

“Interrogating the Past and Shaping the Future of Mental Health Rhetoric Research”

In the inaugural issue of the *Rhetoric of Health & Medicine (RHM)* J. Fred Reynolds (2018) offered a “A Short History of Mental Health Rhetoric Research (MHRR)” in which he compellingly documented the “significant body of work applying the tools and terms of rhetoric to the world of mental health” that emerged in the 1980s and continues today, if in fits and starts (p. 1). Reynolds’ history raises important questions on how the issues and challenges unique to MHRR create space for the field to set a specific agenda for its development—to make explicit the major epistemological assumptions, the key questions, and the various vantage points that will undergird the future of this important area of inquiry.

As each iteration of the DSM proliferates diagnostic categories and protocols, as various constituents comment on the status of mental health around the globe, and as mental health-related words and phrases enter solidly and uncritically into healthcare practices and popular lexicons, the importance of MHRR is undeniable. While a number of fields study issues of mental health from a humanistic perspective, rhetorical research on mental health distinguishes itself through a focus on discursive and symbolic communication, especially acts of persuasion and identification. Rhetorical approaches are not limited to textual analysis, however, and also account for factors like social conditions, identity, embodiment, power relations, location, materiality, and circulation. MHRR attends to the rhetorics of neuroscience, medicine, and psychiatry in connection with their cultural warrants; places judgments of in/sanity in rhetorical-historical context; follows mental health categories and diagnoses through clinical, professional, and personal settings; considers representations of mental health in medical and professional documents as well as popular media; and connects rhetorical appeals to strategies of activism and advocacy.

In the past, rhetoricians have studied issues of mental health from a variety of (inter)disciplinary angles: technical/professional writing vantages (Reynolds, Mair, & Fischer; Berkenkotter; Holladay); critiques of the linguistic entanglements of the professionals who seek to treat mental health (McCarthy & Gerring; Berkenkotter & Ravotas); examinations of how publics encounter and make sense of mental difference (Leweicki-Wilson; Segal; Emmons; J. Johnson; Price; D. Johnson Thornton); and through studies of “patients” discursive behaviors (Prendergast; Molloy; Uthappa). The 2020 special issue of *Rhetoric of Health & Medicine* will ask writers to engage this important body of research as well as scholarship in RHM more generally, but it will also ask writers to make connections between this area of emphasis and related bodies of scholarship (such as disability studies) and to productively critique, challenge and extend this work.

As MHRR moves forward, this special issue of *Rhetoric of Health & Medicine* seeks to present RHM’s growing readership with some thoughtful perspectives to consider, for example:

Contemporary Nomenclature

- What are the exigencies and consequences of labeling a set of behaviors Illnesses? Disorders? Disabilities?

- What are the dominant models for conceptualizing and treating mental health conditions, and what appeals are used to support them rhetorically? What individuals, organizations, or communities resist the dominant models and/or suggest alternative ways of addressing mental health conditions?
- Should rhetoricians work to end unhelpful labels or to aid in the amelioration of mental illness symptoms?
- How do neurorhetorics relate to mental health rhetoric research? Are these things synonymous? Complementary? Adversarial?
- How do discourses surrounding mental health patients' compliance/adherence/concordance with treatment plans and protocols impact quality of care?

The Diagnostic and Statistical Manual of Mental Disorders (DSM)

- How might rhetoricians illuminate the changes that occurred in diagnostic categories and criteria between the DSM IV-TR and the DSM V? Between other versions? Between the DSM and the ICD?
- How might a MHRR scholar bring important insight to ancillary DSM texts and diagnostic tools, such as case books, guidebooks, and protocols?
- What might MHRR challenge the ubiquity and power of the DSM? What alternatives for diagnostic precision might MHRR and technical communicators offer?

Clinical Practice

- What can MHRR learn from case histories, patient records and other artifacts from clinical practice?
- What might we learn from patient “noncompliance?”
- How might MHRR contribute directly to bodies of knowledge (in psychology, social work, psychiatry, etc.) that inform clinical practice?
- What exigencies drive pharmacological interventions?
- What insights might MHRR lend to critical discussions of clinical conversations?

Institutional spaces and places

- What insights might rhetorical lenses add to the deinstitutionalization movement and to the wider publics that continue to support or critique it?
- How might MHRR intervene in or comment usefully on the penal system's encounters with mental difference?
- What is the relationship between the “mental hospital” as a monolith and a real, brick-and-mortar site?

Intersectional Perspectives on Mental Health

- How can intersectional approaches to academic research add critical depth to studies in MHRR?
- In what ways do experiences of race, disability, gender, sexuality, class, and other marginalized identities affect the rhetoric of mental health?
- How do such experiences and identities affect the delivery of mental health and psychiatric treatment?

Disability and MHRR

- How might theories and scholarship from disability studies inflect MHRR, including studies of normativity, disabled embodiment, disability policy, social stigma, and disability justice?
- What are the intersections between mental health rhetorics and disability rhetorics?
- What can rhetoricians add to the neurodiversity movement? What are the limits of neuroatypicalities?
- Where can rhetorical theory help illuminate and analyze the lived experiences of people with mental and psychiatric disabilities?

Mental Health in Public(s)

- What models of public rhetoric and public health might be usefully employed to investigate the rhetoric of mental health?
- How does medical rhetoric about mental health figure into debates on public policy related to education, social welfare, employment, and the criminal justice system?
- Where can MHRR make connections between discourses of mental health and its representations in popular media such as fiction, television, film, and social media?
- How can MHRR illuminate the processes through which people are interpellated into self-diagnoses in non-clinical forums and media?

These themes are meant to be generative rather than exhaustive. Please do propose essays and hybrid pieces that extend, challenge or otherwise engage with this call in unexpected ways. The editors and guest editors look forward to reading proposals for traditional academic articles, but are also eager to hear your ideas for other *RHM* genres—persuasion briefs, dialogues, commentaries, and review essays. If you are new to this topic or work in a field outside rhetoric, we encourage you to consider reading Fred Reynolds' 2018 article on MHRR mentioned above and reviewing some of the research listed in the bibliography below.

This special issue will be co-edited by Cathryn Molloy & Drew Holladay in consultation with the RHM co-editors. Special issue proposals will be reviewed and ranked by the journal's editorial board, and manuscripts will undergo the same rigorous peer review process as regular submissions.

Cathryn & Drew are very willing to answer email queries: molloycs@jmu.edu and holladay@umbc.edu.

Please email 500-1000 word proposals (excluding citations) to rhm.journal.editors@gmail.com by **December 10, 2018**.

Completed manuscripts for accepted proposals will be due **March 25, 2018**.

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