



Strategic Interventions in Mental Health Rhetoric

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BOOK REVIEW

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Strategic Interventions in Mental Health Rhetoric, a collection edited by Lisa Melonçon and Cathryn Molloy asks how scholarship can move beyond description to action in addressing problems identified in mental health rhetorical research (MHRR). The focus of each of the chapters in the collection is on “something specific that can be done,” to address rising rates of mental health needs (p. 4). The chapters build on the rich history of mental health rhetoric, work that has sought to define what we mean by “mental ‘illness’ and mental ‘wellness’” (Molloy et al., 2020, p. v). Much of this work has happened through analyses of documentation in the mental health professions, such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) that shape the care of the mentally ill, and through examinations of the history of psychiatry (Berkenkotter & Ravotas, 1997; McCarthy, 1991). In *Strategic Interventions*, the authors recognize this foundational scholarship and seek to extend it by “offering concrete things – these interventions – that can be done” (p. 2). This collection includes an introduction and 12 chapters divided into three sections: Part I: Methodological Interventions, Part II: Legal, Cultural, and Institutional Interventions, and Part III: Pedagogical and Co-Curricular Interventions.

The chapters of Part I present interventions in the form of theory building, an interventional practice that can deepen understandings by expanding existing rhetorical inquiry (p. 15). In Chapter 1, authors Lisa Melonçon and Lora Arduser describe a new perspective they name “collective intimacy” for studying online health communication. Collective intimacy speaks to the “somewhat paradoxical idea that intimate relationships can start with strangers in public [online settings]” and can shed new light on how users benefit from online forums (p. 20). Sean Kamperman expands current theories of inclusivity based on interview and observational findings of students with intellectual and developmental disabilities in Chapter 2. Kamperman includes a reflection on the limitations and affordances of his inclusive tactics, arguing for future research to incorporate similar reflective practices on inclusion. Chapter 3, by Lisa DeTora and Tomeka Robinson illustrates how constructions of domestic violence frequently center heteronormative family structures, failing to consider the experiences of children, the elderly, and nontraditional families. To adequately address the complexity of this health concern, the authors encourage an intersectional lens to fully consider the multiple narratives, experiences, and identities of those impacted by domestic violence. The concepts from Part I – collective intimacy, reflecting on inclusive methods, and applying intersectionality – are three possible directions for extending MHRR in new ways.

Part II: Legal, Cultural, and Institutional Interventions includes examples of authors’ direct application and participation in mental health work. Chapter 4 details Nora Augustine’s experience as a support group facilitator for survivors of domestic violence. Augustine characterizes three strategies used by facilitators to enact rhetoricity – making space, offering words, and paying it forward. In Chapter 5, Lori J. Joseph and Stephanie Kelley-Romano seek to support women recovering from Alcoholic Use Disorder through the changes they propose to *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*, the foundational text of AA. Steeped in the gender norms of the 1940s and 1950s, *Alcoholics Anonymous* excludes broader representations of women and equates normalcy and recovery with a return to family life, “assuming the appropriate roles of mother and wife” (p. 98). Joseph and Kelley-Romano argue for including a greater representation of women in the development of a new edition of *Alcoholics Anonymous* that eliminates dated ideas about gender.

Chapter 6 continues with stories of intervention. Drawing from Burke's concept of identification, Hua Wang explores how crocheting helped a group of mothers to recognize and affirm experiences of postpartum depression and ease symptoms (p. 111). Crocheting was a form of material rhetoric that brought visibility to the reality of postpartum depression and worked toward destigmatization. In the next chapter, "Rerouting Stigma: Leading with Law in Mental Health Rhetoric Research," Mark A. Hannah and Susie Salmon describe specific ways that rhetorical scholars can contribute to legal work regarding insanity pleas. The authors demonstrate how legal pronouncements perpetuate stigma by "unfavorably cast[ing] defendants with mental illnesses as morally unfit and responsible for their actions" and suggest opportunities for rhetorical scholars to lend their expertise in impact litigation (p. 118).

The final two chapters of Part II include Tianna Cobb's personal narrative of the structural racism, shame, stigma, and other barriers that discouraged Cobb from seeking therapy. Through a personal account that draws from recollections of experiencing racial trauma, Cobb encourages others to ask for help and pursue mental health care, and for scholars to utilize participatory research to study Black mental health and reduce inequities. Chapter 9 returns to the topic of inclusivity by pushing MHRR scholars to consider all types of mental illness in research conversations. The chapter presents a powerful narrative that weaves together personal memories with mental health research. Author Cynthia Ryan describes her experience of growing up with a brother diagnosed with severe psychosis and anosognosia and asks how MHRR might account for the cases of mentally ill individuals who are dangerous, unaware, and unwilling to accept their diagnoses and receive treatment. Ryan argues that MHRR work must expand to include such cases and give voice to cosurvivors.

The concluding section of the collection, Part III: Pedagogical and Co-Curricular Interventions suggests ways universities and teachers can intervene to support student mental health. Lynn Reid outlines a faculty workshop using student narratives to assist teachers in adopting an empathetic and understanding stance toward student behavior. College students often struggle with mental health and faculty should recognize that what may appear to be "bad" student behavior may be symptoms of mental illness (p. 161). In Chapter 11, Leslie R. Anglesey and Adam Hubrig analyze the counseling websites and other online resources of 46 universities finding that the language of these sites often frames mental health in problematic ways. A portion of the websites focus on mental health and wellness for the sake of academic achievement, seemingly prioritizing the university's goals of retention and academic success over students' personal wellbeing. These sites also fail to acknowledge the barriers universities have a role in creating for those looking for mental health care (p. 191). Lastly, the closing chapter of the collection, "Online University Mental Health Tools: Definitions and Narratives as Interventions," examines the rhetorical effectiveness of mental health outreach to university students through an analysis of online health tools and tracked student interaction with these tools. Barbara George and Rachael Blasiman indicate several potential interventions that universities, instructors, and counseling centers can implement to mitigate stigma and increase students' likelihood of utilizing counseling resources.

This collection of work extends MHRR by defining new theories, suggesting ways rhetorical scholars can intervene in mental health research and work, and by expanding the body of what is included and discussed in MHRR. Advocating for rhetorical scholars to intervene in mental health work is a bold claim and Melonçon and Molloy acknowledge the forceful connotation of the term *intervention* (p. 3). However, the chapter discussions are careful to not overstep the boundaries of author expertise, but instead present a variety of important ways scholars can and do contribute to mental health work. The chapters avoid the danger of overintervention and show the promise MHRR has in initiating real change. From my perspective, a powerful example includes Augustine's chapter describing the rhetorical work done in support group facilitation. The facilitator plays a crucial role in shaping the discourse of the group meeting, recognizing and supporting members' rhetoricity, their ability to communicate and exchange information, and by doing so reclaiming some measure of self-empowerment. This chapter exemplifies the unique perspective and expertise mental health rhetorical scholars can lend to community efforts addressing mental health.

One area that could be explored more thoroughly is pedagogical applications. Part III is titled Pedagogical and Co-Curricular Interventions and includes three chapters, about half the length of the preceding section, Part II Legal, Cultural, and Institutional Interventions. I appreciated the workshop described in Part III on supporting students' mental health. Reid's workshop guides teachers to greater awareness of student behavior that may suggest mental health struggles. Teachers can engage with students and design policies "with an eye toward empathy" (p. 172). Reid's discussion suggests the importance of proactively designing flexibility and empathy in course policies instead of waiting for students to ask for accommodations and subsequently retrofitting course content. I would have liked to see additional discussion of classroom interventions as so many of our students are facing mental health challenges.

Strategic Interventions in Mental Health Rhetoric stands as a wonderful resource for scholars and students containing a satisfying mix of methodologies, theoretical applications, personal experience, and narrative. The strength of the collection lies in its creative rhetorical approaches that enrich understanding and addresses real mental health problems within communities, schools, and personal circumstances. Several of the chapters stem from volunteer and advocacy work researchers have engaged, personal experiences with seeking mental health care, and the mental health of family members. This concurs with Reynolds (2018) conclusion that MHRR "has almost always been prompted, at least initially, by coincidental friend/family/personal connections to the world of mental health" (p. 3). The inclusion of firsthand experience makes sense with the emphasis on intervention: *Strategic Interventions* succeeds in demonstrating concrete ways in which MHRR scholars have *already done something*, and the chapters tell the story. The collection is a strong contribution to MHRR for scholars and students alike who wish to participate and move forward in work supporting mental health care.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributor

Baylynn VanWagenen is a lecturer in the Merritt Writing Program at the University of California, Merced, and a graduate student at Texas Tech University. She teaches first-year writing, advanced composition, and WID courses. Her research interests include antiracist pedagogy, rhetoric of health and medicine, and contract grading.

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