Abstract

Drawing on a situational analysis of a recent anti-stigma campaign in psychiatry (Defeat Denial: Help Defeat Mental Illness) this paper seeks to engage with the reader on the use of an expert discourse that focuses on the brain and its disruption as a way to address stigma associated with mental illness. To begin, we briefly highlight key statistics regarding the impact of mental illness in Canada and introduce the concept of stigma. We then introduce the Defeat Denial media campaign and describe the analytical process employed for this paper - Situational Analysis with a specific focus on discourse. We then expand on the use of the expert discourse in the awareness campaign by making connections with Rose's concept of biological citizen and, in the final sections, present recent studies on stigma that highlight the paradox and contested construction of the (bio)psychiatric self.

Key Words biopsychiatry, mental illness, public health campaigns, stigma

Exposing the Expert Discourse in Psychiatry: A Critical Analysis of an Anti-Stigma/Mental Illness Awareness Campaign

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Introduction

Over the last two decades, public health initiatives to address both the burden of mental illness and its associated stigma have gained significant momentum.[1] In parallel with the growing realization that people with mental illnesses suffer from both their disorders and the stigma that accompanies them,[2] we have witnessed the deployment of initiatives that seek to diminish both their occurrences and impacts. Of particular interest for this paper are the ways in which mental illness information is conveyed to the public in the form of mass media awareness campaigns and, more specifically, the ways in which these messages seek to brand the issue of stigma related to mental illness.

We recently engaged in the examination of a public health campaign produced by the Centre for Addiction and Mental Health (CAMH) in Toronto (Ontario, Canada) aimed at enhancing mental illness awareness and combating stigma both at the individual and societal levels. In so doing, our objective was to critically examine the 2012 awareness campaign *Defeat Denial*[3] and make explicit the discourses embedded in the campaign. Drawing upon this research, this paper seeks to engage with the reader on the use of an expert discourse that focuses on the brain and its disruption as a way to address stigma associated with mental illness. To begin, we briefly highlight key statistics regarding the impact of mental illness in Canada and introduce the concept of stigma. We then introduce the *Defeat Denial* media campaign and describe the analytical process employed for this paper - Situational Analysis with as a specific focus on discourse.[4] We then expand on the use of the expert

discourse in the awareness campaign by making connections with Rose's concept of "biological citizen"[5] and in the final sections, present recent studies on stigma that highlight the paradox and contested construction of the (bio)psychiatric self.

Mental illness and stigma

With an unprecedented impact on health, mental illness leaves no segment of Canadian society unaffected. It is estimated that 3% of the Canadian population experience serious mental illness and 17% experience mild to moderate mental illness.[6] In 2011, 5.6% of Canadians over the age of 12 perceived their mental health as fair or poor.[7] According to the Mental Health Commission of Canada,[8] seven million Canadians will need help for mental health concerns each year, and every day, 500,000 Canadians miss work due to psychiatric reasons. Dewa et al.[9] estimate the economic burden of mental illness and addiction in Canada to be $51 billion annually.

Compounding these findings is the impact of stigma attached to mental illness. It is estimated that 60% of people with a mental health problem or illness will not seek help for fear of being labeled.[8] According to the Ontario Ministry of Health and Long Term Care, the public is more inclined now than it was "a few decades ago to perceive people with mental illness as dangerous".[10 p41] The stigma associated with mental illness and addiction is often based on misconceptions such as: the association between mental illness and violence; mental illness is a single, rare disorder; people with mental illness or addiction are poor and less intelligent; and, mental illness or addiction is caused by a personal weakness (Mental Health Commission of Canada, as cited by Ontario Ministry of Health and Long Term Care.[10 p41] It follows that people with a mental illness often describe the associated stigma as more life-limiting and disabling than the illness itself.[8]

Conceptualizations of stigma often build upon the work of Goffman[11] that defines "stigma as "an attribute that is significantly discrediting" and that serves, in the eyes of society, to reduce the person who possesses it".[12 p14] According to Link and Phelan,[13] what is most important in identifying the meaning of stigma is the culturally mediated and temporally located relation between the attribute and a stereotype. In effect, these authors recognize the centrality of individual perceptions as well as the consequences that these perceptions have on social interactions. However, they reframe the notion of stigma as a social process that can only be understood in relation to broader notions of power imbalances inherent in stigmatization. According to

these authors, stigma occurs when the following interrelated components converge: people distinguish and label human differences; dominant cultural beliefs link labeled persons to undesirable characteristics (negative stereotypes); labeled persons are placed in distinct categories so as to accomplish some degree of separation of "us" from "them"; labeled persons experience status loss and discrimination that lead to unequal outcomes. Link and Phelan[13] thus highlight that inherent to stigma is the exercise of power, whereby "stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination".[13 p367] Adding to this, the World Health Organization[14] suggests a broader relationship between misinformation and stigma:

> "Politicians and the general public are only partly aware of the fact that effective treatment of most mental disorders is possible. The image of mental illness is contaminated with images of violence, sin and laziness. Most health workers are not conversant with modern methods of treatment of mental illness and often do not possess the necessary skills to deal with it. Among them there are many who believe that the only way of dealing with mental illness is long term hospital care. In the majority of countries, including developed ones, there is no parity of care for mental and physical illnesses. Stigma of mental illness gains strength from these misconceptions and reinforces them."

Although it is important to contextualize the situations in which stigma occurs, it is also important to understand how stereotypical views and categories (often portrayed in the forms of labels), as sources of information, shape interactions with oneself and with others. According to Link and Phelan,[13 p369] categories and stereotypes are often "automatic" and facilitate "cognitive efficiency". The automatic nature of this thought process is revealed in research indicating that categories and stereotypes are used in making rapid judgments and thus appear to be operating preconsciously.[13] What makes these elements dangerous is the inherent lack of critique that labels imply and the automatic images that they can create in a person's mind.[15] For example, labelling mental illness as a disruption in brain circuitry (as explored in this paper) is a label that refers to a set of preconceived understanding regarding the ontology of behaviours thus indicating how we should expect mentally ill people to behave in light of a specific diagnosis. Concurrently, this label will likely influence how we interact with the labelled individual because of the label's implicit assumptions. That is, labels create virtual lines

of differentiation[11] representing a particular process of classification which will likely shape the social identity of the labelled individual and their social interactions with others in a particular context. Indeed, people who are labelled as mentally ill may act less confidently and more defensively, or they may simply avoid a potentially threatening contact altogether.[13] As further described and researched by Link and Phelan[13 p374] in their literature review, "the result may be strained and uncomfortable social interactions with potential stigmatizers (Farina et al., 1968), more constricted social networks (Link et al., 1989), a compromised quality of life (Rosenfield, 1997), low self-esteem (Wright et al., 2000), depressive symptoms (Link et al., 1997), unemployment and income loss (Link and Phelan, 1982, 1987)".

The public awareness campaign: "Defeat Denial"

The Centre for Addiction and Mental Health (CAMH) is a large Canadian mental health and addiction teaching hospital and a research centre in the area of addiction and mental health. CAMH launched the first stage of the three-part *Defeat Denial* campaign in June 2012.[3] The campaign began with an initial promotion in transit shelters in late May 2012. in which CAMH was not named. Centered in the Greater Toronto Area, the campaign formally began in early June 2012 with advertisement spots in theatres, a Toronto Star Special CAMH section on June 9, as well as billboard, subway, radio, newspaper and online advertisements. In the aim of encouraging a broader public conversation related to its objectives, the campaign included an interactive online component, through the social networking sites Facebook and Twitter as well as through a website dedicated to the *Defeat Denial* campaign. The first stage of the campaign ended in July 2012. The second stage, described as "informed by the conversation generated in the first stage", was scheduled for mid-September to mid-October 2012 and included a video contest. Although the launch of the third stage was scheduled for early 2013, it had not yet occurred at the time of drafting this article in May 2014.

The *Defeat Denial* campaign aimed to challenge the stigma associated with mental illness by compelling "people to rethink their perceptions of mental illness and addiction,"[3] as well as raise awareness about the work of CAMH. It follows that the stated objectives of the campaign were to, "raise public consciousness about mental illness as an issue which needs to be addressed on both a personal and societal level,"[3] and "increase public awareness of CAMH as a leading teaching hospital and research centre, and about our vision for social change".[3] The familiar clichés used as the feature of the campaign messages were developed by an advisement company and aimed to be both relatable and to provoke self-reflection and change.

The first two stages of the campaign included twenty-six print ads (as found on the *Defeat Denial* website) placed in newspapers, magazines and bus shelters. Of these ads, two were in Spanish and two were in Chinese. The text-based advertisements have a simple, uncluttered appearance and each is depicted in only white and either soft purple, green, blue or orange. The upper half to two thirds of each ad features a phrase representing a cliché or stereotyped/dismissive message commonly expressed to people purportedly struggling with mental illness. The clichéd phrases appear in a large font, framed with quotation marks and canvassed on white. In some of the advertisements, only the cliché phrase appears while in others, a response, a question or a short counterpoint is offered in smaller font below the prominent cliché. In two of the advertisements, several paragraphs of text appear and serve to inform a significant part of the present analysis. The phrases "Defeat Denial. Help Defeat Mental Illness." and the CAMH logo appear in the bottom right corner while Facebook and Twitter logos appear in the bottom left corner of each ad. The following message is an example of the ads presented in the campaign that were used for the current analysis. All other posters are available on the campaign's website.

Dismissive Message: "It's all in your head."

> Additional text: "Or as we're discovering, your brain. It's ironic that one of the phrases people use to dismiss a mental illness actually contains more insight than you might think. Because many mental illnesses are the result of things that actually happen in your head – like disruptions in brain circuitry. By understanding the brain better, we'll be able to make huge advances in early detection, diagnosis and treatment. How important is this? Important enough that $30 million has just been donated to CAMH for next generation brain science research. Our work will attract the world's leading scientists and clinicians and CAMH will be a beacon to mental health experts around the globe. By deepening people's understanding of the brain and the science behind mental illness, we hope to overcome the stigma and prejudice. Because if we truly want to transform lives, we must also transform the way society thinks about mental illness."

The *Defeat Denial* campaign was part of CAMH's Strategic Plan entitled VISION 2020,[16] which was also launched in June 2012. The plan, comprised of six strategic directions, included "Drive social change," under which the campaign falls. This direction orients CAMH to "advocate with sensitivity and impact," "respond to mental health priorities in our environment," and build "public awareness of mental illness and addiction." The direction is one that engages the

organization to transform "society's understanding of and attitudes toward mental illness and addiction" and to "fight against prejudice and discrimination."

The campaign is situated in the broader Canadian context, in which one can identify a growing movement to transform societal perceptions related to mental health and illness. The formal inception of this trend can be traced to 2006, when the Standing Senate Committee on Social Affairs, Science and Technology completed a national review of mental health and addiction services in Canada. This marked the first and most extensive analysis of the Canadian mental health system and a key finding delivered in the Committee's final report, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*,[6] was the lack of national focus for mental health issues in Canada. The Committee recommended the creation of the Mental Health Commission of Canada (MHCC), which would be tasked with, among other things, the delivery of a ten-year anti-stigma program. This program took the shape of Opening Minds, established by the MHCC in 2009. Working with service providers, communities and people with mental illness and their family supports, the program targets health care professionals, youth, the workforce and the news media as its focus areas for reducing stigma related to mental illness and for cultivating an environment in which those living with mental illness feel comfortable seeking help, treatment and support.[8] A central operating tenet of the Opening Minds initiative has been to "identify, document, and disseminate best practices in stigma-reduction using networks of existing programs as community leaders".[8] This analysis can be situated in the effort to examine the present stigma-reduction effort to ultimately contribute to this evolving movement.

In the same vein, the *Defeat Denial* campaign can be situated in the broader provincial political and financial context. The 2009 Ontario government discussion paper, *Every Door is the Right Door – Towards a 10-Year Mental Health and Addictions Strategy*,[10] identified stopping stigma as a key direction. Followed by the launch of *Open Minds, Healthy Minds – Ontario's Comprehensive Mental Health and Addictions Strategy*[17] in June 2011, this strategy, focused on children and youth, paralleled new funding commitments taken by the Ontario government in the area of mental health. Among the goals of the strategy was to create healthy, resilient and inclusive communities with an expected result of less stigma and discrimination in public services and in the workplace. Specifically, the Ontario government pledged to:

• Implement more mental health promotion and anti-stigma practices for children and youth, educators, health providers,

workplaces, seniors' service providers, municipal service providers, justice providers and the public;

• Acknowledge that mental health and addictions services should reflect Ontario's diversity, and take steps to achieve this.[17]

Should the campaign have unfolded as initially scheduled, it would have only marginally preceded the publication of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* in May 2013. This contextual detail is significant to the extent that the *DSM* does, in some respect, guide the way mental disorders are conceptualized. In this case, the expansion of diagnoses proposed for the *DSM-5* did not go without opposition from academics, clinicians, etc. as the question of its scientific and objective claims were (once again) publicly debated.

Situational analysis: Critical mapping as research methodology

Situational analysis is a research method that seeks to expose complexity by way of "elucidating the key elements, immaterialities, discourses, structures and conditions that characterized the situation of inquiry".[4 p.xxii] Informed by the work of Clarke (2005),[4] this research method lends itself particularly well to critical research projects [4, p.78] and has proven to be particularly useful in "exploring the often fleeting/shifting discourses and conditions existing within [specific contexts]",[18, p.299] "turning up the volume of lesser but still present discourses in a situation",[19 p130] and "allowing mute evidences to be heard".[20 p131] The strength of this method is based on the construction of various maps (situational maps, social world/arenas maps, positional maps) that enable researchers to examine a given situation in all of its complexity by "generating the kinds of data in which we can find often invisible issues and silences".[4 p76] According to Clarke,[4 p.xxii] these cartographic exercises or maps, used alone or as part of a larger methodology (i.e. grounded theory), help situate research projects "individually, collectively, organizationally, institutionally, temporally, geographically, materially, discursively, culturally, symbolically, visually, and historically". In other words, this method enables researchers to draw from various data to make explicit the complexities at play in a situation and help understand its meaning(s), problematize its effect, etc. For the purpose of this paper, we used Clarke's cartographic exercises as the principal analytic method as it offered a creative and structured analytical process. More precisely, we focused primarily on the creation of situational maps (both disorganized and organized) to engage in a relational

analysis and highlight the various discourses at play in the campaign. The method (mapping and relational exercise) will be described in the next section of the paper.

Despite being a campaign that was highly "visible", the main aspects used in the analysis were in the form of text (as opposed to other mapping exercises that may have included pictures or videos). In this sense, analyzing text through situational mapping enabled us to tease out various discourses related to the situation of interest and, in the process, draw close attention to power dynamics that are embedded in the campaign messages. For the purpose of explanation, we must understand this undertaking as a form of critical discourse analysis; that is, a type of analysis that examines written text in search of elements that both produce and re-produce power relations that may not always be overtly evident.[4] Anchored in Foucauldian thought, critical discourse analysis can, therefore, be understood as a way to unveil the hidden politics embedded in the text which seek to reinforce the status quo (dominant discourse). In this sense, a given discourse "not only sets limits and restricts that which can be said about a phenomenon", but also "empowers certain agents to speak and make representations, while also disempowering others from doing so".[4 p160] As such, we understand a discourse as a set of statements that embody "the historically specific relations between disciplines (defined as bodies of knowledge) and disciplinary practices (forms of social control and social possibility)";[21 p26] That is, "in any given historical period we can write, speak or think about a given social object or practice (madness, for example) only in certain specific ways and not others. 'A discourse' would then be whatever constrains – but also enables – writing, speaking, and thinking within such specific historical limits".[21 p31] If we look at the awareness campaign as something that is part of a discourse about mental illness, what then is said about mental illness? What discourse(s) can be identified, how does it "constrain" the way mental illness is perceived and, in the process, come to shape what it means to be (ab)normal? As Rudge, Holmes, and Perron[22] argue, turning to a critical discourse analysis enables a closer look at the elements that structure and are structuring debates over truth(s).

The way in which the campaign attempts to defeat stigma related to mental illness—that is, through the references to internal (biological) disruption—encouraged us to critically examine the words displayed in the ads, to map the discourse practices involved in the production and interpretation of the messages featured in this campaign, and to situate the campaign within a much broader social context. Based

on our analysis, we argue that using a bio-psychiatric framework to challenge individual and societal stigma ought to be challenged in light of its individual and collective implications (effects). In the following segment, we will expand on the use of the expert discourse in the awareness campaign and its possible stigmatizing effects. As such, we will examine how such a campaign contributes to a broader discursive production of otherness using current literature on stigma. Although the ensuing analysis is the result of a rigorous analytic process, it remains influenced by the researchers' paradigmatic position and theoretical sensitivity as well as the chosen material of study.

Research method: Mapping the campaign

Our objective in this paper was to critically examine CAMH's awareness campaign along with the discourse materials located and collected for the project. In order to explore the discursive body of the campaign, we turned to important documents produced by governmental bodies as well as leading organizations in mental health at both the provincial and national levels. We also reviewed epidemiological data on mental illness and scholarly publications in the field of mental health and stigma. Finally, we chose the campaign's web based advertisements as the primary discursive terrain for analysis.

Using the cartographic exercises proposed by Clarke,[4 p187-8] we critically examined the awareness campaign (situation of inquiry) using a cluster of key questions:

> What are the discourses in the broader situation? Who (individually and collectively) is involved (supportive, opposed, providing knowledge, materials, money, what else?) in producing these discourses? What and who do these discourses construct? How? What and whom are they in dialogue with/about? What and who do these discourses render invisible? How? What material things – nonhuman elements – are involved in the discourses? What are the implicated/silent actors/actants? What were the important discursively constructed elements in the situation? What work do these discourses do in the world? What are some of the contested issues in the discourses?

Based on these questions, we created a disorganized situational map to identify all the analytically pertinent elements within the situation of inquiry (messy map). Following this brainstorm exercise, we displayed each element onto an organized situational map using the categories provided by Clarke.[4 p193] That is, the elements identified in the disorganized map were regrouped into categories to start drawing links between these elements and, in the process, engaging in the analysis of the data. As such, creating the organized map allowed us to situate the

awareness campaign within a particular political context. We noted that the campaign was part of broader governmental and cause marketing strategy to diminish stigma associated with mental illness but was also a branding exercise for the CAMH organization.

As with other public health campaigns, we can locate the present campaign within a governmentality framework, since it deals directly with the management of a population.[23] Governmentality, a term coined by Foucault,[24] can be understood as society's general mechanisms of governance in that it is concerned with those practices that try to shape the beliefs and the conducts of a population – practices that are deeply embedded within a network of power relations which cannot be reduced to the state and its official institutions. [25] According to Foucault,[24] governmentality relies on a specific security apparatus in the government of conducts. Contained within this apparatus of security are public health campaigns since they play an important role in maintaining social order.[23] That is, governmentality is ensured by specific forms of knowledge (e.g., scientific), which in turn permit the establishment of norms, serve as the basis for the development of expert discourses, and are used to penetrate

the capillaries of society by attempting to shape individual conducts in various ways.[26] In the interest of health, the CAMH campaign seeks to address the growing public health threat of mental illness – it seeks to force a review of how we think and act regarding mental illness in order to facilitate access to proper treatment, by establishing proper forms of interactions and capitalizing on the conformity and rationality of each member of that population.[23]

The campaign can also be situated within the logics of the free market, where consumption of psychiatric services is based on brand image in order to "sell" mental illness and mental health services. In analysing the *Defeat Denial* campaign, there is a clear emphasis on communicating a branded health message, one that positions mental health as an issue that transcends any one advertisement. That is, "[b]rands position their objects in the lives of consumers in the larger social and physical environment in which we live". [27 p722] For example, the biopsychiatric understanding of mental illness, as well as its reference to scientific progress, helps create a social norm with regards to mental illness as a disorder that finds its origins in malfunctioning brain circuitry. This norm thus contributes to creating a social

Table 1: Major Discourses

Epidemiological	Referring to the use of statistics as an objective representation of mental illness (prevalence of the problem).
Scientific/technological	Referring to the use of the term "science" and its superlatives (ex. next generation brain science) to give authority to the campaign, explain and validate the work that is being done and support the claims made in the posters.
Biopsychiatric	Referring to the construction of mental disorders as biological disorders thus framing our understanding of mental disorders and positioning the brain as the site of investigation. Ex. References to brain circuitry as somehow "disrupted".
Economical	Referring to the links made between mental health and its effects on productivity but also highlighting the importance associated to mental health issues (research funding).
Therapeutic/altruistic	Referring to language that claims to be supportive, caring, motivating, accessible, understanding, etc.
Normalizing	Referring to elements in the posters that establish or make reference to some form of standard - the consumption of mental health services (notably hospital services); mental illness has to do with disruption in the brain; being free from mental illness and the link to productivity (going to work), etc.
Chronicity	Referring to the emphasis placed on the brain and the need to acknowledge that mental illness can last a lifetime.
Promotional	Referring to the action of promoting certain behaviour as well as the work of the organization (branding).
Emotional	Referring to the emotional impact of the campaign itself (shock) including effects such as: shame, guilt in seeing how we dismiss mental health issues, but also the hope that new scientific discoveries will bring to our understanding of mental illness.

environment in which understanding mental illness as a brain disorder becomes the gold standard and informs future research and treatment. In this case, branding can be seen as a biopolitical strategy in that it is evaluated on the "formation of associations between the individuals exposed to branded health messages and adoption of health behaviours".[27 p722] Understanding mental illness as a brain disorder materializes the messages found in the campaign – mental illness is very real and has a devastating impact – and should not be dismissed. In this case, CAMH's references to objectivity through the language of science and inclusion of individual experiences of people who live with mental illness enable them to represent themselves as ethical and responsible actors in the battle against stigma and the denial of mental illness. Amidst the scientific discourse of the campaign, however, is the lack of critique that it implies. As with Jenkins,[28] we are conscious of the multiple forces shaping our understandings of 'mental illness' and cannot ethically rely on an oversimplified biomedical view, one that has come to gain hegemony in healthcare to tackle what some consider to be societal problems. In other words, the mapping exercise used to analyze the campaign enabled us to draw a close attention to the politics of knowledge at play within the text and reinforced the need to look at those other ways of understanding mental illness that remained silent in the campaign.

The map also demonstrated how the campaign highlighted the negative 'impact' of the illness by playing up its chronic, debilitating effects to rationalize the incongruence of dismissive attitudes towards people with mental illness. In fact, we noted that the statistical data utilized in the campaign was a key element in the elaboration of the prevention campaign, in that it highlighted (made visible) the harsh 'reality' of mental illness and the need to acknowledge it; but it also offered a structure to promote CAMH's (bio) psychiatric research by framing it within an ethos of hope and humanized care – a subject that we will revisit later on in the paper. The most important feature of the organized map was the identification and reorganization of the major discourses related to the situation of inquiry (see Table 1 for a list of major discourses identified in the situation of inquiry).

After examining each discourse within the situation of inquiry (awareness campaign) and organizing/analysing the disorganized map, we chose to focus on the expert discourse as a way to create a space for critique. This decision was the starting point of another analytical exercise (relational analysis), which was conducted to investigate the relationship between the expert discourse and numerous elements contained in the situational map (including other major discourses). By making connections on paper (returning to the disorganized map and using a the expert discourse as the center of the relational exercise) we reiterated the inherent assumptions of the campaign whereby dismissive messages are associated to a lack of knowledge about mental illness on the part of the public resulting in a lack of consumption of mental health services by those considered to be suffering from a mental illness (2/3 of people suffer in silence). Here, 'shock' is considered to be the best way to increase awareness of the effects of mental illness in the general population, but also to solidify the psychiatric expertise at play in the campaign and to change individual attitudes and behaviours. From this perspective, the difficulty in recognizing mental health issues in fellow human beings and the subsequent use of dismissive messages is represented as an unwanted behaviour which takes place when we (the general public) lack proper understandings of mental illness. In the campaign, the consequences of mental illness are very real (possibly chronic and disabling) and affect a relatively large number of Canadians. The public lack of sensitivity/ knowledge regarding mental illness, therefore, can be understood as a prerequisite for the consumption of "shock" messages and, subsequently, the self-realisation of deviant behaviour and uptake of a prescribed social norm such as the recognition of mental illness in fellow human beings and the consumption of mental health services. In this sense, the stigma associated with mental health and the associated dismissive messages are used to construct meaning around mental illness, but also disseminating a certain normalized message that (re)repositions the psychiatric institution as a place of care, understanding, knowledge and scientific innovation. In other words, it is not only the stigma of mental illness that is addressed in the campaign, but also the stigma of psychiatry in general that is targeted.

In this case, mental illness is described within a linear, decontextualized, biopsychiatric model – one that is presented as a rational action to deal with mental health issue and that remains silent on the context in which mental health issues arise since the individual body is represented as the site of disease in need of social recognition. It is the defective brain and, by extension, the individual body that is the locus of otherness. If the campaign aspired to help the public understand human diversity, recognise suffering and foster change in attitudes, it nonetheless reduced human experiences to a common feature: that there exists a certain normal brain circuitry and that mental illness results from its disruption.

Based on our analysis, the awareness campaign is inherently political because it is deployed by an organization with the clear objective of both penetrating the collective and personal domains to manage/govern the population and their individual behaviours, thoughts, etc; but also promoting their own agenda as an organization. Unsurprisingly, then, the use of these messages to which we should identify with are perceived as an effective strategy to create a state of discomfort, but also to shape the way we come to understand what mental illness is. In the following segment, we expand on the use of the expert discourse in the awareness campaign by making connections with Rose's concept of the "biological citizen"[5] and Foucault's concepts of subjectification and power-knowledge dynamics.

Expert discourse

According to Rose,[5] there is a recent shift in the way human life is understood. If for the greater part of the 19th century scientists and lay people have focused on "the visible, tangible body",[5 p11] we, as a collective, seem to be entering an era that is marked by an intensification of what can be seen. We now speak of another type of visibility and understanding, one that takes place at the molecular level. As such, we are witnessing a shift in the way health and therapeutic successes are conceived, in that they are implicitly framed in molecular parameters.[30] This shift also implies a certain loss of agency in those who feel unhealthy in that subjective experiences of health are now reinterpreted in light of so-called objective/observable measures. This reinterpretation is, in part, the purview of those who claim to have some form of somatic expertise which becomes the vehicle of truth about one's health-illness experience. As Jacob and colleagues argue,[29] the expert medical discourse exerts a considerable control over the perceptions of one's experience with illness, therapy and more importantly, one's body and emotions. The campaign, for example, by focusing on the brain, acts as a medium through which the expert discourse fosters a (bio) psychiatric translation of individual illness experiences, thus silencing other forms of understandings (knowledge).

Here, Rose[5] speaks of a new style of thought and argues that with it comes new ways in which human beings will come to experience themselves as biological selves, but also shapes new forms of government and expertise. As with Rose,[5] we understand this molecular style of thought as "a particular way of thinking, seeing, and practicing. It involves formulating statements that are only possible and intelligible within that way of thinking. […] A style of thought is not just about a certain form of explanation, about what it is to explain, it is also about what there is to explain. That is to say, it shapes and establishes the very object of explanation, the set of problems, issues, phenomena that an explanation is attempting to account for".[5 p12] If we take for example the issue of mental illness, a new molecular style of thought opens the way for a whole new variety of explanations that reside within the molecular structure of the brain. In that process, other ways of looking at the phenomenon of mental illness are marginalized. As with Jenkins,[28] we understand this marginalization to be a symptom of contemporary politics of knowledge where scientific (read objective and experimental) knowledge has achieved a form of elite status and is considered to be an ideal necessary for societal progress. In this case, the 'science' promoted in the campaign is one that is closely linked with a biomedical view of mental illness. In effect, the somatic expertise that is presented in the campaign is central to the truth discourse about mental illness. In the campaign, we can appreciate how the centrality of the brain (and its malfunction) becomes fertile ground for novel forms of regulatory strategies. Here, it is not so much the responsibilization of individuals in managing their brains to stay healthy that is at stake,[30] but rather our responsibility as good citizen towards others by conceptualizing mental illness as a disorder of the brain and increasing our capacity to recognize it.

As indicated earlier in the paper, the structure of the campaign facilitated the promotion of CAMH's (bio)psychiatric research by framing fears and anxieties associated with mental illness within an ethos of hope and humanized care. Known as ethopolitics, this technique seeks to "shape the conduct of human beings by acting upon their sentiments, beliefs and values".[5] Here, Rose speaks of how people come to see themselves as biological selves, and will evaluate and act upon themselves in terms of this belief in what we understand to be a process of subjectification. The campaign is, in some respect, geared in this this manner, where people are shocked by the 'effects' of mental illness as well as its dismissive messages, and should engage in a reflection which would eventually lead to an implicit reconceptualization of mental illness as a brain disorder. That is, the biomedical view offers a logical, sanitized explanation of mental illness, but it also narrows the possibilities to deal with this issue by framing the way we permit ourselves to see, act, and feel towards mental illness. In its attempts to normalise mental illness and eradicate stigma, the campaign reinforces biomedical hegemony which grants certain experts exclusive rights to speak and act, relegating other ways of conceptualizing the issue as invisible influences.

Moving beyond the expert discourse: Expanding on the (bio)psychiatric roots of stigma

In this section, we consider the claims of anti-stigma proposed by the campaign as they (the claims of the campaign) focus on the brain and attempt to normalise the experience of mental illness. Literature on stigma unearths the potential (negative) effects that may follow such a campaign. As with Phelan,[2] it is possible to appreciate the hope that is associated with the biological understandings of mental illness but nonetheless remain skeptical on its de-stigmatizing properties. In the campaign, the bio-psychiatric discourse is played-up and portrayed as a possible solution to reduce stigma—i.e., that current understandings of the brain through science will lead to such an outcome. Despite the undoubtedly good intentions of the campaign, it is puzzling to appreciate why an anti-stigma campaign would centre on the biology of mental disorders given that "evidence actually shows that anti-stigma campaigns emphasizing the biological nature of mental illness have not been effective, and have often made the problem worse".[31 p190] As Read, Halsam and Magliano [32 p158] argue:

> [t]he core assumption of most anti-stigma programmes is that the public should be taught to recognize the problems in question as illnesses or disease, and to believe that they are caused by biological factors like chemical imbalance, brain disease and genetic heredity. The thinking behind this well intentioned 'mental illness is an illness like any other' approach is that if we can't control our behavior, we can't be held responsible and, therefore, can't be blamed. It is the 'mad not bad' argument, with the mad part portrayed as biologically based illnesses.

The campaign is not unlike previous public health efforts to increase our mental health literacy; that is, increase the "knowledge and beliefs about mental disorder which aid their recognition, management and prevention".[31 p159] As with the current campaign, we are 'literate' if we 'understand' that mental illness is very real, potentially chronic, and may be devastating; that we can 'recognize' behaviours as examples of a particular psychiatric illness and as a result, modify our own attitudes and behaviours towards those who experience them because we 'know' that, for the most part, they are caused by a disruption in brain circuitry and arguably, that we 'believe' in treatment using psychiatric drugs.[31]

Thus, mental health literacy is, in large part, framed within a particular discourse about mental illness – one based on a biological/essentialist understanding of its causes. According to CAMH's 2012-2013 annual report, 74% "of Ontarians surveyed who saw CAMH's *Defeat Denial* awareness campaign reported changed attitudes toward mental health".

[33 p24] We wonder, in this case, if the change in attitudes has more to do with the uptake of mental illness as a brain-based illness, rather than as a real change in publicly-held attitudes towards those living with mental illness. We can understand here how the campaign describes success, in that a high level of mental health literacy, in this case, is a measure of the capacity to shape the way people see mental illness – regardless of its actual "anti-stigma" effects in terms of behaviours towards people with mental illness. The challenge in this situation, and in light of the scientific reference that is promoted in the campaign, is to question whether there is another way to understand mental illness— one that does not hold the bio-psychiatric discourse as the only 'truth' about mental illness. In effect, studies consistently show that emphasizing the psychosocial origins of mental illness are more likely to affect attitudes positively whereas emphasizing the biological understandings of mental illness do just the opposite.[31]

The campaign must, therefore, be considered as an attempt to improve our 'mental health literacy' by increasing the 'evidence-based' knowledge that positioned mental illness as a brain (biologically) based illness, and, arguably, strengthen the traditional link between medicine and pharmacological treatment. As with Read et al.,[31] we concur that campaigns promoting such a message are far from being evidence-based, especially when linking biological origins of mental illness to reduction in stigma. In this case, using a biological explanation (disrupted brain circuitry) as the root cause of mental illness only accentuates the burden of disease by situating the problem within the person, rather than to engage in the difficult task of addressing the contextual elements that may be at the source of the problem. As Read and colleagues argue,[31] turning up the volume on biopsychiatry reinforces an essentialist view of mental illness--one often associated with an increased social distance, a poor view on recovery, and a perspective that (re)produces stigmatic behaviour. This is not to say that biopsychiatric research is not important. Much to the contrary, biospychiatric research is important as it remains one way to produce knowledge. Nevertheless, we need to be cautious not to mistake research endeavours for "truth" about mental illness – especially when it is established that addressing social issues (e.g., housing) have as much of an impact on mental health, if not greater, than other biological interventions. According to Jenkins, the "hegemony of biomedical knowledge within healthcare research and practice comes at a cost" in which "other mechanisms underlying illness and disease, such as social, economic or psychological factors, are

not adequately explored or attended to".[28 p2] As such, the biologicalization of mental illness "diverts attention and resources away from social, political and spiritual understandings of distress and is testimony to the power of [bio]psychiatry to create subjectivities".[34, p.84] To remain uncritical about such campaigns is to understand that it not only acts upon us in trying to change our behaviours, but also through us. What we think we know about mental illness shapes how we understand ourselves as human beings—to cast a narrow view is to dangerously constrain possibilities for understanding, action and subjectivity.

Final remarks

The language of brain circuits, in reference to brain structure and functioning, is commonplace in contemporary culture. As Thomas Insel [35 par.6] writes, however:

> the word "circuit" is probably misleading. We do not know where most circuits begin and end. And unlike an electrical circuit, brain connections are heavily reciprocal and recursive, so that a direction of information flow can be inferred but sometimes not proven.

Insel highlights the limits of metaphor when describing the brain, whereby relegating brain structure and function to notions of circuitry is misleading given our current limited understanding of this organ. The imagery of rational/organized systems of connections, such as those found in an electronic chip or electric circuit, are of limited application. The implicit danger in using such a metaphor, then, is in the temptation to experience it as "natural, necessary, and true—that is, [it] will constrain not just what we are permitted to say, but what we are also able to think and to feel from the start".[36 p8] In the language used in the *Defeat Denial* campaign mental illness is characterized as a disruption in brain circuitry—the brain and its "flawed" circuitry are depicted as the site of mental illness. This presentation inevitably affects how mental illness itself is envisioned—as a disruption in the way connections are made in the brain. Characterizing mental illness in terms of disruption in brain circuitry, then, is likely to constrain how we are able to think and by extension take action with regards to mental illness as it defines an erringly narrow paradigm through which to understand how the brain functions and, more importantly, how it may be perceived and dealt with.

It is not uncommon for health agencies to revert to the use of shock in awareness campaigns to draw attention to a particular issue and promote the uptake of new behaviours. [23] Based on our analysis, the ways in which mental illness information was conveyed to the public in the *Defeat Denial* campaign as both an awareness campaign and branding exercise led to an array of embedded assumptions about the origins of mental illness and its association with stigma. Not only does this paper re-affirm biomedical hegemony in the way messages about mental illness are conveyed to the public, it also highlights the difficult association between the organization's agenda (playing up the biological roots of mental illness) and the issue of stigma which is proven to be accentuated by such biological claims. We must remain critical of such awareness campaigns as they not only constrain how we can think about mental illness but also run the risk of increasing stigma despite our best intentions to reduce it.

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