Foucault examines the many ways in which discourses of madness or mental illness can function specifically as tools of oppression. Foucault's work speaks particularly to the Othering of madness—its designation and the many subsequent implications for subjects embodying these markers, even as their meaning shifts recurrently according to context. For instance, Foucault notes the paradoxical positioning of madness as having positive artistic qualities during the Renaissance while its insights were regarded as empirically fallible in the ensuing 'Age of Reason.' Furthermore, the characterization of mentally ill subjects as non-productive in discourses of citizenship functions to justify the isolation and exploitation of Mad bodies. Foucault's identification of subjects deemed mentally ill as a systemically oppressed group laid the foundation for postcolonial critiques of psychiatric discourse and psychoanalysis. His political analysis of the capitalist economy of sanism demonstrates that definitions and understandings of mental illness are influenced by economic and political structures. These insights challenge assumptions about madness which are naturalized to constructs of 'common sense' in dominant discourses. In addition, Foucault provided support for critical analyses of how constructs of madness intersect with other socially constructed ontological categories. For example, Foucault explicitly addresses some of the ways in which the pathologization of certain behaviours in the realm of psychiatry

worked from early on to reinforce and contribute further to the existing hierarchical social order. In his discussion of 'nymphomania,' he notes that the pathologization of female sexuality conveniently functioned to reinforce patriarchal oppression through male access to female bodies (1965, 97-101).

The history that Foucault traces is what theoretically comprises most of the existing ideas and attitudes toward mental illness in contemporary North American culture. The histories of colonization accompanying these ideological shifts shape the current state of affairs dealing with mental illness. That is, at the same time that contemporary structures of sanism and dominant conceptions of 'mental health' in North America are ideologically Eurocentric, they are also co-constructed with colonial discourses of personhood and citizenship. The subsequently cooperative relationship between colonialism and psychiatry has been critiqued within and outside of the domain. Voices of resistance to the legacy of psychiatry within the realm of psychiatry include that of Frantz Fanon. His analyses (1959, 1952, 1961) provided necessary insight to the contextualization of psychoanalysis under colonial rule and addressed the need to write colonialism into psychoanalysis and psychiatry in order to avoid essentializing its vastly imperialist operations. Fanon wrote explicitly about the *man* of colour's psyche and consciousness as shaped and influenced by a lifetime of social interactions, thus stressing the necessity of acknowledging the power dynamics at play in the psychological formation of identity (Greedharry 34). By writing racism into analyses of subjectivity and advocating for radical consciousness-raising, Fanon disrupted the internalization of racism which functions psycho-socially as a means of maintaining systems of colonial violence and oppression (Fanon 1961).

Francois Vergès argues that "slavery and colonialism have produced specific psychological symptoms, persecutory hallucinations, a backward conception of honor, inhibition of emotions, incest, violence in interpersonal relations. The discovery of a postcolonial pathology legitimates the psychiatrists' presence and their expertise" (224). The social deviance attributed to madness is thus often racialized, and, equally, racist discourses are often translated into medicalized terms and practices. In their analysis of a 2008 government report on the "*Roots of Youth Violence"* in Ontario, Jijian Voronka demonstrates how the psychiatrization of social issues is used to perpetuate white settler supremacy in government narratives of racialized bodies as "disadvantaged" (Voronka 56). According to Voronka's analysis, the "stories about madness, race, and violence" configured in mainstream mental illness texts merely shift tactics of surveillance and control of racialized groups from criminalization to pathologization (46). Thus the "'naturalness' of white innocence" against a racialized "degeneracy" in white supremacist discourses is solidified epistemologically by objectivist, 'disembodied' psychiatric narratives (Razack 127-128).

Likewise voices emerged outside the realm of psychiatry such as that of Jean Rhys in her fiction prequel to the famous novel *Jane Eyre* (1847) entitled *Wide Sargasso Sea* (1966). Through the narrative in *Wide Sargasso Sea* Rhys countered the former novel's naturalization of racist stereotypes that conflated Creole identity with craziness. Rhys' presentation of a back-story to the former novel legitimized the violent resistance of the 'madwoman' by writing into it how colonial violence functions laterally in oppressed communities. Much like the works of Fanon, Rhys' response to *Jane Eyre* provided a reading of how colonialism functions in the psyches of colonial subjects by rendering explicit the discursive patterns maintaining its power structures. As Carine M Mardorossian observes, in her review of its

critiques, Rhys' employment of the protagonist's racialized subjectivity in this resistance narrative "undermines colonial authority from within in a way that their speaking up against injustice cannot. In other words, it is paradoxically when the other's silence is articulated with the categories of imperial discourse that it has the potential to make visible and denaturalize the ambivalent modes of operation of colonial authority" (1081).

2.5 Establishing boundaries of belonging through visual economies

The designations of 'sane' and 'insane', functioning to maintain a normative and hierarchical structure of sanism, are represented spatially and symbolically in dominant visual and discursive cultures and practices. As is explored in various feminist postcolonial works on colonial nation-building, nationalism is a spatialized practice which operates through everyday discourse and media, constituting as well an imagination or "visual economy" that designates spaces of belonging (Ahmed 22). An accurate reading of the ways in which discourses of in/sanity function in an historically specific contemporary North American context requires an account of how madness and pathology intersect with constructs of 'race' under colonial white supremacy. In order to examine the political function of marking [gendered and racialized] Others as 'mad' (the concept of the 'madness' narrative in processes of normalization) I will here appropriate Sara Ahmed's theorization of *belonging* as a spatialized practice—the visualized and discursive social practice of "Recognising Strangers," before exploring how constructs of in/sanity intersect with racism under the colonial regime (Ahmed 2000).

Using an analysis of the "Neighbourhood Watch" systems as popular practices of policing and social surveillance in the United States, Sara Ahmed problematizes common assumptions

about the "stranger," framed and taken for granted as unfamiliar and therefore dangerous in fear-mongering discourses; arguing that it is on the contrary *familiar* in its already visualized construction as the *figure* of the threat. Importantly, the *figure[ing]* of the stranger—and the surveillance and control thereof—is a means through which the value and respectability of the dominant space and identity of the imagined community is achieved.

Gomory et al. acknowledge that the process of labeling the 'mad' is tautological, making its assigned ontological constructs self-affirming as such. Gomory et al. write, "The word [mentally ill] also serves to limit inquiry. Its invocation appears to explain by mere assertion. 'Why is John's behaviour bizarre?' Answer: 'He is mad (mentally ill).' 'How can we be sure that John is mad (mentally ill)?' Answer: 'He exhibits bizarre behavior'" (122). Furthermore, the ways in which mentally ill subjects are selectively re/presented in mainstream media patterns visual dynamics which are always relative to relations of political power. "The old adage that 'madness is as madness looks' suggests a deep-rooted concern with knowing who the mad are [and] indicates a complex relationship between madness and culture that has deep historical roots" (Cross 197). Interestingly, the 'mad' are made explicitly visible through these discursive practices while constructs of what is to be considered 'normal' remain (rather, are *rendered*) unmarked, invisible, and therefore unproblematized. The construction of sanity by which *in*sanity is marked in visual cultures and measured in madness discourses fits efficiently into Ahmed's analysis of established boundaries of belonging. Ahmed argues that it is through the paradoxical familiarization of the figure of the *stranger* that the dominant constructs of normativity and "belonging" are functionally standardized: "The figure of the stranger is far from being strange; it is a figure that is painfully familiar in that very strange(r)ness" (19). Thus the establishment of a dominant cultural identity or symbolic order

relies on the very process of marking others—the inherently political, discursive act of visualizing and 'recognising strangers'—as a calculated reinforcement of what [or whom] remains by inference unmarked.

The figure of the stranger can here be used to understand the markedness of madness. The *figure* of the madman, contrary to being contingent upon peculiarity, is rather an *elaborate* manifestation of intersecting forces of identity oppression in a visual economy, making its politics of representation particularly worthy of feminist inquiry. How is the *figuring* of the madman connected to discourses of fear and the racialized Other? In its most depoliticized[2] depictions, craziness is often characterized as simply contradicting or failing common-sense. However, when common sense itself as a form of collective consciousness enters necessary political scrutiny, we (from positions of relative privilege) can see how constructions of sanity and insanity can be influenced by and even founded upon other circumstances of social positionality. That is, bodies and subjects marked as insane, mad or mentally ill are not designated on a mere basis of non-sense but fundamentally informed by hierarchical constructs of normativity and social status. Colonial systems of thought (posed as an objective gaze of 'reality') construct pathologies that mark gendered and racialized bodies as subhuman and 'irrational', and shape the ways in which behaviours are to be perceived, or identified and accordingly disciplined and controlled (Foucault 1975; McWhorter 290; Tuhiwai Smith 2012, 68-72). Furthermore, spatialized practices specifically characteristic of systemic [constructions and] responses to madness[3], manifest in contemporary colonial contexts

[2] Those depictions of madness in entertainment media which are not mobilized by discourses of public health and government policy

[3] I refer here to systematic and systemic spatial arrangements of sanity and insanity, rooted in practices that Foucault (1965) traces of banishment in European history. Again, such practices pre-date contemporary

pursuant to other existing [oppressive] constructs of belonging, respectability and identity. When the designation of 'madness' is understood as a practice of maintaining a collective consciousness deemed conventionally sane, the implications of this consciousness, or the symbolic order, must be considered.

Experiences of psychiatrization are shaped by intersecting discourses of classism, racism, and misogyny. The political silencing of those marked insane through psychiatry functions systematically on structures of scientific imperialism and epistemic white supremacy. Arguably, the Diagnostic Statistical Manual (DSM) is especially dangerous in this regard due to its potential to authorize through the epistemic or scientific legitimation of socially constructed categories. Despite its usefulness in identifying and treating troubling experiences of mental illness, the DSM has also functioned to naturalize and solidify problematic identity constructs and their hierarchical arrangements. Scholarship in psychology and other social sciences have recently pointed out the over-diagnosis of women and people of colour with psychiatric disorders, which is often said to be a result of "*bias*" on behalf of psychiatric care professionals (Williams 200). However, psychiatry has had on the contrary a very calculated, close-knit and complex relationship with other forces of oppression. That is, a lot of misogyny, sexism, queerphobia, and racism have *functioned* through the deliberate pathologization of women, queers and people of colour—their behaviour and their identities—in psychiatry. In other words, Mad people are silenced in a culture of sanism, and Madness is attributed to oppressed subjects *as* a silencing technique in this context. As Jock McCulloch (1995) points out, the over- and under-diagnoses alike of people of colour are conditional to governing tactics of control in a colonial context. So, whether psychiatric

['scientific', but more importantly *political*] technologies of psychiatry, but conceptually persist in the vastly systematic institutionalization of mental health practices which still exist today.

narratives about people of colour are justified by a collective fear or compassionate concern, people and communities of colour are nonetheless forcibly deprived of agency and self-determination. For example the diagnosis "drapetomania" in the 1800s, illustrated the desire to be freed from slavery as a delusional form of mania (Jackson 20). The diagnosis was created to naturalize the white supremacist construct of Black people as subhuman and inferior. We see how the diagnosis of "drapetomania" in the 1800s pathologized willful political subjects to systemic oppression as a silencing tactic (Ahmed 2010; Jackson 20). Psy-discourses have since deliberated epistemic backlashes against resistances to white supremacy. In *The Protest Psychosis: How Schizophrenia Became a Black Disease*, Johnathan Metzyl (2010) writes about the shift in psychiatric discourses' illustrations of schizophrenia from those of docile white femininity to violent and hostile Black masculinity during the civil rights era. Named a "protest psychosis", resistance to white supremacy by Black anti-racist agents was described as *delusional* and the diagnosis of schizophrenia in Black men (and their criminalized confinement) was framed as a necessary defense against suspected acts of violence that would threaten the dominant social order. Thus, with "strangers" here representing the 'mad', "the recognisability of strangers [or here *madness*] is determinate in the social demarcation of [classed, racialized and gendered] spaces of belonging" (19).

Mrinalini Greedharry (2008) notes that Freud's early illustrations of "non-western civilizations" as exemplary of "primitive" human behaviour worked to naturalize the very biases present in the social structural order of his own imperialist assumptions regarding human psychology. Psychoanalysis, as part of the influence of the psy-disciplines generally, is medically authorized and subsequently legitimated when it permeates mainstream cultural

discourses. Uses of psychoanalysis to interpret colonial subjectivities are often taken for granted as impartial and objective even while they mediate cultural meanings and social experience. The ideological reproductions and re-negotiations of colonial ideologies through ongoing 'developments' in psychoanalysis influence 'common-sense' understandings of human psychology situated in psychic and social structures that remain unproblematized in their application. A Lacanian distinction between socially constructed "realities" and "the real" is important in its cautionary appreciation of meaning-making as malleable and subjective, despite its stubborn presentation as objective from the dawn of Foucault's noted "Age of Reason". Such a distinction is especially applicable to an analysis of madness discourses and the symbolic order of in/sanity of which it is fundamentally comprised because it problematizes essentialist understandings of 'sanity' that naturalize the dominant social ideology. Perceptions and understandings of human 'nature' and desire are fundamentally attached to a visualized (gendered and racialized) politics of embodiment. That is to say, an imperialist practice of psychiatry founded on colonialism has used an authorial colonial (paternal/heteropatriarchal, white supremacist) epistemic position that secures itself by way of framing its own symbolic constructs, its ideological model and principles, as natural and essential to 'human' life. The intersecting ideologies that are affirmed in these discourses and re-negotiated according to political sub/contexts are demonstrative of a symbolic order that is fundamentally sustained by systemic and discursive forms of oppression.

Notwithstanding the social, political, and epistemic construction of mental illness, there is a danger of imposing meanings on already-established designations of insanity. Such meanings tend to shuttle horizontally between discourses that demonize madness and those that glorify it, while the medicalized concept of mental illness naturalizes these sometimes identified or

experienced capacities and essentializes their social meanings (Butler 1990, 133). Again, with the systemically oppressive function of the categorization of mental illness in mind, those who are marked as such constitute an oppressed category insane which is, importantly, measured by a construct of 'sanity' that is naturalized and rendered invisible as the dominant—sanist—social order. Donna Haraway points out that the experiences of marked and subjugated groups are often conceptualized as being inherent to their supposed identity or embodiment as opposed to being comprised of social constructions for which social practices of discrimination and epistemological imperialism can be found responsible. Haraway warns of the "serious danger of romanticizing and/or appropriating the vision of the less powerful while claiming to see from their positions" (584).

Power is exercised over Mad identity through language, perhaps most explicitly through the use of labels such as those that mark the mad and the conditions under which these labels are applied. Gomory et al. contend that its tautological and ambiguous uses are rendered such that "the word *madness* does have utility; namely, to capture within an apparently comprehensive category all those 'abnormal' people who significantly disturb society and sometimes themselves" (120). Thus the discursive process of madness' designation is used to mark explicitly those deviances from constructs of normativity. Although the category 'mad' is vastly generalized and sometimes ambiguous in its uses, the pathologization of behaviours usually associated with mental illness intersects with other constructs of normativity and respectability. That is, the marking of madness as an oppressive ontological label intersects with, and is designated and understood according to other (corresponding) oppressive hierarchical constructs of embodiment such as racism and sexism which constitute the dominant social order. However, even among scholars of psychology and social psychology,

the establishment of the discursive designation ‘mad’ is often spoken of as arbitrary. As stated by Gomory (2013),

> Unusual and scary behaviours (one’s own or those of others) that attract attention and elicit powerful emotions challenge people to account for their existence. If no obvious explanation is found, often the best that one can do in response to the need for knowing why is to manufacture a word or phrase as an explanation that can safely contain all that puzzling and frightening content. Such a word [mad] provides ontological comfort that helps one regain the existential stability that was lost as a result of the encounter. In short madness is a disjunctive linguistic category label. The term *mad* has been that universal account for disturbing behaviours for hundreds of years (121-122)

Even on the surface—that is, as perceived by those in positions of relative privilege—it is clear that the constructs of respectability [mannerisms] constituting what is ‘*ab/*normal’ are specific to different cultural contexts and thus unfixed and changeable. With the concept of *madness* in mind as highlighted by Donaldson (as the marking of inherently *relational* symbolic deviance) it is important to note that normative expectations of behaviour are deliberately constructed, and that power is exercised according to [and in order to reinforce] already-existing power structures through these discursive marking practices. That the ‘madness’ label used is according to various macro and micro social contexts should conjure a careful consideration of the *politics* of normativity—more specifically, of ‘sanity’ as a social construct. To frame this problem simply, the questions we should ask are: by what and whose standard are certain behaviours considered disturbing?; from whom do we consider behaviours disturbing?; and what happens when the very presence [contrary to the *behaviour*] of an ‘Other’ is already marked as disruptive to this dominant social order (Butler 18)?

A look at *visual* [video] media is certainly fitting for a historically contextualized analysis of contemporary constructions of mental illness. One of the earliest practices that Foucault

describes in European history in *Madness and Civilization* is the forced placement of "madmen" onto designated ships that would roam canals and open waters visible (and decipherable in associated discursive practices) to the non-mad (1965). This juxtaposed spectacle of Mad bodies on ships, this display of a "comic and pathetic cargo of souls," entertained not only the onlookers but produced the authority of their gaze, affirming at once [visually] the classification of 'madness' in men[4] and the disciplined hegemony of sanity in their visualized otherness (7). This practice of affirming the identity of the dominant group—in this case, the practice of affirming the *validity* of a dominant *ideology* (known as 'sanity')—is very clearly demonstrative of a cultural practice of othering that is illustrated by Sara Ahmed in "Recognising Strangers". Certainly the spatialized marking of the mad in perpetual [re]constructions of nationhood and belonging functions continuously through a visual economy that not only visually depicts craziness itself (as *odd behaviour*) but intersects with social constructs of identity and systemic colonial oppression to render circumstances where racialized, gendered and classed bodies can be marked as mad in a cyclical deadlock of other-ing representation (Ahmed 22). Such patterns function through systematically constructed, visualized pathologies of femininity and non-white identity in a colonial context. The spatialized practices of designating—visualizing, marking, and in many ways institutionalizing—mad identities parallel similar practices of surveillance and control over racialized bodies, and intersect with them in function, configuring and conflating oppressed constructs of identity. Thus the privilege granted to those who are said (or seen) to be sane and by inference to perceive 'reality' 'properly' is conditional on deeply racialized, gendered and classed political circumstances. There are two crucial things to consider with respect to socially constructed contemporary 'reality' and its manifestation as a conscious, conditional

[4] With irrationality being assumed of women

certificate of sanity: that 'reality' in a North American context of sanism is colonial, reproducing colonial ideas of personhood and nationhood, and that designations of sanity and insanity in this context will be attributed according to racist and misogynist representations and ideas of citizenship.

2.6 Theorizing 'madness' and 'mental illness'

One cannot expect to provide an adequate analysis of the discourses around mental illness without (perhaps first) investigating the uses and contexts of its designated terms. As with many other socially constructed categories, mental illness—a term specific to its contemporary medicalized understandings—has many synonyms, carrying different connotations which are used in (and are constructed to specifically apply to) different contexts. For instance we will hear a variety of colloquial terms such as 'crazy' or 'psycho' in different genres of media texts and the situations being depicted, all of which are understood to signify the same category to which 'mental illness' formally refers (Sieff 264). "Indeed, the history of social responses to madness suggests an abundance of possible meanings, often contradictory (e.g., devil possession versus pathological personality organization versus brain disease versus inept training for social life versus a metaphoric haven for escaping from wrenching difficulties)" (Gomory 121). In European history a ruling secular ideological shift from "God" to "reason" for legitimizations [or reinforcements] of [already-existing] imperial knowledge-systems occurred during the 18th century (Mignolo 18, 19). Accompanying this shift then, and prevailing in contemporary Eurocentric colonial contexts, is the authorial voice of science, through which biomedical epistemologies and their premises begin to permeate discourses around the subject. The alternative provided by its medicalization for 'dealing with' mental illness meant an eventual change (although not radical) in the political and

discursive functions of sanism toward a medicalized understanding of the ontological category, ‘mad’. An important complexity to keep in mind is that the terms ‘madness’ and ‘mental illness’, although distinct in historical and political origin, have a close relationship in dominant discourses. The terms are both distinguished from each other and at other times used interchangeably, depending on the context and circumstances of their application. In this section, I employ conceptual distinctions between the labels ‘mad’ and ‘mentally ill’ in order to examine the intersectional political functions of sanism in a colonial context.

The colonial construct of madness has been gradually defined and redefined in psy-discourses, and socially controlled systemically by governing forces, starting with systemic social practices of banishment and confinement throughout European history that eventually led to the “birth of the asylum” (Foucault 1965; 241). Foucault highlights a shift that occurred from the criminalization of ‘mad’ folk to their confinement in hospitals and institutions in the rise of psychiatry. Discourses accompanying this shift disguised the very similar practices of control of psychiatrization through sentiments of saviourism, thus further subjugating mentally ill subjectivities. A distinguishing feature of the term madness, as preceding mental illness, is the explicit association between madness and social/societal rebellion (Gomory 120). That is, although it is not always explicitly expressed as such, the term madness, connoting social deviance, is [at least perceived as] threatening to the social order constituted of a dominant ideology.

In their review of recent specialized psychiatric narratives of the history of psychology, Tomi Gomory et al. (2013) study the discursive shift from “madness” to “mental illness” in psy-disciplines. Understandings of ‘mental illness’ as a biological disease reflect the historical rise of psychiatry and the attendant medicalization of madness. Elizabeth J. Donaldson (2002), a

feminist disability studies scholar, notes the differences in function between madness and mental illness as conceptual terms: the former usually representing rebellion from the dominant social or symbolic order[5], and the latter term referring to a (medicalized) state of embodiment (101). The work of Gomory et al. demonstrates that the medicalized term "mental illness" solidifies the understood 'nature' of madness, implying a more accurate understanding of madness has been *arrived at* through advances in psychiatry. Importantly, this dominant understanding of mental illness functions through scientific discourses of classification, and intersects with other forces of oppression to constitute a colonial "body-politics of knowledge" in mainstream North American culture (Mignolo 16). This historically-specific interpretation of the shift in language from madness to mental illness accurately represents contemporary understandings of mental illness in medicalized terms, while Donaldson's analysis of the continued *co*-existence of the two terms provides conceptual grounds on which to analyze the political implications of its normalization as such.

The terms madness and mental illness tend to be used in different contexts and connote different meanings. However, since "fictional representations of madness have a way of influencing clinical discourses of mental illness and vice versa," it is not the case that the former term was simply replaced by the latter throughout history (Donaldson 101). Rather, the two terms, whether distinguished or conflated, are necessarily co-operative in discourses of medicalization.

Donaldson connects the disability studies works of Lennard Davis and the queer feminist theory of Gayle Rubin to propose a feminist disability studies understanding of madness.

[5] Donaldson analyses *Jane Eyre* (1847) and its feminist literary criticisms to examine the [sometimes problematic] implications of what she calls "'madness as rebellion' narratives," which will be discussed further in this section.

Lennard Davis' (1995) distinction between "impairment" (which involves a physiological loss of sensory or other abilities) and "disability" (which depends, in function, on the societal construction of standards by which ability is weighed) is crucial to understanding mental illness experience without essentializing or silencing the tangible (social and psychological) experiences of mentally ill individuals. Furthermore, Rubin's theorization (1975) provides necessary insight into the ways in which power is exercised through the conflation of socially produced experiences and 'biology'. Donaldson borrows Gayle Rubin's analysis of the socially constructed sex/gender system[6] to argue that embodied experiences of 'mental illness' in 'clinical terms' are mediated by designated constructs of identity in social life. In this way, the ideological system of sanism solidifies by naturalizing the political mechanisms through which Mad subjects are marked as such. That is, in a culture of sanism, "it is never imagined that different ways of thinking, experiencing, interpreting, or being in the world could ever be of value" (Voronka 319). Donaldson also warns that a disproportionate regard for either biological or social factors to define 'mental illness' runs the risk of reproducing gendered and racialized pathologies. Specifically Donaldson contends that the configuration [whether villainized or romanticized] of 'madness' as social rebellion might overlook embodied experience as much as its medicalization may silence willful acts of resistance. Thus, an analysis not only of how madness and mental illness can be distinguished, but how such constructs are *intimately connected* in dominant discourses is necessary for understanding the implications of meaning-making around mental health.

The 'madness as social rebellion' narrative examined by Donaldson pays particular attention to the relationship between madness and socio-political systems of identity, knowledge and

[6] Rubin argues that heteropatriarchy functions through essentialist ties of gender to 'sex' through the reduction of sex to biological terms and the attribution of hierarchically valued gender characteristics to constructs of sex.

power. As mentioned above, the practice of psychiatrization not only subjugates Mad ways of knowing—it is also employed to reassert dominant political ideologies deemed 'sane'. Critical Whiteness Studies and Pan-African studies scholar Kehinde Andrews presents White Supremacist nationalist discourses as a collective "psychosis of whiteness" in his analysis of highly popularized films on transatlantic slavery, which nurture complexes of white supremacy and saviourism in their white audiences. Andrews states that anti-black racism, like psychosis, can be described as a state of "'false beliefs in the face of overwhelmingly contradictory evidence'" (436). The stubborn complexes of white supremacy nurtured and manifested in white supremacist subjectivities through mainstream media are conceptually inseparable from the domain of psychiatry. That is, psychiatry is not immune to white supremacist nationalist discourses of fear in news media and saviour narratives in entertainment media. Much to the contrary, psychiatry and its diagnostic categorizations build on and participate in colonialist practices. Importantly, the 'psychosis of whiteness' that organizes white supremacy into common-sense or 'sanity' and Blackness and Black resistance into the DSM, accesses metaphorical and medicalized definitions of madness at the convenience of reproducing these narratives.

In "(Post)Colonial Psychiatry: The Making of a Colonized Pathology," Francoise Vergès explores how violence has been pathologized in communities of colour by psychiatry (224). Vergès examines the symbolic violence of psychoanalysis done through the tautological framing of racialized degeneracy and essentialist 'risk' narratives. According to Vergès, even acknowledgements of colonialism as the cause of psychological and social issues in psychiatric discourses conceptually isolate its violence to the past. The violence said to be occurring in

racialized spaces is de-historicized, while the ongoing violence of colonialism remains unproblematized (224-225).

2.7 Mental health nationalism and neoliberalism

Finally, an analysis of normalization discourses must also consider the dynamic political climate shaping its identity politics and relationship to the nation. Negotiations of normativity around mental illness are currently manifest in a political (and cultural) climate of neoliberalism. I argue that nationalist projections of mental health are attached to ideas of citizenship in a contemporary North American context. Mental health and citizenship are two concepts shaped by both disciplinary and value principles of neoliberalism. Neoliberal discourses and disciplinary practices are typically characterized by the individualization and responsibilization of citizens of their own well-being and a simultaneous withdrawal of the state (at least financially) from privatized standards of living (Ulrich 38). With popularized self-help texts being emblematic of its consumer culture, neoliberalism prompts consumers to be their own entrepreneurs and to practice self-care and 'improvement' (economic and otherwise) even as they are systemically disabled from doing so (Lemke 201; Teghtsoonian 29). What makes neoliberalism especially dangerous and subsequently relevant to my analysis of Mad identity politics is its illusion of equality in which systemic forces of oppression nonetheless take shape.

Teun A. van Dijk argues that critical discourse analyses must consider political contexts as constructing shared cultural value systems and conditioning cognitive values (20). "Ideologies need to be analyzed as the socio-cognitive interface between societal structures, of groups, group relations and institutions, on the one hand, and individual thought, action and discourse,

on the other hand" (van Dijk 1995, 32). Discourse analysis does not necessarily take it as self-evident that its contextual power structures are to be found in governing forces [policies and organizations], nor in the most commonly accepted social cognitive systems of morality, but in the cooperation and perpetual negotiation between these areas where power is discursively and otherwise exercised on intersecting power structures (20). First of all, granted its location in a capitalist context, an analysis of North American cultural definitions of mental illness must consider how an economy of sanity manifests and is maintained in its operating ideology. For example, we might examine how contradictions potentially arise in the marketing of mental illness in a neoliberal context that foregrounds the nationalist valuing of "rational actors" above Others (Eposito 416).

Salman Turken at al. argue that "neoliberal subjectivit[ies]" are conditioned through discursive disciplinary technologies in mainstream neoliberal cultures (Turken 34; Lemke 191). Their study of dominant discourse under neoliberalism finds that "rationality" is a primarily valued characteristic or tool of self-development, as well as "autonomy and responsibility" (36-38). Turken et al. find that citizens are encouraged to project their journeys of self-development through an "entrepreneurship" that involves the perpetual [perceived and projected] improvement of oneself (39). In association with this individualized responsibility for *improvement* is an imposed value of "positivity" that can be found in the pervasive rhetoric of "self-esteem and self-confidence" (41). Neoliberal "subjectivity," as it is conceptualized by Turken et al., is crucial to consider in discourses normalizing mental illness, as *Mad* subjectivities are also shaped by the intersecting political value-systems on which they are being negotiated.

A neoliberal value-system emphasizing economic personhood and perpetual self-improvement tends to hide the structural hierarchies of power on which its individualized value systems function. Thomas Lemke discusses the usefulness of Michel Foucault's analyses of [self-]governance and the ways in which power is exercised in a neoliberal context of identity formation. Lemke notes how in a neoliberal political context, governing and popularized communication platforms promote "indirect techniques for leading and controlling individuals without at the same time being responsible for them" (Lemke 201; McWhorter 284). As Brodie (2007) argues:

> The neoliberal project gains its force, not only from the performances of powerful economic and political actors and the demonization of popular forces, but also from its promise of individual freedom and empowerment, which has proven seductive even to those most abused by this conceit (103)

Ulrich Beck (2001) describes neoliberal nationhood as an "individualized society of employees," its discourses promoting practices of self-care and the consumption of self-help texts. In neoliberal frameworks of 'mental health' advocacy, the individualized mentally ill subject is encouraged to *seek* help from professional psychiatrists—thus attention for critique is drawn from the institutional body of psy-sciences and directed instead toward personal efforts (Beck 2001, 39; Brodie 101). Katherine Teghtsoonian critically analyzes discourses of neoliberalism specifically manifest in mental health literacy campaigning by the government after the election of a Liberal provincial government in 2006: Teghtsoonian finds that "Public policies and systemic inequities are thus kept out of view" in explorations of the subject of mental health and the goal of well-being for citizens, individualizing the problem of mental illness for a government cost-efficiency—encouraging mentally ill subjects in its target audience to "[make] better decisions regarding [one's own] mental and emotional well-being"

(31). Teghtsoonian also finds that mental health literacy campaigning places an emphasis on consuming "evidence-based" care services that maintains the authorial operations of psychiatry despite the existence of efficient and effective alternatives (32). Using Foucault's (1980) concept of "bio-power" and psychiatry as a disciplinary practice, Marina Morrow argues that "biopsychiatry is tied ideologically to neoliberalism, which promotes individualistic understandings of complex social problems" (146). Neoliberalism is thus essentially tied to medicalized discourses of mental illness and the political and cultural circumstances of its normalization in campaign and documentary media texts.

Chapter 3

3 Media texts on mental illness

A political context of neoliberalism does not replace the colonial foundations of psychiatry but instead adapts its themes to form contemporary discourses of mental illness. Normalizing discourses of mental illness use racialized, gendered and classed depictions of respectability while embodiments and experiences that fall outside these categories are correspondingly Othered in anti-stigma texts. My analysis of mental health literacy media considers how the colonial history of psychiatry continues in neoliberal discourses of mental health. In this chapter, I describe and analyze depictions of mental illness in the 1989 "Montreal Massacre" and the 2008 "Greyhound bus beheading," and five visual texts from corporate, popular and educational media that explore mental illness in relation to stigma and citizenship. Each text has been selected because it presents madness as a perpetual threat to the nation in the process of establishing normative constructs of mental illness.

3.1 News Media

3.1.1 Marc Lepine/The "Montreal Massacre"

The "Montreal Massacre"—the mass murder of 14 women at L'Ecole Polytechnique by Marc Lepine—occurred on December 6th 1989 (Chauvin). The alliteration "Montreal Massacre" by which this event is remembered makes "Montreal," the location of the shooting—as opposed to "misogyny," the [self-]proclaimed motivation for Lepine's attack—of highlighted relevance (Diebel). The act of violence constituting this title is referred to as "the worst mass killing spree in Canadian history," hence understood as something exceptional to what is expected of this

space (CityNews). Marc Lepine, armed with a rifle, ordered all of the men out of a classroom of engineering students before opening fire and killing 14 women whom he overtly described as "feminists." Since its initial coverage in news media, feminist voices of resistance have deliberately challenged representations of the event as apolitical and as mere madness (Diebel). One of the targets on Lepine's list, Francine Pelletier, states to *The Star,* "he was our first terrorist and nobody was treating it that way" (Diebel). Here I analyze retrospective narratives as reflecting/representing more recent narratives that are in circulation. My analysis also includes a discussion of the Montreal Massacre featured in the CBC DocZone documentary, *Angry Kids & Stressed Out Parents*.

3.1.2 The gender problem

Between 2008 and 2017, retrospective outlines of the "Montreal Massacre" describe mental illness in ways that render perceptions of Lepine's crime as isolated from and exceptional to any existing political structures or norms. Terms connoting madness are used in conjunction with discussions of Lepine's political motives, thus ambiguating (if not annulling) the extent to which dominant collective social groups can be found responsible for its ideological basis. In one article, Marc Lepine's suicide note is exhibited and framed as crucial insight to his motivation for the violence: marked as an "anti-feminist rant" by CityNews authors, and featuring an explanation for his murders and suicide by Lepine himself as "for political reasons" (CityNews). Even while it is acknowledged that Lepine's actions were politically motivated, he is nonetheless described as "a deeply disturbed man [who] blamed all of his problems on women" (CityNews). The description of Lepine as a "disturbed man" isolates understandings of misogyny to Lepine, the individualized [and racialized] *figure* of the "disturbed man" (CityNews).

In the CBC DocZone episode *Angry Kids & Stressed Out Parents*, Monique Lepine's voice is framed as a cautionary tale about child abuse and neglect: "It's today that I see the consequences of these behaviours [of his abusive father] ... I would like to start all over again, and be different—be a loving mother" (Angry Kids). This comment follows the narrator's presentation of a recent "revolution in our understanding of early childhood development," in which "science has proven that" children under age six benefit long-term from "nurture and stimulation" (Angry Kids). The juxtaposition of Monique Lepine's feelings of inadequacy against a summary of her son's childhood trauma portrays mental illness as preventable and as otherwise an inherent threat of violence. With mental illness being overtly introduced as the subject matter of the documentary episode, *Angry Kids & Stressed Out Parents* urges parents—a reasonable inference of its representation of white, middle class mothers—to nurture their children and in turn reproduce collective (nationalist) values, anecdotally framed through the rhetoric of fear and public safety (Ahmed 2000, 32; Shirlow 22).

3.1.3 'Killer' criteria: the racialized *figure* of the mass shooter

The configuration of mental illness with violence in mainstream news media has the potential to map mental illness, as opposed to any single [possible political] motive, more broadly as the causal common denominator for acts of extreme violence (Cross 201; Whitley 249). Teun A. van Dijk notes that in dominant discourses, events and subjects are organized into patterns of meaning-making through a "lexicalisation" of related and associated terms (1995, 25). Many descriptors of the Montreal Massacre conceptualize Lepine's violence as an act with individual causes that can be traced and tracked independently from external political forces, thus *making sense* of the violence through discourses of pathology. An article by Jesse MacLean, for example, figures Marc Lepine as a "lone wolf terrorist" (Understanding). Discourses that

construct the racialized subject as a figured threat of violence, as explored by Sara Ahmed, reinforce boundaries of belonging. By situating his violence in a pattern of actions that have "since" become common, Lepine is framed as the racialized, mentally ill *figure* of the mass shooter or "terrorist" (Understanding). Terms used to describe Marc Lepine and his actions, whether he is marked as otherwise mentally ill or not, in all of the articles include "mass shooter," "gunman," "spree killing," "shooting rampage," "murderous rampage," "massacre". Marc Lepine is described as a *type* of violent individual, which parallels scripts of pathologization.

Descriptions of Lepine's life history render perceptions of Marc Lepine and his family as alien and dysfunctional, relative to what is taken for granted as the typical or healthy Canadian/Quebecois family. The frame through which these allocated 'dysfunctions' are visualized reinforces xenophobic scripts that scapegoat Lepine's attitudes and behaviour as racialized pathologies (as opposed to contextualizing them in a political structure of patriarchy) while framing his mother as responsible for its prevention. Lepine's father—presented as the original source of violence in the context of Lepine's family—is posed as an altogether intrusive figure, presenting as if relevant his status as an immigrant from North Africa (Diebel). Marc Lepine's father is described as "an Algerian business man who married a woman from Quebec" (Diebel). This statement takes for granted the common conflation that exists in Canadian visual cultures between non-white identity and foreignness (Dua 7). The racialization of Lepine's father here does not function independently in the reproduction of racism. The Othering of racialized subjects relies on contrasting depictions of respectable citizenship in which whiteness is implicit in order for the boundaries of white supremacist nationalism to be established. Importantly, the

affirmation of Monique Lepine's gendered and racialized identity as a Canadian citizen is implicit in the description of her as 'a woman from Quebec' (Ahmed 20; Dua 8).

3.1.4 Vince Li/The "Greyhound Bus Beheading"

News media articles between 2008 and 2017 about the "Greyhound Bus Beheading" have provided adamant updates on the court case and psychiatric treatment of Vince Li, the person who murdered a fellow passenger, Tim McLean, by decapitation in Manitoba on July 30th 2008 during a schizophrenic episode of paranoia (Alien; Lambert). These articles have racialized Vince Li as foreign and framed him as benefitting from the outcomes of his legal case. Vince Li's madness is racialized through the very presentation of his implied national foreignness as relevant information to his case and character. Where Li is not pictured, descriptions of him as "a tall Asian man," "a Chinese national" (although he is a Canadian citizen), and mentions of him "planning to travel to China to visit his family" and being "allowed to travel to China with his ex-wife" (Friedman; Robson; Absolute; Kohut). These racialized descriptions of Li are presented as urgent and relevant even though they are more suited for a most wanted list—he is well beyond being apprehended.

Connotations of Vince Li benefitting from the outcomes of his legal case parallels an existing racist trope of racialized immigrants as abusing government protection and support: a connection that is overtly incited by way of his being marked as foreign (van Dijk 2012, 23). In headlines it is stated that Vince Li "*seeks* full discharge," "*wants* to leave group home"; "*gets* more freedom," is "*granted* supervised passes," "*wins* release" and "*wins* right[s]" (Toronto Sun; Woods; Pauls; Supervised Passes; McQuigge; Lambert: emphases mine). Mentions of Li having "changed his name" also function to arouse fear in the public for whom he is portrayed as not only a threat but as actively attempting to hide in this state (Lambert; Woods). Few articles

feature Vince Li's own statements from interviews. In these important but under-reported texts Li expresses remorse for the violence he committed (Escort). In these articles, Li describes himself as being fully recovered from the episode, as having hindsight about the paranoia he experienced, and as devoted to managing his illness beyond the possibility of its recurrence. These familiar rhetorical techniques frame the mentally ill as a "special-interest group" and maintain the marginality of their experiences (Haraway 575). The overall absence of Li's statement in contrast to de Delley's[7] voice in news media functions to silence Li's statements and contribute to his discursive erasure as a citizen.

Vince Li, despite having made statements[8] in interviews and to the press about the episode and his recovery, is disproportionately silenced in comparison to the combined voices of the victim Tim McLean's mother and experts in psychiatry and law (Alien; Escort; Sinclair). Details of his hallucination are provided in headlines, and the professional opinions of Li's caretakers, doctors and supervisors (as opposed to Li's voice) are presented in opposition to de Delley's arbitrary assumptions (Absolute; Alien).

3.2 « Campaign videos »

3.2.1 « "Bell Let's Talk" »

"Bell Let's Talk" is perhaps the most popular of Canadian mental illness campaigns circulating in mainstream and social media since its initiation in September 2010 (Bell). Describing mental illness as "represent[ing] 15% of Canada's burden of disease," the commercial platform that Bell Let's Talk occupies using 'real' voices including celebrity testimonials to represent mental illness as a normal experience (Bell, emphasis mine).

[7] The mother of victim Tim McLean
[8] See CBC article "Greyhound killer believed man he beheaded was an alien"

Spokespeople in one video urge their audience to include "self care" in their everyday lives (Self Care). In Canadian comedian and actor Howie Mandel's testimonial about having obsessive-compulsive disorder (OCD), he states that "if we take care of our mental health like our dental health, we'll be okay" (Mandel). In another video, Mandel contends that "we are all the same" in experiences of mental illness and talking to someone is always possible (Someone).

Canadian athlete Clara Hughes' testimonial is entitled "Understanding is the key." In the video she uses (instead of 'understanding') the word "education" to argue "education is the most crucial component to breaking down the stigma attached to mental illness" (Understanding). Hughes' list of 'mental illnesses' in her discussion of the subject include "depression, bipolar disorder, OCD, anxiety," describing them as "medical conditions" (Understanding). Hughes contends that "education" [using medicalized concepts] can prevent people from "judging" the "behaviours" of people who are mentally ill (rather than problematizing existing normative constructs of 'sanity') (Understanding).

The video entitled "Husband," begins with a woman describing the difficulties of depression, before smiling and introducing her husband (who doesn't speak): "we found a great psychologist[9] and we're getting through it together" (Husband). Another video features a mother and a daughter, where the daughter is the only one talking (Mother). Again, the daughter's speech is at first sober in expression, until she smiles and introduces her mother, who remains silent.

Bell Let's Talk both suggests and illustrates a uniform experiences of 'mental illness': said to be medically identifiable and occurring biologically in the brain, affecting individuals with equal

[9] Again the consumption of psychiatric health care services is here prioritized as a solution to the said problem affecting the mentally ill (anxious) mother and the (as added importance, perhaps) people around her or closest to her.

impact and in like ways. Examples of mental illness in Bell Let's Talk testimonials are limited to those of depression and anxiety, and once OCD—all of which are described as potentially functional.

The goals of Bell Let's Talk are indeed meritocratic, prioritizing the duration of the recovery process and the ability of mentally ill subjects to function in the workplace. In fact, a recent YouTube video, "Looking back on five years of Bell Let's Talk" presents the "four key pillars" of the campaign, reviewing them separately, which include: "anti-stigma, workplace, research, and access to care" (Initiatives). The "workplace" section of the video promotes Bell's company strategies, and frames 'anti-stigma' and 'access to care' as crucial "if [employers] want to have healthier employees" (Initiatives). Employees are presented here as sharing this ambition: "Had Bell not been supportive of mental health, I think I would have been on leave of absence a lot longer than I was" (Initiatives).

3.2.2 "R.A.D.A.R., Recovery Advocacy Documentary Action Research"

"RADAR" on *Vimeo* describes itself as "A collective of academics and film-makers creating documentaries and films about mental illness." In their video "Men's Mental Health: Canadian Perspectives," 'real people,' or "passers-by" in a middle class market-place area of Montreal are asked about their knowledge on "men's mental health" (Perspectives). Their perspectives, rather than being legitimated through expertise or claims of personal experience, are unified on this platform through national identity, using the titled consensus "Canadian Perspectives" and Canadian statistics (Perspectives). All of the subjects interviewed appear to be white. When people are asked "what kind of issues ... men face that can affect their mental health?" participants seem to agree that constructs of masculinity limit men's abilities to cope with mental illness:

- "Maybe you grow old and just look at the past and say [censored], 'I didn't do nothing,' and then you go crazy"
- "I think isolation is probably the biggest [issue] ... [women] organize themselves to meet with other women [and] create circles ... I think it's an issue that men should do [this] as well"
- "One of the big things is like hyper-masculinity—this idea that everyone's gotta be really butch. I'm a queer and I find it really frustrating that there's this certain body type and mentality that people have to conform to in order to be valued. I don't think that's the way that it should be"
- "I think society in general towards men is very competitive, and it's not good when you're ... to be seen as being weak and you cannot really show that you're under pressure ... Society wants you to be strong [and] puts a lot of pressure on men and makes it harder I guess"

When asked "what can be done to promote and protect men's mental health," answers included:

- "Maybe organize yourself. Go out, take walks, [have] an ice cream, ... meet people"
- "I like to have a balanced life, so a mix of work and having fun"
- "Go out there and find people who will set the norms that you feel comfortable in and you will find a circle of friends and within your group of friends ... you can be yourself"
- "All these apps and online forums ... opened up more possibilities for men, too, because they have some ... form of therapy [without having to go out and see a therapist]"
- "A place where they can just feel even loved or supported in this—not necessarily a place called 'for mental problems' but just a place they can share whatever"

- "You're not alone ... go out there and ask for help and find people who will support you ... We are social animals, we need each other"

There is a seemingly balanced mix in responses between self-help health advice and advice that points to help-seeking. Interestingly, the subjects in these candid interviews seem to express the need for social support groups and services that are casually organized or established independently from psychiatric and other government-run services. The voices of lay folk featured in this campaign video provide a brief exemplar for how ideas surrounding mental illness might manifest in cultural spaces beyond psychiatry or from a consumer perspective.

3.3 Documentary Films

3.3.1 "Depression: Out of the Shadows"

Depression: Out of the Shadows, is a *PBS* documentary film that projects mental illness as an American public health issue. The program is described as a "multi-dimensional … project that explores the disease [depression]'s complex terrain," describing the so-called disease of depression as a "devastating disorder" (PBS 2008). The film features talking-heads of doctors, (captioned "PhD," and "M.D." in talking-heads), authors of books on the subject of depression (captioned "*Author of* [X]" in talking-heads), who speak as experts or are otherwise positioned as having an authorial voice that is granted from 'personal experience.' Also featured in the film are interviewed individuals who are said to have experienced at least once a serious or 'chronic' "episode" of depression—all of whom are also ongoing consumers of psychiatric health care. Only two out of ten subjects featured in the documentary are Black (identified by the narrator as "African-American"), while the rest of the subjects featured appear to be white. Interestingly, the white subjects' collective "American"ness is frequently alluded to throughout the documentary,

including the case of one white subject (Dr. Sherwin "Shep" Nuland, "Author of *Lost in America*"), a white immigrant who speaks explicitly about his enthusiastic conformity to American patriotism.

Medicalized conceptions of mental illness are explicitly used to legitimize its experiences and to prompt psychiatric health care consumption in the documentary. The physical 'symptoms' or manifestations of depression are repeatedly alluded to throughout the film—at one point explicitly minimizing the emotional ones: Dr. Thomas Insel, "M.D." states, "people come with the somatic symptoms and not *just* the psychological symptoms" (Shadows, emphasis mine). The second doctor to speak from the beginning of the film claims "you can feel [depression] *also* in your bones and ligaments" (Shadows, emphasis mine). Another doctor contends that depression can effect "cardiovascular health" and "bone density" (Shadows).

Furthermore, each subject chosen to appear in the documentary is said to have experienced a depressive 'episode' which is framed as having been *necessarily* followed by the consumption of psychiatric health care services. The exception to this trend is Jed Satow, an "adolescent" white male who is said to have committed suicide. Importantly, Jed's suicide is also discursively framed to fit into this systematized psychiatric intervention narrative: "just 20 years old, Jed could have suffered from undiagnosed depression" (Shadows). The placement of "undiagnosed" into this sentence retroactively designates a failure to seek psychiatric health care services—the psychiatric *diagnosis* and by inference treatment of depression—as the fundamental cause of his suicide. The synopsis of each participant's story of depression ends with psychiatric care, describing it as a "resort" when "[other] therapies failed" (Shadows). Participant Phillip contends that he "had the *sense* to check [him]self into a mental institution" and is described by the

narrator as having been "safe in a hospital," while Shep is said to have "[felt] he had no other option but to check himself into a psychiatric hospital" (Shadows, emphasis mine).

Interestingly, while the stigma attached to *consuming* psychiatric health care services is acknowledged in this documentary, its ideological basis remains unexplored. Phillip Burguieres' hospital stay is narrated as follows: "the public humiliation he felt, and his company's plummeting stock, only added to his distress" (Shadows). Medicalization is also framed so as to solve the problem of stigma. Near the film's conclusion, the father of Jed Sotow stresses that "if we could just accept that this is real, that it's medical, and ... destigmatize the illness, we could probably cure it faster" (Shadows). Throughout the film, the narrator repeatedly returns to "scientific research" in between subjects' personal narratives. "Scientists" are said to be "hard at work" to "find a cure" for depression (Shadows). Repeated illustrations of (and consolations for) the mentally ill subject as *embarrassed* while pharmaceutical treatment and a "cure" remain a priority, maintain that Madness itself is the *problem* in this narrative (Esposito 432).

The only alternative treatment to pharmaceutical drugs presented in the film is "talk therapy:" the effectiveness of which is again defended using presentations of 'scientific' data (Shadows). A specialist in the film asserts that "talk therapy, used in conjunction with medication, is 70-80% effective in most patients. New evidence shows that the act of talking, like medication, also produces changes in the brain" (Shadows).

Patterned family imagery (including family photos and the interviews of nuclear families in middle-class home spaces) for white subjects exclusively symbolically parallels the white supremacist metaphor of nationhood (Hill Collins 268; Yuval-Davis 1). Depictions of mental illness as unexpected in white, middle-class domestic spaces naturalizes and reinforces inherent

manifestations of madness assumed of its classed and racialized Others. Moreover, metaphors and references to 'healthy' or 'functional' and respectable family life are used exclusively in the narration of white subjects' experiences. A white mother remarks about her daughter's condition: "You imagine as a parent that it would never happen to your kid [but] here we are, we're an intact family, no divorce, no history of depression" (Shadows).

There is a persistent use of lab imagery through coverage of the white subjects' stories in the film: videos of researchers in white lab coats in lab settings, close-ups of test tubes being manipulated in their containers, and diagrams dividing parts of the brain. Further discussions of the influence of 'environment' are then left for the narration of DeShaun Jiwe Morris' story, whose narrative is accompanied by imagery of the streets.

The film uses entirely different soundtrack cinematography and language to depict the life narratives of the two Black subjects. Accompanying the introduction of Morris is an abrupt transition from ominous and sentimental piano tracks to a hip-hop style background beat. "Genetics" and "family history" are alluded to only briefly in the white subjects' narratives, and accompanied by an image of a white woman in a bedroom. On the contrary, DeShaun 'Jiwe' Morris' repeatedly referenced "vulnerability" to "environmental factors" such as "trauma, loss, or neglect" is visualized using footage of Black men walking down the street and sitting on porch steps. I use the term 'footage' here because it appropriately describes the shift in genre that clearly occurs from the white subjects to Morris—that is, from formal, up-close and personal talking-heads to zoomed-out surveillance-style video clips of Morris moving through public spaces in casual clothing. The camera is often aimed at his back even while he directly addresses the film's audience. For example, he is once filmed from behind, shirtless with tattoos exposed, while he reads from a journal.

A woman, Terrie Williams, is featured as Morris' mentor and as a Black person who has also experienced depression. The only statements the film provides from Williams about the pervasiveness of stigma in Black communities (about which she has published an entire book) merely vouch for its existence: "You get used to feeling bad, and you think that's how you're supposed to feel—that you are supposed to carry the world on your shoulders and not complain. That's how so many Black men and women have come to feel" (Shadows). Williams' anti-racist advocacy is summarized by the narrator as follows: "Terrie *believes* that persistent racism contributes to feelings of hopelessness among African-Americans" (Shadows, emphasis mine).

DeShaun 'Jiwe' Morris is introduced as "a member of the Bloods, one of the most violent gangs in America" (Shadows). In Morris' narrative, the film spends more time describing and sharing his accounts of gang activity than of his experience of depression. The narrator states that Morris "was born into a *world* of neglect and abandonment, with an absent father and a drug-addicted mother" (Shadows, emphasis mine). This conveniently stereotypical description of Morris' background (again, described by the narrator as opposed to Morris himself) functions to mark violence and degeneracy as inherent to spaces of designated Blackness (McKittrick 951; Razack 128; Verges 224). The racially coded contrast between white 'families' and an inferred Black "*world*" that the film describes continues in nationalist conversations featured regarding young people's experiences of depression.

Othering practices of hegemonic whiteness are also clearly manifest in a discursive contrast between white "adolescents" and Black "youth" as narrated in the film (Shadows). The (national) problem of young white people's depression is even referred to using the term "adolescent depression," which is elaborately described using scientific research on the "adolescent brain"

(Shadows). They are thus framed as being the "adolescents" of America[10], metaphorically constituting the nation itself while Morris and "young people *like Jiwe,*" symbolized as Black *youths,* are explicitly placed in contrast to white "adolescents:" for example through the use of the coded descriptors "they" vs. "us", used by one psychiatrist (Shadows; Ahmed 20). At the same time that discourses of vulnerability are used to prompt the intervention and control of non-white youth, their lack of access to childlikeness and hence innocence is used to justify all kinds of systemic violence done to these individuals (Butler 1993).

A 'trauma specialist' in the film poses a technical, 'scientific' explanation of the ways in which psychological distress functions: "The fact is that trauma is very healable now. We have techniques that really can effect directly where the trauma is held in the brain, can identify it, can help to process and release it" (Shadows). The medicalization of trauma itself and the proposed methods of its manipulation here conceals colonialism as a responsible force while affirming the legitimacy of its own biologically-based theories.

3.3.2 "Men Get Depression"

"Men Get Depression" (2008) is a PBS documentary about mentally ill men that, as its eponymous title suggests, focuses on men as a social group. Before noting the diversity among depressed American men, the narrator vouches for the participants' value as citizens. The narrator introduces the subject and purpose of the film as follows: "Men who are executives, soldiers, pastors, journalists, labourers, musicians and students—men of all ages, races and backgrounds—many of them have an illness, and most of them don't know it." Depression is posed as a *threat* to this imagined nation, illustrated as a disruption to their aforementioned

[10] Representative of "the purified space of the community, the purified life of the good citizen, and the purified body of 'the child'" (Ahmed 20).

[gendered] roles: “It’s a potentially fatal illness that torments both its victims and their families” (Men; Yuval-Davis 1).

Medical science is immediately authorized, and psychiatric treatment necessitated, in the problem-statement of the film: “How is it possible, in the country leading the world in medical science, that several million men will have an often disabling illness, and most of them will never receive treatment for it?” (Men). The identification of ‘depression’ as a “brain disease” founds the inferred “need [of] medical treatment before it gets worse and possibly spins out of control” (Men). One subject expresses that part of the reason he suffered for so long prior to medical treatment because he did not “know” (in psychiatric terms) what “it” was (Men).

Discussions of how gender is relevant to experiences of depression, aside from its covert characterization as threatening to hegemonic masculinity, are rather ambiguous. For example, the narrator clearly describes “stigma—[as] causing men to feel ashamed for having a mental illness” (Men). By framing *stigma* as the problem at hand, ‘toxic’ constructs of masculinity remain unproblematized (Katz 2003). The film uses militaristic and masculinised language to convey the goal of achieving ‘mental health’. The military service of two men is quite literally dramatized to execute this metaphor—with video footage of the Vietnam war accompanying photographs of each subject in military uniform and settings. One of these men’s survival of depression is described as his having “soldiered through” (Men). “*Real men* do get depression … and coping with [this] requires *real strength*;” going through treatment is “hard work;” men should be “aggressive” in the “monitoring” their mental health (Men).

Interestingly, discussions of *stigma* are framed as gender-neutral in the language around the subject until stigma itself is explicitly racialized. The subject of ‘stigma’ focuses overall on

stigma in communities of colour which are said to have prevented the participants of colour from procuring "proper" treatment and understanding of their illnesses (White 244). A Black participant's description of the "inner city" is accompanied by a video of a sidewalk occupied by groups of Black people and children, and another participant's description of "Hispanic cultures" hides behind video imagery of Latinx people and children occupying a busy street. David's narrative also describes Chinese beliefs as countering the logic of Western psy-disciplines.

3.3.3 "Up/Down:"

"Up/Down" is a documentary about "bipolar disorder," described as "an affective psychological disorder characterized by episodes of depression and mania" (Up). The documentary film interviews fifteen participants with the diagnosis—all white, with ten women and five men. The narrator states "in the United States roughly 5.7 million people have bipolar disorder" (Up).

Upon review of its recorded psychiatric history, the narrator says that "manic depression was becoming more well-defined and separated from schizophrenia, which it would be frequently confused with in the early days of psychology and psychiatry" (Up). The distinction between 'bipolar disorder' and schizophrenia is again emphasized: "When asked about the perception of bipolar disorder by the public and media, all of these doctors agreed that … most people confuse bipolar with other disorders, such as schizophrenia" (Up).

When participants are asked "why [they] think there is a stigma around bipolar disorder or mental illness in general," three out of three of the participants' responses referred to a lack of "understanding" (Up). Again (as with Bell Let's Talk), the separation of acceptable forms of medicalized psychiatric illnesses from depictions of a dangerous craziness becomes necessary for the establishment of a normative definition of mental illness. The distinction between 'bipolar

disorder' and 'craziness' as well as schizophrenia recurs in subjects' defense narratives against stigma:

- "People judge of course, so either you get a funny look, or they don't understand, or they think you're crazy, so now I try to keep it to myself, because a lot of people don't know what bipolar disorder *is*" -Misty
- "Don't be afraid: because the small percentage that do these terrible things that you read about in the paper are such a minute and small amount [of mentally ill people] that are so deeply disturbed, but the majority of the folks with bipolar are struggling daily just to do the right thing" -Nancy

In conclusion, the narrator blatantly rejects the illness' association with craziness: "Does the fact that people with bipolar disorder experience more intense moods and emotions than the '*average person*' make them crazy? No. Different? Yes. But most definitely not crazy" (Up).

The texts I have analyzed distinguish between madness and mental illness to construct boundaries of belonging, using racialized allusions to safety and respectability. Each of these narratives effectively define mental illness and deal with it accordingly on both interpersonal and systemic bases. In the next chapter I will explore how the discourses I have analyzed in these texts advance colonial hierarchies and notions of citizenship.

Chapter 4

4 Disrupting Mental Health Nationalism

In each mental health literacy text, stigma is identified as detrimental to the maintenance of a nation of mental health. The concept of mental health embodies hegemonic practices of citizenship that are mobilized by mostly white, middle-class narratives of normativity and medicalization. While mental health visualizes mostly white, middle-class experiences, the concept of 'stigma' accompanies racialized spaces of madness in narratives of social degeneracy. In this chapter, I critically analyze the negotiations of respectability and citizenship found in mental health literacy texts. I explore how madness is racialized in depictions of violence and degeneracy while neoliberal ideals of 'mental health' apply medicalized understandings of mental illness to normative bodies and spaces. I examine how these co-operating narratives construct borders around the nationalist construct of mental health rooted in colonialism. Drawing from my analysis of news media and campaign and documentary narratives, I will demonstrate how the concept of stigma is depicted as an undesirable product of spaces of marginality.

In "Pitching Mad: News Media and the Psychiatric Survivor Perspective," Rob Wipond provides theoretical insight to the dynamic of information circulation within the context of news media production. He finds that a majority of mental illness stories are of crime and violence in news media "even though people diagnosed with mental illnesses are statistically less likely than the general population to be violent" (Wipond 55). According to Wipond, the "faith in psychiatry and psychiatrists" upheld by news producers and reporters affirms projections of mentally ill subjects as always-potentially dangerous and violent (despite contrary evidence) and further

legitimates the systemic politics of control practiced by psy professions and the state (134). In other words, more often than not there is a tendency to manipulate the fear already provoked in news media consumers of Mad people as the intrusive agents of violence. Instead of problematizing the politics of fear being produced through the use of violent anecdotes, methods of control are proposed and posed as a solution.

The legitimacy granted to psy discourses on news media platforms is premised on a means of finding, identifying and controlling mentally ill bodies marked as threatening. This functions, for example, through the release of information about Vince Li's past hallucinations and ongoing treatment. The CBC feature *Angry Kids and Stressed Out Parents* also provides a list of criteria that retroactively determines Marc Lepine's behaviour (pathologized as it is in this narrative) as preventable via social and psychiatric intervention. Furthermore, mentally ill voices and subjectivities are actively (and often completely) silenced on news media platforms. When their voices are not altogether denied this is usually otherwise accomplished via the devaluation of their voices (of self-establishment, or even self-defense) in these platforms. For example, Vince Li's own voice—a single statement provided in one of the ten articles—is mediated through professional deliberations that both preface and conclude its presentation, thus undermining its legitimacy (Sinclair). In the case of Marc Lepine, his own prediction of the "mad killer epithet" is ignored and fulfilled via the pathologization even of the *source* of his behaviours in subsequent fear discourses (CityNews). Both subjects' voices are denied platform and otherwise subjugated through xenophobic implications of their racialized Otherness.

I have earlier discussed the systemic political discursive formation of sanity and its configuration with the dominant ideology. Voices are selected for space on news media platforms according to their compliance with the dominant ideology, and voices of resistance to psychiatrization and

[its] systemic violence are actively silenced. Sane privilege is conditional to one's agreement with existing categorizations. Wipond notes that questioning the ethics of sanist discourses and practices (whether through psychiatrization and its practices or through state and police violence) can and will be met with a cultural backlash that polices and subsequently reinforces imperial and sanist knowledge systems—that such inquiries are culturally assigned to the "'nutty' conspiracy theorist" (Wipond 169).

The ways in which mainstream news narratives sane-splain[11] mental illness subjugates mentally ill and otherwise resistant perspectives and narratives. Indeed, one's status as a sane individual or citizen, although also deeply entrenched in and informed by intersectional forces of oppression, is conditional to a certain [degree of] compliance with or negotiations of nationalist hegemony. That is, the voices of subjects whose ideas and behaviours are aligned with colonial thought systems and notions of citizenship are considered sane and therefore, to a certain degree, credible. Sensationalized selections of psy-professionals' testimonies (such as detailed reports on Vince Li's hallucinations and following treatment), naturalizing criminal and violent behaviours to biological capacities, effectively *make known,* insofar as such information and perceptions are taken for granted as legitimate, a clear separation between the privileged position of what is understood as sanity and exemplary illustrations of craziness and madness. The consequences of sympathizing with mad subjects—marked as perpetual threats to the nation—are activated by subsequent surveillance practices (Shirlow 22).

News media's use of anecdotal stories of violence with which to illustrate madness is a tactic similar to presentations of various madmen as a spectacle for the public's gaze in 18th century

[11] This term refers to accounts *about* mental illness or 'the mentally ill' explained by those with a privileged voice that is granted based on perceptions of them as sane—in other words, cases of *speaking for* the 'insane'.

Europe, which served to govern a self- and social surveillance reinforcing the boundaries of sanity, detailed by Foucault (1965, 7). In a similar way, such news media frames *figure* the eccentric and/or violent mentally ill subject in order to validate existing constructs of normativity and sanity while necessitating their maintenance.

Even in conversations around psychiatric health care, the disproportionate amount of platform space granted to psy-voices (and voices *in favor of psy*- practices) deliberately works to speak *over* voices of resistance. The apparent lack of trust in mentally ill subjects based on the authority of science, however, does not end at the mere privileging of a bio-medical perspective—the ways in which voices *of* Mad or mentally ill subjects voices are framed and presented in these narratives assume and utilize existing constructs and prejudices against Mad subjects (Wipond 222). When Mad and psy-resistant voices are featured, they are posed as objects of ridicule. That is, when the voices of mentally ill subjects are featured in the news media, they are—contrary to being projected or received as agents whose experiences should be valued—manipulated and presented as exemplary of a "grotesque portraiture of 'the madman'" (239). Consider, for instance, the news article headline following Vince Li's trial which boldly states: "Greyhound killer believed man he beheaded was an alien" (Alien). The absurdity of this carefully chosen detail of Li's hallucination is presented in a way that it is meant to speak for itself—and given priority not only over his statements of remorse but as well over the fear he claims to have felt during his episode (Escort). Thus the very framing of mental illness narratives from those marked as such—and especially those embodying or experiencing the less socially acceptable forms of it (those portrayed as inherently threatening or violent)—positions the mentally ill voice against itself in an ideological deadlock that reinforces the (culturally) invisible (legitimated) construct of sanity (222).

It is important to note that the presence of non-*professional* opinion on such platforms, such as those of Carol de Delley, the mother of Tim McLean, can function to further legitimate the collective ideologies that they appeal to (on the conditions that they do so) (van Dijk 68). Furthermore, the relative (if not absolute) *absence* of Mad and psy-resistant voices in news media pieces covering mental illness as a subject positions these perspectives as a 'special interest' group, thus as non-legitimate (through collective consensus) or of social/societal value (Arat-Koc 8; Haraway 575). Even the framing of Carol de Delley's narrative *as* political or of political significance—in its focus on her legal 'battles' against Vince Li's NCR verdict as much as her overt appeals to the social order of the nation—and Vince Li's narrative (seldom as it is featured) as a merely personal defense functions to de-politicize his voice and de-contextualize it from a long history of resistance against the incarceration of mentally ill folk. Systems of knowledge and cultural legitimacy have very real manifestations and consequences in shaping (constraining and confining) conversations around mental illness in news media and other attention economies (Wipond 169).

In the news media discourses analyzed, threats of violence are framed as inherent to subjects deemed mentally ill. Examples of mental illness in these narratives are restricted to those *said to* transgress the dominant ideology. That is, of Vince Li's vivid hallucinations, and even of Marc Lepine's apparently alien and non-white misogyny. Furthermore, the capacity to commit violence, the spatialization of the sources of the crime and violence, and the inference of cognitive non-conformity are racialized. The news media narratives mapping violence onto racialized bodies and geographies produce xenophobic scripts that provoke fear of the Other in discourses of citizenship.

4.1 Reading the 'stigma' problem

Framed as counter-narratives to those in news media, campaigning and documentary films present voices of mentally ill subjects under the conditions that they conceptualize their illnesses in psychiatric terms and promise some sort of meritocratic or other kind of compensation for how the illness impairs them. That is, the mentally ill subject promises to accommodate, pursuant to the impairment/disability distinction, the system that renders them "disabled*"* (Donaldson 101). Agency is granted to mentally ill subjects through the use of personal narratives, but only to certain subjects, with certain diagnoses (depression, anxiety, OCD). With the aim of such texts being to promote medicalized conceptions of mental illness to fight stigma in texts such as "Bell Let's Talk" especially, the *stigma of* mental illness is framed as an obstacle for the nation to overcome as a means of achieving and collectively maintaining mental health. After discussing how mentally ill identity is negotiated and normalized in a political climate of neoliberalism, and the distinction employed between acceptable mental illness and *madness* in these texts, I will examine the implications of racialized themes in the framing of [anti-]*stigma* in mental health nationalism.

4.2 Mediating mental health nationalism and neoliberalism

> "If we want to dismantle the institutions and practices that are racism today, taking up the genealogical tool means, first, looking at these moments where racism, while recognizable in some degree, is differently manifested ... Subsequently we can identify others, such as eugenics and practices of surveillance, control, and normalization that have endured through neoliberalism" (McWhorter 284)

Mental health nationalism establishes boundaries of belonging using discourses specific to a political climate of neoliberalism. Mentally ill identity, negotiated through citizens' participation in nationalist practices, constitutes a recently formed hegemony of mental health nationalism.

Classed narratives of productivity promote privatized [nationalist, gendered] role fulfillment, and the individualizing rhetoric of psychiatry functions simultaneously to legitimate the experiences of [otherwise] respectable mentally ill subjects while subjugating those of racially Othered subjects. Specifically, neoliberal modes of *individualization* function differently according to classed, gendered and racialized operations of the colonial gaze in campaign and documentary film. As a site of white supremacy, the disciplinary technologies of neoliberalism and the governance of medicalization co-operate in mental health literacy texts to reproduce racist colonial pathologies (Teghtsoonian 31).

Anti-stigma discourses visualize a nation of mental health using meritocratic rhetorics of respectability. The documentary "Depression: Out of the Shadows" opens with a woman reading a suicide note. In its conclusion, the note reads "at this point, nobody can say I haven't tried" (Shadows). This proclamation of personal effort—that is, not in the note itself as much as its placement in the film—parallels the meritocratic disciplinary practices shaping discourses of mental health in the campaign and documentary texts. The personal narratives featured frequently appeal to personal (economic as much as psychological or cognitive) growth, while a paradoxical (however functional) individualized responsibility for mental health necessitates the consumption of psychiatric services (Brodie 103; Teghtsoonian 32). As argued by Eposito and Perez, "the use of psychotropic drugs" (and by extension the promotion of such interventions in mental health literacy texts) "[is] a primary approach to 'treat' individuals by allowing them to overcome their personal challenges and 'fit' into the prevailing market order" (417).

From life narratives lamenting career setbacks to explicit goal-oriented discourses, priority is given to mentally ill subjects' ability to work as much and as efficiently as possible despite the

presence of illness. Thus, provided the intersecting structures of racism, sexism and classism in discourses of citizenship, people occupying or embodying otherwise oppressed identities and social positions are negotiating belongingness to the nation through their tried participation as productive, patriotic and above all *desiring* citizens (Luibheid 175). This is evident especially in the narratives of men of colour in "Men Get Depression", whose patriarchal and occupational roles are highlighted to reconcile apparent deficits which are simultaneously attributed to the men of colour's 'culture.'

The marked preference of personal narratives in mental illness media generally presents individualized understandings of wellness in a neoliberal culture. Moreover, "the ways in which biomedicalism and neoliberalism are co-constitutive enhance and support each other ideologically" to produce an individualized economy of mental illness management overall (Morrow 241). The individualized ability discourses prevalent on mental health dismiss any subsequent critiques of the structures in place that shape additional sources of mental illness distress—even those that are addressed (Morrow 83). For instance, the prioritization of personal narratives promising best attempts at productivity at work in response to distress caused by the inability to work places responsibility on mentally ill subjects to conform to ideals functionality that accommodate rigid capitalist systems of production instead of vice-versa (Morrow 182). Marina Morrow argues "the conceptualization of recovery suffers from its individualistic framing as a personal journey, which has neglected a wider analysis of social and structural relations of power in mental health" (83). By applying an analysis of the disability/impairment system here, we can see that mental illness is framed in campaign and documentary films as the problem requiring intervention—in "discourses of 'broken brains,' 'chemical imbalances' and 'self-management'"—instead of the systems disabling Mad subjects (Morrow 323).

A lot of the individualization of mental illness 'management' is accomplished by way of its medicalization in campaign and documentary discourses. In his "Bell Let's Talk" testimonial, Howie Mandel contends "if we take care of our mental health like our dental health, we'll be okay" (Mandel). The comparison made between mental and dental (physical) health care not only renders the politics of sanity invisible, but also assumes individuals should take responsibility and initiative to continue psychiatric services. The notion that mental illness is fixable is offered in medicalized terms and only to those whose participation in nationalism meets neoliberal conditions of productivity. In their neoliberal context, "psychiatric discourses operationally define ... ideals of self-fulfillment—liberty, freedom, choice—in authoritative, scientific rhetoric" (Johnson Thornton 315). For the white subjects in *Depression: Out of the Shadows,* and the middle-class subjects in "Men Get Depression" whose citizenship is otherwise negotiated through career-oriented gender roles and service in the military, depression is framed as potentially conquerable under the conditions of continued psychiatric and pharmaceutical treatment. The expertise of professionals in these narratives is framed as omnipotent and objective—therefore as politically disembodied—while promoting consumers' personal choice and responsibility in help-*seeking* (Brodie 101). The subjects featured in these narratives identify themselves using diagnostic labels and conceptualize their own experiences in medicalized terms, thus identifying themselves as agents while actively participating in systematic practices (perhaps hegemonies) of psychiatrization.

In anti-stigma narratives, the rhetoric of psychiatry and scientific research is combined with subjects' personal narratives to frame depression as a threat to the stability of nationhood and its imagined family structure. The initiative required of citizens to consume psychiatric services, inferred from this hegemonic narrative authorizes social surveillance as a disciplinary practice

(Lemke 201). Specifically, practices of self-surveillance in personal recovery narratives are often accompanied by the encouragement of peers and loved ones by narrators and doctors to prompt psychiatric care consumption "if someone [they] know" is experiencing the listed criteria (Shadows). Thus contrary to being posed as "passive recipients of treatment," subjects are encouraged in neoliberal texts to actively participate in a nationalist practice of maintaining an imagined collective state of mental health through individualized praxis (31). The individualization of mental illness through medicalization secures a supportive ideological framework for the de-politicization of mental illness experience (Teghtsoonian 32). In other words: "under [neoliberal] conditions, how one lives becomes the *biographical solution of systemic contradictions*" (Beck 1992, 137). That is, the neoliberal myth that mental health care services are accessible to everyone makes the *initiative* of mostly white, middle class consumers appear to be the key to their apparent success.

The promotion of self-help in mental health literacy texts "aim to empower and equip the individual with more resources rather than seeking collective solutions to the systemic problems that produce disadvantaged subjectivities" (Turken 44). Certainly medical imagery locating illness on a biological basis subjugates mad subjectivities on an individual basis. The variable of *racism* in mental illness experience, on the other hand, is not simply depoliticized by way of its invisibilization. Instead, individualized understandings of wellness in a political climate of neoliberalism are appropriated to render a "hypervisibility" of gender and 'race' through an operative colonial gaze (Arat-Koc 9; Voronka 313). Sedef Arat-Koc argues that in neoliberal discourses concerning social justice and citizenship, issues for white, Canadian-born subjects are "*invisibili[zed]* and/or *individuali[zed]*" while issues facing "immigrant and racialized" subjects are "*culturali[zed]*" (6). Thus the *individualization* of mental illness experience (the withdrawal

of systemic responsibility) for people of colour particularly, occurs as an Othering practice through the homogenization and "culturalization" of marginalized communities. Using Foucault's analysis of neoliberal governmentality, Thomas Lemke argues that "we can decipher the neoliberal harmony in which not only the individual body, but also collective bodies and institutions ..., corporations and states" are restricted to principles of autonomy as a "technique of power" (203). This is how racism functions particularly in the documentary narrative of DeShaun Jiwe Morris—dehistoricized depictions of degenerate spaces portray Morris' "world" as detached from dominant forces of systemic power and at the same time needy of paternalistic state intervention (Shadows). Thus although "conceptions of racial empowerment are folded into the neoliberal discourses of freedom, choice and mobility through psychiatric rhetoric," 'race' is explicitly distinguished and conceptualized according to colonialist constructions of spatialized (and "culturalized") notions of 'risk' and 'vulnerability' through Morris' portrayal as a (psychologically damaged) product of spaces of violence (Arat-Koc 6; Johnson Thornton 316). The invisibility of systemic power structures is accomplished through the racist framing of marginalized communities as both fully empowered and still tautologically "vulnerable". Teghtsoonian (2009) notes that:

> In prescribing the tasks of active self-management for persons who are diagnosed as, or 'at risk' of becoming, mentally ill so that they may lead more rewarding and fulfilling lives, such discussions also construct good citizens who take responsibility for making choices that do not burden the health care system with inappropriate requests for costly and unnecessary services. (31)

The "utopian conceit" of mental health literacy "demands that government ... repeals itself by constructing and disciplining self-governing and self-sufficient individuals who live in the mythical econometric space where all other things are equal" (Brodie 100). Indeed the biologized

understanding of mental illness juxtaposed against racialized narratives of vulnerability obscures the social constructedness of sanity itself and social factors contributing to its experiences. Furthermore, pursuant to the illustrated interests of the mentally 'healthy' and prosperous nation, the paternalist framing of racialized groups as vulnerable serves also to frame their described deficits as a "burden" requiring surveillance and intervention (Teghtsoonian 31; Voronka 315).

While participation in the maintenance of mental health is proposed to function as a co-operative surveillance practice, the treatment itself is often individualized, which has significant political and ideological implications. Where mental illness is not illustrated as a biological flaw, it is otherwise described as a result of privatized or 'personal' issues (for which subjects are by inference deemed *personally* responsible). The neoliberal rhetoric of "self-care" manifests itself in depoliticized prescriptions for *talking* and "talk therapy" in much of the campaign and documentary narratives (Lemke 203; Shadows). Candid interviews with Montreal passersby in RADAR's "Canadian Perspectives" video also authorize social systems of self-governance through the advice popularly given to "organize yourself," "take walks" and "find people," accompanying assurances that they are "not alone" (Perspectives). While these coping strategies may be essential in the recovery of some individuals, the centrality of self-care in recovery narratives assumes normative illness experience and fails to account for the systemic inequities people face approaching recovery, placing these failures on the individual. In "Bell Let's Talk," whose apparent goal is to alleviate mental illness of stigma through social media, epistemic and other forms of systemic violence are also removed from the conversations initiated by the campaign. "Bell Let's Talk" testimonials also encourage citizens, among themselves, to "talk about it" (Mandel). The alleviation of stigma is thus framed as achievable through citizens'

willingness to educate each other about mental illness—that is, to discipline themselves and others in accordance with medicalized and common-sense knowledges.

"Talk therapy" in "Depression: Out of the Shadows," is described as a technique that can help individuals managing their mental illness and other subsequent or related hardships. The proposed outcome of "talk" and "cognitive behavioural" therapy not only assumes cognitive and behavioural conformity to the dominant social order but leaves systemic forces contributing to mental illness experience unproblematized (Voronka 317). Even the framing of racism itself ignores systemic forces contributing to mental illness experience: the narrator in "Shadows" describes Terrie Williams' account of Black experiences of depression as a result of "persistent racism" (Shadows). Descriptions of racism as "persistent" as opposed to systemic and ideological, allow understandings of racism as occurring in isolated interpersonal incidents, or as unrelated to practices of nationalist hegemony and conformity.

Indeed, regardless of the conditions under which subjects are marked as 'mentally ill,' psychiatric intervention is framed as ultimately necessary as a means of safeguarding and maintaining the nationalist construct of 'mental health'. As Jijian Voronka points out, the positioning of "vulnerable" or "disadvantaged" racialized groups "into being managed by psy disciplines not only masks how disadvantage is structurally rooted, but also localizes the problems that 'at-risk' youth face into the core of their bodies; the structures of their biomedical souls" (318).

4.3 Madness vs. mental illness

> "The message is that there is only one rational response or course of treatment for mental illness, and that resistance to the institution

> of psychiatry is not only *crazy*, but also subversive and dangerous to society" (White 248)

The implementation of psychiatry functions in campaigning and documentary narratives to provide conditions for a respectable mental illness while at the same time attributing a Madness to racial Others. Importantly, mental health nationalism manifest in mental health literacy texts is ideologically established through a collective faith in the psy-sciences for purposes of detecting and controlling mental illness under medicalized definitions (White 244). The conceptual shift from madness to mental illness (that is, from crazy to credible) in normalization discourses is conditional on the depicted social positionality of participating subjects, relative to existing constructs of nationhood.

The neoliberal rhetoric of self-help is applied in campaign and documentary media to necessitate help-*seeking* in these narratives. "Mental health" is compared to "dental health" in order to encourage or at least conceptualize citizens' collective participation in the *maintenance* thereof through practices of psychiatrization (Bell; Mandel). Audiences of the white subjects' stories in "Shadows," accompanied by active imagery of lab research and brain diagrams, are assured that "it's not all in your head" and encouraged to participate in the surveillance of 'mental health' using the "evidence-based knowledge" they receive in the film (White 244). The framing of a violent, uncontrolled madness as its inherent threat imagines mental health as achievable through the nationalist surveillance of mental illness and its *stigma* alike. Furthermore madness is racialized through its construction using colonial pathologies in "Shadows" and "Men Get Depression".

In "Bell Let's Talk" testimonials, respectable mentally ill subjects are presented as compliant with psychiatric intervention—the depressed family members who remain silent and docile while

their spouses and daughters speak for them as they undergo treatment symbolize a citizen under construction and naturalize the idea that mental illness itself is the problem and not the system its subjects are obliged to accommodate. Many voices of resistance including self-identified "consumers" and "survivors" of psychiatry as well as social scientists have challenged the violence of sanism and forced psychiatrization (Church 185; Diamond 65; Fabris 132). However, media texts advocating mental health literacy tend to consult psychiatrists and neuroscientists who admit their knowledge on the subject is limited, while altogether excluding the expertise of these activists and scholars. Interestingly, although until recently madness had been deliberately characterized by a non-conformity to the social order, Mad voices of resistance continuing to explicitly challenge dominant practices of psychiatry remain absent from newly popularized discourses attempting to 're'-define mental illness. Mental illness thus negotiates its presence in mainstream media not as a radical text of social deviance but as a promise to participate and be productive in society.

Personal narratives of mental illness (appealing to a nationalist ethos of authenticity) in campaigning media do not include subjects who have experienced hearing voices. Although they are also spoken of in psychiatric terms upon mention in the documentary films, illnesses like depression and anxiety gain their credibility by way of being defined against such diagnoses as schizophrenia. Conversations about mental health tend therefore to *include* only illnesses characterized by socially acceptable symptoms—and those promising participation and productivity.

The overrepresentation of such illnesses as schizophrenia in news media stories of violence is met with its simultaneous absence in narratives claiming to redeem mental illness from prejudices. Claiming to counter public fears of the vaguely termed mentally ill, anti-stigma

narratives instead use, quite deliberately, existing portrayals of schizophrenia and other forms of madness as violent and non-white to affirm the citizenship of more acceptable illnesses such as depression and anxiety. Assurances that illnesses such as depression are "not like the people you see on the news," rather than redeeming the Othered mad subject from their depiction on these platforms, work to redeem people with these said illnesses from their association with this figured subject (Up). Although the contrasting of bipolar disorder against schizophrenia is most blatant in "Up/Down," the silence of other depression narratives on schizophrenia allows simultaneously repetitious references to "crazy" to naturalize and reinforce the hierarchy of sanism existing *within* psy-discourses.

At the same time that [bipolar] depression and anxiety are decidedly *not* schizophrenia, those experiencing depression and anxiety are also assured to be *not* "crazy," "wacko" (Men; Up). Importantly, audiences are also assured that depressed people are *not violent*, with the exception of racialized Others, who are pathologized as such. Again, white families are framed metaphorically as symbolizing the inferred nation of mental health, thus characterizing acceptable mental illness and disability as normatively white (Gorman 269; Hill Collins 268; Yuval-Davis 1). The continuance of this symbolism into "Shadows" is followed by a highly contrasted narrative of DeShaun Jiwe Morris, who is introduced in the *present tense* (despite his since becoming an anti-violence activist) as belonging to "one of the most violent gangs in America" (Shadows). In contrast to the white subjects' family imagery and home settings, Morris is introduced through a compilation of videos of busy streets in an urban area. Accompanying a surveillance footage-style video of Morris and peers in an elevator is the narrator's appropriately timed contention that "while violence is not usually associated with depression, suicidal impulses or risky behaviour can be manifestations of the illness" (Shadows).

With Morris being one of only two people of colour in the film, vague descriptions of the visualized groups of Black men as "young people like Jiwe," and the explicit naming of depression and stigma as a pervasive issue in the "African-American" community, Morris and his "violent lifestyle" are characterized as the Black *version* of depression (Shadows). Likewise, Moises' temper and apparent inadequacy as a father prior to receiving psychiatric help are framed as originating from a (violently) patriarchal Latinx "culture" (Depression).

Morris' past gang activity is spatialized using visual depictions of Morris and his peers as *products of* the "streets," and pathologized through the descriptions of his feelings and behaviour in medicalized terms (Shadows). Morris' stories of gang activity are given more screen time than his account of depression itself. Morris' "violent lifestyle" is dehistoricized and depoliticized by way of the absence of explorations of its causes as well as pathologized through its detailed psychoanalytic descriptions (Shadows; Verges 224). The film even defines gang activity in psychoanalytic terms, describing it as a "form of suicide" (Shadows). Their psychiatrization detaches these apparent conditions from their historical and political context, thus framing them as natural—pathological—and requiring constant control.

Chapter 5

5 Closing thoughts: ‘Anti-stigma’ as a state of surveillance

An outstanding feature of governing mental illness narratives is how a visualization of mental health is configured with white supremacist narratives of *anti-stigma*. That is, how the authorization of colonialist epistemologies in hegemonic mental health narratives frame stigma itself as a product of classed and racialized communities, requiring both surveillance and intervention. One of the ways in which a racialized madness is inferred as an intrinsic threat to ‘mental health’ is the visualized depiction of the sources of mental illness in the documentary films. Mental illness is spatialized in “Shadows” and “Men Get Depression” between white middle class subjects and non-white subjects and communities using images of PET scans versus footage of the “inner city” (Men). These racially-coded images of space are also used to represent the sources of *stigma*, appealing both to white supremacist saviourist and fear discourses in order to provoke nationalist practices of surveillance (Andrews 436). The colonial gaze constituting white supremacist mental health nationalism is validated and solidified through the use of medicalized concepts and language. Binkey (2011) argues that:

> Neo-liberalism would reinvent the psy-disciplines as a technology of opportunity, enterprise and self-government, centered on the repudiation of that very inwardness, that docility and the pursuit of therapeutic truth that was the hallmark of the psy-disciplines (92)

The neoliberal rhetoric of self-care is not only reproduced in citizens’ and celebrities’ advice to ‘talk to someone’—it is also reproduced in psychiatrized methods of mental health management.

Amidst a repetition of advice to pursue "talk therapy[12]," expertise on "trauma" completely exclude political factors contributing to Morris' experiences (Shadows). One "trauma specialist" boasts advances in medical fields, which focus on the apparent "chemical imbalances" that follow trauma as opposed to its causes: "The fact is that trauma is very healable now. We have techniques that really can effect directly where the trauma is held in the brain—can identify it, can help to process and release it" (Shadows). It is particularly through the framing of individualized biology-based treatments in response to imagined and demonstrated degeneracy that the violence attributed to classed and racialized bodies and spaces is solidified, depoliticized, and perpetuated. Furthermore the centering of "trauma" and "risk" narratives on racialized bodies, avoiding colonial context completely, serves to present psychiatric intervention on racialized subjects as necessary and even *urgent* (Verges 224; Voronka 315). Stigma tied to constructs of gender in "Men Get Depression" is also racialized through the use of men of colour's "culturally"-specific accounts of gender roles specifically. Importantly, "culture" is coded as non-white, and in this narrative mainstream white supremacist North American culture remains invisible (Dua 7; Hill Collins 271). The colonial "culturalization" of stigma is established through the centering of culturally-specific narratives on racial groups: in Moises' account of Latinx community experience, David's telling of Chinese beliefs about mental illness, and James' and William's stories about "being Black" and "growing up in the inner city" (Arat-Koc 6; Depression). These depictions of social behaviours are also spatialized, therefore circulating mental health nationalism through a visual economy of racialized respectability (Ahmed 22). Perhaps the visual depictions of highly populated Latinx neighbourhoods, Chinese traditional gatherings, and footage of the "inner city" depict racialized spaces from which these

[12] The goal of such methods being to gain full citizenship through not only participation in a capitalist meritocratic system of social and economic values, but promises of acceptable behaviour and full "recovery" (Morrow 241).

participants have redeemed themselves, through their persistent pursuits of psychiatric care. It is clear that their belonging to a mentally healthy nation or at least a movement toward mental health literacy is in any case mediated through classed and racialized colonial narratives that illustrate psychiatry as the ultimate answer to any and all of these experiences. What's more, the contrast shown between these subjects' *progress* stories and their spatialized racial origin and backgrounds (especially in the case of Moises' persistent use of psychiatric care, described as a precautionary measure against a framed regression) deliberately marks populations and "cultures" as having "issues" that *still remain,* and thus require further psychiatric and other (perhaps social) saviourist interventions (Men).

Campaign and documentary films projecting anti-stigma as their initiative, frame stigma as a product of ignorance or lack of understanding, and medicalized knowledge discourses as in direct opposition to said ignorance (Hughes). Explanations beyond its stemming from a lack of understanding leave stigma trivialized, depoliticized and thus conceptually disconnected from intersecting forces of social oppression. The pursuit of psychiatric methods of intervention and management can be characterized as a process of assimilation into mental health nationalism or at least a means of negotiating its founded respectability politics. Hegemonic modes of help-seeking specifically function as governing modes of discipline and surveillance.

The social behaviours to which even a gendered form of stigma is attributed are culturalized, not only through the depiction of non-white communities as overtly patriarchal but through the culturally first-person narratives that vaguely represent gender norms in an unspecified but normatively white mainstream culture. "The proverbial 'we' ... is a white settler 'we,' and the assumed [audiences] are always unraced whites" (Voronka 313). Thus the culturalization of stigma—specifically stigma as an obstacle to achieving mental health—functions simultaneously

through projections of racialized pathologies through a colonial gaze and the normalization of white middle class disability narratives of depression and anxiety—or, through the invisibility of whiteness and the colonial gaze itself (Arat-Koc 6; Razack 128).

Anti-stigma mental health literacy texts permeating the mainstream disguise themselves as transformative, appealing to the interests of mostly white, middle-class, able-bodied, hetero- and cis-normative subjects, while reproducing colonial pathologies and sanist narratives. Those seeking acceptance in mental health nationalism (mostly those who experience acceptable forms of illness) are assured that they are *not crazy* and can in fact liberate themselves from the racialized spaces both of pathological violence *and* stigma, provided their vigilant participation in its surveillance. "The message is that there is only one rational response or course of treatment for mental illness, and that resistance to the institution of psychiatry is not only *crazy*, but also subversive and dangerous to society" (White 248).

The conflation of 'race' or "*culture*" with *stigma* naturalizes not only "white innocence" and "safety" but the necessity of its perpetual surveillance (Ahmed 32; Men; Razack 128). That colonialist psychoanalytics are continuously applied to these narratives and remain unproblematized as such locks them into the idealisation of mental health. So long as 'mental illness' is understood on the basis of biology, and conceptualized through the use of colonial psy-disciplines, any insights that disrupt the biopolitics of scientific objectivism (or the logic of colonialism more generally) are thus to be understood as "primitive" and as such undesirable in a context of glorified (desired) scientific and medical "advancements" (Greedharry 37; Shadows). The illustration of stigma as not only identifiable but *undesirable* is what ensures ongoing nationalist practices of surveillance and intervention.

In mental health literacy texts, predominant narratives of depression characterize the lack of desire *to desire*—to work and be otherwise a productive and valuable citizen—as manageable through psychiatric care. Active and elaborate criticisms of such hegemonies on the other hand are devalued, and marked as foreign and dangerous. That is, while the desire to participate in nationalist hegemonies is naturalized in cure discourses, embodied refusals to conform to the dominant ideology are altogether silenced on the very same premise. While agency and insight could potentially be recognized in illnesses such as schizophrenia, such positions are instead depicted as inherently dangerous and even violent. The influences and implications alike of such depictions are deeply political and dangerous to those who do not have access to normative experiences of mental illness (whether due to sanism or racism). As pointed out by Donaldson (2011), the biologization of mental illness ignores subjective social experience while the politicization of madness narratives runs the risk of ignoring needs based on ability and access. The challenge remains to circulate stories which are neither pervasively hegemonic nor imposing in their meaning-making. It is also important for individuals experiencing mental illness and/or sanism to be granted access to alternative ways of knowing and defining their own experiences. This would likely require critical counter-narratives to permeate popularized media platforms.

Whether a person self-identifies or is identified as mentally ill or Mad, their experiences are formed in identity hierarchies and are accordingly subject to epistemic violence. Moralized meanings are imposed on mentally ill people based on racist constructs of respectability, personhood, and citizenship. Mental health nationalism currently promises not to disrupt forces of oppression such as white supremacy and misogyny with which sanism intersects, while hardly disrupting sanism itself. An effective disruption of epistemic and other forms of oppression would first of all require a shift away from normatively white, middle class narratives of mental

illness. Anti-stigma narratives should include those forms of Madness that are categorically Othered and most stigmatized in these very same narratives. Mental illness narratives should explicitly challenge the systems of oppression manifest in processes of its normalization. Once sanity is understood as constructed and sanism as a collective cultural practice, ways of knowing aside from psy-sciences can come to be validated and culturally valued. Furthermore, a critique of colonialist assumptions functioning within psy-discourses would hopefully denounce discourses of saviourism and fear-mongering in mental health literacy texts. With the impact of racism at the center of this analysis, it is obvious that an alternative exists to the exclusive narratives of risk, vulnerability and culturalization for non-white subjects. However, the very real and tangible manifestations of intergenerational trauma for people of colour must also be addressed, while at the same time avoiding the reproduction of colonial pathologies. How can future mental illness narratives adequately account for colonial context? Currently, tautological depictions of risk and vulnerability attributed to communities of colour locate trauma and violence as a product of racialized and classed (or 'colonized') spaces. Certainly stories such as that of DeShaun Jiwe Morris should instead depict said trauma and violence accurately as a product of colonialism itself. I argue that mental illness narratives must hold discursive systems of oppression accountable and responsible in order to avoid naturalizing racialized depictions of violence.

This study has illustrated the ways in which sanism operates as a governing ideology enabling white supremacy, misogyny and classism. We have seen how normalizing discourses of mental illness currently rely on perpetual processes of Othering. What circumstances would be necessary for individual-based discourses to shift from imposing neoliberal rhetorics of self-care to radically free modes of autonomy and self-definition? Under what conditions can

empowerment narratives safely shift from hegemonic surveillance praxes to circumstances of informed choice and access to psychiatric *and alternative* forms of help-seeking? Further critical inquiries regarding mental health literacy as a political tool should hopefully drive honest conversations that challenge the legacy of colonialism in psy-discourses.

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