

Variations on a Familiar Theme: Reflections on Advocacy Journalism and the Neoliberalization of Mental Health Activism in 21st-century Canada

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ABSTRACT

In this paper, using the techniques of critical discourse analysis, metaphor analysis, and narrative analysis, I examine the perlocutionary and evidentiary properties of three articles published between March and November of 2007—two from the self-identified socially progressive newspaper the *Toronto Star*, and one from the Torontonion alternative newsmagazine *NOW*. Each of these articles describes the participation of mental health advocates in public and corporate policymaking, and all laud the promotion of bureaucratic literacy amongst psychiatric survivors and the commodification of mental health as avenues to achieving policy reform. Ultimately, I argue that what is new about the rhetorical strategies deployed by these mental health advocates is not their invocation of market logic to justify the expansion of healthcare initiatives or pharmaceutical research, but an emerging consensus, shared by activists and policymakers alike, that unhappiness is a community concern only when it is an economic concern. In so doing, these activists contribute to the medicalization of industrial productivity, and undermine etiologies of mental illness that focus on the structural violence of capitalism, rather than endogenous pathology, as a primary determinant of psychological distress.

The smart way to keep people passive and obedient is to strictly limit the spectrum of acceptable opinion, but allow very lively debate within that spectrum—even encourage the more critical and dissident views. That gives people the sense that there's free thinking going on, while all the time the presuppositions of the system are being reinforced by the limits put on the range of the debate. — Noam Chomsky (1998: 43)

The function of the moralist is not to exhort men to be good, but to elucidate what the good is. — Walter Lippman (1982 [1929]: 318)

At first glance, the numbers were shocking. On 26 September 2007, readers of the widely circulated Canadian national newspaper the *Toronto Star* were solemnly advised that groundbreaking research conducted at the National Institute of Mental Health had revealed that, in the United States, rising rates of clinical depression had cost “over \$30 billion annually in lost productivity.” Less than two months later, readers were reassured: while American mental health advocates were wringing their hands over this statistic, their Canadian brethren were poised to take action—or so pitched an article boldly entitled “Taboo tamer: New view of mental health.” Citing an estimated decline in productivity of \$11 billion each year, and equipped with “a fundamental economic argument,” Canadian mental healthcare activists, the author declared, were preparing to show the business world “just how the bottom line suffers when workers are mentally unwell.” The prominence enjoyed by these news items on national wire services, along with others penned in a similar vein, provides a provocative window into the epistemological interface between journalism, political activism, and policymaking in 21st-century Canada. What kinds of rationales inform the goals of contemporary mental health activists, and whence derives their authority? How are the terms of political dialogue preconditioned by the shared presuppositions of activists and policymakers alike, and through what channels do these premises diffuse into lay culture?

In this paper, using the techniques of critical discourse analysis (Fairclough 2000; van Dijk 1996), metaphor analysis (Lakoff and Johnson 1980), and narrative analysis (Ochs and Capps 1996: 19-43; Bell 1991), I examine the lexical, semantic, and rhetorical properties of three articles published between March and November of 2007, two from the self-identified socially progressive newspaper the *Toronto Star*, and one from the Torontonion alternative newsmagazine *NOW*. Each of these articles describes the participation of mental health advocates in public and corporate policymaking, and all laud the efficacy of an allegedly “new,” “innovative,” and “radical” strategy in mental health activism: the promotion of bureaucratic literacy amongst psychiatric survivors as an avenue to achieving policy reform, and the invocation of monetary costs and benefits as a key reason why employers ought to be concerned with the mental health of workers.¹

By analyzing the ways in which Enlightenment principles regarding the proprietorship of self are entextualized in activist discourse, I will demonstrate that the logics relied upon by contemporary mental health advocates have emerged from a longstanding tradition in liberal governance of rendering particular definitions of health, good citizenship, and personhood commonsensical “through the exclusion of some others: criminals, mad people, and so on”

(Foucault 1988: 146). Moreover, I will situate the evidentiary and perlocutionary² choices made by both authors and activists within the propositions of a neoliberal cultural ethos whereby every dimension of human life, whether physiological or psychological, has been made to submit to the “invisible and indivisible commodity” of labour (Lotringer 2004: 12, in Virno 2004). In so doing, I will show that 21st-century mental health activist discourse does *not* represent the radical break from reactionary stigma that journalists purport it to be, but, in actuality, reinforces a pervasive image of the “feeble-minded” labourer as a fiscal liability in the post-Fordist knowledge economy,³ wherein “human communication has become the basis of productive cooperation” (Svensson 1995: 60; Lotringer 2004: 13, in Virno 2004).

Ultimately, I argue that what is new about the rhetorical strategies deployed by mental health advocates in contemporary Canada is not the invocation of market logic to justify the expansion of healthcare initiatives and pharmaceutical research, but an emerging consensus, shared by activists and policymakers alike, that human unhappiness is a valid community concern only when it is an *economic* concern. In accepting this premise, activists concede that profitability is the best, if not only, criterion for viewing mental ill-health as a non-trivial social affliction. Moreover, by reifying mental illnesses into biologically determined identities, activists invalidate critiques that neither accept the diagnostic authority of biomedical psychiatry nor take policy reform as their chief objective, in favour of tactics aimed at making psychiatric survivors governable. In so doing, these activists contribute to the medicalization of economic productivity, and undermine etiologies of mental illness that focus on the structural violence of capitalism as a primary determinant of psychological distress (i.e. rather than endogenous pathology), thus performing a grave disservice to the alleged beneficiaries of their advocacy.

Playing the game: Mental health rendered technical

While clinical and laboratorial fieldsites have been the traditional foci of anthropological research on mental health (Gremillion 2003; Mattingly 2004; Young 2004: 382-395), the emergence of mental health in recent years as a highly newsworthy topic in the Canadian mass media suggests that the communicative *channels* through which psychiatric expertise achieves currency and popularity warrant equal analytic attention. Indeed, the public’s faith in the intellectual authority of journalists and social activists can be considerable, particularly when the products of journalistic activity are couched in a language of advocacy (van Dijk 1996). As creative agents entrusted with the task of interpreting, abbreviating, and rationalizing the complexities of lived experience, journalists play a key role in legitimating or invalidating social attitudes, disseminating or

downplaying ideas and ideologies, and conditioning academic scholarship and other forms of expert knowledge for lay consumption. In turn, political activists attuned to the communicative efficacy of the mass media commonly rely upon ostensibly progressive, left-wing, and “alternative” news outlets to advance their agendas, corral public sympathy, and secure patronage (Mackey 1997; Herman and Chomsky 2002).

A cursory glance through recent headlines confirms that journalists are advancing a particular portrait of current Canadian mental health activism with the aid of intrepid formulations like “Taboo tamer: New view of mental health” (*Toronto Star* 11/6/2007), “Radical academy: Psych survivors get lesson in sound bites to make policy wonks listen up” (*NOW* 08/2-8/2007) and “Mad as hell: Angry activists say treatment for mental illness is too often more about the pills than the person” (*Toronto Star* 03/10/2007). With the invocation of such adjectives as “radical,” “new,” and “angry,” activists are presented as political mavericks, and associated with an iconoclasm that is reinforced by their descriptions as “champions,” “spokespersons,” “crusaders,” and “defenders” of the infirm. Afflicted individuals themselves, on the other hand, are classified in two ways: as “survivors” of psychiatrization, or as “consumers” of psychiatric treatment. This dichotomization of active benefactor and passive beneficiary, wherein the expertise of those “with the capacity to diagnose deficiencies in others” is ratified above the self-knowledge of “those who are subject to expert direction” (Li 2007: 7), may seem curious at first glance, particularly given the emphasis on the “empowerment” of psychiatric survivors that recurs throughout these stories. I argue, however, that this dichotomy is a crucial prerequisite to the bureaucratic credibility of mental health advocates, deriving its legitimacy from the longstanding “fundamental *governmental* concern” of the liberal political project, whereby social problems are depoliticised, decontextualized, and “rendered technical” in order to accommodate the application of technical solutions (Hindess 2004: 32, emphasis in original; Li 2007: 21).

In “Radical academy: Psych survivors get lesson in sound bites to make policy wonks listen up” (*NOW* 08/2-8/2007), *NOW* reporter Tim Masterson describes a program sponsored by the Parkdale Activity-Recreation Centre (PARC) and the University of Toronto affiliate, the Centre for Addiction and Mental Health (CAMH), wherein Torontonians psychiatric survivors are taught to distill their life experiences into “compact speeches and sound bites” in order to make them intelligible to state policymakers and social workers. Drawing heavily from a pedagogical metaphor, Masterson punctuates his report with scholastic keywords: the program (“Voices from the Street”) is identified as an “academy” or “school” that delivers “lessons,” its contents characterized as a “curriculum,” and its past and present attendees described as, respectively, “students” and “graduates.” The extent to which readers are enjoined to view the PARC program

as an educational endeavour is underscored by frequent references to attendees' acquisition of an empowering "new skill set." Consider the following excerpts (*NOW* 08/2-8/2007: 21):

In the busy Parkdale Activity-Recreation Centre (PARC) on Queen West, where homeless people amble in for free coffee and lunch [A2] and you often have to step over desperate bodies to get up the front stairs [A1], a small university of sorts makes it home on the top floor.

A group of psychiatric survivors, many of whom find just getting up in the morning a full-time job, have been enrolled [A3] in a 12-week course with an unusual curriculum. The goal of this radical academy, called Voices from the Street, is the honing of personal narrative so students can translate the experience of homelessness, addiction and poverty for the social service agencies and policy orgs that are supposed to serve them.

[...] Capponi's method is simple but stunningly effective: after enrolees have outlined their stories (these are usually rambling [A4] and full of hair-raising hurts), she helps them prioritize the details into compact speeches and sound bites [A5] for busy social service folk and media reps who are generally averse to meandering.

This distilling of personal experience means personal torment can now be turned to the greater good [A6].

When I compared the first raw [A4] recitations of the 12 participants in that fluorescent-lit room on PARC's top floor to the polished speeches [A5] on graduation day in mid-June, the change was astounding.

The author begins by juxtaposing the order and disorder represented by the pursuits undertaken, respectively, within and without the institutional walls of PARC. Users of the facility not active in the Voices from the Street "university" are merely insentient obstacles at the threshold [A1], who occasionally drift into the premises in search of handouts [A2]. Masterson's curious use of the passive voice [A3] to describe program enrolees elides agential considerations: we learn that a group of psychiatric survivors "have been enrolled" in this course, but by whom and with what incentives remains unclear. Enrolees are taught by PARC personnel to condense and abstract their "raw" and "rambling" [A4] personal stories into data that are serviceable to the priorities of governmental representatives. Following this description of the PARC agenda, we are presented with the inference that through the purification of complex life stories into efficient sound bites [A5], existential anguish can be leveraged toward "the greater good" [A6]; that is, practicable social policy and the extension of governmental health

prescripts beyond the physical into the psychological. “It is only insofar as an individual is able to introduce this change,” as Foucault (1988: 152) has observed, “that the state has to do with him.”

Indeed, the PARC objective of teaching psychiatric survivors how to “prioritize” the details of their life histories is a striking illustration of how the guided reorganization of personal narrative “implies certain modes of training and modification of individuals, not only the obvious sense of acquiring certain skills but also in the sense of acquiring certain attitudes” (Foucault 1988: 18). By exerting normative pressures on survivors’ experiences and self-ascriptions, PARC activists direct survivors’ understandings of how political resistance ought to unfold, how to be a responsible citizen, and what is bureaucratically actionable and therefore significant in life, and what is not. Discouraged from producing narratives that are not serviceable to the aims of technical intervention, and directed away from systemic inequities that are insoluble through policy and programming, survivors are instead urged to discern the origins (and subsequent solutions) to their suffering in their lack (and subsequent cultivation) of communicative skills and mastery of bureaucratic discourse. Ultimately, as “narrative and self are inseparable in that narrative is simultaneously born out of experience and gives shape to experience” (Ochs and Capps 1996: 19), program participants not only learn how to impose order upon and create continuity within their autobiographic recollections, but, in so doing, also become socialized into a particular governmental subjectivity—that of the self-regulating psychiatric patient who takes responsibility for her/his own sickness, is determinedly applying all of her/his competencies and faculties toward recovery, and is eager to cooperate with diagnosticians and politicians to this end.

In light of this, readers may expect to find that PARC “graduates,” newly furnished with the ability to “choose the moment” and “sharpen” their words (*NOW* 08/2-8/2007: 22), are having a greater impact on mental healthcare policy. Indeed, PARC participants are quoted as optimistically asserting that the course “has made me accountable to someone other than myself.” Toward the end of the article, however, a PARC activist reveals that while “students get a jolt of self-confidence and learn to see the possibilities,” at the same time, “there just aren’t enough forums for graduates ... they have power in the group, but they don’t really have power in the bigger picture” (*NOW* 08/2-8/2007: 22). Masterson himself adds, “the big bad world may not be ready for them” (*NOW* 08/2-8/2007: 22). Exemplary of this observation is the experience of one graduate, cited below, who illustrates with the aid of an agricultural metaphor [A7] her struggle to reconcile two contradictory attributes that she identifies with the modern state: its perceived responsibility to care for its citizens, and its simultaneous tendency to devolve social risk to the level of self-care (Lemke 2002; Lupton 1995):

Months after she left the course, she made a speech at City Hall on global perspectives. She explained that while developing countries admire Canada, the marginalized here are treated like Third World residents.

“People didn’t make eye contact with me,” says Fox. “It taught me that this Voices thing isn’t about immediate gratification; it’s like planting a field [A7]. You trust someone will water and harvest it, but you really don’t know.”

What can be inferred from this seemingly innocuous news report? Masterson’s description of the aims and agenda of PARC personnel echoes Li’s (2007: 4-5) conceptualization of “trusteeship” as “the claim to know how others should live, to know what is best for them, to know what they need,” with the ultimate objective not of domination but direction. Knowing that state policymakers cannot devise interventions without practicable, manipulable data, PARC instructors entreat psychiatric survivors to package their life experiences into formulaic “sound bites” that conform to the expectations of social service agencies. If psychiatric survivors wish to make their experiences visible to social planners, they must reduce their life histories into well-manicured speeches or risk marginalization. Responsibility for efficaciously designed mental healthcare is thus located in the willingness or lack thereof of individual PARC “students” to acquire and deploy these new rhetorical skills. Socio-economic factors that contribute to the disenfranchisement of psychiatric survivors, and, indeed, to the pathologization of astrategic behaviours and attitudes in diagnostic rhetoric, remain uncontested by “radical” activists, while communicative failure comes to be equated with ethical failure (Williams 2004; Foucault 1988: 34; Lemke 2002: 59).

In the conflation of technical legibility with “the greater good” (*NOW* 08/2-8/2007: 20) propounded in this instance of mental health advocacy, and the insinuation that it is only through policy reform that mental health is achievable, we can discern a governmental strategy endemic to Enlightenment political philosophy, namely the “use of empowerment, responsibility, and self-control as instruments of regulation” (Hindess 2004: 35). The PARC “university” aims to facilitate empowerment among psychiatric survivors by equipping them with the rhetorical formulae that state policymakers seek. As Masterson’s interviews with survivors reveal, however, even their newly restructured narratives and freshly acquired skills are not making substantive impacts upon social policy. What is enabled through the PARC program is not the revolutionary overhaul of the status quo insinuated in its claim to radicality, but the production of a governable population that believes in the efficacy of playing the bureaucratic game.

Passing the buck: Advocacy through market logic

As we have seen, mental health advocates and progressive journalists can lay claim to iconoclastic identities by deploying a language of bureaucratic *savoir faire*, as well as by positioning themselves as spokespeople for the infirm and enlighteners of the irrational. They achieve this by grounding their activism in the espousal of self-determination and participatory citizenship. If we apply Li's (2007) suggestion that it is in episodes of political dissension and contestation that the pervasiveness of governmental logic is most evident, however, it becomes evident that debates between activists and policymakers are underlain by a suite of shared assumptions: that bureaucratic influence confers radicality; that policy reform is an adequate solution to the disenfranchisement and social marginality experienced by the mentally ill; and that psychiatric survivors must take it upon themselves, as individual and communal agents, to ensure their political visibility and concomitant amenability to surveillance.

It is by promulgating these shared assumptions and shaping the linguistic resources of psychiatric survivors that activists participate in the governmental enterprise, educating beliefs and aspirations “so that people, following only their own self-interest, *will do as they ought.*” (Scott 1998: 202, in Li 2007: 5; emphasis in original). Indeed, within a cultural paradigm wherein bodily health is conceptualized as an individual accomplishment, economic asset, and civic obligation that is “at once the duty of each and the objective of all” (Foucault 1984: 277), the distinctions between private and public, moral and rational, begin to blur. As we have seen, mental health advocates champion policy change as one of the primary objectives of their activism, and, in so doing, entreat psychiatric survivors to evolve their personal narratives to meet the needs of state observers. In the following section, I show that the post-Fordist extension of profitability into the realms of the intellectual and psychological is likewise being marshalled by mental health advocates as a “new” way to meet the needs of corporate observers. By equating mental illness with financial liability, however, activists who adopt such tactics contribute to the pathologization and immoralization of disorders associated with diminished productivity.

In “Aiding depressed employees helps firms, study finds” (*Toronto Star* 09/26/2007), Associated Press scribe Lindsey Tanner describes a recent study sponsored by the National Institute of Mental Health (NIMH) wherein differential levels of therapeutic treatment, distinguished monetarily, were administered to two groups of clinically depressed workers. Structured along standard narrative principles, with an introductory *abstract* and *orientation* designed to draw attention to the most important findings of the study, along with an *evaluation* that interprets the social significance of the research program, and a *conclusion* that highlights the primary stakes in the overarching problem of mental health (Bell

1991: 237), this article provides a striking view of the transformation of profitability into a commonsensical prerequisite to the legitimacy of a social movement:

Investing in [B1] depressed employees—quickly getting them treatment and even offering telephone psychotherapy—can cut absenteeism while improving workers' health [B2], a study suggests.

Many employers view mental health coverage as a financial black hole, but the study shows that spending money on depression is a smart business move, said researcher Dr. Philip Wang. Wang works for the National Institute of Mental Health [B3], which funded the study.

Employees who got the aggressive intervention [B4] worked on average about two weeks more during the year-long study than those who got the usual care. The typical approach [B5] is to advise such employees to see their doctor or seek a mental health specialist.

Also, more workers in the intervention group were still employed [B7] by year's end—93 per cent vs. 88 per cent—savings that helped employers avoid hiring and training costs [B8], the researchers said. [...]

The researchers haven't finished a formal cost-benefits analysis but early results suggest savings from more hours worked averaged about \$1,800 per employee. That far exceeds the program's initial \$100 to \$400 per worker cost. The benefits also likely exceed other costs, including drugs and therapy [B9], too, the researchers said.

“We knew before that treating depression makes good medical sense. This suggests that it makes good business sense,” said Dr. Thomas Insel, director of the institute.

Invoking the logic of capital accumulation, Tanner begins by applying a lexicon of investments and dividends to the problem of mental illness and worker truancy [B1]. Her separation of the two benefits of timely treatment with the conjunction “while” serves to subordinate concerns for “workers' health” to more primary concerns regarding the costs of absenteeism [B2]; investment in labourers is thus parsed as a sound endeavour not for ethical but fiscal reasons. “Dr. Philip Wang” is positioned as both a credible scientific expert and benevolent mental healthcare spokesperson by appeal to his affiliation with an institution that takes mental health advocacy as its eponymous agenda [B3]. Not unlike those of PARC activists, Wang's assertions are thus meant to be interpreted as sympathetic to and facilitative of the empowerment of

the mentally ill. The application of the adjective “aggressive” [B4] to interventions involving a larger monetary investment serves to equate therapeutic *costs* with therapeutic *potency*. By underscoring the conventionality [B5] of previous approaches to workplace mental health, Tanner strives to portray the current study as antiestablishment in orientation.

More interestingly, the inclusion of a qualifying adverb in her assertion that more workers in the intervention group were “still employed by year’s end” [B7] suggests that a diagnosis of clinical depression is a justifiable reason to terminate a person’s employment if it results in reduced productivity. Citations of the “savings” enjoyed by participating firms who can avoid “hiring and training costs” [B8] reveal that the chief beneficiaries of the new approach are, in fact, employers. Employees, on the other hand, are interchangeable; in an economy wherein creative agents employed for their cognitive and communicative competencies “punch a time card” like any other labourer (Virno 2004: 56), *depressed* labourers are *defective* labourers. Treatment of clinical depression is, finally, rendered technical within a framework that posits “drugs and therapy” [B9] as the sole options for afflicted individuals. Environmental determinants of psychological distress such as financial pressures, workplace stresses, and other industrial demands are excluded from the etiological model; depression is thus reified into an asocial, apolitical pathology. The article concludes with the following two paragraphs:

The percentage of workers who improved substantially—31 per cent—or who recovered—26 per cent—was low even in the intervention group. That was comparable to the rate of improvement in other studies of people with depression [B10].

The results are important because [B11] depression takes a hefty toll on the U.S. workplace, affecting about 6 per cent of employees each year and costing over \$30 billion annually in lost productivity, said study co-author Ronald Kessler, a Harvard Medical School researcher. Kessler has worked as a paid consultant for several drug companies, including makers of antidepressants [B12].

Here, readers are presented with a strange but revealing conundrum. If the rate of improvement in the intervention group was not higher than that of “other studies of people with depression” in any statistically significant way, what is the novelty of the NIMH study? What contribution have Wang and his colleagues made to society to warrant such laudatory news reportage? The answer is provided in the very next sentence: the study is important not because “intervention” facilitates the recovery of depressed workers (which it does not, see [B10]), but because it provides a potential solution to the astronomical costs in productivity engendered by clinical depression in the workforce [B11]. “Capitalists,” as Virno (2004: 82-

83) has observed, “are interested in the life of the worker, in the body of the worker, only ... because it is the substratum of what really matters: labor-power as the aggregate of the most diverse human faculties”—and, indeed, the equivalency that NIMH researchers candidly draw between health and productivity reflects a deeply managerial commitment to locating inefficiencies in workers’ bodies and brains rather than in the structure of their workplaces. Finally, and tellingly, the fact that one of the study’s coauthors, Ronald Kessler, has a *literal* monetary investment in the reification of depression into an endogenous disease that can be remedied with pharmaceuticals [B12] is mentioned only as an afterthought, with no elaboration, as the concluding sentence of the article.

The extent to which considerations of profitability have colonized mental health discourse is evidenced in our next article, penned as a partial response to Tanner’s. In “Taboo tamer: New view of mental health” (*Toronto Star* 11/06/2007), *Toronto Star* “family issues reporter” Andrea Gordon and photographer Keith Beaty collaborate to present a quasi-biographic account of mental health activist Bill Wilkerson and the “new” reasoning that he and his organization, The Global Business and Economic Roundtable on Addiction and Mental Health, employ in dialogue with corporate managers. Lush colour photographs accompany the article, featured prominently on the front page of the publication’s Living section: in one, Wilkerson reclines beneath the autumnal boughs of a maple tree with his faithful “terrier/poodle cross Reggie” by his side; in another, Wilkerson leans over a white picket fence, smiling. Wilkerson’s semiotic association with bourgeois Canadiana is made even more explicit in the assertion that he finds relief from psychological distress in his dog, his wife, and in baseball, and that he has previously served as “chief of staff to former Toronto Mayer Art Eggleton,” as well as a public relations crisis manager for the Toronto Blue Jays (*Toronto Star* 11/06/2007: L1).

Characterized in heroic terms, Wilkerson is said to have “criss-crossed the country airing the statistics” in order to caution corporate policymakers that “depression accounts for up to 40 per cent of disability insurance claims among the country’s largest employers.” In Wilkerson’s description of the rationale behind holding an annual “U.S.-Canada Forum on Mental Health and Productivity,” readers are presented with a biopolitical equation of health with present and future labour-power (Lemke 2001; Virno 2004), again with the aid of a pedagogical metaphor [C1]:

Using landmark 1996 research by the Harvard School of Public Health—which named depression as the leading cause of disability—he’s been educating [C1] the corporate sector that those most at risk of mental illness are employees in their prime working years, and by extension, their children. In other words, failing to address the grievous lack of research and

treatment would translate to huge costs in lost productivity—which he estimates at \$11 billion a year in Canada. [...]

Q: What are the roundtable’s most meaningful contributions?

A: One: certainly putting it on the business agenda. Two: creating a fundamental economic argument based on the findings of (Dr. Ronald) Kessler [C5] and the Harvard public health team. Three: positioning the issue around men and women in their prime working years and their children (as most at risk). And four: in 2000 Mike Wilson (currently Canada’s ambassador to the U.S.) and I co-authored a thing we called a business plan [C2] for defeating depression in the workplace, and the coverage of that was enormous. It was the first inkling I had that there was a surge of appetite around that.

What is significant about Wilkerson’s citation of a “business plan” [C2] as one of his organization’s “most meaningful contributions” to mental health advocacy? If it is true, as I argue, that it is in the deployment of technical and governmental language by critics, activists, and self-identified radicals that the ideological presuppositions that form the limits of political debate become visible, then Wilkerson’s contributions to mental health discourse extend far beyond his “fundamental economic argument.” As a self-identified spokesperson for the mentally ill, Wilkerson claims for himself the moral right and intellectual authority to critique the ways in which state, medical, and educational institutions have failed psychiatric survivors. In Gordon’s article, there is no doubt that Wilkerson positions himself as a social activist, and not as a defender of the status quo. Hence, by demonstrating that even *activists* accept and enthusiastically propound the reducibility of lived experience to a fiscal calculus of costs and benefits, Wilkerson legitimizes an ethical paradigm that takes “homo oeconomicus as the norm of the human” and marginalizes critiques of psychiatry that posit the cultural ubiquity of economic logic as, in fact, one of the *causes* of psychological illness (Brown 2003; Guala 2006: 437; Rose 2003).

Having implored businesses to take a greater interest in mental health on the logic of profitability, Wilkerson goes on to suggest that the Canadian government “invest in MRIs to diagnose mental illness and ‘concretize’ its physiological component,” and “reshape psychiatrists’ roles to focus on neuroscience and more complex mental illnesses” (*Toronto Star* 11/06/2007: L4). Indeed, as evidenced in the below quotation, Wilkerson positions himself as a lone defender of rational inquiry by juxtaposing the cynical realpolitik of the biomedical healthcare and research community with his own scientific-sounding intercession:

Q: What are the hurdles?

A: There is a real resistance in the health care community to make changes that would affect the status quo in hospitals, in funding mechanisms unless they result in more money, professional status, scientific recognition.

In the face of rising mental illness, we need brain literacy (scientific understanding of what impairs brain function and how the brain makes people more productive) at the top of the list for everybody who expects to graduate with a medical degree. We see the illness in people's eyes. We don't see the swelling of their arm or the inflammation of their leg. And only brain imaging [C3] can help us see the illness for what it is, which is a basic physical chemical enterprise [C4] with effects on our total bodily functions.

In these statements, the deep level of intellectual trust with which journalists and activists are invested is made explicit. Magnetic Resonance Imaging scans [C3] cannot constitute a basis for psychiatric diagnostic criteria due to modern psychiatry's use of a nosological paradigm based on patterned behavioural symptoms rather than cerebral tissue structure (American Psychiatric Association 2000: 8-12; 27-34; 745-758). Leaving aside the contentiousness of biological reductivism [C4] in mental health research (explored thoroughly in Hacking 1999 and 2002; Young 2004: 382-395; Svensson 1995 and elsewhere), brain function remains crudely understood in contemporary neurology; indeed, it would be irresponsible and unsound for medical practitioners to diagnose mental illness based on MRI data, as Wilkerson recommends (Charney et al. 1999). Gordon, however, presents his suggestions to readers as both factually based and urgently necessary, reiterating it in a prominent supplementary graphic that accompanies the article.

Finally, the reappearance of pharmaceutical consultant and NIMH affiliate Ronald Kessler in Gordon's interview with Wilkerson [C5] is especially intriguing, and illustrative of the agential continuities in academic, corporate, and governmental knowledge production that are elided when "news stories" emerge and evanesce as independent, isolated units. As van Dijk (1996: 10) observes, in order to understand the efficacy of discursive choices in the news media and how they impact upon social attitudes, we must "pay detailed attention to the structures and strategies of such discourses and to the ways these relate to institutional arrangements, on the one hand, and to the audience, on the other hand." Gordon's declination to include any mention that Kessler, Wilkerson's source of intellectual authority, is a "paid consultant for several drug companies, including makers of antidepressants" (*Toronto Star* 09/26/2007) may or may not represent an abrogation of journalistic integrity or investigative principles, but what it

assuredly *does* signify is the proposition, intentional or otherwise, that Kessler's corporate affiliations do not matter.

Denied access to a germane detail about the interests and investments of psychiatric researchers at Harvard, readers are presented instead with the abstracted claim that an economic argument follows organically from scientific research. In both Tanner's news brief and Gordon's "family issues" report, what is contested is not the necessity, ethicality, or inevitability of medicating distressed workers, only the question of *who* should be saddled with the monetary costs—employers or employees?—and *why*. Mental health advocates gain credibility in the corporate managerial sector by couching their recommendations in a concern for the economic prosperity of "Canada," and Canadian businesses; happiness is confirmed as a viable object for technical manipulation through new configurations of policy (Foucault 1988: 158); and the conception of psychological distress as a biological disease that can and must be managed with drugs is rendered commonsensical on a pretext of fostering "brain literacy." Political dialogue about mental health and illness, ultimately, is reduced into a facile, epistemologically bereft debate between activists who construe mentally ill individuals as multibillion-dollar liabilities and their corporate interlocutors who indeed concede this, but would prefer to replace defective employees rather than defray the costs of their medication.

Whither radical activism?

Life is pain, Highness. Anyone who says differently is selling something.
— *The Princess Bride* (1987)

I should note at this point that my objective in this paper has not been to call into question the authorial sincerity of journalists, nor to accuse the mental healthcare movement of ethical disingenuity. My goal is not to vilify mental health advocates, who no doubt undertake their activism with the best of intentions and who may in fact succeed in motivating some degree of policy reform, but to draw attention to the subtle ways in which certain kinds of background assumptions permeate and structure not just reactionary discourse concerning mental illness, but ostensibly radical discourse as well.⁴

As we have seen, grassroots activists, corporate and media consultants, and biomedical researchers alike invoke a very specific rationale in endeavouring to raise the public profile of mental illness, and in positioning themselves as allies of psychiatric survivors. Mental illness, they contend, is a pernicious social malady because it is a *costly* one, and it is only through aggressive injections of capital into psychiatric research and social programming that mental illness can be conquered. In accepting this formulation as a precondition for debate,

these spokespersons accept the unimpeachability of market logic; the naturalness and normalcy of conceptualizing existential distress as biological and therefore pharmaceutically remediable; and the obfuscation of the social inequalities, economic stratification, prescriptive gender ideologies, and other forms of structural violence that contribute to individual alienation and mental distress. While I do not suggest that the pervasiveness of these presuppositions signal dissimulation on the part of journalists and activists, I would argue that they are symptomatic of the emergent priorities of political activism under late capitalism.

What kinds of opportunities are lost when self-identified progressives, radicals, and alternative news outlets propound the marketization of mental healthcare and the commodification of healthy brains? Hindess (2004: 32) has observed that in liberal political thought, “other forms of liberty may sometimes have to be suppressed in order to ensure the fullest development of economic freedom.” What, then, are these liberties, and how are they sacrificed or attenuated when psychological welfare is parsed as little more than a prerequisite to profit?

Journalists, not unlike anthropologists, have a vested professional interest in difference and the rhetorical reproduction of difference. The authors of the articles reviewed in this paper succeed in establishing mental illness as objective, neurobiological dysfunction whose effects can be quantified in dollars and cents—that is, irrefutable ontological difference—through the deployment of specific kinds of evidential manoeuvres and lexicalisations, and the selective inclusion and exclusion of contextual information. Psychiatric survivors, however, are not merely inert recipients of categories, constructs, and labels to which they are subjected on an everyday basis. As Hacking (1999: 104) has observed, classifications that gain currency in public discourse, “when known by people or by those around them, and put to work in institutions, change the ways in which individuals experience themselves—and may even lead people to evolve their feelings and behaviour in part because they are so classified.” Once assembled into meaningful objects of discourse and practice, and once publicized in particular ways in the mass media, psychiatric diagnoses have social and philosophical consequences for individuals so diagnosed.

The stakes of this debate, therefore, are not only ethical, but epistemological. When considerations of profitability form the limits of dialogue, they also form the limits of analysis; over-simplified analyses, in turn, tend to engender over-simplistic solutions. In “Working with depression” (*Toronto Star* 11/20/2007), for instance, Andrea Gordon continues her conversation with Bill Wilkerson, optimistically reporting that Wilkerson’s forum has recently “committed to creating The Brain Trust, a \$1 billion fund to research a cure, and prevention, for depression.” Leaving aside the question of where this money will come from, Wilkerson’s conviction that a large sum of money *in and of itself* will

be sufficient to achieve these ambitious aims is intelligible only upon the assumption that mental illness is entirely biologically determined, and upon the acceptance of a logic of investments and dividends which presupposes the reducibility of social and phenomenological experience to the technical and manipulable. To justify concerns about mental illness solely on the logic of profit is thus to espouse an untenable pragmatism whereby treatments are contrived based on “radically stripped down environments, in which very complicated things—life events, memories, dreams, existential states—are transmuted via diagnostic protocols, psychometric scales, and biological assays into standardised and commensurable artefacts” (Young 2004: 290).

While the “rendering technical” of mental health in advocacy discourse can make psychiatric survivors’ interactions with social services agencies and researchers more manageable on a daily basis, considerations of the life variables that force survivors to *resort* to this strategy in the first place are excluded from activist discourse except insofar as they can be leveraged toward policy reform. Psychiatric survivors are taught to play the bureaucratic game by “radical” activists, but those whose goals are not consonant with those of social workers and whose stories do not meet the preconceptions of policymakers have no other obvious avenues or allies to which they may turn. An ideology that equates responsibility with governability, and health with productivity, remains incontrovertible and ever hegemonic thereby.

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Notes

¹ It should be noted that the definition of “mental health activism/ advocacy” that obtains throughout this analysis does not necessarily encompass less publicized forms of activism that explicitly reject the pathologizing imperatives of the mainstream psychosciences and that, thereby, focus not on individual disability but on the ways in which the structure of society disables individuals (see Crossley 2006 for a thoughtful excursus on the marginalization of anti-psychiatry in social justice circles).

² My use of the “perlocution” concept owes much to Austin (1975), who defines the term as the persuasive (and/or dissuasive) influence of a given speech act, performative

utterance, or text on its audience. Perlocutionary properties may be inferred from the relationship between a text's rhetorical properties and its psychological consequences, whether intended or unintended (e.g. inspiration, motivation, revulsion, and so on).

³ In their actual deployment in the social scientific literature, the terms "Fordist" and "post-Fordist" (contrary to what might be implicated by the presence/absence of the temporal prefix "post-") are not always used to represent two mutually exclusive "sides" of some chronological boundary. The contemporary world of production exhibits a plethora of characteristics that fall under both rubrics: centralized management, self-management, mass production, niche production, and so on. In observing that the equation of mental disorder with financial liability is a manifestation of "post-Fordism," wherein the human communicative faculty is viewed as the substrate of productivity (Virno 2004), I do not mean to identify post-Fordism as a logic uniquely or inherently associated with post-1970s modernity. The development of technologies that have facilitated the rise of white-collar industries at the expense of blue-collar ones, however, *is* a historically contingent phenomenon. If post-Fordist logic has increasingly become an object of social scientific inquiry, it may be because communicative ability (and inability) are subject to greater scrutiny in white-collar environments, which have proliferated over the past three decades.

My use of the "post-Fordist" descriptor in this paper is thus optimally interpreted as a form of linguistic shorthand that is serviceable to my analysis of specifically *mental* health. I have endeavoured to employ it as a heuristic and interpretive tool, roughly synonymous with the *commodification of the intellect*, and the *reduction of mental faculties to potential labour-power*, rather than in reference to anything ontologically incommensurate with historical Fordism.

⁴ It has been pointed out to me that the unintended consequences of the advocacy described throughout this paper (e.g. the medicalization of economic productivity and the marginalization of etiologies that privilege structural violence over biological agents) could be said to undermine not only alternative critiques of psychiatry but also activists' self-identification as radicals. It is important, however, to recognize that "radicalism" is not an ontological category that awaits fulfillment through the adequacy of actor intentionality; it is a social identity that is produced through opposition. Almost by definition, there are no standards of authenticity against which social justice movements may calibrate their "radicality." The members of these movements achieve this property by engaging in processes of collective mobilization, publicization, and community outreach through such channels as the progressive print media, and *in so doing* emerge into popular discourse as *something other than* status quo.

The spokespersons, training programs, and organizations described in this paper amply fulfill all of the above criteria. If these individuals purport to be radicals, it is because, ultimately, they are. The crucial point of this observation, however, is simply this: a "radical" identity does not elevate an actor above the influence of prevailing cultural

logics, ethical assumptions, and ideological commonsense. If biological reductionism, the desirability of bureaucratic attentions and interventions, and the unimpeachability of market logic strike radicals and reactionaries alike as uncontroversial preconditions to rational dialogue, then the salient question concerns not the intentions of activists (which are no doubt honourable) but their facilitation of an apolitical portrait of mental illness, and the serviceability of this portrait to the continuance of structural violence.

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