

## **Are you Ready?"; Histrionic Discourses of American National Security Policy and Depression Promotion in a Neoliberal Age**

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Paula Gardner, Ph.D.  
Assistant Dean, Faculty of Liberal Studies  
Ontario College of Art and Design  
Toronto, ON, M5T1W1

### ***Introduction: Definitions of Risk***

During the war in Iraq, the American government has put forward a reactionary and unstable discourse of risk, declaring that terrorism is an ever-present threat for “Americans”, in general, requiring vigilant surveillance on the part of each individual and acceptance of restrained civil liberties. Created after 9/11/01 by the Homeland Security Department, the “Terror Alert Chart” is an ambiguous gauge of illustrating risk of terror threat, largely visual (color-coded via the heat temperature scale), deemed an “Advisory System.” This “system” contains five colorized levels labeled from low threat (green) to severe threat (red) with no linked or attached descriptions or contextualization. The signification is clearly meant to represent an expert assessment acquired via a risk assessment equation, and users are clearly meant to use the “system” as a factual warning—much like a hurricane watch system relies on numerical codes (ie a category three or four). The chart signifies the user of various logics. As a temperature gauge representing a system, it suggests that positivistic science determines risk, which can be indicated as a quantity linked to a qualitative term such as “severe.” And yet, the Chart, located on Terroralert.com, a homeland security site, provides no context to qualify terms and no rationale describing the system’s logic. Webpage links do not provide this contextual information; instead consumer/citizens are offered links to information surveillance and law enforcement and homeland security organizations, that offer self-protection directives and recommendations for material acts such creating survival kits at home. The Alert Chart glosses these informational loss, employing the term “system” to describe what is actually a context-free model of a

thermometer built with terms indicating vague levels of danger.<sup>1</sup> The system is illustrative of the state of broader, risk discourses deeply embedded in American culture in the 21<sup>st</sup> century.



safety.

These misrepresentations and glossings are not unusual in policy produced presently in the United States, nor in mainstream media reports on said policy. For example, Terror Alert.com links consumers to ready.gov, whose three step motto “Aware.Plan.StayInformed” reifies that proper citizen response to terror risk requires surveillance of others and the management of one’s personal environment for the possible experience of terrorism. Yellow, orange and red codes are indistinguishable and call for the same citizen response (surveillance), all codes are indistinguishable and signify danger. Citizens are signified as active-- on watch, rather than passive while the social arena is signified as an area of imminent danger, untrustworthy neighbors, and obliterated security.

Homeland security also routinely circulates incoherent security “information” to the public via mainstream media, again providing no contextual detail related to “cause”, or actual threat and the same recommendations for citizen vigilance in reporting “anything unusual”. When

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<sup>1</sup> The chart was located at ([www.terroralert.com](http://www.terroralert.com)) on October 1, 2004

a terrorist plot was reportedly uncovered in London this past July, the Terror Chart for the first time, went to Code Red (Severe) for aircraft originating in the US or UK and no citizen action was suggested. Transit systems were raised from Code yellow (elevated) to Code orange (high) and citizens were urged, as usual, to remain “vigilant,”—to engage in ongoing social surveillance. In Washington DC, law enforcement patrolled the subway systems with submachine guns. Homeland security Chief Chertoff urged citizens to use the subway system “with an increased awareness of their surroundings,” but added “This is not an occasion for undue anxieties.” (Stout, 2006) The contrast between vacant and reactionary discourse, CNN’s images of citizen passivity/cooperation and law enforcement muscle-- is palpable, especially given that calls for citizen surveillance and machine gun-armed police on public transportation are *unlikely* to avert the few acts of terrorism that might occur anywhere in the United States, or England. Americans have become acclimated to a certain currency of risk where danger can’t be known and our responses to alleged risk are personal, and often highly irrational, even hysterical.



Citizens are not immune to skepticism and plain logic dictates that citizens will require further information to gauge whether Boise, Idaho is at equal risk of terrorism as New York City, the north Bronx as risky as lower Manhattan. Counter-discourses of risk are circulated routinely via mainstream news programs and online media by private individuals, journalists, public intellectuals, complaining that Homeland Security employs fear tactics rather than information systems, and uses the alert system to increase Presidential approval rates. The subject-driven

Wikipedia site, for example, has a criticism section within the page on the terror alert chart, citing broad critique among journalist, cartoonists and politics. And yet, this criticism has not resulted in alterations to the Terror Alert Chart. The chart/system remains on the Terror Alert webpage, is regular fodder on nightly network newscasts, has become normalized as an ambiguous artifact that at the very least unites Americans in our emasculation.

Sensational, vague risk discourse situated around a cretin brand of nationalism grounded in consumption. This discourse has become mainstream not only with the rise national security discourses, but in broader risk discourses that become culturally institutionalized over the past two decades. Notably, industry has undertaken a new neoliberal script aimed at increasing productivity (read profit), employing a language and rationale that has been adopted by American national health prevention, safety, and educational campaigns. Instructively, these risk discourses have, over the few decades, and especially through the 1990's, moved to present risk not as uncertainty, but as certain warning of imminent danger. As I will demonstrate, these discourses conflate risk with imminent doom, instilling a sense of panic in consumer/citizens, encouraging us to act upon the self in various manners to manage these risks, with no possibility of obliterating uncertainty. At the core of these discourses is a popular American ethos reflecting the neoliberal digital age: a demand for intense and consistent productivity (both personal and national), a refusal to accept uncertainty and a market/demand for purchasable commodities that can mitigate risk. Juxtaposed to risks (health and national security), which is presented as intolerable, these consumer technologies and products become presented as the only reasonable routes to living in a discursive environment where security and health no longer exist.

The innocence of a “state of security”—presented as modernist utopias in terror and depression discourse— is defunct, indeed destroyed in the postmodern discourses of risk. The newer, more rational consumer/citizen is entreated to read risk as inevitable disaster and prepare as if terrorism and/or depression will inflict itself, upon one's self, in due time. Theorists have employed the term “new normal”—to illustrate the normalization of terror as everyday life or

assumption. (ref- cult stud) This normal, or what I call histrionic discourse, illustrative of the moral panics attending the “belle epoche” of hysteria.

*Plan and Method: Uncertain Certainty in the Age of Security Lack*

This paper seeks to reveal the seminal distinctly American neoliberal and consumer capitalist ethos that seminal to the new normal of risk discourses that grounds national security discourses and the personal security discourses of recent mental health policy--- particularly the promotion of depression and simultaneous risk management strategies employed in health care industry. The paper employs critical theory, social theory on risk, visual analysis techniques and discourse analysis, to compare particular assumptions, and strategies of widely disseminated national and personal security textual and visual discourses. This paper examines the two distinct and rarely compared sites of on-line depression information and national security discourses for citizens, to understand the seminal influence of a personal security model whose “solutions” for individuals focus on self-action and consumerism.

Depression risk discourse shares classic attributes of risk discourse that have been outlined by Sociology scholars Ulrich Beck and subsequently, Joost van Loon. In his classic work *Risk Society* (1992), Beck describes risk as manufactured uncertainties that cannot be predicted or charted via positivistic means and in turn risk society is the state whereby these recognized uncertainties cause social anxiety. Van loon continues this idea, noting that risks are not real or unreal but are manufactured uncertainties, and significant as *perceptions*. As such, theorists should assess not the epistemological validity of the risk but rather the *processes* by risks are realized or by which they, phenomenologically, become real . Risk society is inevitable for Beck a fall-out of modernism, a self-productive, or reflexive phenomenon of learning to live in uncertainty.

Science and technology, because they are knowledge-producing technologies with political positions, add to our increased sense of risk. The consequences of these discourses, for example, often clash with standard behavioral dictates of class and nation; in turn techniques, policies, and practices are created within the social sphere to attempt to mitigate the irrational products of modernist practices. Big Science and biospsychiatric technological assumptions, for example, are major forces pushing the present culture of popularized behavioral health disorders in the US. Adams, Beck and vanLoon (2000) have argued that social theory should subvert the depoliticization of risk, and broaden perspectives on risk with models that link science, engineering, technology and risk management with politics, media and economics. (p 23) This paper takes up this challenge, seeking to observe and analyse the construction of risks within behavioral health and national security discourses with attention to their social, economic, political and technological grounding that is, logics and technological sensibilities, understandings of risk, moral imperatives, and consumer/citizen directives, in order to understand how these might contribute to notions of risk circulating in risk society.

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Notably, risk discourses are circulated generously via media. As Stuart Allan (2000) argues, it is the mass media that devises strategies allowing a normalized risk script that “neutralizes the “neurosis” (that is, dogmatic edification of dominant theories and suppression of dissent) typical of Big Science to circulate more widely. It is particularly the case that policy discourses would not become culturally normalized without this circulation on broadcast TV and radio, print. That the communication takes place within media-- commonly termed the fourth branch of government --contributes to the invisibility of risk mediation and, as Allan and Van loon both content, makes the media complicit in risk manufacture/production. Importantly, however, in the era of world wide web information, organizations that create risk discourse engage in their own promotional discourses on the web, implicating that sphere of “media” that is popular rather than private. The filtering of unstable risk discourses with conservative, highly personalized moral imperatives and consumerist mandates reflects a popularization of

neoliberalism in the United States—one that has been taken up not only in policy and media discourses but in the non-governmental discourses of advocacy groups and in popular discussions of terrorism and depression. In his recent work on neoliberalist culture in the US, Henry Giroux writes: “in its dubious appeals to universal laws, neutrality and selective scientific research, neoliberalism, thus (he quotes (quoting Susan Buck-Morss 2003) “eliminates the very possibility of critical thinking, without which democratic debate becomes impossible.” **(CUT DOWN)** This paper evaluates the role of neoliberalism in broad risk discourses, locating common tropes-- appeals to immutable laws of nature and yet sets forward hysterical, irrational discourses-- that make it difficult for citizens and consumers to engage on a rational or democratic debate, or any debate at all.

The paper evaluates a host of data ranging from textual and visual discourses deployed from industry, NGO health groups, scientific experts and government policy documents to track and evaluate the meanings of risk as they have been presented to consumers over the decade, and the underlying assumptions of the discourse and calls to action. The data includes charts and gauges meant to aid citizen/consumers, to policy and media discourses meant to incite action, and product promotions aimed at providing consumer options to manage risk. The paper has a number of aims. It seeks to understand how depression and risk discourses obtain epistemological validity, and how they move through contemporary American culture as knowledges, often times presented and viewed as positivistic. The paper seeks to understand conditions that have essentially prepared consumers to embrace receive definitions and predictions of risk and/ or danger, as per the Terror Alert chart and broad mental health risk discourses with a new lack of respect for civil or personal liberties. The paper in other words, is interested in how histrionic risk discourses impact contemporary conceptualizations of subjectivity and activities of democratic citizenship. The paper for example analyzes the extent to which this information comprehensively covers the breadth of scientific research, includes debate among “experts” regarding the symptoms of depression, the risks of different depressions, and how to treat symptoms

effectively. The paper argues that these health and security risk discourses work in fact to erode the basis of democratic and innovative possibilities for consumer/citizens creating instead passive, self-surveilling, consumeristic, individualistic and fearful individuals. Finally, the study addresses the term stigma as a highly politicized term that can be recoded in order to reject the underlying neoliberalist ethos and claim subject agency in rejecting hyperproductivity mandates.

### **Risk, Security, Depression**

Depression risk discourses, bred on broader, neoliberal-tipped risk discourses, appear ubiquitous and make sense to Americans, given their spatial and temporal moment. The broader risk discourses, proliferated and widely distributed by big business and federal national security quarters, preach seemingly irreparable *personal* insecurity risks, feeding a postmodern moment where risk is ubiquitous, inescapably, unforeseeable and yet manageable via consumer technologies. As Beck argued, in late capitalism, structural conditions of advanced capitalism themselves that produce hazards in the system, “undermine or cancel the established safety systems on the provident state’s existing risk calculation.” (1996, 31) Here, however, risk is not being signified as an uncertainty that might be managed, but is in fact conflated with actual danger in order to create—not proactive consumers engaging in defense or prevention—but take on labels of diagnosed illness (ie major depression) and begin treatment when in fact they experience only distress and into full illness. In other words, risk is conflated with tragedy and consumers are the strategic venue by which this discursive irrationality –or histrionics occur. Discourse instructs both consumer/citizens and diagnosticians that in order to fend off depression risk, s/he must embrace promotional depression discourses and self-surveillance activities

*Genealogy of the Depression Script*

*CUT DOWN MEASURABLY*

Foucaultian genealogical methods instructs that one must understand the assumptions of

discourses--- in this case depression and national security discourses—by noting the repetitions as well as the new discursive structures that take up the work of dominant epistemologies via alterations. New alterations in the depression script are that are subtle, which, in Foucault’s terms, constitute “eruptions” indicate substantial changes that can reify for example the depression script’s understanding of selfhood. In previous work, I have employed this method to map depression discourses across NGO, industry and state policy sites, locating both a pattern of repetition and diverse “eruptions” that nevertheless fit the dominant discursive pattern. (Gardner 2006). The depression script employs broad spectrum assumptions about mental illness that rationalize the pathologization of everyday life behaviors and moods, describes vague distresses as symptom, collapses symptom with illness and thus declares disorders such as minor depression to be common and yet insidious and destructive- even having lethal potential. **CUT DOWN** The script contains epistemological discourses that ground particular biotechnical assumptions about mental health, while creating a sense of risk that is ubiquitous. It declares depression as a technology that is both scientifically knowable and yet, due to its inherent riskiness, and dangerousness, is inherently unknowable and only manageable. Finally, the script encourages consumers to self-surveill, self-diagnose and self-manage their/our personal mood distresses, routinely employing psychopharmaceutical treatment as the first line of defense and /or treatment. Discursive eruptions allow organizations to promote this paradox-ridden, unstable, biopsychiatric script to a broad American population, with the intention to overdetermine minor mood distress as mental illness.

*Risk: the Muddiness of Depression*

Depression is a technology symptomatic of risk culture, conditioned by multiple grounding features and working to create risk as intolerable and yet unpredictable. As such, risk management is presented to consumers as the path to deal with risk. As I will argue, depression is grounded in neoliberal sentiments and ultimately pursues productivity mandates, depression has a

muddy and contradictory discourse that fluctuates between a positivistic assertion of risk knowledge and a postmodernist acceptance of uncertainty. Risk is presented as both knowable and unknowable, untreatable and yet manageable.

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### *Tropes of Risk*

The script has particular tropes that are situated in this unstable risk discourse common to national security discourses. It states overtly that mental illnesses (including minor depression) are biological illnesses, and assumes with phrases like NAMI's "Treat it Defeat it" slogan asserting that depression is a brain illness, repairable by biotechnical solutions. Depression risks are, across depression literature, typified by their vague and numerous DSM-IV "criteria" many of which describe experiences of everyday life ranging from sadness to weight gain. Through various tropes, these criteria are presented as ubiquitous-- democratized across races, genders, ages, and yet more pertinent to "at risk" populations which include women (menstruating, post partum, menopausal and post-menopausal), adolescents (particular girls with eating related and body perception disorders). Depression is presented as a grave risk to the whole population, with epidemiological statistics citing a 1/10 chance for men to acquire depression in one's lifetime, and a 1/4 chance for women. <sup>2</sup>Minor and Major depression, sharing these vague criteria, tend to be collapsed (minor depression given short shrift) in popular discourse. The vague criteria are deemed potentially lethal if left untreated, whereby they tend to "snowball" into major mental illness. Risk then is great and ubiquitous and yet certain populations including women and poor individuals are more at risk.

Consumers are offered risk management technologies from the American Psychiatric

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### <sup>2</sup> **Moral panics: epistemology of the slippery slope**

This federal epidemiological study released in 1990 issued startling statistics suggesting that a striking 9.5% of the population suffered from a depressive illness each year.

Association's, asserting that "Depression is one of the most common and treatable of all mental illnesses" with 80 to 90 percent of those who suffer from depression treated effectively . (APA xxx), largely through psychopharmacology that is routinely promoted as the first line of defense. This APA information is linked to most every mainstream depression page in the US, and a majority of consumer depression pages. Overall, the script is highly dubious, often conflicting and unstable but presents a host of assumptions tied to popular culture that make depression seem "real" and in keeping with the script, manageable. These seemingly scientific statements of risk cannot, of course be reasonably rationalized, as risk, argues Beck, cannot be quantified. And yet the ubiquity of the discourses and their scientific legitimacy work to successfully frame risk and illness, resulting in mass overdiagnosis and pharmaceutical treatment. The ubiquitous framing of depression as a brain illness sets in motion the causal theories suggesting known origin while the list of vague symptoms assigned to both minor and major collapses the two depressions. The DSM diagnostic standards are based on the concept that two distresses constitute real illness work to conflate distress or risk with actual danger/disease. From these assumptions, the script urges anyone with symptoms to self-surveill – to act as though disease were imminent. With both peculiar and broad populations "at risk," the entire population is urged to engage in self-surveillance, while women and poorer individuals are, in keeping with historical trends in mental illnesses diagnosis, deemed less mentally stable. Scientific discourse, including causal theory, risk assessment and biopsychiatric research are employed to establish diagnostic process and biotechnical treatments as functional and together constituting logical process. As such, the script offers both a positivistic framing of the origin and treatment disease, plus vague criteria and social risk factors that create an uncertainty, leaving consumers to seek management (via surveillance and drugs) to fend off illness.

Within this framework, despite the contradictions, depression is continually reified as an illness that is manageable, albeit a process that is interminable. In turn the idea of "risk" becomes articulated as "real", rather than reflected in its state of indeterminacy, as Beck showed. Risk

discourses then becomes both a technology of citizenship and a commodity. That is, depression becomes both a set of discourses and activities that cause citizens to support state desires for productivity and efficiency and a commodity—something useful that be turned into trade or commerce.

Grounded in these epistemological statements referencing brain science and social science of risk assessment, are neoliberalist and consumerist assumptions that assign responsibility for ongoing sickness to consumers and gauge the impact of lackadaisical approach to mental health as threatening to personal financial security and national economic security. These assumptions tie nicely to the protestant-tipped, productivity-oriented discourses of citizenship and work to enshrine a discourse of self-responsibility as the right thing to do—an act of good personal stewardship and citizenship.

NATIONALISM

SURVEILLANCE see cut out

**Pick up here; lose the reptition of treat it defeat it (cut down above)**

*Virtual Risk as Real*

In popular national and personal security discourses, risk/uncertainty (rather than disaster and disease) are the terms juxtaposed to the utopian states of safety and health. Where historically experts in scientific and social scientific methods have been able to quantify risk via positivistic formulas that looked at empirical data, risk discourses on depression and national security take up the invitation by postmodernism to employ relativism to destabilize risk knowledges. As I will show, in depression illness is said to reside in the brain, but the cause is not “known” (as stated in research reports, in Prozac labeling information and beyond.) And in keeping with national security discourses, risk of terror attack can never be known or quantified. The FEMA Preparedness Guide notes, for example, “there is no way to predict what will happen, or what your personal circumstances will be.” For social theorists, this definition of risk is entirely valid, reflecting the constructed nature of risk which is more a becoming than “it”, “out

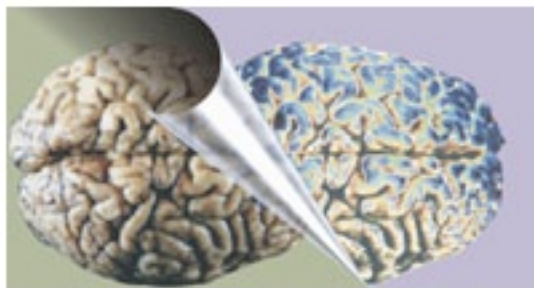
there.” But discursively, Homeland Security and FEMA present nebulous terrorist risk an ontological problem of terrorism rather than the nature of social institutions that work to know risk, and in the process create risk and more risk factors.

More FEMA here

### *Treat it, Defeat it*

Depression, in the age of brain science, is represented both visually and textually as knowable. The National Institute of Mental Health’s (NIMH) “Treat it, Defeat It” campaign, is typical of the reduction of many depressions into one (major) depression that is part of a biotechnical system—that is, a biopsychiatric illness repairable by antidepressant drugs. This presentation of an illness-treatment system suggests to consumers that the grounding philosophy (biopsychiatry) is the single legitimate or valid one. A second assumption is that the inferential logic of diagnosis (based on the subjective interpretation of behavioral or physical “symptoms”) is a reasonable and valid practice. The fields of medicine and psychiatry explicitly define the diagnostic process as based on inferential logic that is neither explicit nor obvious but, say the experts, is the best that science can do. The logic of biopsychiatry—that distress infers symptom, inferring illness, inferring drug treatment, is clearly problematic. Yet, the repetitive use of these logics by health, medical, and policy, industry and consumer advocacy “experts” normalizes these linkages as a scientific system. Together, the two presumptions (biopsychiatry and inferential diagnosis) create conditions whereby risk becomes diagnosable as disorder, and treatable via drugs. The diagnosis and drugging of “distress” is acceptable to consumers, given the social dominance of institutional discourses that seek primarily to manage risk via methods that assume danger is imminent—that risk is in fact danger. As suggested, an anxious public seeking rationalized practices to avoid risk is more likely to grasp onto scientifically-sanctioned statements of fact and their inherent logics.

The “Treat it, Defeat it” tag line signifying positivistic biological knowledge of illness that can be employed to choose the correct psychopharmaceutical treatment is employed by well-known consumer advocacy groups (including NAMI and the National Mental Health Association), and via on-line recovery organizations, such as Brain.com, and others.<sup>3</sup> The spirit of the phrase is reflected in a brain image displayed prominently on the homepage of the National Institute of Mental Health (NIMH). The image—a brain whose exterior is pried back, opening it to the specter of the gaze—signifies mental health and illness as biopsychiatric, discoverable conditions, despite that imaging technologies are not employable in the diagnosis of mood and behavioral disorders.



Joe Dumit (20xx) has critiqued the presentation of PET scans as a type of affirmed knowledge, suggesting that the visualizations work by alluding to (unproven) causal scenarios. The context and logic by which the visualized movement of blood through the brain and its connection to various mental health illnesses is neither clear nor uncontroversial and certainly does not prove a causal link between the two. These visualizations are of the same epistemological ilk of risk discourses—both are meant to represent assumed positivistic knowledge grounded in scientific methodologies, and both gloss the lack of information with sharp visuals,

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<sup>3</sup> See the NIMH campaign, for example, at [http://www.pueblo.gsa.gov/cic\\_text/health/friend-depressed/f](http://www.pueblo.gsa.gov/cic_text/health/friend-depressed/f). Braincom, a private consumer health website, offers consumer information and recovery product sales. The same tag phrase used by the National Mental Health Organization can be found at <http://www.nmha.org/infoctr/factsheets/22.cfm>

## ***Real Risk***

Unstable models of risk indeed undergird both national and depression discourses. Dominant depression discourses routinely reference expert knowledges and practices in suggesting for example that depression is inheritable, knowable, diagnosable, and treatable. The discourse and its visuals provide scientific sanctioning that “risk is “real” as noted in the ubiquitous statement floated by the NIMH, NAMI, and Eli Lilly, among others that “that depression is “real.” Similarly the Homeland Security “Get Ready Now” booklet states “Terrorists are working to obtain biological, chemical, nuclear and radiological weapons, and the threat of an attack is very real.” (Homeland Security, 2006, p2) This discursive technique again employs a conflating technique—linking “truthful” statements (that threats are real based on) with actual risk that is uncalculable. Here then threat is used to stand in for risk, which, as Joost van Loon has articulated, are never real, and are better described as *virtual*. Risks, he explains, are built on causal articulations of conditions, risks are “certain uncertainties” and in fact not real. Instead risks are contingencies of “conditions, actions and effects that are therefore spatially and temporally fragmented.” (Van Loon, p 166) Van Loon’s logic asserts that when there is *no* uncertainty (as in the fact that death will occur) causality is unified with a condition in space and time. Getting at risk, then, cannot occur through constrained causal calculation models. For vanLoon, understanding risk “is a work of art “--a “complex alignment between very particular and very exclusive modes of signification...with financial, economic, judicial, political and administrative institutional systems of representation and...moral and practical sense. The policymakers of risk society clearly misrepresent the ontological nature of risk by suggesting that this “real” risk can be assessed and managed.

## ***Open scripts***

To keep citizen critique at bay, an intentional and strategic rhetorical moves construct the

depression script as open--making room for contending theories, such as social constructivism. In Foucault's terms, this trope is an eruption -- an apparent break in discourse, a new discourse, that in fact holds that assumptions of the old script. In this case, depression is said to be biological but triggered by social conditions and risk factors. These discursive tropes are important, as cultural studies scholars (REF) have argued, in seeming to invite conflict or dissent, and as such appear democratic, well-vetted and thus reasonable. As such, economic poverty, gender, race and a host of other signifiers can be linked as extra risk factors to an illness scenario that is said to be (essentially) biological, but not necessarily to be caused singly by biology, though the causal inference is intentional. As such, the broad spectrum logic of depression becomes a tool of socially targeting certain populations (such as women who have been historically targeted) with extra risk, requiring special industry and government surveillance, the surveillance of families and resulting in target marketing by the pharmaceutical and insurance industries. Prozac as a result has become all things to all markets -- it has a Benetton campaign and campaigns targeted toward women of all signified walks of life. (Visual)

***Visuals: Benetton***

***Visuals: Prozac Women***

But the easiest way to realize the primary market for drugs is to review their early campaigns for new drugs. As will be shown later, Cymbalta, the new Prozac drug aimed at depression's dual physical and mental stress, features a lithe, young, glossy representation of a young female body.

***Are you Ready? Maximizing "Recovery": management as cure***

In this vein, the on-line advertisements for new drug "Prozac Weekly" challenge the mental health consumer: "Are you ready?" The text accompanying the promotion presents depression as a long-term proposition and continued drug consumption as the appropriate treatment. The challenge, should she be sufficiently daring, is to interpellate herself as recovery

subject made active through the choice to consume Prozac once weekly, for a long time. Like the depression script, the campaign contains contradictions. Prozac weekly is itself presented as a rationalized practice- - a way “to simplify this regime and focus on feeling better,” as if Lily’s goal were to improve consumer’s self-focus. Depression is presented as treatable via the long term, which Lilly terms recovery”, again, another slip of language whereby a term (recovery) is used to mean something less secure, management. The inference is that depression can be repaired by the responsible, daring, active subject. And yet, the campaign also recognizes drug-consumption as an annoying daily practice, and a non-active one, juxtaposed with a more active “focus” on one’s illness. Finally, the pages link consumers to advice to “maximize recovery” where activity includes talking to one’s doctor, and understanding biopsychiatric science, with information graciously provided by Lilly. All of these consumers actions of course require an embrace, even a daily immersion in biopsychiatry..<sup>4</sup>

#### *Are You Ready? FEMA*

At the same time, FEMA has produced a hysterical Citizen Preparedness Guide of 204 pgs (x of which contain the section on terrorism); it is equal in its lack of context, and heavy on individualized citizen action recommendations, such as creating survival kits and keeping school terror plans on hand. At the same time, largely duplicating FEMA’s efforts, is the US Department of Homeland Security Checklists and Citizen Corps “Ready Brochure”, which notes “There are no limits to how you can prepare and train for emergencies.” All of these policy documents are symptoms of the current state of risk culture in the United States that make it possible to gloss a chart as expert policy statements and as a system, a directive as an alert, risk (uncertainty) as a warning. The Citizen Corp booklet in particular provides evidence of the manner by which risk is delivered to intentionally create panic, and induce acts of surveillance and self-surveillance by

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<sup>4</sup> This information was taken from the Prozac webpage on October 1, 2004; the URL is [http://www.prozac.com/disease\\_information/depression.jsp?reqNavId=1.1](http://www.prozac.com/disease_information/depression.jsp?reqNavId=1.1)

“responsibilized” citizens, using, Mitchell Dean’s (1991) term.

HYGIENE TO SELF-RESPONSIBILIZATION

SEE CUT INS= ADD A BIT AS TRANSITION

*CALCULATING THE INCALCULABLE*

In this regard, consumers are presented with a layperson’s version of the “Kupner Curve”, which distinguishes “normalcy” from depression, signified by an ongoing series of recurrences and remissions. According to the graph, the “ups and downs” occur throughout the recovery subject’s life, and are caused by biochemical brain problems alone. Depression sufferers are represented as victims to long-term unpredictable mood fluctuations. The curve both creates and illustrates the insecure status of individuals with depression—not unlike the risk of living in America in the age of terrorism, where the Risk Alert Chart fluctuates with no apparent reason. The rational subject of depression, having assessed her status as inherently risky, is offered the option to “take control” —that is, to mitigate risk—by accepting this common depression epistemology and embracing Prozac. To “maximize recovery” then is to submit to depression as a long-term, unpredictable illness—a brain sickness repairable by drugs. This latest Lilly program uses the guise of self-help to push the consumer to identify as a long-term recovery subject, who requires long-term drug use—that is, to embrace the new depression epistemology.

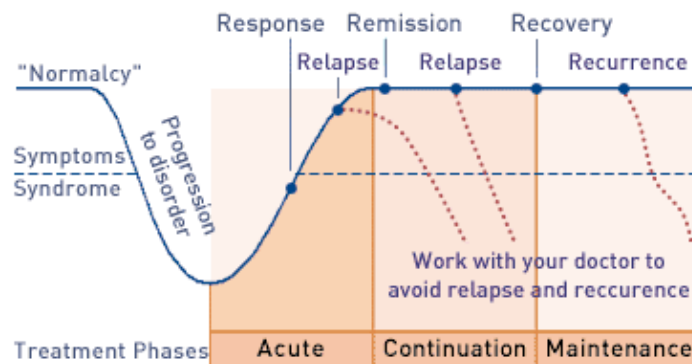
*Are You Ready: FEMA Citizen Preparedness Guide*

In turn, national security “risk” is vague, **uncalculable**, lethal and yet manageable—and as such works both as a technology of citizenship and a commodity. ....

*Expert Discourses of Risk: Consumerized Depression Science and Citizen Preparedness*

Eli Lilly’s consumer science also includes the aforementioned “Kupver Curve” to

demonstrate how recovery proceeds in depression, but which actually provides visual backup for unsubstantiated research. The visual provides signifiers such as “normalcy” (to indicate a population whose mood remains low for only a few days), while all other mood experiences are grouped as acute, continuation and maintenance phases of depression. In presenting depression and recovery as a scientific process, the graph brings an aura of authenticity to this highly constructed and broad “risk” population, which includes everyone but the few who qualify as normal. The visual also reifies the troubling slippery slope theory placing mood distress on a continuum with major chronic disabling disorder, during which relapse and recurrence are routine, but mitigated by “maintenance therapy”, or the ongoing consumption of Prozac.



Irony enters into Lilly’s discourse with the addition of new scientific finds. As research suggests that a new neurotransmitter is also responsible for mood regulation in the brain, Lilly established a new antidepressant, Cymbalta. This drug is meant to treat both serotonin and norepinephrine imbalances, and Lilly’s literature terms this theory “one of the most commonly accepted theories” of depression cause. Lilly promotes Promoted with mostly the same language as Prozac, the Cymbalta advertising suggests that the addition of norepinephrine reuptake inhibitors helps to address the “pain” (physical and emotional) of depression. In fact, scientists are also unsure how this drug works , when it in fact does “work.”

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depressionhurts  
.com



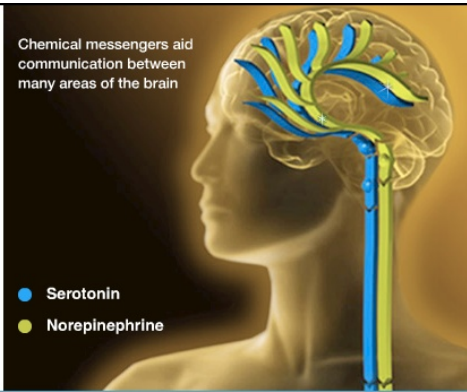
**Cymbalta** DELAYED  
RELEASE  
CAPSULES  
duloxetine HCl

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There are many theories about the cause of depression. One of the most commonly accepted theories suggests that depression is caused by an imbalance in naturally occurring chemicals, such as serotonin and norepinephrine.

These chemical messengers aid communication between many areas of the brain that affect emotional aspects of a person's nature. They are also important in "controlling the volume" of messages about physical discomfort or pain between the body and the brain.

Chemical messengers aid communication between many areas of the brain



- Serotonin
- Norepinephrine

State Health Campaigns, Pharmaceutical Advertising, Consumer Advocacy Groups, Insurance Programs, Employers, Health Care Providers, their web counterparts and on-line consumer health sites saturate the consumer in depression script myths and then provide consumers the tools by which they can self-diagnose. Consumer-friendly diagnostic questionnaires have been made widely available by State health service and policy organizations, NGO's and pharmaceutical companies. Depression quizzes are easily obtainable in doctor's offices, state-funded clinics, health journals, popular magazines, and on consumer web sites. These user-friendly technologies, such as the "Zung Tool" list the "criteria" of depression, and encourage consumers to screen their behaviors for evidence of symptoms. The vague questions describe common experiences in normally functioning individuals, such as "feeling hopeless" or losing weight. The tests give consumers a pre-diagnosis, and even encourage those who score as healthy to print the test and show it to their health care provider. As such, the quizzes seek to rope

in all test takers, and encourage consumers to screen or rather, “pre-diagnose” themselves as depressed, and to seek formal diagnosis and treatment. The risk of disorder, represented by vague symptoms and overdetermined test results, is diagnosed as disorder itself. By blaming depressive symptoms on biochemical dysfunction and by encouraging the diagnosis of risk, these ubiquitous illness discourses inspire consumers with *any* behavioral or mood distress to view themselves as *ill* subjects who need recovery.

((Add in self-assessment ZUNG chart))

Workplace meets Mental Health;

introL The deployment of new neoliberalist depression discourses creates risk as ever present, and everyday mood as dangerous and requiring surveillance. This type of discourse does not open up contestation or encourage consumers to confront depression myths, rationalizations, or legitimations. Rather increased depression discourses, guided by goals of risk-aversion and productivity enhancement, constrain discursive richness and make it difficult for consumers to think beyond the policed boundaries of depression.

Depression promotion organizations and indeed consumers see in the depression script an everyday set of normative values, namely productivity, efficiency, and rationalization. The script appears normal and sensible to health organizations and their consumers, and is thus taken up in culture as the route to the good—to health, a healthy economy—and thus an act of good citizenship. Hence, in this post-modern age, paradoxical scripts that transform depression risk into illness, everyday mood into disorder, become sensible. As Adam and VanLoon (2000) have suggested, scientific discourses have “advanced” under neoliberalism so the equation of indeterminacy with knowledge, risk with disorder, appears natural, particularly when the “risks” (of possible economic collapse or permanent brain disorder) appear to be so great. Hence, it becomes possible that industry, policy and nongovernmental groups find themselves strange bedfellows in the promotion of depression.

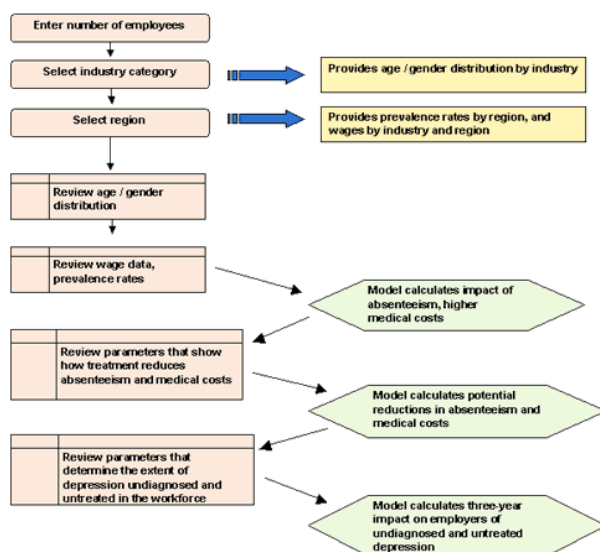
## Gauging Risk

**APA depression calculator- created by The National Partnership for Workplace Mental Health: a Collaboration of pharma, health policy groups (institute of health and productivity management , APA (prof organ) (APA) .**

Employer provides number of employees, type of industry and region; the “calculator” employs current epidemiological data to estimate the number of depressed individuals employ there.

Appearance of validity with a long flow chart.

### Model flow chart



## Consumerism: Security in an Insecure World

Edit

Specialized markets: Cymbalta

Personal Security: Home preparedness Kits

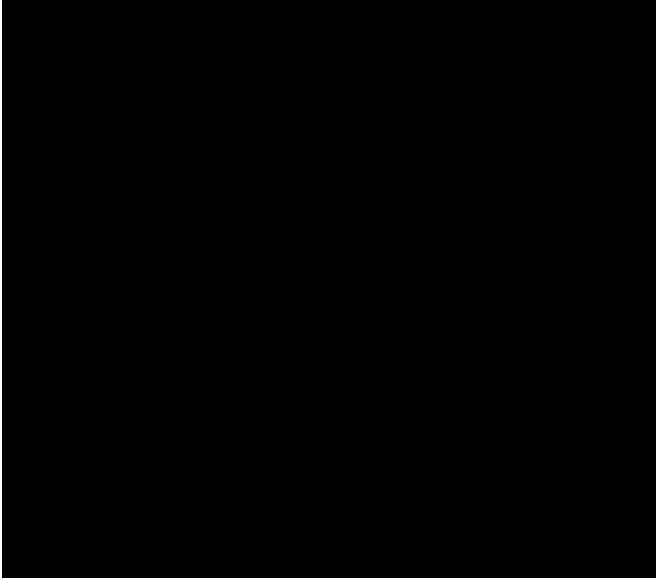
Risk discourses as consumptive technonogoesi

Bred from risk culture, discourses of depression risk and terrorist risk share logical threads born of neoliberalism, namely the ethics of self-management and consumption constructed as foundational, ideal techniques of risk management. The Terror Alert Chart, created for consumer use, symbolically imitates a temperature gauge. As a thermometer of risk, the artifact assumes that risks to security are ever-present and require constant monitoring by experts and continual reporting to citizens. While citizens can expect little information qualifying the type of terrorist risk currently threatening Americans, we are directed to manage this vague threat through constant surveillance (defined vaguely as spying on the odd practices of foreigners or neighbors) and economy-bolstering technologies such as shopping.<sup>5</sup> Similarly, the ever-present risk of depression can be managed, according to depression discourses, by self-surveillance of personal and employment productivity levels. To counter the risk of depression, consumers are offered a succinct type of commodity, namely antidepressants, biopsychiatric health knowledges, short-term psychotherapies and consumer-grade self-help quizzes. Depression risk, like terror risk, is a technology marketed to Americans by State, industry and NGOs, and has been made possible not by a single event, but by a broader normalized parameters for proper behavior—namely, zealous consumerism and unflinching efforts to obliterate all risks. These behaviors make sense to an American public that daily digests institutional security and health mandates seeded in neoliberalist ideals.

Depression Calculator  
Productivity

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<sup>5</sup>



from depression calculator webpage  
phRMA

### NAMI and shopping

To wit, major consumer advocacy group, NAMI (National Alliance for the Mentally Ill” glosses the broad literature, proclaiming simply: “depression is a mental illness.” Importantly, NAMI is cued into the neoliberalist imperative for American economic competitiveness and joins other groups to proclaim depression is profit risk” “ **quote**”.

Terror and shopping: Recall that President George W Bush called up Americans to resume flying after the 9/11 incident, to prove to the terrorists that the American way of life cannot be impeded by terrorists. Mayor Guiliani did the same, weeks after 9/11, encouraging folks to go out to dinner and take in a Broadway show. Finally, advertisements chimed in, with xxx, for example, selling oversized cars and trucks, with the American flag waving defiantly in the background.

Impact of all of this?

As Elisabeth Beck-Gersheim argues, risk manufacturing as a “becoming real” process that occurs in the social has a “knock off” effect—people who appropriate risk perceptions in their everyday lives may also generate “hazards” that themselves become new risks. P 22

I am concerned that the similar risk perceptions embedded in national security discourses and mental illness/behavioral discourses work to dumb down or more precisely restring the boundaries of what citizens and consumers believe to be their opportunities and responsibilities. Specifically I am concerned that the democratic process becomes affected negatively. But also has implications for subjects contending w/ and challenging a range of experts, for believing they themselves might never have the amount of authority to make controversial or dissenting statements... More, these discourses foster a regime of surveillance and self-surveillance that cultivates not only fear but hostility weakening already softened social bonds and causing individuals to focus on personal safety and security over social protections and responsibilities and opportunities. The “mean world syndrome” that communication scholar George Gerbner observed as a product of television that overrepresents potential harms/risk is now a broader seminal discourse of mainstream media of all forms, as they reproduce these broader constructions of risk in everyday life.

Mass mediation of risk definition and management engenders new risks (van loon, and Casteneda ch 4)

### **Findings**

The paper, which assumes that **depression promotions and national security mandates focused on the individual are made possible by risk culture**, It analyses both mainstream depression and risk discourses as histrionic– intentionally overestimated and at the same time, ambiguous, thus intending to create mass public anxiety. The broader discourses of risk such as American national security policy and the distinct discourses of depression promotion share the seminal grounding notion that personal security is in danger and can be mitigated by acts of the self upon the self. These discourses together create conditions allowing for institutional and industry-wide mental health mandates, culturally normalized ideas of depression risk, and the promotion of new individualized practices of self-surveillance and management, which all seem reasonable given the ubiquity and currency of generalized risk discourses in American culture.