MPC Major Research Paper

Mental Health Stigma on Campus: The Promotion of Mental Wellbeing to Ryerson Students

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MPC MRP Author's Declaration Page

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Abstract

This MRP looks at the communication used in mental health campaigns for a post-secondary student audience, focusing on how language use and visual design choices impact the stigma associated with mental health. This MRP focuses specifically on the communications seen on Ryerson University's campus in the 2016 – 2017 academic school year. A video available on Ryerson's YouTube channel and a sample of posters available throughout campus were analyzed for language and visual design choices to determine how they fit within stigma management communication strategies and how those choices had the potential to influence perceived stigma in viewers."

Goffman's (1963) theory on stigma and an individual's identity was used to analyze the content of the video and posters. Goffman's theory outlines the various stages of stigma that an individual experiences, and the impact of each stage on how that individual chooses to interact with others. Miesenbach's (2010) model for stigma management communication, along with information from an expert interview with a front-line worker will also be used to analyze content in the video and posters.

By understanding the communications around mental health through the lens of Goffman (1963) and Miesenbach (2010), it will be possible to understand how the communications are increasing or reducing the stigma around mental health. The analysis of the rhetoric in the messages gives a hint as to how our culture reflects stigma in the messages created, and how this rhetoric may affect students in a culture. This research analyzes Ryerson's mental well-being campaign for the purpose of identifying a list of best practices for communicating about mental health. The findings show that one of the campaigns accomplishes this better than the other. Effective mental well-being campaigns are those that incorporate elements that normalize

discussion of mental health topics, offer strategies for dealing with mental health concerns and overall, promote a culture that prioritizes mental well-being.

Contents

Introduction

This Major Research Project (MRP) will look at how word and visual design choices in communicating mental health in a postsecondary setting impact stigma. The MRP will look at the analysis of these communications that address the issue of student mental health and well-being at Ryerson University. Using Goffman's theory of stigma and Meisenbach's stigma management communication model as a methodology, this MRP analyzes the choice in approach, language and design of these communications—a video and posters—and the impact of these content choices on reducing perceived mental health stigma amongst undergraduate Ryerson students and encouraging them to access resources that foster mental well-being and address mental health concerns.

Campus messaging serves three objectives: 1) it informs students about choices and habits that support mental well-being, 2) it informs students about the resources available to help them address a mental health concern 3) it creates a campus culture that normalizes mental well-being. An expert interview with a front-line worker at Ryerson University who deals with students facing mental health concerns or issues will inform an understanding of the current state of mental heath and mental wellbeing service need and use on campus. This paper will examine the efficacy of communication vehicles to achieve these goals using the lenses of Goffman's theory of stigma management and Meisenbach's stigma management communication model, for the purpose of developing best practices to reducing mental health stigma while promoting resources and mental well-being in post secondary institutions.

Mental health carries with it stigma. Self-perceived stigma of mental health can stop students from accessing the resources they need. In addition to the importance of reducing stigma to increase the number of students who feel comfortable accessing the resources that they need, there remains the need to identify and address what leads to mental health issues for students.

Clinical psychologists distinguish between mental health illnesses that are lifelong in nature and require medication in contrast to mental health issues such as depression, anxiety or eating disorders that are temporary in nature and can be addressed through therapy, as outlined in an expert interview with Dr. Diana Brecher. The danger with students troubled by mental health issues is that temporary, situation dependent issues such as depression and anxiety may result fatally in suicide. In addition to creating a campaign that reduces mental health stigma amongst students so that they feel comfortable accessing resources, a post-secondary campus wide campaign actively promoting mental well-being may play an important role to giving students the tools they need to make choices that maintain their health and prepare them to handle the pressures of life and work.

The focus of this MRP is a case study of mental health communications at Ryerson University viewed through the lens of relational and discursive stigma management. Through this lens, issues that influence communication on a stigmatized topic will explore how mental health messaging at Ryerson fits in the model of stigma management communication proposed by Miesenbach (2010). According to Miesenbach (2010), individuals have the ability to manage their own stigma through discourse. It can be argued that discourse exists between the poster or video that an individual perceives and the conclusions or impressions that they take away from it. This asynchronous communication creates or decreases stigma according to Miesenbach's (2010) model.

The research questions guiding this project are: What is the rhetoric used in materials promoting mental wellbeing to Ryerson undergraduate students? How can this rhetoric influence undergraduates' potential perceived stigma, and their willingness to seek help or engage in

activities or programs promoting mental wellbeing? Rhetoric in this MRP referred to the words and images used in the posters and video.

Through the study of the design and content choices in posters, and the video in context with the expert interview with a front-line worker, this MRP hopes to gain insight into effective methods for communicating mental health and well being to students and contribute to a set of best practices that expand on Miesenbach's (2010) theoretical framework. The insights gained from this case study could be extended to other stigmatized health concerns, and to mental health initiatives at other post-secondary institutions.

Literature Review

Goffman (1963) developed a theory of stigma as a social aspect in peoples' lives. He explains stigma from the Greek's perspective of a physical sign that revealed an individual as being less than those around him or her, and as having been either a slave, a prisoner or someone with a dangerous illness (Goffman,1963). With time, stigma has come to refer to any aspect of an individual's identity that would negatively set them apart from other members in a social setting (Goffman, 1963). Goffman (1963) delves into how stigma impacts the identity of individuals and how they see themselves, and how stigma impacts family members of the stigmatized individual. Goffman (1963) suggests that a stigmatized individual without an openly revealed stigma is expected by society to reveal this hidden aspect, out of a sense of social obligation. This point is challenging in considering the nature of some mental illnesses, which are not necessarily outwardly visible. Goffman (1963) also talks about the stages of stigma. Our initial perceptions assume certain expectations of other people; these expectations may change based on what they reveal about themselves (Goffman 1963). Goffman (1963) also argues that at a certain point, the stigma ceases to matter to an individual and once others have come to know an individual on an intimate level, they come to see the individual as a complex person rather than a person with a stigma. Subsequent researchers who have studied stigma, have often drawn on Goffman's (1963) work, agreeing, disagreeing or building on it with their own research. This MRP focuses on research around stigma in mental health and stigma communication theory.

Smith (2007) draws on Goffman's theories of stigma, arguing that stigma communication includes marks and labels that influence affective and cognitive responses in individuals, and creating stigma attitudes. Smith (2007) explores how the process of dehumanizing those in a community who seem "other" traces to ancient Greece when physical brands on criminals separated those individuals from the rest of the community. She analyzes how the process of stigma

communication can both separate the stigmatized from others in a community and create a community among the stigmatized. Smith's (2007) theories on stigma communication are worth considering in the context of the video about personal experiences with mental health at Ryerson. Do these communication methods succeed in reducing perceived stigma among the larger Ryerson community, or do they create a sub-community among the already stigmatized community members who have come to accept their stigmatized identity?

In 2016, Noltenseyer and Miesenbach looked at how individuals, specifically burn victims, navigate stigma in daily interactions. Noltensmeyer and Miesenbach (2016), make an interesting case for the ways in which stigma communication management strategies have focused on campaigns towards a public audience, as in the work created by public health communicators. The researchers interviewed participants across the United States and applied Miesenbach's (2010) stigma communication theory (see Methodologies) to burn victims and their relational partners. The researchers found that a pattern emerged from the way survivors managed stigma. These strategies included accepting the stigmatized condition, adapting to the situation, challenging the stigma, and changing what the challengers of the stigma resembled. Survivors applied these different patterns based on the relationship with the person they were speaking to and the context they were in (Noltensmeyer and Meisenbach 2016). Noltensmeyer and Miesenbach's (2016) research has implications for stigma management communications in the education sector as Miesenbach's communication model could be used by students who become aware of having a mental health issue during their post-secondary experience and learn to manage the stigma as they move forward in their professional careers.

Ahmendi (2011) examines the impact of mental health stigma on society, individuals and mental health professionals. Ahmendi's (2011) research looks at how mental health professionals

often choose their career paths after witnessing mental health issues growing up. Though they are required to help patients, mental health professionals may acquire a stigma towards individuals with mental health issues based on their personal and previous professional experiences. Ahmendi (2011) discusses the problem of how stigma stems from a sense of danger. Ahmendi's (2011) research is relevant to the topic of this MRP as it clarifies one of the ways in which stigma may remain as a continuous aspect of human society that Smith (2007) and Miesenbach (2010) discuss. With mental health problems, Ahmendi (2011) suggests that the main concern for members of the community, whether they are health practitioners or colleagues of an individual with mental health issues, is whether their safety may be at risk from interacting with this individual. The problem with this underlying concern is that it influences the perceptions of mental health providers, and this perception may translate into their interactions with patients (Ahmendi, 2011). In the context of this MRP, the front-line staff or mental health practitioners may be perceived by students as stigmatizing individuals with mental health issues, and this may influence whether an individual chooses to disclose a mental health problem and seek help.

Michaels, Kosyluk and Butler (2015) examine mental health stigma from the perspective of health communications. The authors argue that the field of health communications has focused research efforts in understanding how persuasive messages can help change audience behaviours. The authors review how contact-based anti-stigma presentations allow audience members to develop behaviour changes (Michaels et al. 2015). They conclude that enhanced message processing leads audiences to accept those with mental health issues as non-other, and this results in reduced mental health stigma (Michaels et al. 2015). Fisher and Freshwater (2014) take a similar approach to Michaels et al. (2015) by discussing how changing the narrative around mental health can allow stigmatized individuals a sense of empowerment over their ascribed social placement.

The aspect of an individual "re-storying" mental health builds on Miesenbach's (2010) research on the dialogical exchanges that can impact how an individual manages their stigma.

Martin's (2010) study at the University of Melbourne reported that most students choose not to disclose their mental health problems to university staff. Martin's finding is significant in that it suggests that the stigma around mental health may have prevented students from accessing the resources available to them on campus. This finding also raises questions about whether the obstacle to students accessing campus resources stems from a lack of knowledge of what resources are available or from the stigma they feel in disclosing a mental health issue to access those resources. Martin (2010) recommends that a range of measures need to be implemented so that students feel they can disclose their issues and trust that they will still be treated fairly.

Livingston et. al (2013) conducted a study on the effectiveness of the *In One Voice* campaign among teens and young adults in British Columbia. The researchers wanted to see if the campaign could raise mental health awareness and reduce stigma. The campaign, which ran from January 2012 to March 2012, featured a popular Vancouver Canucks' hockey player talking about team member Rick Rypien, who committed suicide due to depression. In addition to featuring a public figure engaging with mental health issues in a public service announcement, the campaign also encouraged youth and young adults to visit mindcheck.ca, an educational website with mental health resources. The campaign advertised through TV, radio, print and social media such as Facebook, Twitter and YouTube. The researchers measured the impact using online questionnaires before and after the campaign. Livingston et. al (2013) found that the campaign succeeded in raising awareness about mindcheck.ca. This finding is key in relating to my MRP research, as it suggests that an active campaign promoting mental well-being resources available at Ryerson could raise students' awareness of these resources. The researchers tested the efficacy of social

media campaigns in directly or immediately reducing personal stigma or social distance around mental health.

In 2014, Livingston et al. published a study that extended the evaluation of the *In One Voice* campaign's impact. The researchers conducted another online survey a year after the campaign finished to measure the longer-term impact. Researchers found that the mindcheck.ca website maintained higher numbers of visits a year after the campaign in comparison to the number of visits before the campaign, and the respondents surveyed a year later reported a slightly reduced level of personal stigma towards mental health (Livingston et al. 2014). This extended study suggests that a stigma management communication strategy for improving attitudes around mental health may need to consider a long-term campaign that would not only succeed in raising awareness about mental health education resources, but also engage audience members in how they choose to interact with these sources in a way the contributes to reducing personal stigma.

In the Lazard et al. (2016) study, researchers wanted to find if using metaphors to explain abstract health issues was more effective in explaining the health issue so that all audience members could understand. The focus group work that the researchers did in the first stage of their study found that students drew images of mental health that all had the common theme of an obstacle. The image or metaphor of mental health as an obstacle is something that the "Inside Anxiety" video has captured. Lazard et al. (2016) also developed messaging to communicate the difficulty that individuals and particularly students experiencing mental health issues who need to go to class and face the obstacle of getting up or leaving the house. The Lazard et al. (2016) study came up with an image of a bed with one corner weighed down by a dumbbell and the image of a door with an intricate maze on the lock. When presented to different focus groups, Lazard et al. (2016) researchers found that the images with the visual metaphor were the most effective in

communicating mental health as an issue to students, and the images with the metaphor also proved to be more helpful in reducing stigma and creating empathy in students.

Reducing stigma at the post-secondary level may require more than a campaign that tells audiences a topic is no longer stigmatized. Livingston et al.'s studies (2013 & 2014) demonstrated that for stigma to be reduced in an audience, factors such as the length of the campaign and the interactive nature of the content needed to be taken into account. Lazard et al (2016), took an approach that looked at the impact of using visual metaphors to increase the effectiveness of mental illness communication for college students.

Methodology

As discussed, past studies into the effectiveness of mental health campaigns in reducing stigma amongst university students analyzed both the content of the messaging, and the audience's responses. To achieve their goals, researchers surveyed students' perceptions before a campaign

ran, and then afterwards to determine the effect. Lazard et al. (2016) also looked at how students conceptualized mental health as a metaphor. Using focus groups, the researchers showed the same message of mental health being a barrier. The results from the focus groups then led the researchers to create content. Part of their research involved analyzing the content that went to students and surveying students for their responses to the content.

This MRP focuses on a content analysis of materials produced by students and departments at Ryerson University that where focused on communicating mental health resources available to students and the concern of prioritizing mental health in general. An expert interview with a front-line worker who assists students with issues was also conducted to understand the concerns that students face, and how they respond to those concerns, from the perspective of a professional.

Miesenbach (2010) as a Theoretical Lens

By analyzing selected communication materials such as the video and posters it is possible to observe similarities in design choices and group the content based on Miesenbach's (2010) theoretical frame of stigma management communication. Miesenbach (2010), argues that stigma is an inescapable aspect of human society. She draws on Smith's (2007) theories and argues that stigma is a necessary component in community building for human societies, as stigma creates insiders and outsiders (Miesenbach, 2010). She proposes a theoretical framework that examines how individuals can reduce the stigma they experience through dialogical interactions with others (Miesenbach, 2010). Miesenbach (2010) proposes that this method of stigma communication is the most effective because a dialogical approach recognizes that individuals can never fully escape their stigma. A dialogical approach provides a tool that reduces the stigma in daily interactions while still acknowledging that stigma is a part of human society.

Miesenbach's frame builds on Smith's (2007) model of stigma communication. Smith (2007) states that stigma messages have four attributes:

a) they distinguish people,

b) categorized these distinguished people as a separate social entity,

c) link this distinguished group to physical and social peril and

d) imply a responsibility or blame on the part of the stigmatized for their membership in the stigmatized and their linked peril. (Smith 463)

Meisenbach's (2010) framework builds on this understanding of stigma messaging attributes, and she draws in Goffman's (1963) strategy options of dealing with stigma. These options include:

a) directly correcting the stigmatized attribute, b) mastering areas that others assume to be weaknesses/downfalls of those that have this stigma, c) attempting an "unconventional interpretation of the character of [one's] social identity, d) using the stigma for secondary gains such as an excuse for failures, e) seeing stigma as a blessing that teaches someone, f) reframing non-stigmatized individuals as actually needing help/sympathy, g) voluntarily disclosing the stigma, h) keeping the stigma from "looming large" in other's perceptions by restricting one's display of stigma failings, i) engaging in "sympathetic re-eduction of the normal, and j) using levity to break tension in an awkward stigma situation. (Miesenbach, 2010, p.6)

These strategies accept, avoid, reduce and deny stigmas, but Miesenbach (2010) argues that these strategies are incomplete as they omit social comparison and lack a proactive stigma management approach.

In a similar vein, Miesenbach (2010) draws on disclosure theory, which states that disclosing stigma can "improve an able-bodied individual's acceptance of a disabled individual, lessening tension and uncertainty." In the table in Fig. 1, Miesenbach (2010) outlines the stigma management communication strategies an individual can use to manage disclosing an attribute. These potential responses fall under four quadrants where the individual's choice comes from whether or not they accept or challenge the public understanding of stigma combined with whether or not they accept or challenge how that stigma applies to themselves. For example, an individual who accepts the status quo of their stigma and who accepts the stigma as it applies to themselves may apologize or use humor to disclose the stigmatized trait and reduce discomfort.

	Accept that stigma applies to self	Challenge that stigma applies to self
Accept public understanding of stigma (status quo)	I. Accepting —Passive (silent) acceptance —Display/Disclose stigma —Apologize —Use humor to ease comfort —Blame stigma for negative outcomes —Isolate self —Bond with stigmatized	II. Avoiding —Hide/deny stigma attribute —Avoid stigma situations —Stop stigma behavior —Distance self from stigma —Make favorable social comparison

Challenge public understanding of stigma (change)	III. Evading responsibility for
	—Provocation
	—Defeasibility
	—Unintentional
	IV. Reducing offensiveness of
	—Bolster/refocus
	—Minimize
	—Transcend/reframe
		V. Denying
		—Simply
		—Logically
		   —Discredit discreditors
		   —Provide evidence/info
		   —Highlight logical fallacies
		VI. Ignoring/Displaying

Fig 1. Stigma Management Communication Strategies (Miesenbach 2010, 278)

The table that Miesenbach (2010) lays out can be used as a way to understand how the different communications that characters do in both the video and the posters reflect Goffman's theories of stigma, and fit into quadrants of accepting and challenging the stigma as it applies to public understanding and to self.

Expert Interview

An expert interview with a frontline worker in mental well being initiatives at Ryerson University was done with Dr. Diane Brecher, psychology professor at Ryerson University who also provides counseling to students, and is responsible for developing the Thrive RU program. The Thrive RU program seeks to address the problems that lead students to develop anxiety or depression resulting from multiple factors. Built on concepts from positive psychology, Thrive RU provides undergraduate students with a notebook and weekly exercises throughout the school year that help them to practice mindfulness, gratitude, optimism, self-compassion and develop strategies to handle stress. Interviewing a frontline worker at Ryerson allows the analysis of the mental wellbeing campaigns to be informed by the expert's experiences in witnessing how students respond to mental health concerns, and informed by a comprehensive knowledge of the programs and mental wellbeing resources available at Ryerson. The expert interview helps clarify how members of the university respond to concerns of mental health and how they implement policy based on students' responses. The expert may also be able to comment on the types of concerns that they have seen students struggle with and provide insight on whether Miesenbach's (2010) theory of stigma management through dialogical communication may impact students' perceptions.

Six open-ended questions were prepared for a semi-structured interview. In the interest of privacy, the participant was asked if it was possible to have the interview in their work offices. On receiving REB approval, the subject was contacted for the expert interview and audio recorded during the interview. The interview was analyzed for how the responses mapped on to Miesenbach's (2010) stigma communication framework, and also acted as resources for the information necessary to understanding mental health.

Dr. Diana Brecher mentioned how she noticed the need for services that addressed the issues that led students to seek the clinic's services. Brecher noted that a majority of the students who were referred to the clinic and ended up on the waitlist benefited from the program that gave them the skills that they needed to address issues that had led them to needing to use the services at the clinic.

Brecher distinguished between students who had chronic mental health issues that needed medication as part of treatment as opposed to students who where troubled by anxiety and depression that came from different, more temporary causes. Showing students experiencing the effects of anxiety in their academic experiences and results ties in to the recommendations Brecher makes for moving mental health and mental wellbeing programs and services "upstream". Services that deal with student's concerns "upstream" would mean equipping students with the tools for success that would prevent them from experiencing anxiety and depression as a stress response to their lives as students.

Content Analysis

Video

To address the increase in reported numbers of students struggling with mental health concerns, Ryerson Student Affairs assembled a group of students to create a video about mental health. Made in the fall semester of the 2016-2017 school year, the video is three minutes long and features scenes with students who show signs of distress in a variety of environments. Since this was a student produced video intended for a student audience it could reveal the common imagery associated with stress, anxiety and depression in the student context from students' perspectives. Though not a substitute for focus groups with students, the video acts similarly to Lazard et al.'s

study (2016) on the effectiveness of visual metaphors in mental illness communication when the researchers asked students to draw images that represented mental illness.

The video has no verbal dialogue, featuring instead stills of students, and text to communicate the situation to viewers. To analyze the video, screenshots were taken of the different scenarios in order to analyze the content through the components of setting, lighting, body posture and context (see Appendix A).

Poster Campaign

Photos where taken of a poster campaign from the office of student affairs in April 2017. The campaign coincided with the winter exam period, and had posters displayed in washrooms, on both the walls beside the dryers and in the bathroom stalls. The posters feature screen shots of a mobile phone with messages between friends about dealing with stress during exams. Each poster features the hashtag "#TakeCareRU" a hashtag also attached to the student video, and to the pamphlets promoting campus resources associated to mental well-being.

Content and text of these posters and video were analyzed with a focus on language and visual design. This content and textual analysis will give context to the mental health messaging that exists and may potentially influence how students at Ryerson perceive mental health.

A limitation of this research is that due to the scope of the MRP and the timeline, it was not possible to collect and analyze feedback from students about their experiences with mental health at Ryerson University. Ideally, the research would have included focus groups to gather anonymous information about students' experiences with mental health on campus, as well as potentially using online surveys to understand the concerns students face, the resources they are aware of and accessing. To focus the MRP, the content analyzed includes a Ryerson Student Life

video that explores the idea of mental health as part of the student experience, and a poster campaign about mental health that went out during the exam period.

Analysis

Video

In the 2016 - 2017 school year, Ryerson Student Life made a student produced video titled "Inside Anxiety". The 3-minute-long video provides insight about common situations where students experience anxiety, and also key statistics relevant to the issue. Depending on the definition of anxiety that the video uses, there is a crucial layer in unpacking the potential stigma that the scenarios perpetuate. The video is composed of scenarios with students in different settings and situations intended to convey that they are experiencing distress. The scenarios present situations where anxiety acts as an obstacle, is normalized as a part of academic research, negatively impacts students' academic performance, and causes students to miss out on spending time with their peers.

Scenario One: Anxiety as an Obstacle

In the first five seconds (see appendix A – Figure 1) a statistic announces that "90% of Ryerson students say they have felt overwhelmed by all they had to do in the past year". The graphic further breaks down the statistic, stating that 40% of what students had to do was academic, 30 % related to healthy relationships and 10% related to finances. The statistic is overlaid against a blurred image of a student in bed.

The first scenario is of a student sleeping. The video features of closeup of the student's alarm going off (Appendix A - Fig 2). The student taps the phone and with a sigh, rolls over to stare at the ceiling. After a moment, the student rolls onto his other side, implying that he has gone

back to sleep (Appendix A - Fig 3). The quality of the lighting in this shot is dark and muted. While it could be argued that because this video was produced on a low budget with limited locations to shoot the video, it is important to consider the mood conveyed by the elements in the background. The room is dark, lacking windows or natural lighting. It is implied that the student is waking up in the dark. The bed is against a wall, and the camera angles capture the student with a focus on his position of being on a bed with no openings to the rest of the world. The lack of windows, doors, or more details about the student's room focuses the viewers' attention on the student's moment of struggle with getting out of bed or not, ignoring the rest of his life, and communicates a sense that the student is trapped in the feeling of it being to hard to get out of bed and face the day.

The scenario could be interpreted in a couple of ways by viewers. Those who have experienced a mental health issue or know someone who experienced a mental health issue that caused them to not have the energy to get out of bed would understand the vignette from this lens. Students who had not experienced that issue personally or through someone in their social group, might interpret the scenario as a student choosing the sleep in and skip class because they felt tired. These two potential readings of the same scenario would impact both sets of students' understanding of anxiety and mental health as a problem overall. Students with no experience of mental health issues would not see the struggle to get out of bed as a struggle but as a choice. Students with some familiarity with mental health may potentially either identify with the vignette or empathize by recognizing someone from their social group who had experienced mental health issues.

The interpretation of the character's agency ties back to Miesenbach's (2010) table that outlines stigma management communications. Students who read agency could be understood to

fit in the quadrant that is challenging that the stigma applies to the self and challenging how the stigma applies to the status quo. This can be seen through the way in which they are logically denying mental health as a concern. This response may reflect the students' lack of knowledge about the symptoms of mental health issues, or it may reflect the way the audience observes the stigma of mental health and chooses to respond in a way that goes against the status quo and also allows them as the audience member to deny the perceived stigma as related to themselves. Students who have been exposed to the mental health issues and concerns may approach the stigma as it applies to self and reduce the offensiveness by minimizing the impact. Similarly, the same audience group may accept public understanding of the stigma surrounding mental health by choosing to bond with the stigmatized or experience silent acceptance of it.

Viewers' potentially different readings of the first scenario reflect on how the viewers will perceive the character's agency in this scenario. The audience members who are familiar or who have knowledge of anxiety and depression will attribute a lack of agency to the individual who chooses to go back to bed because he can not deal with the day and getting out of bed. The audience members who have not been exposed to individuals struggling with a mental health concern may read the scenario as the student having the agency to choose to sleep in because they need the rest and are being proactive about maintaining their health.

In using Miesenbach's (2010) table of stigma management communication strategies, it becomes clear that the first situation in the informational video has messaging that may have problematic implications in how audience members interpret and understand the message.

Scenario Two: Normalizing the Struggle and Anxiety of Research

The next scenario features a student sitting between two stacks of books in the library. The student sits crossed legged on the ground, with books on the floor around her, a book on her lap

and her hand to her temple (Appendix A – Fig 4). The next shot, (Appendix A – Fig 5) shows the student flipping through the book while frowning before she grasps her hair with both hands. The scenario ends with a side look of the student grasping her head with her hands, her shoulders slumped and her face hidden from the camera (Appendix A – Fig 5). The student's body posture in this scenario refers to traditional mental health public service announcement that featured dark backgrounds and individuals with defeated body postures with hands hiding their faces. While the image of someone in distress may capture the audience's attention by giving them a visual that they expect to see, it is problematic as is perpetuates the negative side of mental health concerns. The viewer sees the negative associations that the student in the library is unable to handle the task of finding the research material needed. This imagery is problematic as it tells student viewers that it is normal to struggle and to feel anxious by the process of finding research sources. It reinforces the anxiety that surrounds the academic activity of doing research.

The scenario of the student looking for material in the library (Appendix A, Fig.4) can be read in two different ways. For students who have experienced the struggle of finding appropriate resources while working on an assignment would accept this scenario as the status quo of the stigma of not being a capable student. For other students with a different lived experience, this scenario may simply communicate to them that there is a student working hard in library, a student who is not feeling overwhelmed by the work that she is doing.

According to the first potential interpretation, Miesenbach's communication model would apply as an accepting of the public stigma. The idea of agency comes up again here. Is the student exercising agency by doing the work of research, or is she lacking the agency to do her work by handling her anxiety? The actor's facial expressions and body posture convey defeat rather than mastery of their school work. In addition to being problematic as these images communicate to the

audience a message that furthers the stigma around mental health, the imagery also enforces the message that it is normal for students to be defeated by their school work.

This potential reading of the second scenario of the video questions the overall message or purpose of the video. Is the purpose of the video to tell students what anxiety looks like? Is the purpose of the video to offer students ways to handle that anxiety? By visually describing the problem, the video misses an opportunity to inform students and audience members about what they can do to regain the agency lost due to the anxiety. The title of the video "Inside Anxiety" suggests that the goal of the video is to show the experience of anxiety. What does seeing what anxiety look like do for viewers? The Lazard et al. (2016) article's metaphors of using a dumbbell on the corner of a bed and the intricate maze on a door have parallels with the opening scenario in the "Inside Anxiety video".

It could be argued then that both the opening scene with the student having a hard time getting out of bed and the student struggling in the library are using visual metaphors to inform an audience about the effects and impacts of anxiety on students. Where the scenarios in the video become problematic is that they do not necessarily show anxiety through a visual metaphor, but as the actions resulting from the students' states of feeling anxious. The actions presented could also be argued to be stereotypical images and actions that have been associated with mental health public service announcements in the past. By showing a person instead of simply an object, such as a dumbbell weighing down the corner of a bed, the video connects the mental health concern to an individual, isolating the individual in some ways by pointing them out as having a problem that impedes their full participation in society. As Goffman (1963) discusses, stigma comes from the fact that the stigmatized individual is perceived as different from social norms, and being different from social norms, also carries danger that will be transferred to "normal" members of society.

The image of the student being unable to get out of bed can be tied in with audience members understanding of how groups work, and having group members who are unable to come to class. The group is affected by being one member down, so the image of a student who can not get out of bed may translate into an audience hoping for group members who do not have anxiety and cause the group to fall behind. In this way, the images of the students struggling to get out of bed and to do research reinforces the stigma that stems from the notion of self preservation and safety. These potential readings of the stigma may also influence audience members' perception of self-stigma, where according to Miesenbach's (2010) communication strategies they may choose to accept the status quo of the stigma and silently accept it, or they may attempt to challenge it while challenging the way in which the stigma applies to them.

As far as communicating the health issue of anxiety, it is important to remember that anxiety as a health concerns falls under mental health, and mental health is a health concern that still has a certain degree of stigma. Communicating the symptoms or impacts of anxiety then is not sufficient for informing an audience about the issue. Communication vehicles and documents must also consider the images that create or reduce the stigma.

For the "Inside Anxiety" video, it may have been useful to show the resources available to help students deal with the anxiety caused in the different situations. The scenario with the student in the library could have provided a follow up scene where the student used study tools to help her find the information she needed, such as visiting the library reference desk, methodically going through the books, looking for key words in the content, or even accessing a skills workshop of office hours offered by the student learning support. By not including the solution to the problem, viewers are left with a memory of the student's struggle with anxiety, and are not given context about the cause or the solutions available. Returning to the concept of agency, a video that showed

the impacts of anxiety and juxtaposed those with solutions either leading up to the situation or to after the moment of anxiety would have truly shown the agency of the characters in addressing the obstacle of mental health in their lives.

Scenario Three: The Impact of Student Anxiety on Academic Performance

The next two scenarios (Appendix A, Fig. 6 & Fig. 7) in the video focus on emphasizing the point of how anxiety caused students' academic performance to suffer. The first scenario shows a student's response to receiving a bad mark on a test, hiding the paper and bringing her hand up to her head. In the next scenario, a student puts her hand halfway up to participate in class, but when another student is picked to answer the question, she retracts her hand with slight look of disappointment and annoyance.

The two scenarios of academics suffering due to anxiety do a good job of presenting the issue of anxiety to students in an academic context. These scenarios also present an ambiguity as to what caused the anxiety. For the test taking scenario, was the anxiety caused because the student did badly on the test, or because the student did not know how to study, or how to handle taking a test? Or does the scenario show that the anxiety caused by other areas of the student's life caused the studying and taking of the test go badly, and this in turn resulted in poor marks that further reinforces to the student that things are not going well for them?

For the course participation anxiety, this could also be read in two ways. The first is that the student knows participation marks are important, but does not feel confident enough in answering questions on the material. The second reason could be that the student experiences a degree of anxiety, whether it is social anxiety, or public speaking anxiety that inhibits her from feeling comfortable about participating in the class.

The two scenarios showing how academics suffer due to anxiety demonstrate the difference that Dr. Brecher made during the expert interview regarding the troubles that students deal with. She distinguished between students suffering from chronic mental health issues, that also require medication, as opposed to students troubled by mental health concerns that are caused by temporary outside factors. It can be argued that the student who received a bad mark on her test has a temporary concern with anxiety, while the student with participating in class may have trouble with a more chronic type of anxiety. This distinction is crucial to make as Dr. Brecher noted that the students on the health centre's waitlist were often there because they were suffering anxiety caused by temporary factors. Dr. Brecher created a program on which Thrive RU is based, to address the concerns that cause students anxiety. Dr. Brecher observed successful improvement with the students who took part in the program.

Rather than focusing simply on the fact that students in the academic part of the video had their academics suffer due to anxiety, the video could have shown the causes of the anxiety, and the ways that the students used methods to address the anxiety. By simply showing the anxiety that students experienced, the intended message of the video becomes blurry. From the statistics included and from the different scenarios up to and including the impact of anxiety on academic work, the video's main message is that anxiety is a problem that students deal with, anxiety affects student's academic performance, anxiety can lead to depression, and due to the lack of solutions shared in the video, there is also an implied message that there is nothing that students can do to address their problems with stigma that comes identifying as having a mental health concern. There is a question then also of the purpose of the informational nature of the video. In Appendix A, Fig 7, the video has a statistic that says that "45% of the Ryerson University Population say stress impacts their academics". Is the stat there to tell students that they are not alone if they are part of

the 45% that suffers from stress? Is the statistic meant to communicate to the rest of the Ryerson university population who are not stressed to indicate the reason behind the poor performance of their academics is due to stress? Is the statistic, given that the video was created by RU Student Life, a way to give voice to students' concerns about dealing with stress and anxiety and spreading awareness to educators, staff and policy makers about the concerns students are facing?

Including the statistic can lead to multiple interpretations of how stigma is being handled through Miesenbach's (2010) table on stigma management communication strategies. A student suffering from high levels of stress and anxiety who reads the 45% statistic may have a response where they both accept the public understanding of stigma and accept how the stigma applies to the self by blaming the stigma for negative outcomes (such as doing poorly on a test or receiving a low participation mark due to anxiety), and it may also create a space where the viewer may bond with the stigmatized who are portrayed in the video.

Scenario Four: The Anxiety Caused by the Fear of Missing Out

The last scenario (Appendix A, Fig. 10, 11) that the "Inside Anxiety" video presents is that of a student studying for a test when a friend texts her about coming to a party happening that night. The opening shot at 2:25 mins features an image that could be consider a visual representation of a "good student". The student sits at a desk in the Student Learning Centre at Ryerson. The student writes in a notebook with an upright body posture and has a calm and focused facial expression. In the background, other students sit with their heads down. The elements in the setting suggest that studying is an attainable and normal state for the student, a message that contrast with that of the earlier scenarios. In this scenario, the main character has a confident body language that suggests she has full agency of her academics and is able to take the actions

necessary to achieve success and meet the expectations that society places on students (that they study and learn). Her posture with the head down, and the body relaxed reflects the posture of the other student studying in the background, and suggests that she fits with the group of students using the study space to study. Libraries and student study areas imply that it is normal for students to gather and either study or do school work in these places. This contrasts with the normal activities associated with the setting of a beach, where it is normal for people to relax, play sports, build sand castles and where an individual visibly writing, studying or even using a laptop would stand out from the expected "normal" activities at a beach. The opening shot in this scenario perpetuates the expectation that it is normal for students to study without an obstacle. The natural, bright lighting contrasts with the dark lighting in the scenario where the student struggled to get out of bed. The studying student also sits facing a window in a generally bright environment and suggests that she is on the right track and has a bright future to look forward to.

This opening shot contrasts with the opening shot of the student in the library who was portrayed as struggling to do research through the pile of books. In the same video, there is a message that studying and doing research is stress inducing and difficult (student in library) and that studying is a normal part of being a student (student in study space). Both messages can be understood as truthful depending on the viewer's personal experience. What impact does normalizing the obstacle of doing research in the library scene have on the understanding of student mental health? On one hand, it normalizes students struggling in school, and by normalizing the struggle, it can be argued that stigma is reduced because students feel less stigmatized if they can identify with the "normal" of the group they belong to. In normalizing the student experience, there is also the danger of implying that it is not the institution's responsibility to address how structural things may contribute to an increase in student's experiencing anxiety and depression.

The video gives a stat that reports 30% of students "reported that their performance was more likely to suffer due to anxiety" (Inside Anxiety, RU Student Life.2016). The first thing to notice from this statistic is that it is not clear what the source for the information is, as the statistics are never cited in the video. Do the stats come from Ryerson students who were polled leading to the making of the video? Do the stats come from a report done of university students across Canada and or the US? In either case, the statistics in the video add importance to the health issue by making the problem quantifiable. The lack of a source or citation, however, may lead audiences to question the validity of the statements, and this questioning may lead to increasing stigma.

The last scenario in "Inside Anxiety" is also the only scenario that features a conversation between the characters in the scenario. The studying student, identified as Zahra, receives a text from a friend, Tia. Tia texts, "Hey, you're still coming out tonight right? ☺" Inside Anxiety. RU Student Life (2016). The first text from Tia appears friendly, but is also pushy. The words "still coming" and "right?" with a question mark imply that the friend, Zahra, either frequently changes her mind about following through after making plans with her friends or forgets about events which her friends have invited her to. The use of "Hey" is an informal greeting that indicates the familiarity between the two texters. There is also a subtext in the use of the smiley face emoji, which acts to soften the pushy nature of the implication in the questions.

Zahra, the studying student's response shows a returning friendliness. She texts "Hey! I'm studying for the test I'm not sure". By responding with "Hey!" and a question mark, Zahra is communicating what in-person would look like a flash of recognition and a brightening facial expression. It is a greeting that acknowledges the familiarity, and communicates excitement or pleasure in hearing from the first speaker. The use of the article "the" in "the test", indicates that this is either a test that both texters have to take, or it is a test that Zahra has told Tia about, because

it holds significance for Zahra at this moment in her life. The two dots "..I'm not sure," potentially communicate multiple messages. The hesitation suggested by the two dots, and the words "I'm not sure" may suggest Zahra's uncertainty about whether she will be done studying for the test in time for the party, or whether it is a good idea for her to go to the party when she has the test coming up. As a response, "I'm not sure", is also a maybe that leans towards no. Zahra's response in this case could be read as a polite way of saying no to her friend.

Appendix A, Fig. 10 shows a shift in the dynamic. Within the same minute, Tia has fired off three texts to Zahra, causing Zahra to put down her pen, pick up her phone in both hands and look at her phone in dismay. Tia's text messages are on the left side of the screen, covering the background of the other student's studying postures. Her messages also out number Zahra's with Tia's four messages to Zahra's one. The way the text messages were added to the footage, they illustrate the idea of a one-sided conversation. Zahra's posture, which was facing forward to the window, has now pulled back as she holds the phone, and it appears that she has also pulled back from the wall of texts her friend sent her that appear on the left of the screen. The posture captured in the Appendix A, Fig. 10 suggests that Zahra has taken on a defensive body posture in response to the attack of texts from her friend. Zahra's body posture is further juxtaposed with the upbeat messaging in Tia's texts. Tia writes "it will be so much fun" and includes a smiley face emoji sandwiched by two noisemaker emojis. The emojis double as exclamation points and also create the impression of a person waving pompoms while cheering. This impression suggests an open body posture that dominates the closed body posture that Zahra responds with.

Tia's third text "Everyone is going!" uses an exclamation point and also implies that Zahra will be missing out on seeing friends that she does not normally see. Tia's third text "Come on, you don't want to miss out on this… again!" does numerous things. The words, "come on" are

directly applying pressure by taking on a wheedling and begging tone. The word "again" reinforced the earlier implication that Zahra is someone who backs out of plans with friends and the subtext in the last message includes a suggestion that Zahra is a bad friend and a bad person if she does not give in to her friend's request to go to the party. There is also the implied danger that Zahra, by choosing not to go to the party may be choosing in such a way that may lead to her being cut off and socially excluded from her friends. Being socially excluded has significance as a danger in two ways. The first that Zahra would lose her friends and be socially isolated. The second is that a majority of mental wellbeing resources for students promote the importance for individuals to have a strong support group and to remain social with their peers to reduce the effects of stress and help deal with the symptoms of anxiety and depression. In this text message exchange, then, there is an implication that Zahra, by choosing to study for the test and not going to the party, will not only lose the opportunity to spend time with people but she may lose a vital support system that helps her navigate the stresses of life and school. The choice does not become to study for a test over spending time with people who do not see Zahra's concerns, but rather to choose to isolate herself at the risk of remaining isolated after the test is taken.

As in the previous scenario, at the end of showing the scenario, the video shows a statistic or fact about mental health. At the end of Tia and Zahra's exchange, the video uses the same text speech bubbles used to show the characters' conversations to deconstruct the impact of the exchange for the viewers. At Appendix A, Figure 11, the camera points to Zahra's desk. The blue speech bubble that signified Tia says "FOMO or the 'the fear of missing out'…". The message continues in Zahra's green speech bubbles which say "… can make us feel an increase in stress, disrupt our sleep… increase our procrastination and enhance our anxiety." Breaking up the sentence in the two characters' coloured speech bubbles works well to highlight that Tia was

creating FOMO for her friend, and the result on Zahra could include increased stress, disrupted sleep, increased procrastination and enhanced anxiety.

The last scenario, (Appendix A, Fig. 9, 10, 11) in the "Inside Anxiety" video is different from the others through the way in which it shows the impact that students have on their peer's anxiety. In comparison with the other scenarios in the video which feature the impact or symptoms of anxiety on students, the last scenario hints at tangible thing that students can do to cope with anxiety, such as not draw their friends away from studying by using FOMO. Though the message in the last scenario serves a dual purpose explaining how FOMO can have negative impact on students' stress levels, it also suggests to students that they should not encourage their friends to stay in touch with the rest of the friends. As mentioned previously, studies have shown that social interactions and the support of a social group can have beneficial impacts on students' mental health and on students' abilities to cope with stress and anxiety. While fear of missing out can enhance a student's anxiety, to what point should friends try to engage each other when a member of the friend group openly deals with a mental health issue? Is there a bystander responsibility to look out for the friend's health by inviting and encouraging the friend to hang out with people, or is there a peer responsibility to not push a friend to take breaks since this pressure may enhance anxiety?

As discussed above, the last scenario, Fig. 9 also opened with a normalized image of a student studying. In an understanding of stress as a potentially positive force in the student experience, the argument can be made that being able to manage stress and time manage successfully is characteristic of the "normal" demographic that can make time to party with friends while also sufficiently studying. By showing a student experiencing the struggle of having to say no to socializing with friends in favor of studying, the video indirectly alludes to the fact that

"everyone else" who will be attending the party is able to do so because they are "normal". The studying student is inadvertently stigmatized by the context of the scenario used to highlight the impact of the fear of missing out. Tia, in her messaging to Zahra, is in fact communicating that Zahra is not aligning with the group that she should belong to, and is not being "normal".

Discussion of how Video Scenarios Perpetuate Stigma

In analysing this video on "Inside Anxiety", the connection that mental health initiatives and campaigns such as Bell's "Lets Talk" suggest that there is still a stigma associated with having a mental health issue and seeking therapy for it. The Bell campaign seeks to end stigma around mental health by talking openly about issues. The campaign's reach suggests that there is a growing shift seeking to reduce the stigma around mental health by making it an acceptable topic to discuss openly as a society. The fact that there is a campaign, and that there are organizations that make efforts to participate in mental health awareness days, and certain employers are becoming more open to discussing mental health, suggest that efforts exist to reduce stigma around mental health and raise awareness about the importance of mental health. This movement suggests that society is making a conscious effort to become aware of the subconscious stigma associated with mental health and to choose to act in a way that normalizes the issues of mental health and chooses to respond or treat an individual with the stigmatized condition as a "normal".

Goffman (1963), talks about the effects of group alignment on stigma management. He says that an individual with a stigma evaluates the degree to which that stigma is "apparent and obtrusive" (Goffman, 1963 p.107) and then "takes up a regard to those who are more evidently stigmatized than himself the attitudes the normal take to him" (Goffman, 1963 p.107). The more an individual identifies with normal, the more they will identify in "non-stigmatic terms"

(Goffman, 1963 p. 108). Goffman's point about the way in which individuals identify with a normal is useful for analyzing what the proposed normal in the "Inside Anxiety// Take Care RU".

Is the anxiety referred to in the video a reference to anxiety as a disorder listed in the DSM or does it refer to anxiety as understood in the context of the definition of an excess of stress? At what point does anxiety, as an ambiguous term, become a more curable disorder than a disorder such as schizophrenia or bi-polar disorder? Are disorders such as anxiety and depression considered the more 'trendy' disorders as their ability to cause harm to others is lower than the possibility of danger that comes from disorders of bi-polar or PTSD that carry the potential for uncontrolled violent acts that may result in endangering the safety of others.

A student who struggles to do research or work on an assignment may identify with the library character in the video and feel less stigmatized about the fact that they are not living up to the "normal" of being a student portrayed by the student in the SLC. At the same time, normalizing aspects of the student experience as inherently difficult may suggest that universities do not have a systematic responsibility to improve experiences so that students avoid the obstacles associated with doing research or being a student. The problem arises when stress is viewed as a normal part of university life to the point that anxiety caused or aggravated by stress is not seen as a reflection of a less than optimal system, but rather as a result of the student's own abilities to handle stress. This understanding of the normalcy of stress is problematic in the context of anxiety as a mental health disorder. A campaign that encourages students to use stairs to be healthy is inherently ableist as it assumes all individuals are capable of climbing stairs. The "take the stairs" emphasis ignores individuals who have a physical disability or a health concern that makes it difficult for them to take stairs, and may even have a negative impact on their health. In a similar way, messaging that suggests stress is a normal part of the student experience ignores individuals who have an anxiety

disorder. Exposing an individual with an anxiety disorder to stress may cause the equivalent hardship to an individual on crutches who finds they have no choice but to take the stairs because there is no elevator available.

Messaging that normalizes the stress associated with a post-secondary education ignores the degrees of an anxiety disorder that an individual may have, and how different individuals may be able to respond to stress based on the level of their functionality with their disorder. This difference ties-in to Goffman's (1963) points on how individuals who show less visible attributes of a stigmatized state than others with stigma will identify themselves as more "normal" and attribute the attributes that "normal" attribute to them to individuals who have more severe symptoms of the stigma. In analyzing the video through Goffman's (1963) notion of "group alignment" (105), there arises a problem in the way the scenarios speak to each other. The student who is unable to get out of bed may be more stigmatized compared to the student who is unable to participate in class. The student struggling in the library may be more stigmatized in comparison to the student studying in the learning centre. While the video's message was to show that each story is different, and students are not alone because everyone also struggles with something, the danger of showing the different scenarios is that it may cause a passive viewer to group align and therefor reinforce the existing stigma around certain types of mental health.

In Appendix A, Fig. 11 of the "Inside Anxiety" video there are composites of the five scenarios, with changing text in the middle of the screen. The first words are "No story is the same". Against the composite images of the student living with anxiety, the words communicate that there are a variety of experiences and factors contributing to individual experiences. This messaging is good in that it validates that anxiety can be present in a wide variety of contexts for

students. The words are black font against white, rectangular text boxes. The boxes hold a few words each. The choice for presenting the words in this way becomes interesting when the next message comes up.

In Appendix A, Fig.14, the words say "But you're never alone". The words "But you're" and "alone" are in separate rectangular boxes and in black font against a white background. The word "never" stands alone in its own box, and is a light blue against a white background. While the intention in breaking up the words in this way may have been to emphasize the word "never", the opposite results. There is less contrast in the light blue font against the white background, causing "never" to visually fade in comparison to the words in black font. The proximity and similar size of the boxes that hold "but you're" and "alone", as well as the same colour font, makes it easy for the eye to read the words as if they are together, giving the sentence "But you're alone". "Never" with the hopeful shade of turquoise blue, looks as if it is being pushed out of the sentence, suggesting that the "never" in this sentence is nothing more than wishful thinking because the nature of mental health issues that they are a lonely experience.

The message of being alone is further communicated by the isolated scenarios that play in the compilation in the background. In the last 12 seconds of the video, each scenario plays from its start in the background. At the point when the words "but you're never alone" come up on the screen, the characters in the scenarios are at points where they are turned away from the camera, and their eyes are not visible. The lack of eye contact on the character's expression creates the subconscious message that the characters are not meeting the gaze of the viewer, at the exact moment when the viewer is being told by the words that they are never alone. Though the intention of this part of the video was to communicate support, the combined factors of eyes looking away, and the text choices, communicate the opposite message in a subconscious way.

In the parting visual, the hashtag #TakeCareRU flashes across the screen, against the compilation of the five scenarios where the actors' faces reflect the closed and distressed expressions of the characters in response to their respective scenarios. The #TakeCareRU is part of a wider Ryerson campaign, and the hashtag also comes up in the posters that will be analyzed later in the MRP. As a phrase, "take care" implies that the speaker cares for the welfare of the person they are saying goodbye to, and also encourages the person being addressed to take action in keeping well. In the context of the images in the compilation at the end of the video attentive viewers may be left with a sense of wondering "how". Viewers have been shown the symptoms, results, and one of the causes of anxiety, but they have not been shown the ways to prevent, address, cope or help their friends cope with anxiety. Other than not pressuring their friends to hang out, there are no actions suggested by the video that students can implement to take care of themselves during the stressful moments that cause them anxiety. The video also lacks a clear definition between anxiety as an emotion that individuals experience due to high levels of stress as opposed to anxiety as the DMS defines it as a disorder and a mental health issue.

Students and viewers who are unfamiliar with the distinction that the word anxiety carries come away from the video with a continued sense that anxiety might not be a mental health issue and therefore a serious concern to address, but rather a temporary response to increased levels of stress. This potential understanding of anxiety is problematic because it may lead to an ignoring of the potential systemic factors in educational institutions that would need to change in order to address anxiety disorders through more accessible means. Overall, the way the students' experiences with anxiety is portrayed, though intended to create empathy in the audience, actually acts to perpetuate public understandings of stigma.

Posters

In April 2017, Ryerson's Student Affairs and Ryerson Student Life created posters as a continuation of the #TakeCareRU campaign. The focus of the poster campaign was to encourage students to support their peers actively in dealing with stress and anxiety. The posters went up around campus, including in student washrooms. As mentioned in the Methodologies section, photos were taken of the posters (see Appendix B). There were three posters chosen for the MRP. The posters where both in the main washroom area and in the stalls. The posters had neutral backgrounds with pastel blue, light purple, and royal blue. In the centre of each poster was a large screen shot of a phone with a conversation displayed. The posters portray themes that normalize the discussion of mental health and wellbeing and destigmatize mental health by modelling peer empathy and peer support.

Poster One: Normalizing Discussions of Mental Health and Mental Wellbeing

One poster featured a conversation between four people. The first text is from an unknown speaker who writes "Squad, I'm drowning. How are you all doing it? Taking suggestions.." This first text works to effectively show a student who is reaching out to a support network of friends to ask for help. This action communicates that the first texter does not feel stigmatized about reaching out for help, and suggests the normalcy of admitting weaknesses and asking for help. This suggested normalcy is also reflective of the messaging in the Bell Let's Talk campaign. This first text models a positive behaviour as Dr. Brecher described in the expert interview.

The responses to the first text model mental wellbeing practices. The character Latifa texts that she has "been taking [her] dog for walk every few hours," and includes a dog emoji at the end of her text. This response demonstrates the importance of taking breaks, the benefit of physical activity as a break, and it also speaks to the therapy dogs that Ryerson brings to campus to help students de-stress.

The character Jaz, jokes "Fresh Prince and Twizzlers," a response that alludes to unhealthy procrastination habits students often adopt to handle stress. Fresh Prince of Bel Air, as an older series, suggests binge watching easily accessible series that have multiple seasons and Twizzlers refers to stress eating. Studies indicate that stress eating is the body's responses to stress because the eating releases feel good dopamine. In other words, Jaz's first response is modeling bad coping behaviours, according to Dr. Brecher. Jaz's next response "JK..I've been booking in study time like it's a meeting. It's been helping," models good coping mechanism as Dr. Brecher described in the expert interview to academic induced stress and also offers the audience of the poster an idea of what they could do or suggest to their friend when faced with a looming academic stress and the choice of comfort food and binge-watching TV or booking study time as if it were a meeting.

Nem's, the third character's response "Are you on campus? I'm about to head to the gym. Need to clear my mind," models more positive behaviour as Dr. Brecher highlights. The first texter uses the language of drowning, which indicates that they are overwhelmed. The third texter's response "need to clear my head", also suggests that they are troubled in some way, but the distinction here is that the character Nem is aware of their response to stress or potentially even another mental health concern and they are taking the opportunity to address their discomfort by going to the gym and reaching out to a friend for social support. Both heading to the gym and reaching out to a friend in this case reflects a modeling of good or healthy behaviours as Dr. Brecher described.

The last text also leads to a shift in the narrative. The first student started the conversation "drowning" and reached out for suggestions. These suggestions might have been implemented by the speaker, or they might have not been put into practice. With the third texter inviting the first texter to join them at the gym, and the first texter agreeing, there is a sense that the character of

the first texter will actually make steps to swimming versus the current drowning that they are experiencing.

This poster manages stigma in numerous ways. The first is that it normalizes the behaviour of taking breaks and prioritizing health during times of high stress. Each of the examples allude to stress management strategies that include breaks. Even Jaz's suggestion to book study times as meetings implies that meetings do not last forever, and there are breaks that surround the time spent working during the booked time. The poster also uses the stigma management technique of disclosure through the way in which the first texter reaches out to their friends and asks them for help because they are "drowning". It is implied that the first texter is disclosing the same issue that may have previously carried a stigma. The last texter's choice to include the detail "need to clear my mind", also alludes to a language of mental health and mental wellbeing and maintenance. The texter's word choice acknowledges clearing the mind as a similarly important need to stretching to avoid muscle cramps, since muscle cramps would affect mobility.

There are also other elements present in the poster that the casual viewer might not notice. The first texter addresses their group of friends as "Squad". "Squad" can be read in the context of sports teams, suggesting activity and team work. "Squad" can also be read in the social pop culture context where the film "Suicide Squad" featured the villains from the Batman franchise as antiheros in their own Hollywood superhero movie. While the use of the word "Squad" may or may not be intentional, there may exist a word association in some readers' minds when they read the word. Similar to word association games where a list of rhyming words like oak, leads the response to be yolk, the word "squad" may relate to suicide to viewers of the poster who has been exposed the to the pop-culture reference. The word association in this context underlines the

importance of taking time to take break and to manage stress in general as students who experience severe stress and anxiety may commit suicide.

The poster in Fig. 1 demonstrates Goffman's theories of stigma management and illustrates the interpersonal stigma management communication strategies that Miesenbach (2010) outlines. Goffman (1963) discusses how individuals feel comfortable revealing a stigmatized trait when they are among their friends and family, but have specific responses of avoidance or denial when they are around strangers or new people. By showing a text conversation where an individual feels comfortable admitting that they are overwhelmed, the poster is modeling a state of communication that exists between the stigmatized individual and their closest family and friends. This setting is key to changing the impact of the stigma that surrounds mental health amongst students because it normalises conversations that reveal personal experiences with mental health amongst members in a group. Miesenbach's (2010) communication table fits in the communication between the texters as they use humour to discuss procrastination. Students are expected to study as school is considered by society to be full time occupation. To procrastinate as a student means to be a bad student, incapable of handling the stress of school. There is stigma attached to procrastination not only because is means that a student is not living up to expectations, but it may also reflect negatively in the value that other students may the see the procrastinating student bring to the friend group. In having one of the students in the conversation joke about procrastinating, the poster follows Miesenbach's (2010) table where the texter accepts the public understanding of stigma, and uses humour to ease discomfort. The next text where the same individual then says that they have booked time to focus on their work, reflect how they reject the way that the stigma applies to themselves by stopping the stigmatized behaviour of procrastinating.

Poster Two: Destigmatizing Mental Health through Peer Empathy

Fig. 2 in Appendix B focuses on the key message of encouraging students to check in with their friends. The character Jay asks someone "Hey have you heard from B in a while?", and the responder says they haven't. The exchange documents friends who have observed that one of their friends has not been to class. Considering Goffman's (1963) discussion of how others respond to the stigmatized individual, this conversation models the conversation between friends, and models the peer support model that Dr. Brecher discussed as beneficial. According the Miesenbach's (2010) table of stigma management, the text messages between the students in Fig. 2 accept and the public understanding of the stigma applies to their friend with a mental health concern. When the character Jay says "I've been messaging them but no response. Getting a little worried", they are demonstrating empathy with the stigmatized individual. Empathy accepts the status quo of stigma while managing the stigma through conversation. While the message in this case is positive because shows the students discussing ways in which they can support their peers, it is potentially stigmatizing as it reinforces the fact that the students who are not part of the conversation. In this case, it is the empathy between the texters, and the fact that they discuss the friend missing class that they are indirectly acknowledging the stigma surrounding mental health, and managing that stigma through showing empathy over the fact the classmates has missed class.

Poster Three: Modeling Positive Peer Support

Fig 3. in Appendix B. almost reads as a continuation to the conversation in Fig. 2. The character Danielle texts "missed you in class today, you okay?" to which the friend responds "Ya I just needed to catch up on sleep. Pulled another all-nighter cramming."

The exchange, like the exchange in Fig. 2, models the approach to mental health support that Dr. Brecher recommended as the peer support model where classmates, friends and professors are encouraged to notice changes in their friends and reach out to them. This reflects Goffman's

(1963) observation that the stigmatized individual is most open with their stigmatized attribute around their friends and family, because the friends and family have come to support the stigmatized individual. Since they share a close personal bond, the stigmatized individual doesn't experience the perceived stigma in admitting their shortcomings to their friends.

The responses of the friend who pulled an all nighter normalizes all nighters as part of the student stress response. There is no indication that the student in this case has a mental health concern. The same student's response to the question of whether they are ready for their exam is "I don't know…tbh I am feeling overwhelmed". This response reflects how the poster is accepting the public perceptions of stigma per Miesenbach's (2010) table and is allowing the overwhelmed student to defend "pulling another all-nighter" as a result of feeling overwhelmed.

Danielle's response "Wanna talk? Balzac's" acts to move the narrative of the exchange of the poster from a text message conversation to an in-person conversation. This concluding text message in the document reflects again Dr. Brecher's observations of how peer support is a key element in preventing significant mental health concerns.

All three of the #TakeCareRU campaign posters reinforce the message about the importance of peer support. This common theme helps model behaviour to the target audience of students where they see what supporting their friends should look like, as opposed to the actions of the friend in the video who caused anxiety by inspiring the fear of missing out of a party. The posters also use some of the strategies in Miesenback's stigma management communication model, accepting public stigma and using specific approaches to destigmatize the individual with the stigma. In addition to modeling peer support, and using specific communication methods to destigmatize mental health, the narratives in the posters end on a positive note. The student in the group conversation joins another friend to go the gym. The students in Fig. 3 presumably meet in

person for coffee on campus. The conversation in Fig. 2 ends on a cliff hanger; however, there is a sense of empathy and action on the side of the friends.

Discussion of Rhetoric Used in Video vs. Poster Campaign

Both the "Inside Anxiety" video and the #TakeCareRU poster campaign have the goal of destigmatizing mental health. The video is less successful in meeting this goal because it uses visuals that reinforce the public understanding of mental health stigma. The characters in the video are portrayed experiencing anxiety, and their narratives begin and end with the characters in moments of distress. Though intended to communicate the message that audience members are not alone in experiencing a mental health concern, the parting image from the video is that anxiety has a negative impact on students and their academic performance. Focusing on the negative impact of anxiety in this case also reinforces that the post-secondary educational experience is a stressful. Normalizing the stressful nature of education if problematic as it shifts the focus away from looking at solutions from reducing stressors at an institutional level.

The poster campaign is more successful in that it acknowledges the stressful nature of the post-secondary academic experience and provides students with ways to manage their stress levels and anxiety. The students in the posters could also be considered to be in distress, but the posters model positive peer support, and stigma management communication as proposed by Miesenbach (2010), and suggest strategies and resources that students can use to handle the stress and anxiety they may experience as part of their educational experience.

Conclusion

In conclusion, the analysis of the video and poster produced by Thrive RU show key elements that Goffman (1963) and Miesenbach (2010) have identified. The key elements in stigma and in stigma communication management methods apply to the videos and posters as they

communicate about mental health in an area where stigma still applies to the viewers and to the subjects of the communication.

Due to the scope of the MRP, it was not possible to evaluate the effectiveness of the rhetoric in the poster and video in increasing the likelihood that students will access the resources on campus. It was possible to identify the rhetoric used in both the video and the poster. The video used imagery of student's negative experiences with stress in an effort to create empathy, but the images focused on the moments of crisis, in some ways reinforcing the image of the struggling student, and normalizing extreme stress as key part of the undergraduate student experience. Normalizing of extreme stress in this case is problematic as it removes the responsibility of the institution to improve conditions in such ways to address student's living conditions and reduce stress.

Steps to reducing student stress from an institutional level may include adjusting early morning classes to accommodate the large population of commuter students, or offering more affordable housing on or near campus. As 30% of students experience anxiety over financial concerns, reducing the cost of education overall or increasing work study opportunities on campus may also help reduce stress caused by juggling multiple time commitments such as school, work and commuting.

Ryerson's Thriving in Action program is just one example of an institutional approach to normalizing discussions of mental health and well being is a post secondary institution, in addition to the #TakeCareRU campaign. The posters normalize peer support, helping to create a culture of mental wellbeing for students by modeling the destigmatizing conversations and approaches they can take to helping their friends.

Based on these findings, the best rhetorical elements of promoting mental wellbeing include normalizing discussion about stigmatized matters, modeling peer support, using conversation that manages stigma, and offering students solutions they can use for handling stress or mental health concerns.

Further Research

After having identified the best rhetorical elements to promote mental wellbeing, further research would be beneficial to measure the impact of these rhetorical elements on the ways in which undergraduate students engage with mental well being and mental health resources on campus. A first step would be to analyze the programs and resources available on campus, then survey students to see if they are aware of the programs and resources available to them, if they've used them and if they felt comfortable accessing those resources or not. A longitudinal study would be useful to gage students' responses to the survey questions before the launch of a campaign that incorporated the best rhetorical elements, followed by a survey after duration of the campaign to measure the impact on student's awareness of campus programs and resources and their potential perceived stigma. The results of this further research could also be expanded to compare the approaches to promoting mental well being at different post-secondary institutions in a geographic location
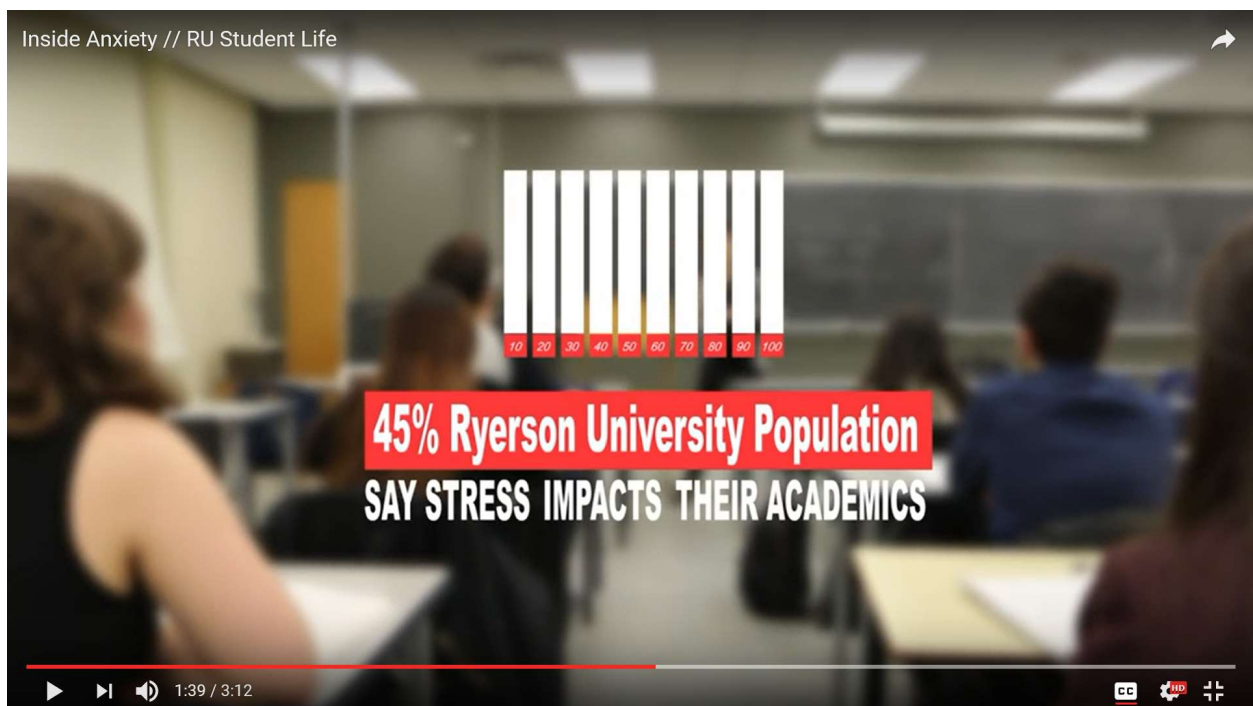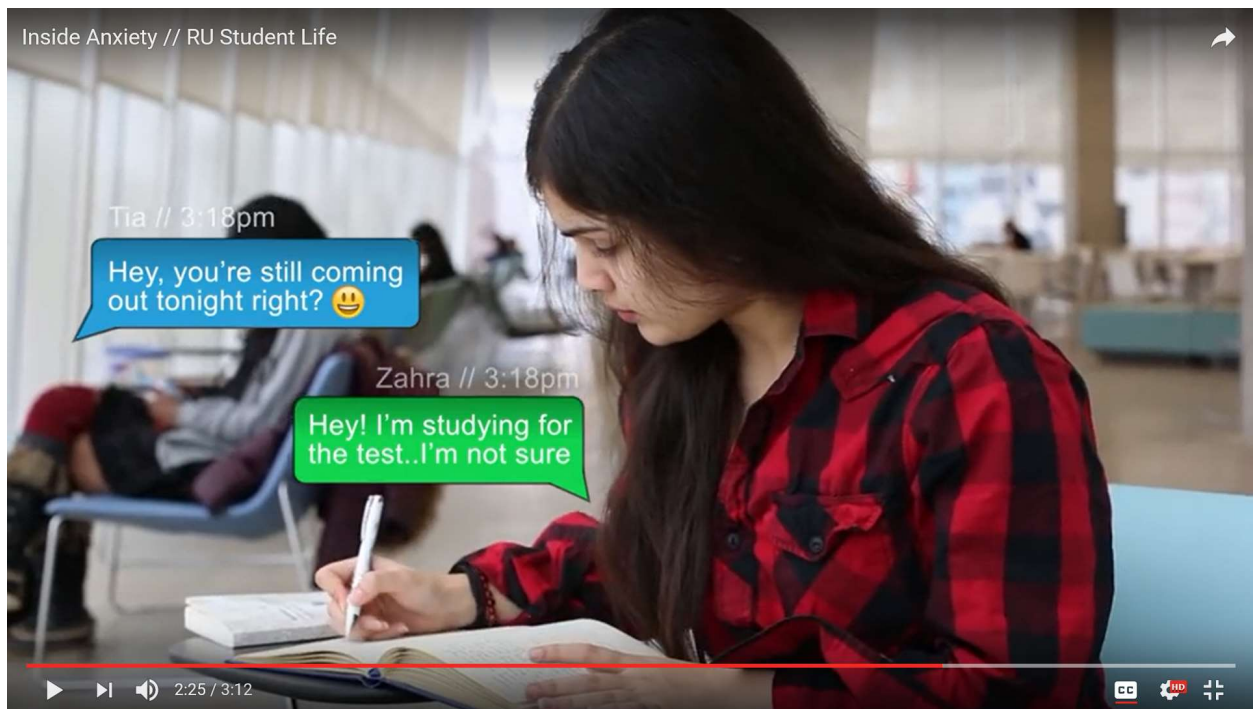
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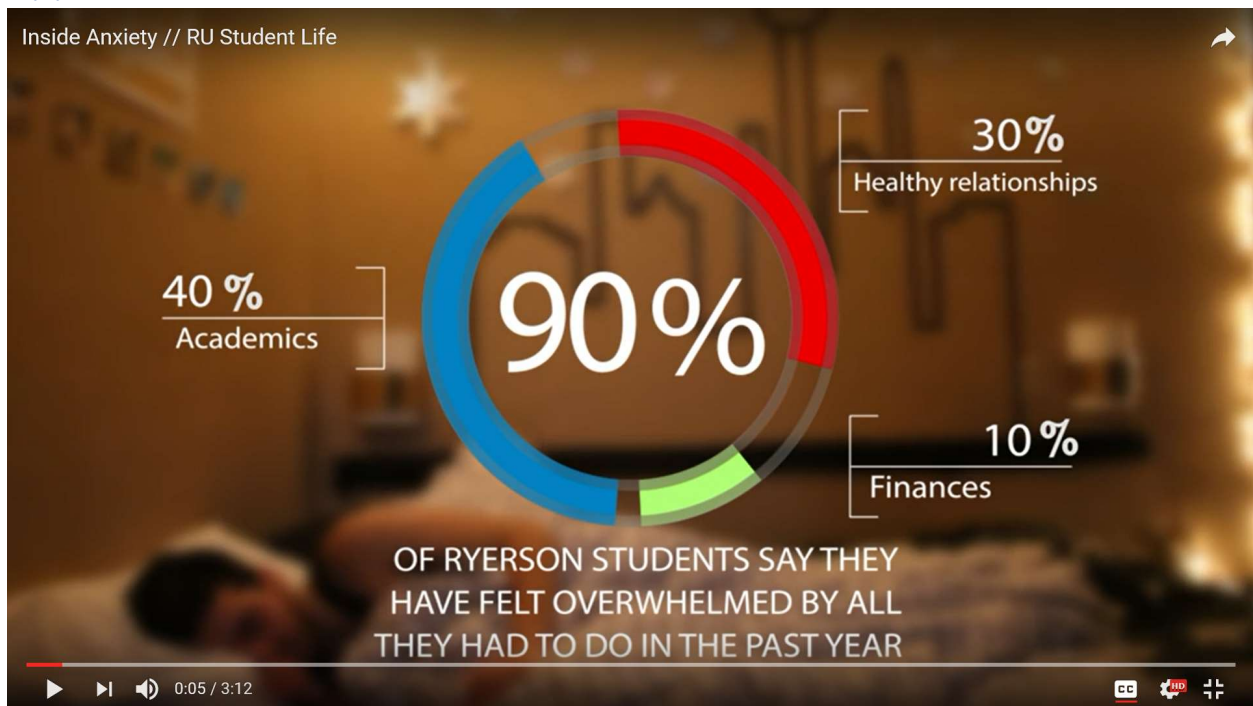
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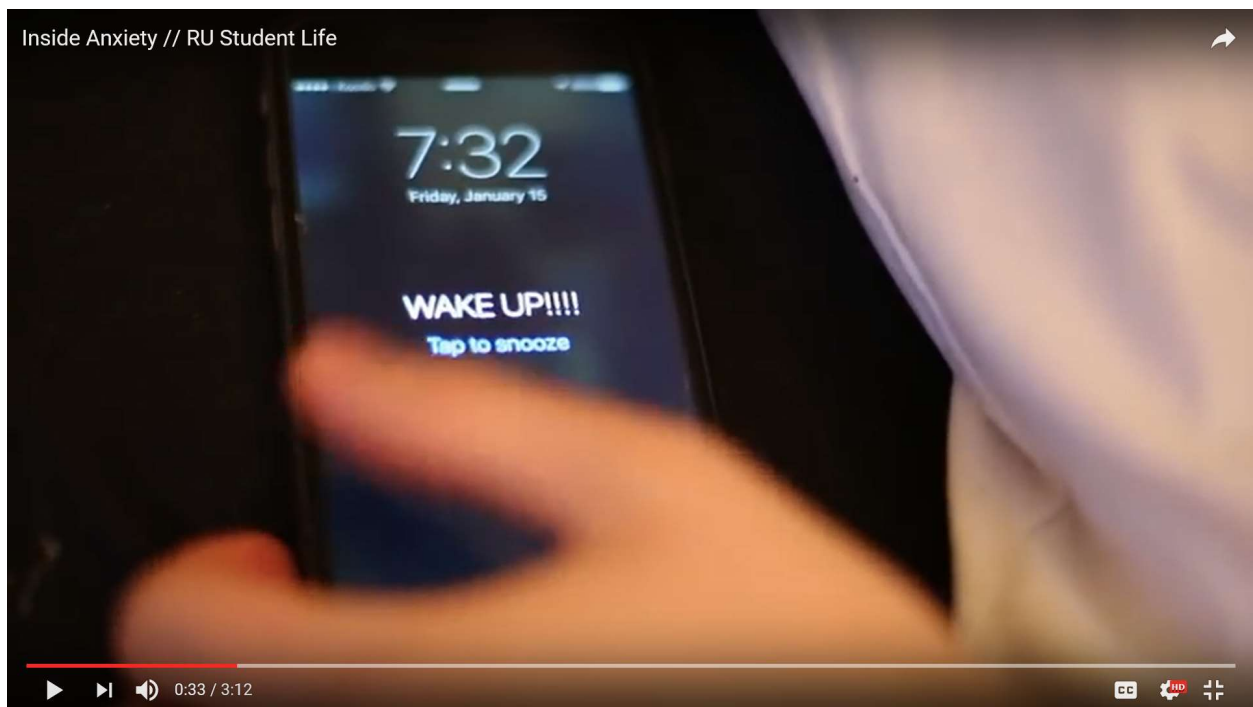
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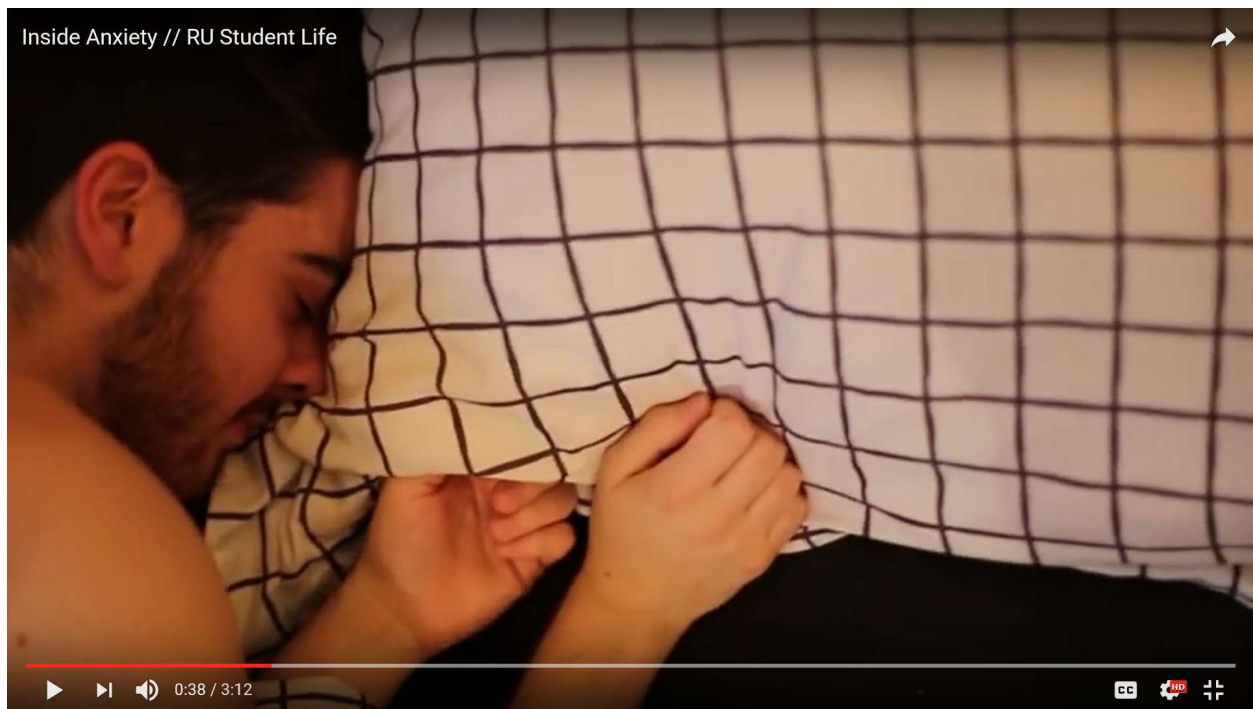
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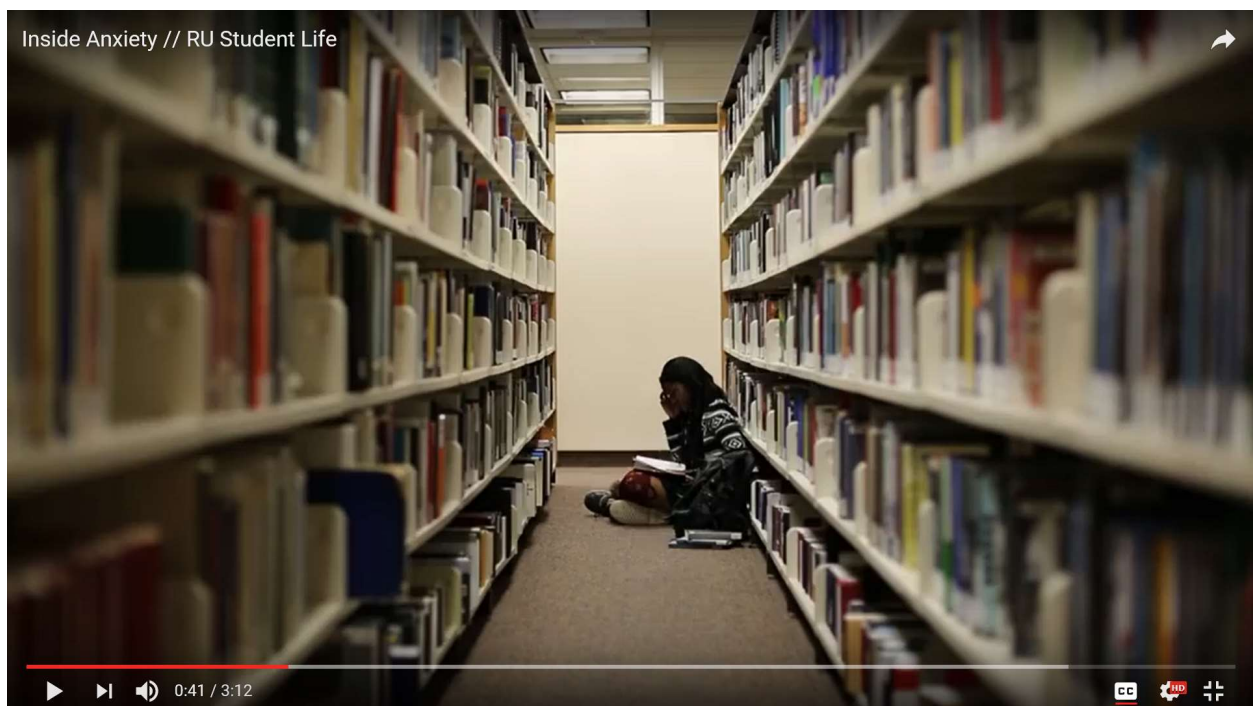
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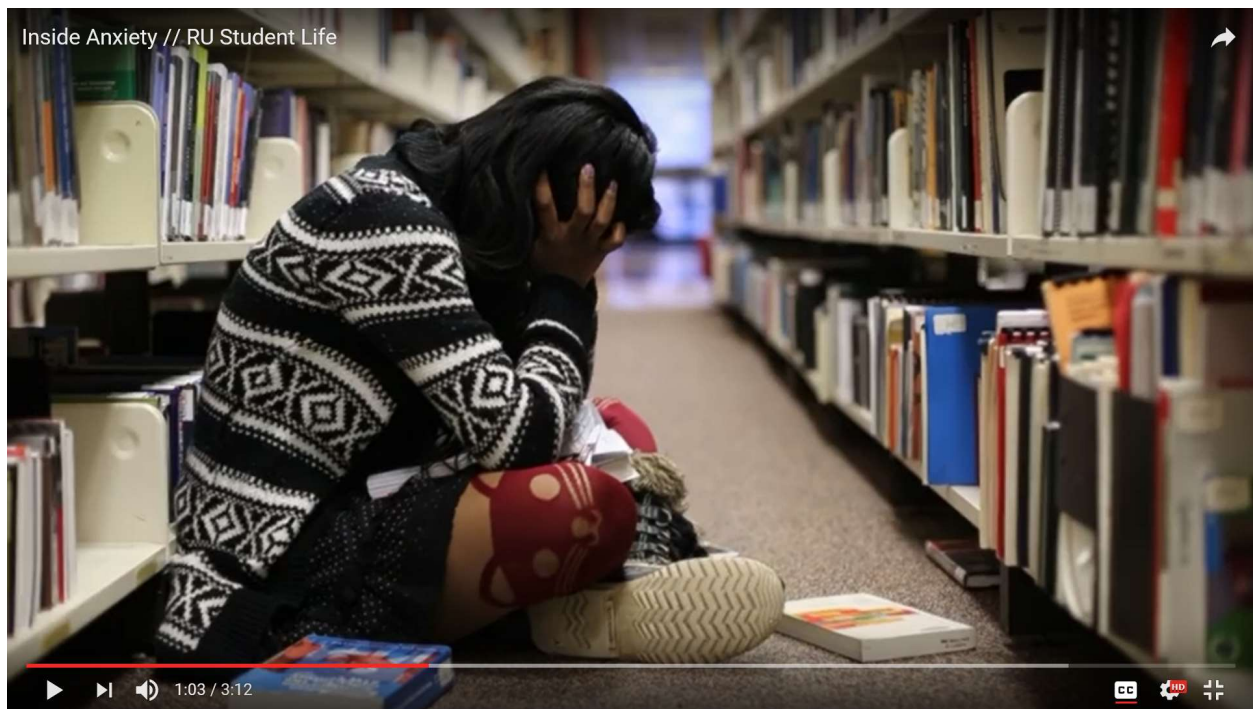
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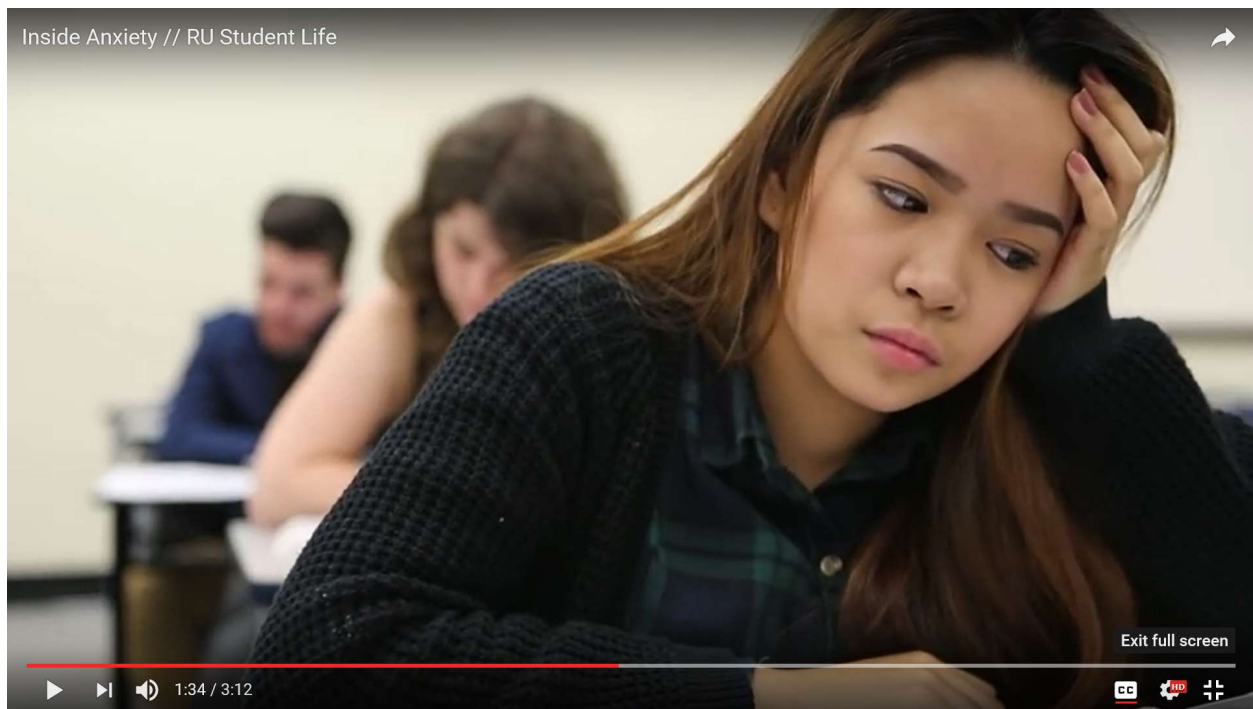
Fig. 7

Fig. 8

Fig. 10
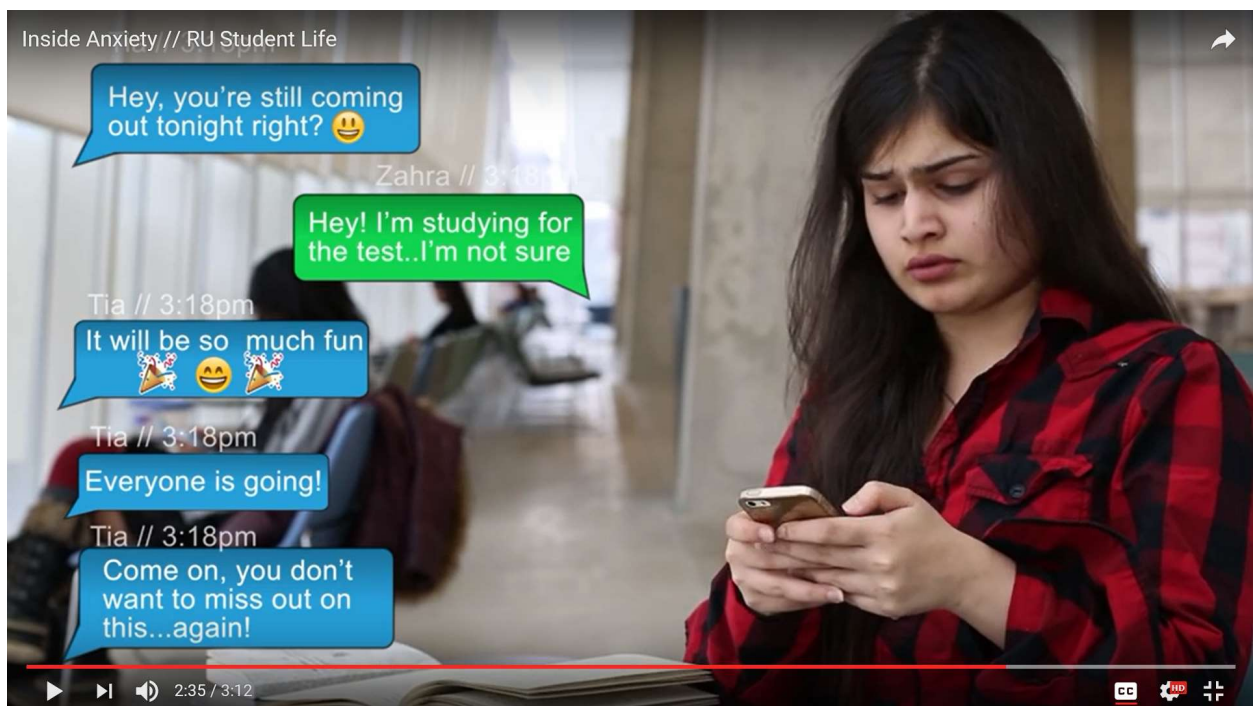
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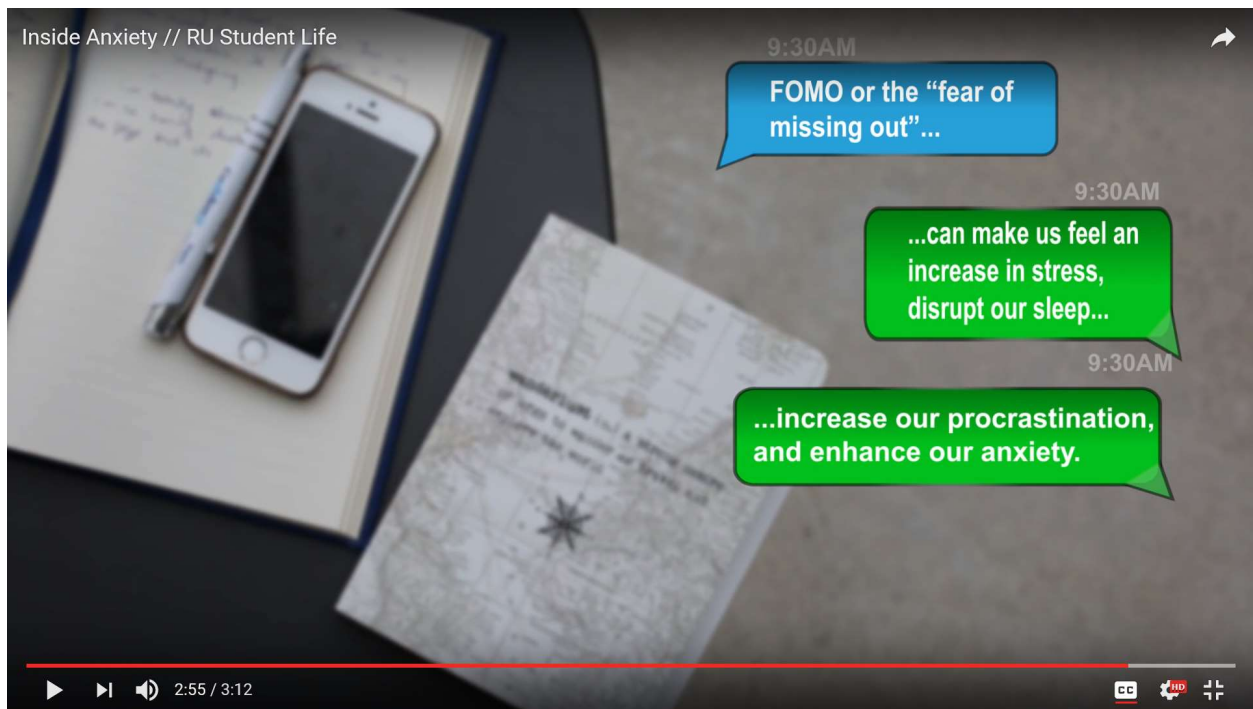
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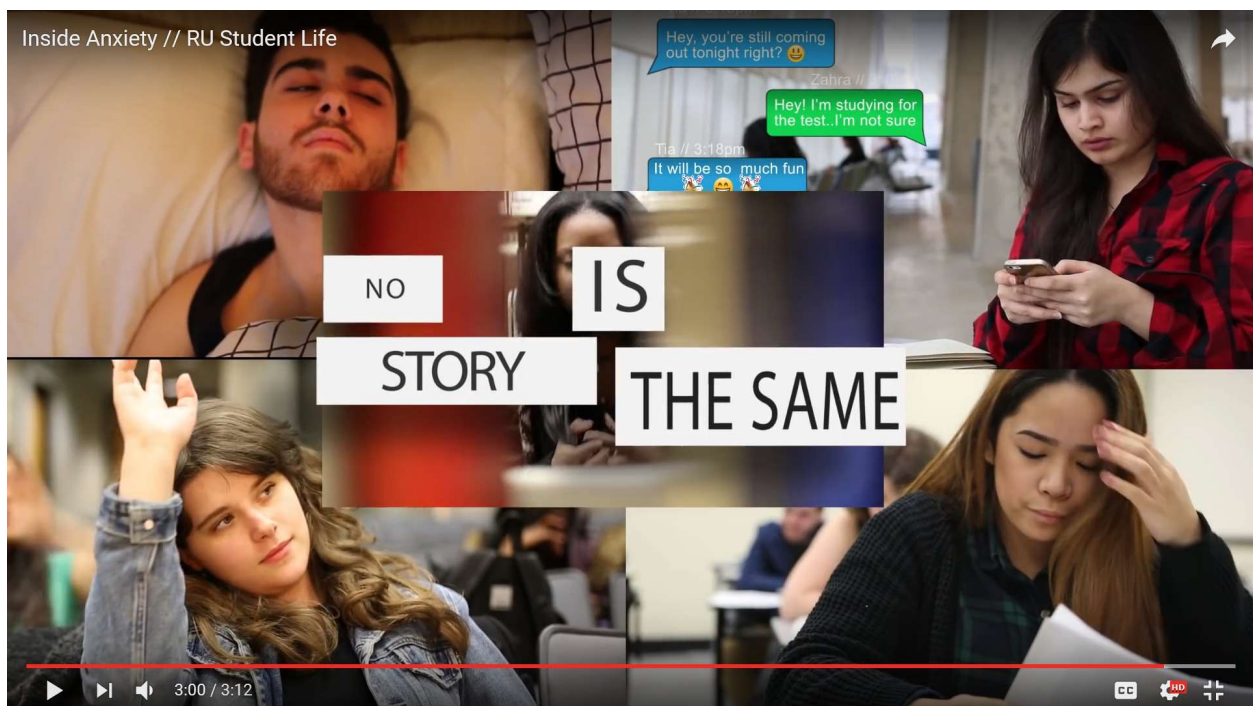
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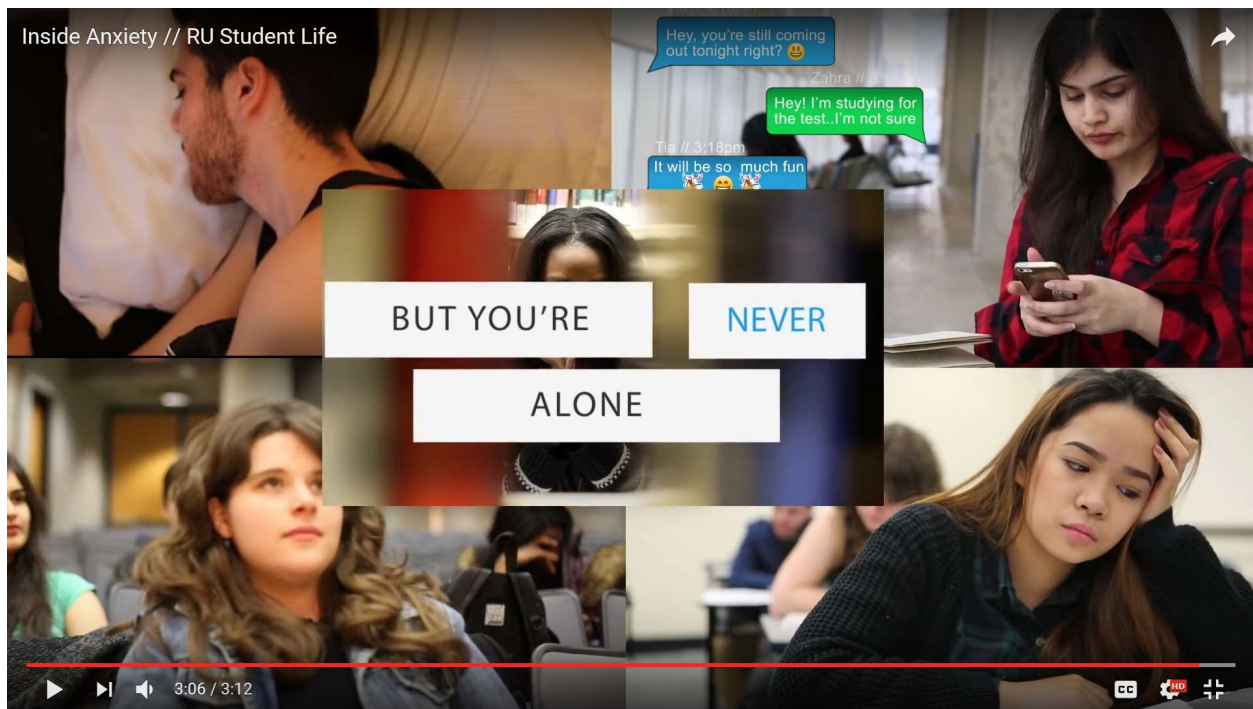
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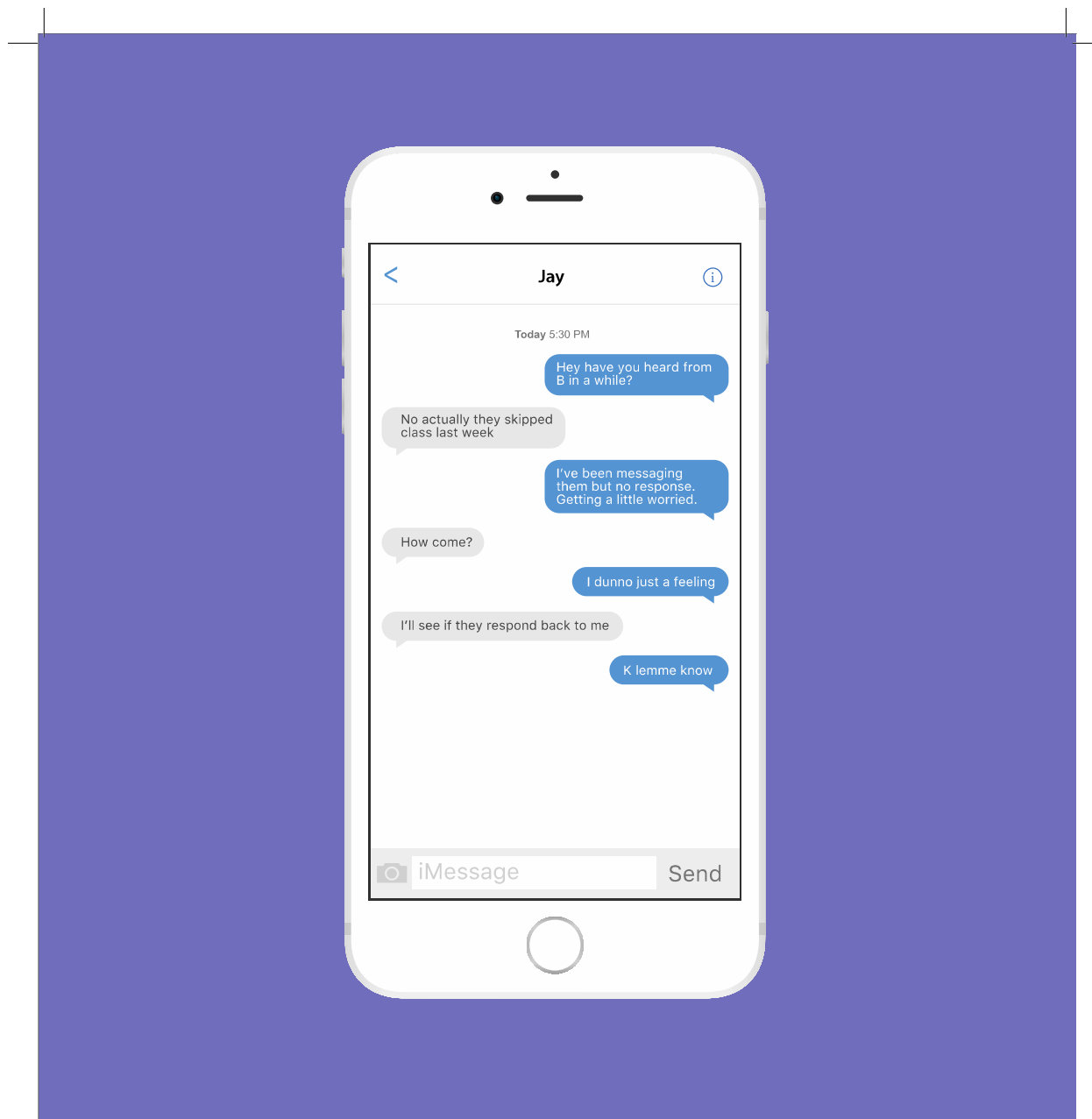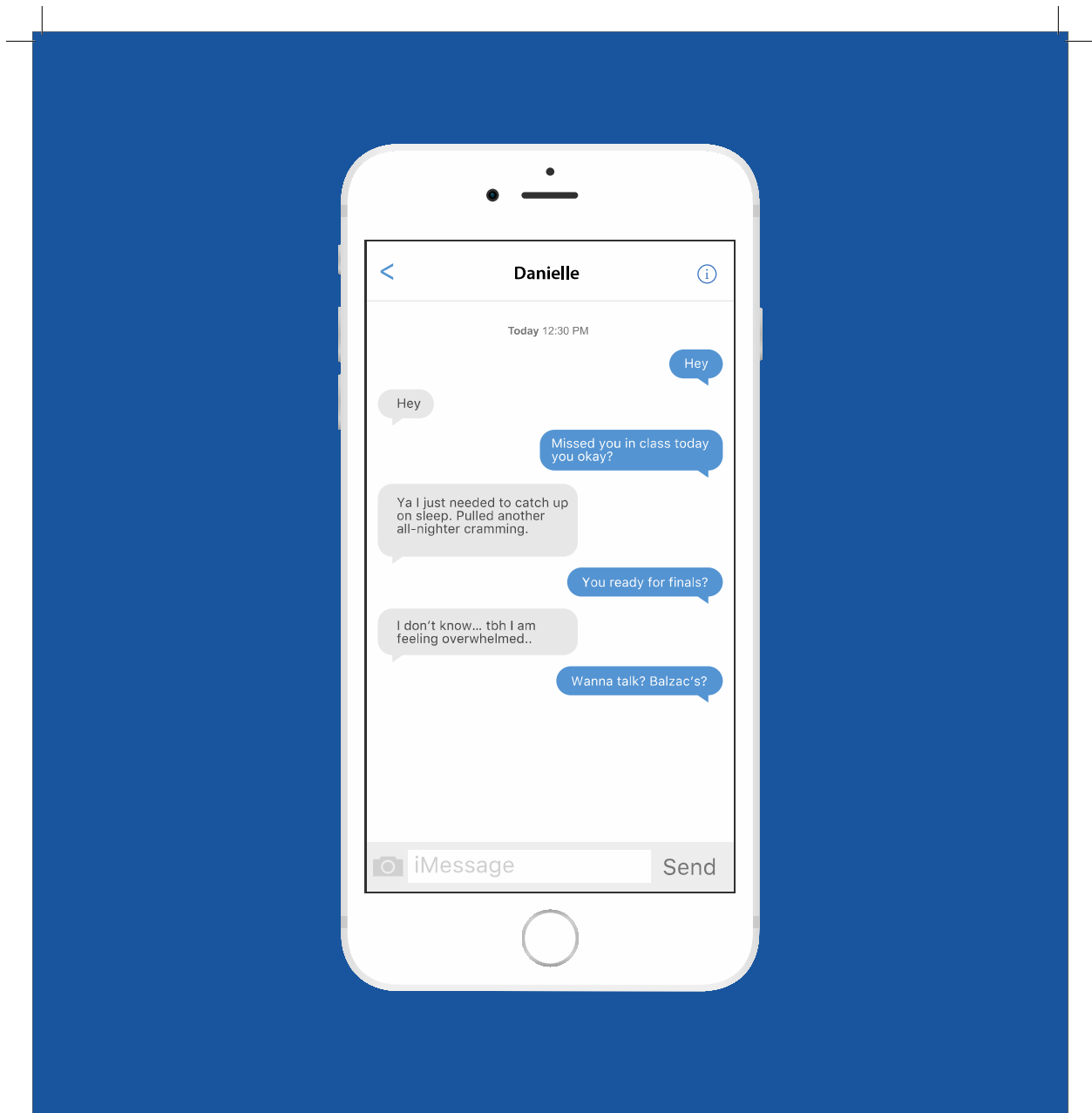Fig. 15

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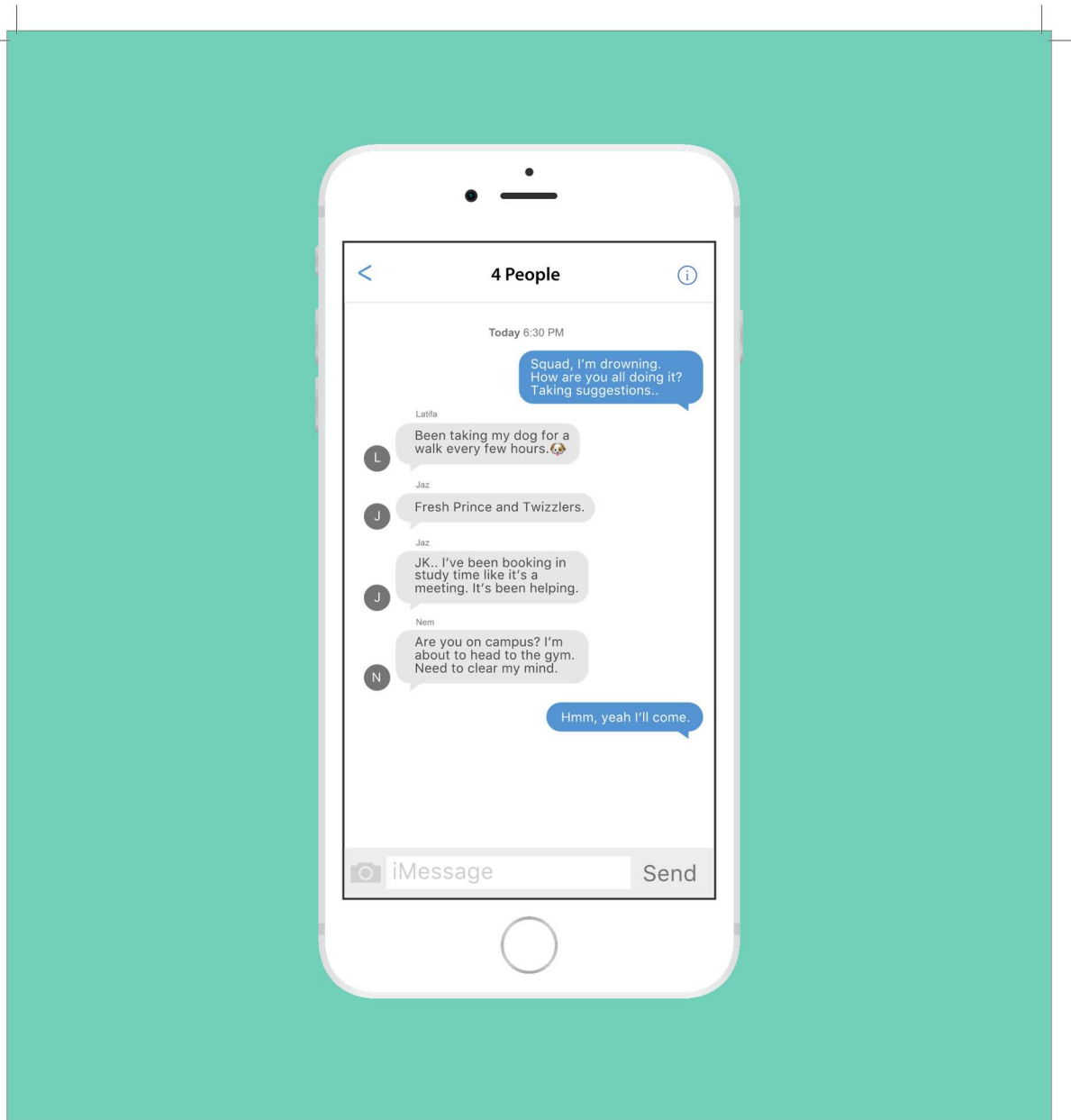
Fig 1.

Fig. 2

Fig. 3

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