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A Short History of Mental Health Rhetoric Research (MHRR)

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A Short History of Mental Health Rhetoric Research (MHRR)

J. Fred Reynolds

This commentary traces, groups, and characterizes the significant body of work done in rhetoric and writing studies on mental health(care) issues from when such work first began to appear in print in the mid-1980s up until July 2017 when the article was completed and submitted to *RHM* for publication in its inaugural issue.

Keywords: psychiatry, psychology, case histories, patient records, professional/technical writing, discourse communities, mental health(care), mental illnesses, mental disabilities, neuroatypicalities, genre studies, disability studies, disability rhetorics, rhetorics of health and medicine

Introduction

The launch of *Rhetoric of Health & Medicine (RHM)* by Lisa Meloncon and Blake Scott, and their teams both around the country and at the University of Florida Press, is cause for celebration. This is a signal moment for those of us who (at least some of the time) like to study, read about, think about, write about, and talk about rhetoric and writing issues in the worlds of health and medicine. With the *RHM* launch, we now have a main venue for old work to be discovered, recovered, revisited, recalled; for new work to be imagined, plotted, written, published, read, reviewed, challenged;

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for research roadmaps, methods, and agendas to be debated, prioritized, refined, set; and for connections and collaborations to be prompted, made, nurtured. *RHM* gives us a much-needed club and clubhouse where we can move beyond times when many of us knew *of* each other without actually *knowing* each other.

For their premiere issue, Lisa and Blake asked me if I might want to revisit the body of mental health rhetoric research (MHRR) I did three decades ago when it was considered, as Lee Odell himself once put it, a pretty strange thing for a composition studies specialist to be concerned with. As I tripped down memory lane and tried to get caught up, I saw an opportunity to do something more useful, especially for the bright young people who are doing impressive work in MHRR today, and along with others who will no doubt be doing it in the future: I wanted to assemble, organize, thumbnail, further discover, make observations about, and draw conclusions from the body of scholarship in MHRR. (In short, to do young colleagues' Review of the Literature for them.) So, I read and I re-read. I followed footnote and references trails. I contacted colleagues I had never met, even if I had long admired them, learned from them, borrowed from them, and quoted them. I did this work with more joy than I have known in a long, long time in my decades of doing academic work. (Half of my time in academia has been spent as a chair or a dean, even as a vice-president, among other "complaint department" roles I have let myself be talked into during my forty-five years of teaching, and no doubt that is why, to borrow from Horace, Sydney, and others, I can say that I found that the work on this piece both *instructed* and *delighted*. I had missed that.) What follows is my "Short History of Mental Health Rhetoric Research (MHRR)," complete as of July 1, 2017, when I had to stop researching and start writing. If I have overlooked anyone, it was not intentional, and I am sorry. For those who have come to prefer (insist upon, lobby for) terms like "mental disability" or "neuroatypicality" instead of terms like "mental illness" and "mental health," know that any offense is again unintentional, and know that I am sorry. I title my piece in homage to Jerry Murphy and his *Short History of Writing Instruction* and, again, if he or any of his admirers are offended, I did it with admiration, honorable intentions, and again I am sorry. Mostly, though, I am so very sorry for the untimely passing in 2016 of Carol Berkenkotter, someone who figures prominently in much that follows, someone who is much missed in our field(s), someone who would have loved the latest 2015–2017 pieces, not to mention the whole idea of the *RHM* journal,

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and no doubt who would have enjoyed arguing with me about this little piece I have lovingly written for it.

I preface my Short History with these eight general observations:

- 1) There has been a significant body of work applying the tools and terms of rhetoric to the world of mental health since the mid-1980s.
- 2) It has come more in spurts than in streams.
- 3) It has almost always been prompted, at least initially, by coincidental friend/family/personal connections to the world of mental health. (Many colleagues talked about this with me; most disclose these connections in their publications.)
- 4) It is an eclectic body of work—interdisciplinary, multi-modal, somewhat “smorgasbordy” as Margaret Price put it, usually collaborative, often co-authored, work.
- 5) It has been presented through shifting/evolving lenses, under various rubrics, in varied publication venues. (MHRR has moved back and forth from among rhetoric and composition, technical and professional writing, scientific/medical rhetoric, genre studies, discourse community studies, disability studies, neuro rhetorics, rhetorics of atypicality, and even “rhetorics of madness.”)
- 6) The earlier work focused more on caregivers and their colleagues; the later work more on patients and their families.
- 7) If nods and quotes and footnotes and works cited and references and acknowledgments are reliable indicators, it’s easy to infer who influenced whom, easy to observe that few writers were aware of the complete body of work preceding them, and easy to see that Lucille Parkinson McCarthy’s work has had *by far* the most influence to date. (I am proud to have discovered this, and proud to have been the one to tell her.)
- 8) Writers have found that all roads lead to the *Diagnostic and Statistical Manual of Mental Disorders* (the *DSM*), that “charter document” that lies under every MHRR rock; all of the writers seem to have (re)discovered that while the *DSM* is considered authoritative medicine to many healthcare professionals and scientists, it’s a *house of cards* from a rhetorician’s point of view—a biased social construction fraught with validity and reliability issues.

My Short History

THE FOUNDATIONAL ANTHOLOGIES

Four foundational anthologies—by Lee Odell and Dixie Goswami (1985), Carolyn Matalene (1989), Charles Bazerman and James Paradis (1991), and Rachel Spilka (1993)—were pivotal in shaping early work in MHRR. They offered my generation of MHRR enthusiasts the critical doorways, invitations, permissions, validations, endorsements, and challenges for us to try to map, explore, and analyze—even try to help—various types of highly specialized professional discourse communities. Before “The Four,” as I call them, it was thought strange if not inappropriate for English professors to stop looking at written words or famous speeches and start writing about worlds and professions they “couldn’t possibly know anything about.” (I’m not sure we even said “discourse communities” before books like these collections appeared . . . and I *know* we didn’t have clear “rhetorical ethnography” models for doing work on discourse communities other than our own. At best we had vague suggestions that we try to be interdisciplinary, multimodal, and social-scientific; that we try to pair ourselves with co-authors and consult consultants in interviewing/analyzing writers/readers and collecting/analyzing the documents they wrote/read; and that we try to write for dual audiences, both “them” and “us,” something that proved to be a challenge in its own right, as reviews of early discourse-community studies seem to indicate.) It was because of the work of The Four that the first forays into MHRR were positioned as discourse community studies, as studies of nonacademic writing, technical/scientific/professional writing, and pragmatic/workplace writing.

THE FIRST FORAYS: THE MID-1980S TO MID-1990S CLUSTER

In the mid-1980s, while completing my belated doctoral work at the University of Oklahoma, I stumbled into MHRR quite by accident when, as I detailed in my contribution’s introduction to Barbara Heiffler and Stuart Brown’s 2008 anthology, my clinical psychologist father-in-law casually suggested to my colleague (and technical writing specialist) David Mair and me over a bibulous brunch that we might try to “figure out why” mental health practitioners had “so damn much trouble communicating with each other” about their patients via patient records. Curious and intrigued, David

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and I spent several years researching my father-in-law's question, including interviewing various clinicians and gathering dozens of redacted patient records from them. We learned that documentation in the MH professions had received little or no prior study. We also learned that communication was complicated not just by the "bad handwriting" so many interviewees believed to be the problem, but by 1) the disciplinary diversity of the various report writers and readers (psychiatrists, psychologists, social workers, nurses, pastoral counselors, etc.); 2) the various settings in which mental health care is delivered (private practices, hospitals, community mental health centers), and; 3) the wide variety of record-keeping conventions from practitioner to practitioner and setting to setting (i.e., what's kept, what's in it, what it's called, who writes/who reads it). We learned that patient records in the MH disciplines were for the most part idiosyncratic, the one exception being that MH recordkeeping was driven by the *DSM*. We published a report on our mid-1980s work in the *Journal of Technical Writing and Communication* in 1989 in which we mapped the profession as we understood it at the time, drew some preliminary conclusions, and suggested that we and others in rhetoric and writing explore MH issues further. We titled our piece "A Taxonomy for the Study of Patient Records in the Mental Health Disciplines," indicating that we imagined our report as a get-started piece; it appeared in print, however, under the more reductive and less forward-looking title "Patient Records in the Mental Health Disciplines."

David and I worked for the next several years (him still from Oklahoma, me at that point from Virginia) on a book in which we explored MHRR more fully with the help of clinician co-author Pamela Fischer. This book, *Writing and Reading Mental Health Records*, was published in 1992. With Pam's help, we had by now expanded our notion of major mental healthcare settings to include schools and prisons. Our maps were revised to reflect the greater range of practitioners, settings, and documents than originally imagined. We did a more comprehensive review of the literature, discovering most notably (and most curiously) that several dozen articles published by several dozen MH practitioners over several decades had routinely passed along, one after another, the conclusion that "not much has been written on this subject." We did more interviews, added Pam's focus group data and anonymous survey data, did more document collection and analysis, included individual chapters on everything we had learned to date about two key issues—writer/reader biases, and the

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influence of the *DSM*—and concluded with some suggested research priorities and practitioner-training strategies. We imagined the book as a piece of interdisciplinary, collaborative research in professional writing, an exploratory model for a discourse-community study. In an effort to show that we had imagined our book as being by and for both rhetoric/writing and mental healthcare audiences, we filled it with voices other than our own: “A Clinician’s Foreword” from Dr. James Levenson of the Medical College of Virginia; “A Rhetorician’s Foreword” from Lee Odell; epigraphs, pithy quotations, and other contributions throughout, both attributed and anonymous, from many of those whom we had read about or interviewed; and a “Postscript” from clinician and administrator Dr. John Wolf, a past-president of the American College of Mental Health Administrators and at that time director of the Los Angeles AIDS Project. The book sold reasonably well, more so in the MH professions (especially in psychiatric nursing) than in rhetoric/writing (perhaps because of the title); was reviewed in about 15 professional journals (most of the rhetoric/writing reviewers thought it odd, while most of the clinician reviewers—other than the nurses—thought it everything from arrogant and misguided to outright wrong for questioning the validity and reliability of the *DSM*); and was nominated for awards (by Carol Berkenkotter, I learned later, someone whom at the time I barely knew).

At the same time, Lucille Parkinson McCarthy (who tells me she had done two “tiny” studies of medical writing prior) was also beginning to do mental health rhetoric research, also as more or less a result of family/friend connections. Among other coincidences, her husband was a pathologist, her sister-in-law was a nurse, and her young daughter’s best friend’s mother, Joan Gerring, was a psychiatrist at Johns Hopkins with whom she became good friends and with whom she ended up doing some of her research and writing. Lucille’s chapter in Chuck Bazerman and Jim Paradis’s 1991 *Textual Dynamics of the Professions* reported on a two-year case study she had done in the mid-80s on how the *DSM* shaped the reality of a child psychiatrist and the discourse community to which she belonged. Lucille’s study was, like ours, ethnographic and multi-modal; it used multiple sources of information—personal observations, interviews with “Dr. Page” and the readers of her reports, discourse-based interviews, document analyses of Page’s diagnostic evaluation reports, a log kept by the doctor, and audiotapes of her composing and dictating reports. Lucille reported that the *DSM* controlled the amount and kind of information the clinician gathered

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about her patients. She declared the *DSM* to be the “charter document” for the mental health professions, a document defining as authoritative certain ways of seeing, deflecting attention from other ways, stabilizing a reality, setting the terms of/for future discussions—in short, a document shaping just about everything because a network of health and medical professions had assented to the shaping.

At the 1992 CCCC Convention in Cincinnati, I saw in the program, again quite by accident, that someone named Lucille Parkinson McCarthy was giving a talk on her observations of working groups revising the *DSM* (an access that I believe Joan Gerring had helped make possible). I did not know until then that anyone else in rhetoric and writing was working in MHRR, nor did Lucille. I attended the talk, briefly introduced myself afterward, and coincidentally met with Carol Berkenkotter later during the conference (who I did not know until years later was aware of both of us and who also met with Lucille at the time). David Mair and I tracked Lucille’s subsequent work, especially the piece she published with Gerring in their 1994 *Written Communication* article, and subsequently incorporated that important work into a revised, updated second edition of our book, which we published with Erlbaum in 1995 with the addition of an important subtitle we thought might give the book wider appeal: *Writing and Reading Mental Health Records: Issues and Analysis in Professional Writing and Scientific Rhetoric*.

Looking at everything that has been written since she did her MHRR work in the mid-80s and early 90s, tracking citations, quotations, acknowledgments, and such, it is an inescapable fact that by far the most influential first-work in MHRR was done by Lucille Parkinson McCarthy. Her use of—if not her invention of—the term “charter document” in describing the *DSM* and her bold analyses of the *DSM* as a work of socially constructed rhetoric and writing with enormous implications for everyone and everything in mental health’s orbit cannot be overstated.

THE GENRE STUDIES AS BRIDGES: THE MID-1990S TO MID-2000S CLUSTER

In 2008 the late Carol Berkenkotter published her remarkable book *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry*. The book was among the projects Carol was working on when she began following and communicating with Lucille and me about our own MHRR. The book is

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a brilliant piece of collaborative, interdisciplinary, multi-modal research, calling upon library research, archival treasure-hunting, interviews, document collection and analysis, and research for which she rightly declared there to be “no guidebook.” Carol noted in the book that both her sister-in-law and her sister-in-law’s daughter were clinical therapists, as was her friend and running partner Sharon Levine. She acknowledged Lucille Parkinson McCarthy at some length and noted that her clinician friend Doris Ravo-tas (with whom she co-authored several related but little-known pieces) was an important collaborator during the ten years she researched the book before beginning to write it.

Carol’s book was a rhetorical analysis of the very history of psychiatry from its asylum age to its era of biomedicine, more specifically a “genre analysis” (something Carol and others popularized during this period) of documents ranging from asylum-age notes, casebooks, and publications of case histories to today’s various assessment instruments in which complaints originally expressed in patient-language are transcribed into *DSM*-language, the lingua franca of the psychiatrists, clinical psychologists, nurses, social workers, therapists, and counselors who make up what Carol termed the mental health industry. Carol traced, quite remarkably I think, the progression from psychoanalytic to biomedical thinking and writing. She also wrote at length about the opposing imperative forces at work on today’s caregivers: the professional need as healers to attend to their clients’ narratives of their personal experiences versus institutional imperatives to produce documents supporting specific *DSM* diagnoses for billing purposes. Along the way, Carol concluded, clients’ richly descriptive narratives get lost in the rhetorical-linguistic strategies that caregivers are mandated to use to make and lend credence to their diagnoses. Something like “I’m falling apart” becomes “predominantly dysphoric mood.” “I guess I don’t have good relationships because I seem so needy” becomes “adjustment disorder with depressed mood.” “I think over time we just grew apart” becomes “minimal continued dysphoric mood.”

Equally noteworthy from this period was Kimberly Emmons’ book *Black Dogs and Blue Words: Depression and Gender in the Age of Self-Care*, published in 2010 but, like Carol’s book, based on research done over ten years prior to beginning to write. (The inevitable time-gap between research/writing/publishing a book-length project of magnitude is important to note with both Carol and Kim, because it explains, I think, why their books do

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not consider or reflect any of the “mental disability” work that first emerged in 2001 and 2003 before becoming popular if not dominant by 2010–2017.) Kim has told me that she, too, was motivated by some of the “personal embodied/embedded experiences” that might naturally, though coincidentally, attract her to MHRR. She had volunteered on the phones for a local NAMI office while in grad school; her father was an internist; her family, like all families, had issues and histories. Kim was strongly influenced by genre theory; she, too, took a multi-modal (I would say a daunting and no doubt exhausting) approach, studying billboards, cartoons, advertisements, self-help books and websites, government documents, first-person memoirs, and news discourses; she conducted interviews with patients and caregivers; she analyzed records. And she referred to Berkenkotter multiple times in a book Carol must surely have admired, if only she were still around for me to ask.

Much gets covered in *Black Dogs and Blue Words*, and all of it is quite fascinating. Depression is gendered: women are overdiagnosed, men underdiagnosed; women (dangerous and moody, tearful and emotional) are twice as likely to be medicated for depression as are men (strong and silent, angry but stoic). Depression once silenced its sufferers. The discourse around it has since fostered rhetorical forms to identify those whom it has affected, and it is unusually vulnerable to the means of its own articulation. In this age of self-care, websites like WebMD and commercial advertisements for depression drugs implore viewers to talk to their doctors about the specific symptoms, illnesses, treatments, and adverse reactions detailed on the sites and in the ads. The list of depression symptoms in a Zoloft ad, for example, refers back to *DSM* descriptions. A WebMD (or similar) online resource on depression is accompanied by advertisements for antidepressants. The websites and the ads, Kim observes, have conditioned the statements it is possible to make about the depressed self. These statements are not just rhetoric; they are the heuristics through which people are allowed to experience their lives. With self-help quizzes and professional diagnostics mirroring each other, we may be “quizzing ourselves sick.” We often enter doctor-patient consultations these days seeking *second* opinions about decisions we’ve already made about ourselves. In short, like Carol’s book, Kim’s book is rich and compelling in both substance and method, a major contribution to MHRR.

MENTAL DISABILITY RHETORIC: THE 2001–2003 AND 2010–2011 CLUSTERS

Widely cited and often quoted since it appeared in James Wilson and Cynthia Lewiecki-Wilson's 2001 anthology on disability in language and culture more generally is Catherine Prendergast's "On the Rhetorics of Mental Disability." This piece, which nods to both McCarthy and Berkenkotter, may well be the first published piece of scholarship in which *mental illness* is presented/argued as *mental disability*. Persons with mental disabilities, Prendergast writes, exist in rhetorical black holes; they lack "rhetoricity"; to be disabled mentally is to be disabled rhetorically. (Lewiecki-Wilson offers a piece of her own that makes a similar presentation/argument in her aptly titled contribution to a 2003 *Rhetoric Review* roundtable, "Rethinking Rhetoric through Mental Disabilities," also widely cited/quoted since the moment it appeared in print.) These pieces were clearly pivotal in shaping work to come.

In 2010 *Rhetoric Society Quarterly* released a special issue on "neurorhetorics." Two of the articles in the issue explored mental illness as rhetorical disability, both with nods to Prendergast and Lewiecki-Wilson. Jenell Johnson's "The Skeleton on the Couch: The Eagleton Affair, Rhetorical Disability, and the Stigma of Mental Illness" used the case of Senator Tom Eagleton, briefly named George McGovern's vice-presidential running mate until Eagleton withdrew after revelations of his having been treated for depression, to demonstrate the relationships between stigma, ethos, and rhetorical disability. The Eagleton revelations, Johnson argued, arrested his ethos, gave him *kakoethos*, by suggesting weakness and instability. A diagnosis of mental illness, she wrote, no matter how long ago, whether minor or severe, whatever the circumstances, can be a permanent identity; the language we often use (as she says Prendergast noted) tells the story: one *has* heart disease, one *is* mentally ill. Katie Rose Guest Pryal's "The Genre of the Mood Memoir and the Ethos of Psychiatric Disability," also in this 2010 *RSQ* special issue, also cited Prendergast and Lewiecki-Wilson and used Berkenkotter's work on genre theory to show how a mood-memoir can be used for generating and recovering ethos in the face of mental illness or psychiatric disability (I do note that Pryal actually used the first term in her article more than the second). Mood memoirists, she wrote, seize the authority of the *DSM* and combine it with the authority of the autobiography genre, establishing ethos by becoming reliable narrators who use rhetorical

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tactics such as apologizing, tracing their awakenings and laying claim, and criticizing their doctors (speaking back to them, casting them as complicit, revealing medicine's weaknesses) in first-person stories of their journeys.

Margaret Price's 2011 book *Mad at School: Rhetorics of Mental Disability and Academic Life*, the first book-length work of MHRR in which terms like "mental disability," "disabled minds," and "neurodiversity" emerged as preferred terms for thinking and writing about people once and often still called "mentally ill," "crazy," or "mad," won the 2013 CCCC Outstanding Book Award, and no wonder. Like Berkenkotter's and Emmons' books prior, Price's was a remarkable piece of work, a must-read. It's a "smorgasbord," she says, of stories about her own experiences, including stories told by others, reviews of studies, speculations on theories, writings by teachers and researchers, representations of school shootings, "textual sites of micro-rebellions," and a small-scale study involving interviews with independent scholars. Price offered a dozen pages of very interesting discursive notes and 20 pages of works cited. She acknowledged earlier work done by me, McCarthy, Lewiecki-Wilson, and Prendergast. She pulled no punches when she reached the same conclusions all of us reached about the *DSM*. She wrote about "mentally different" students with issues associated with presence, participation, and resistance. She wrote about mentally different professors with issues associated with collegiality, productivity, job searches, and conferences (her critiques of the latter two were spot-on, whether one thinks of oneself as mentally typical or atypical, and amusing if they weren't so true). She devoted one entire chapter to representations of madness in American school shootings. She even swept through the varying schools of thought on the teaching of composition and showed how each has had implications for mentally disabled teachers and students. Her concluding chapter is four and a half pages of required reading for everyone reading this article. She makes insightful recommendations for changing things in higher education.

THE MOST CURRENT CLUSTER: 2015–2017

Three excellent journal articles, published during the last three years in three different journals by three young scholars, demonstrate that mental health rhetoric research (MHRR) is alive and well as *RHM* launches and the next biennial conference of the Rhetoric Society of America brings many of us together.

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Cathryn Molloy's "Recuperative Ethos and Agile Epistemologies: Toward a Vernacular Engagement with Mental Illness Ontologies" (*Rhetoric Society Quarterly*, 2015) may appear to have an overwrought title, but it all makes perfect sense once one reads the article. Of the latest contributors to MHRR, Cathryn Molloy demonstrates the broadest and fullest awareness of and engagement with the research tradition in mental health/mental disability rhetoric that I have traced here. Berkenkotter, Emmons, Johnson, McCarthy, Prendergast, Price, Pryal, and Reynolds (and Segal, of course) are all recovered and brought forward in Cathryn's piece, a hybrid field-based study (another multi-modal ethnography involving observations, interviews, audio-recordings, field notes, and other documents) of a "clubhouse," an outpatient community mental health care facility. Cathryn notes that even though more people today equate mental illnesses with neurobiological causes, this does not change general public unwillingness to accept the mentally ill; in short, stigma still exists, and it matters. She found that participants in her study demonstrated a "nostalgic regard for lost credibility," but also "agile epistemologies" (varied rhetorical strategies) for "recuperative ethos" (recovering their credibility). She details these strategies and gives many excellent examples of them being used. Rhetorical terms abound in her piece: rhetoric, ethos, *kakoethos*, *phronesis*, *topoi*, enthymeme, *doxa*, and syllogism. Her article is an impressive illustration, in old-school rhetorical terms, of how ordinary people work around things like stigma and diagnostic criteria in their everyday lives. It is, like *RHM*, at the intersection of the health sciences and the humanities.

Drew Holladay's "Classified Conversations: Psychiatry and Tactical Technical Communication in Online Spaces" (*Technical Communication Quarterly*, 2017) takes us back to the future through its positioning as a technical-writing study, "an examination of the practices of participants in online mental health discussion forum conversations as they interpret technical documents, including American psychiatry's 'charter document,' the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*." (Imagine my surprise, and delight, when after I had discovered Drew's article, Lucille McCarthy revealed to me that Drew would soon be joining her at University of Maryland Baltimore County as a new faculty colleague.) Drew also shows a broad awareness of the MHRR tradition that preceded him, referencing Berkenkotter, Johnson, McCarthy, Molloy, Prendergast, and Price (also Segal, of course), and though I have not yet met him I have "e-teased" him mercilessly for not referencing me—ironically, I think, since Mair and

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I had published our earliest work under the technical writing rubric. But Drew moves beyond the TW umbrella by bringing it together with rhetoric and disability studies scholarship. He gathers and examines conversations from three online discussion boards—one on PTSD issues and two on autism-spectrum conditions. Such online spaces where people can easily and immediately connect, he notes, have been pivotal in the development of the neurodiversity movement, where people have argued against deficit models in favor of difference ones. Four discussion-board behavior-themes emerged among the participants studied: 1) demonstrating ethos by showing scientific literacy (most especially by using *DSM* lingo); 2) unpacking diagnoses (mostly by situating themselves in relation to a diagnosis outside the scope of its technical/medical application); 3) navigating medical institutions and support services (mostly by sharing information, contacts, and experiences), and; 4) changing diagnostic language to benefit the community (primarily by arguing for activism in support of inclusion and acceptance). Drew's is a fine piece of work. I can only imagine the fun he and Lucille may have working together in the next few years.

N. Renata Uthappa's "Moving Closer: Speakers with Mental Disabilities, Deep Disclosure, and Agency through Vulnerability" (*Rhetoric Review*, 2017), like Cathryn's *RSQ* article and Drew's *TCQ* article (noticeably, I think, if one were looking for trends in the current cluster), focuses MHRR's attention on patients rather than on practitioners. She writes about "the Speakers Bureau," members of a small, grassroots organization who visit high school and college classes in hopes of fighting stigma and replacing negative stereotypes by sharing stories of not their "illnesses" but their disabilities, their differences, their atypicalities. She uses the latter terms "in keeping with the terminology favored by theorists in disability studies," notably Johnson, Prendergast, and Price, whose work clearly influenced her. She argues that those with such differences can repair rather than damage their ethos through "deep disclosure" and through opening up vulnerabilities for themselves and their audiences.

Closing Thoughts

As of 1988, one in five Americans was declared to be at risk of suffering from a *DSM*-diagnosable/definable mental illness (disability, difference, atypicality). By 1990, the number was reported to have climbed to one in three. By 2005, the number was reported to be one in two and, as of 2010, eight out of

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ten. These “data” raise obvious, serious questions. Have more and more people developed mental disabilities, or are more phenomena simply being declared mental disorders for a variety of reasons, including those motivated by the pursuit of profits? Both? Simultaneously? Unrelatedly? Interactively? If eight of ten people are “mentally ill” at one time or another, has not the exception become unexceptional? By means of rhetoric, has mental disability, as an umbrella category, gradually been transformed into a difference that’s not so different, into an unexceptional exception we both rhetorically endorse and rhetorically distance ourselves from (e.g., “caffeine addiction is a very serious mental illness from which just about everyone suffers”)?

Every day something attention-getting about mental health seems to pop up in the popular press. “Study Abroad Programs Should be Prepared for Mental Health Crises” advises the *Chronicle of Higher Education*. “The Americanization of Mental Illness: American Ideas about Psychiatric Disorders Have Spread Around the Globe: Is That Really Good for the World’s Mental Health?” asks the *New York Times Magazine*. The world of mental health, if I can still call it that without showing my age, has interested me, and obviously others in rhetoric and writing studies, for more than three decades now. It has stimulated a significant body of rhetorically inflected work that has been published, read, tracked, traced, revisited, built upon, but sometimes missed because of when/where it has appeared and under what rubric. *RHM* is now the preferred home for this work. As I have written in other places at other times, it’s work worth doing and if we don’t do it, who will?

J. Fred Reynolds is a professor of English and Speech, and Dean Emeritus of Humanities and Arts at The City College (CCNY) of The City University of New York (CUNY).

Annotated References

Note: APA style has been adjusted to foreground history of who influenced whom and to place the entries in chronological order to mirror the commentary.

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THE FIRST FORAYS INTO MHRR: THE MID-1980S TO MID-1990S CLUSTER

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- (1992). Reynolds, J. Fred, Mair, David, & Fischer, Pamela. *Writing and reading mental health records*. Newbury Park, CA: SAGE. (Book based on issues discovered in researching and writing the JTWC article. Note addition of co-author from psych community. Nods to Matalene and to Odell and Goswami—Odell writes a foreword, in

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- fact—though unaware of McCarthy at this point, and before Bazerman and Paradis and Spilka appear.)
- (1995). Reynolds, J. Fred, Mair, David, & Fischer, Pamela. *Writing and reading mental health records: Issues and analysis in professional writing and scientific rhetoric*. Mahwah, NJ: Erlbaum. (A revised/updated/expanded second edition, now with nods to Bazerman and Paradis, and also of course to the now-discovered McCarthy work. Note new subtitle.)
- (2008). Reynolds, J. Fred. The rhetoric of mental healthcare. In Barbara Heiffler & Stuart Brown (Eds.), *Rhetoric of Healthcare* (pp. 149–157). Cresskill, NJ: Hampton Press. (A commissioned, condensed summary of the work we had done in the 1980s–1990s.)
- (1991). McCarthy, Lucille Parkinson. A psychiatrist using *DSM-III*: The influence of a charter document in psychiatry. In Charles Bazerman & James Paradis (Eds.), *Textual Dynamics of the Professions* (pp. 358–378). Madison: University of Wisconsin Press. (Based on research done in the mid-1980s.)
- (1992). McCarthy, Lucille Parkinson. Intertextuality in psychiatry: Revising the *DSM-III* charter document. *Paper presented at the annual CCCC Convention*. Cincinnati, OH. (Reynolds attends session and first meets McCarthy and learns of her research. Neither knows until years later that both will talk with Berkenkotter during this conference and during years to come about her 2008 book-in-progress.)
- (1994). McCarthy, Lucille Parkinson, & Gerring, Joan P. Revising psychiatry's charter document: *DSM-IV*. *Written Communication*, 11(2), 147–192. (The most widely cited and quoted of the McCarthy work.)

THE GENRE STUDIES AS BRIDGES BETWEEN "MENTAL HEALTH RHETORIC" AND "DISABILITY RHETORIC": THE MID-1990S TO MID-2000S CLUSTER

- (2008). Berkenkotter, Carol. *Patient tales: Case histories and the uses of narrative in psychiatry*. Columbia: University of South Carolina Press. (More than ten years in the making, based on research done from mid-1990s to early-2000s, with major nods to McCarthy throughout and in "Acknowledgments," references to Reynolds and Segal and others, but no references to the 2001 and 2003 work on

Reynolds

- mental health rhetoric research as “disability studies research” by Prendergast and Lewiecki-Wilson. Refers to earlier work in genre studies, including her own 2001 *Written Communication* article “Genre Systems at Work: Rhetorical Recontextualization in Psychotherapy Paperwork,” and to a little-known/inaccessible paper she and Doris Ravotas presented in 1995 at the meeting of the Society for Social Studies of Science, in Charlottesville, VA titled “The Function of Genre in the Transmission of Practice: Case Study of the Influence of the *DSM-IV* on a Psychotherapist’s Casenotes.”)
- (2010). Emmons, Kimberly K. *Black dogs and blue words: Depression and gender in the age of self-care*. New Brunswick, NJ: Rutgers University Press. (Also more than ten years in the making, also based on research done mid-1990s to mid-2000s, with nods to Reynolds and Berkenkotter, but again with no references to the 2001–2003 work reimagining mental health rhetoric as “mental disability rhetoric.”)

TRANSITIONS TO “MENTAL DISABILITY RHETORIC”: THE 2001–2003 AND 2010–2011 CLUSTERS

- (2001). Prendergast, Catherine. On the rhetorics of mental disability. In James Wilson & Cynthia Lewiecki-Wilson (Eds.), *Embodied Rhetorics: Disability in Language and Culture* (pp. 45–60). Carbondale, IL: Southern Illinois University Press. (Cites both McCarthy and Berkenkotter. Very widely cited and quoted since publication.)
- (2003). Lewiecki-Wilson Cynthia. Rethinking rhetoric through mental disabilities. *Rhetoric Review*, 22(2), 156–167. (Part of a *Rhetoric Review* roundtable.)
- (2010). Special *Rhetoric Society Quarterly* issue on “Neurorhetorics.” Two articles in the issue explore mental illness as rhetorical disability, both of them with nods to Prendergast and Lewiecki-Wilson (and Pryal referencing Berkenkotter, as well):
- Johnson, Jenell. The skeleton on the couch: The Eagleton affair, rhetorical disability, and the stigma of mental illness. *RSQ*, 40(5), 458–478. (Often cited/quoted since publication.)
 - Pryal, Katie Rose Guest. The genre of the mood memoir and the ethos of psychiatric disability. *RSQ*, 40(5), 479–501.
- (2011). Price, Margaret. *Mad at school: Rhetorics of mental disability and academic life*. Ann Arbor: University of Michigan Press. (Cites

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Reynolds, McCarthy, Lewiecki-Wilson, and Prendergast. Several chapters appeared in various disability studies journals prior. Won CCCC Outstanding Book Award, and very widely cited and quoted since publication.)

SHINING BRIGHTLY: THE MOST CURRENT RESEARCH CLUSTER

- (2015). Molloy, Cathryn. Recuperative ethos and agile epistemologies: Toward a vernacular engagement with mental illness ontologies. *Rhetoric Society Quarterly*, 45(2), 138–163. (Among current writers, shows greatest awareness of/engagement with the full research tradition in MHRR. Cites Berkenkotter, Emmons, Johnson, McCarthy, Prendergast, Price, Pryal, Reynolds, and multiple foundational pieces by Segal.)
- (2017). Holladay, Drew. Classified conversations: Psychiatry and tactical technical communication in online spaces. *Technical Communication Quarterly*, 26(1), 8–24. (Among current writers, shows greatest effort to merge rhetoric with disability studies and technical communication. Cites Berkenkotter, McCarthy, Molloy, Prendergast, Price, and at least one Segal piece.)
- (2017). Uthappa, N. Renuka. Moving closer: Speakers with mental disabilities, deep disclosure, and agency through vulnerability. *Rhetoric Review*, 36(2), 164–175. (Cites Johnson, Prendergast, and Price.)