Psychiatric Disability and Rhetoricity: Refiguring Rhetoric and Composition Studies in the 21st Century

Dissertation

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of The Ohio State University

By

Elizabeth Marie Brewer, M.A., B.A.

Graduate Program in English

The Ohio State University

2014

Dissertation Committee:

Dr. Brenda Jo Brueggemann, Advisor

Dr. Cynthia L. Selfe

Dr. Maurice Stevens

Abstract

"Psychiatric Disability and Rhetoricity: Refiguring Rhetoric and Composition Studies in the 21st Century" examines the ways in which mental health activists in the consumer/survivor/ex-patient (c/s/x) movement reframe medical models of mental illness by asserting their lived experience as valuable ontology. I use a mixed qualitative research methodology to analyze discussion board posts and vernacular videos as well as data from interviews I conducted with c/s/x activists. Seeking to correct the absence in rhetoric and composition of first-person perspectives from psychiatric disabled people, I demonstrate how disability studies provides a position from which the rhetorical agency of psychiatrically disabled people can be established.

In Chapter 1, "Naming Psychiatric Disability and Moving Beyond the Ethos Problem," I contextualize the absence of psychiatric disabled perspectives in the history of rhetoric. By demonstrating that the logic of psychiatric-disability-as-an-ethos-problem functions as an enthymeme that warrants re-examination, I denaturalize discourses that assume psychiatrically disabled rhetors have ethos problems. An interchapter follows Chapter 1, and provides an overview of Chapters 2-5 and my mixed, emergent qualitative research methodology.

In my second chapter, "Interactivity and Rhetorical Ownership: The Icarus Project Discussion Board Posts," I analyze the collaborative creation of a "mad vocabulary" taking place on an active discussion forum within a c/s/x community called the Icarus Project. Using grounded theory methods, I coded over 2,000 discussion board posts written over a span of ten years. Using this data, I demonstrate how individuals participating in the Icarus Project online draw on lived experience to claim "rhetorical ownership" over labels (Sontag 93).

Chapter 3, "Vernacular Videos as Performances of Recovery: MindFreedom International's *I Got Better* Project," forges new ways of including psychiatrically disabled people in rhetoric and composition, and it does so by analyzing critical incidents within a collection of personal stories titled *I Got Better* that discuss recovery from psychiatric disabilities. I theorize stories from within the c/s/x movement function as *performances of recovery*, which contribute situated knowledge to the public discussion of mental health treatment and encourage identification with various audiences.

In Chapter 4, "Constructing a Counterpublic: C/s/x Participants and Leaders Reflect on Alternative Communities" I analyze interviews that I conducted with six c/s/x activists and/or allies. This chapter adds depth to my analyses in Chapters 2 and 3 of c/s/x activists' online rhetorical practices by uncovering the benefits of online communities from users' perspectives. Although online c/s/x communities are publicly accessible and talk back to dominant cultural understandings of mental illness, these interviewees cite personal connections with peers as the main benefit of participation in online communities. I characterize online c/s/x communities as a counterpublic that embraces disability as a defining attribute of the online environment.

My concluding chapter, “Creating Institutional Change by Moving Beyond the Ethos Problem: Pedagogical, Administrative, and Professional Implications,” synthesizes the findings from my research and imagines pedagogies, research projects, and administrative approaches that are designed by and for psychiatrically disabled people. I ultimately argue that first-person perspectives of psychiatrically disabled people are necessary for changing attitudes and professional practices.

Dedication

To my family,
with all my love

Acknowledgements

There is a lot of love in this dissertation. It has always been a project of the heart, fueled by the support of a community.

To my parents, who believed in me always, before I believed in myself. Mom, you are a model of hard work mixed with passion—a combination I hope I've picked up along the way. Dad, I'm grateful for your unconditional support and generosity, and for your belief that this experiment in following my dreams would be worth it.

To my brother, Rob. Your memory is in every one of these pages, and this project would never have existed without you. If you were here, I don't think you'd be surprised at all that I powered through 11 years at Ohio State. You always were convinced I was resilient if nothing else.

To my sisters, Amber and Nicola, for being the best friends a girl could ever ask for. We've really been through it all together. I don't know how I got lucky enough to have two people in my life who take their best friend duty so seriously.

To my family that has grown while I've been in graduate school. The Olsons, for accepting me as a part of your family and for making me laugh until I cry. I smile when I think about you calling my dissertation a romance novel. To the Cennas, for welcoming Brad and I into your clan and for putting my SAGE book on your Amazon wishlist (Jeff).

To my Ohio State community. I am convinced that there could have been no better time for me to be in graduate school at Ohio State. What an extraordinary group of women to go through the program with. Jen, Annie, Julia, Lauren, Katie, Deb, Erika, and Melanie, how is there is such a list of sincere friends who also push my research, teaching, and administrative work to be better? And sincere thank you to Nan Johnson and Kay Halasek for their mentorship.

To my advisor, Brenda. It has been an absolute delight to learn from you and work with you. You are a model of the academic I strive to be. You lead with joy, and I've always loved that about you. Thank you for telling me, yes, I could work in disability studies and rhetoric on that first day I visited your office hours.

To my committee members—Cindy, for adopting me when Brenda went to Louisville, and for not letting me stop at ideas before they've turned to action. Maurice, for teaching me to occupy the space. To you both, for always believing I should be here.

To my mentor, Margaret, for letting me ask all my questions. And for sending me portable fortitude cards. I continue to carry these with me.

And, of course, to my loving husband, Brad. You have made me happier than I ever knew I could be. Thank you for making sure I am more than all work, all the time.

Vita

2003	Mentor High School
2007	B.A., English, The Ohio State University
2009	M.A., English, The Ohio State University
2009 to present	Graduate Teaching Associate, Department of English, The Ohio State University
2014	Graduate Associate Teaching Award, The Ohio State University

Publications

Brewer, Elizabeth, and Brenda Jo Brueggemann. "A View from *DSQ*." *Disability Studies Quarterly*. Special Issue on Growing Disability Studies. Eds. Michelle Jarman and Alison Kafer 34.2 (2014): n.pag. Web.

Yergeau, Melanie, Elizabeth Brewer, Stephanie Kerschbaum, Sushil Oswal, Margaret Price, Michael Salvo, Cynthia Selfe, and Franny Howes. "Multimodality in Motion: Disability and Kairotic Spaces." *Kairos* 18.1 (2013): n.pag. Web.

Brueggemann, Brenda Jo, Elizabeth Brewer, Nicholas Hetrick, and Melanie Yergeau. *Arts and Humanities (The SAGE Reference Series on Disability: Key Issues and Future Directions*). Thousand Oaks, CA: SAGE, 2012. Print.

Fields of Study

Major Field: English
Rhetoric, Composition, and Literacy Studies
Disability Studies

Table of Contents

List of Tables

List of Figures

Chapter 1: Naming Psychiatric Disability and Moving Beyond the Ethos Problem

As the old saying goes, if the only tool you have is a hammer then all problems begin to look like a nail. I don't think this reductionistic and simplistic explanation of our humanness is acceptable.
--Pat Risser[1]

"To be disabled mentally, is to be disabled rhetorically" (Prendergast 202). When Catherine Prendergast wrote these words over 10 years ago, she identified a significant problem for psychiatrically disabled people. Margaret Price has since explained this same difficulty, writing that psychiatrically disabled people are "presumed not to be competent, nor understandable, nor valuable, nor whole" (26). When Prendergast and Price frame psychiatric disability as a rhetorical problem, they do so in large part to take an unstated assumption out of the shadows. What it means to speak from the position of mental difference has been woefully under-studied in the fields of rhetoric, composition, and literacy because psychiatric disability is assumed to make one unreliable—an unequivocally *bad* position to speak from. It is equivalent to speaking from a deficit, through stigma, and effectively outside of rhetoric. Quite simply, if people think an individual is psychiatrically disabled, they don't listen to that person (Prendergast 203; Yergeau). And as rhetorical theorists have known for a long time, the willingness to listen to a person—to communicate with another through discourse, not force—suggests the possibility that we might agree with that person and take seriously what he or she says

---

[1] The epigraphs beginning each chapter come from individuals I interviewed. These individuals are either activists in or allies of the consumer/survivor/ex-patient movement. Chapter Four discusses and analyzes the interviews in more depth.

(Perelman and Olbrechts-Tyteca 55). When we refuse to listen to another's viewpoint, we exclude the other person as a possible interlocutor.

But the observation that psychiatric disability is a rhetorical problem is not only a concern for individuals who have been labeled as such; it is also an issue for the field of rhetoric, which has devoted relatively little scholarly attention to the problem that Prendergast and Price define. When psychiatrically disabled people tell their stories, we rhetoricians have few frameworks that lead us to a nuanced understanding of their perspectives. We lack the theoretical tools to engage the perspectives of a large part of the population, in part because we have failed to engage psychiatrically disabled individuals themselves. The elision of an entire category of people with mental differences is simply unethical and creates an incomplete understanding of the diverse communication practices in our culture.

As medical rhetorician J. Fred Reynolds reminds us, psychiatric disabilities are not rare. At some point in our lives we will be personally affected by mental difference and distress, either our own, or that of a family member, friend, colleague, student, or even a stranger (150). The frameworks we have at our disposal to make sense of psychiatric disability are crucial to all of us. The provocation from Cynthia L. Selfe and Franny Howes, then, that "We need to pay attention to the teaching of composition through the lens of disability studies to remind ourselves of just how much our profession has to learn, and just how much we have been content to ignore" (Yergeau et al.) applies equally to our theory and history. In the field of rhetoric, we need a more thorough and nuanced investigation of the communication practices of psychiatrically disabled people. When we as a discipline recognize that people with mental differences already contribute to our classrooms, conferences, and meetings, we can denaturalize and become troubled by the absence of their perspectives in our scholarship and pedagogy. In this dissertation, I aim to provide such an investigation of the rhetorically rich ways that psychiatrically disabled people are communicating their experiences. I argue that psychiatric disability is more than an ethos problem, and can function instead as a position and identity that provides critical insight into the ways that terministic screens so powerfully and elusively shape our understanding of psychiatric disability.

I began this chapter with a restatement of psychiatric disability as a rhetorical problem according to Prendergast and Price because it illustrates the interconnectedness of diagnoses, rhetors, and their messages. I state that psychiatric disability is a rhetorical problem not to *solve* it or to *deny* it, but to ask, "Is that all?" Of course, the answer is no. There is much more to say about psychiatric disability. With the goal of expanding what psychiatric disability might signify, a critical mass of rhetoricians has been established who have given language to name the rhetorical problem that is psychiatric disability: Jenell Johnson calls it kakoethos (or *bad ethos*), Cynthia Lewiecki-Wilson calls it a lack of rhetoricity, Prendergast calls it a lack of rhetoricability, and Katie Rose Guest Pryal identifies psychiatrically disabled as scapegoats in the Burkean sense[2]. I would add that the lack of psychiatrically disabled speakers and writers in our rhetorical tradition—the silence[3]—is evidence of such a rhetorical problem as well.

---

[2] Kenneth Burke defines scapegoating in *Permanence and Change* as, "in its purest form, the use of a sacrificial receptacle for the ritual unburdening of one's sins" (16). Pryal draws on James Jasinski to further explain that "Burke saw the scapegoat as a means of purifying society of its sins, or of removing its guilt, through a process of 'externalization'" (Pryal 160).

[3] I invoke the work of Cheryl Glenn, specifically *Unspoken: A Rhetoric of Silence*, when I theorize silences as rhetorically generative. J. Fred Reynolds also foregrounds the power of silence to communicate when he writes: "Both those words [in the DSM] and those silences deserve the close and ongoing attention of

The field of rhetoric has given attention to a mere fraction of what psychiatrically disabled people are saying about their experiences. In making this point, I am echoing the work of Jay Dolmage and Rick Carpenter who note that disability is often treated as having a fixed set of rhetorical meanings (Dolmage 105). Carpenter writes that disability is taken for granted as signifying something negative—a lack and a state to be overcome (22). My dissertation project begins from a place of having considered Dolmage and Carpenter's critiques of the near silence in rhetorical theory about disability. Instead of understanding disability as the ultimate negative signifier, I view it as Brenda Jo Brueggemann has, as critical insight that opens up a range of new rhetorical practices as it pushes the field to rethink its normative assumptions and histories. Disability has a range of meanings, many of them "positive and generative," (Dolmage 149) that have yet to be explored. Peter Beresford and Peter Campbell further underscore that "mental patients (if we may characterize them as such)…are struggling through confusion and uncertainty to achieve a positive evaluation for experiences that the majority in society…are determined to confine within negative frameworks" (327). So building on the groundwork of Beresford and Campbell, Brueggemann, Carpenter, Dolmage, Prendergast, and Price, I have sought the perspectives and stories of psychiatrically disabled people in different online spaces to understand how psychiatric disability can be more than an ethos problem, and can in fact be critical knowledge that creates new terministic screens and influences online spaces[4]. As rhetoric and composition expands

---

scholars interested not just in the rhetoric of health care but in rhetoric across the disciplines. People's paychecks, professions, and lives—not to mention their mental health—depend on those words and those silences" (156).

[4] Although much of this chapter focuses on theoretical questions of how psychiatric disability is a rhetorical problem, I cannot stress enough that there are very practical consequences for those who are positioned

the composing locations, modalities, and practices within its purview of study, this dissertation pushes the field to expand the people it recognizes as part of the discipline. As I will demonstrate, when rhetoric and composition interrogates the medical model of psychiatric disability and is open to other models, we find examples of psychiatrically disabled people as skilled, reflective, passionate rhetors.

This chapter lays the groundwork for the subsequent chapters by investigating how psychiatric disability is routinely understood as an ethos problem. I look for origins within the history of rhetoric that inform the view that psychiatric disability is an ethos problem. I then perform what Dolmage would call a *mêtis* reading of theorists throughout the rhetorical tradition who we might understand as including mental differences in their understanding of human communication. This sort of reading employs *mêtis* in the way that it is cunning and tactical, looking for points throughout our received tradition of rhetoric in which mental difference may have been imagined, even implicitly. I end by establishing the present kairotic moment in rhetoric as primed for conceptualizing psychiatric disability as an identity that establishes one's ethos and provides critical insight. Before beginning this work, I reflect on my own use of the term *psychiatric disability*. This reflection and the ways in which language constructs our understanding of mental difference in ways that influence the ethos of psychiatrically disabled rhetors.

---

outside of rhetoric. When one is outside of rhetoric, one is not listened to. And when one is not listened to, other people with more rhetorical power make the decisions. The presence of rhetorical problems should signal to us the presence of oppression, discrimination, and marginalization.

Naming Psychiatric Disability

This dissertation focuses on the rhetorical practices of psychiatrically disabled people, specifically those in the consumer/survivor/ex-patient (c/s/x) movement who are communicating online. The c/s/x movement is comprised of activists who, as Linda J. Morrison has described, are mostly people "who have been diagnosed as mentally ill and are engaged in different forms of 'talking back' to psychiatry and the mental health system" (ix). My particular starting point is the observation that psychiatrically disabled people's perspectives have been left out of the rhetorical tradition; there are very few mentions of mental difference in the history of rhetoric. As a corrective to this relative silence, I look to peer-formed and -run online communities within the c/s/x movement and analyze the ways in which individuals use their experience to construct a credible ethos and argue for the value that their situated knowledge adds to our understanding of psychiatric disability.

My choice in terminology—specifically, *psychiatric disability*—grows out of the need for language to describe a group of people whose credibility is thrown into question because of the way their minds function. *Psychiatric disability* is a strategic alternative to *mental illness*, intended to communicate a critical distance to the illness model of mental difference and distress. I choose an alternative term because, as it will become clear in subsequent chapters, the term *mental illness* has been rejected by many members of the c/s/x community and other disability activists. Disability studies scholar Katie Aubrecht explains from her own experience the negative effect that a label can have on a person: "Being named mentally ill led me to view myself as a problem, my histories and experiences as deficient, defective, and the products of an unfortunate chain of events, and my perceptions as delusional" (31). Many similar stories about the term *mental illness* and the process of receiving a diagnostic label can be found in stories of individuals within the c/s/x movement.

I will return later in this chapter to a critical reflection on the term *mental illness* and my choice of the term *psychiatric disability*. For now, I will address a question I am sometimes asked about what I mean by the term *psychiatric disability*, specifically how capacious it is and what diagnoses fit within it. This question of what specific DSM-V diagnoses "count" under the umbrella of *psychiatric disability* is not as easily answered as it might seem. It takes only a mental exercise in analogy to understand my point here. For example, try defining what "counts" as a disability or as a particular ethnicity, and you get a sense of how individual these identity terms are.

As a case to support my point, I will share a story from a recent experience at the *Conference on College Composition and Communication*, at which I volunteered to work a shift at the Access Table near the main conference registration. The Access Table is run by the Committee on Disability Issues and provides information about making accessible presentations and about how to navigate the conference hotel and surrounding area. One of the handouts was a list of vegetarian and gluten-free restaurants in the area. I was warned before my shift at the table that visitors might ask me what counts as a disability and why particular information (like that regarding food options) would be at a table ostensibly related to disability. Full disclosure: no one asked me these questions. But I did start to mentally prepare answers to how gluten-free foods relate to certain illnesses and disabilities. I realized I might be able to argue the connection between gluten-free foods and some disabilities, but the larger issue is that this opens up a tricky thought process. Won’t some people who do not consider themselves disabled be interested in gluten-free food options? Doesn’t access benefit more people than just those with disabilities? How do I explain what the Access Table does and who it is for?

My point is that even for terms we think we understand and agree upon, such as *disability* and *access*, we reveal gray areas in our understanding once we start putting pressure on our definitions. And in the example of *disability* and *access,* putting pressure on these definitions reveals that accessibility is a concern for all people. This anecdote about the Access Table relates to psychiatric disability because it demonstrates that what “counts” s psychiatric disability is fluid and context-dependent. In many cases, it depends on who you ask. Generally, the term includes what are commonly labeled diagnoses like schizophrenia, bipolar disorder, depression, post-traumatic stress disorder, multiple personality disorder, borderline personality disorder, anxiety disorders, and anything commonly referred to as *mental illness*.

These medically determined labels come from the American Psychiatric Association, the publishers of the DSM-V, which uses the general term *mental disorder*, rather than *psychiatric disability*. The DSM-V utilizes an illness model for characterizing mental difference. The individual diagnostic terms within the DSM-V have become so well accepted as the official language for making sense of mental difference, they are what Jack Selzer calls a “power rhetoric” (qtd. in Zerbe ix). The DSM-V commands such authority that it can seem as if its diagnostic framework is a “view from nowhere,” absolute in its power and origin (Nagel 3). It is not an overstatement to write, as Reynolds has, that what is and is not accepted as scientific fact about psychiatric disability is determined by what is and is not included in the DSM-V (153).

The Americans with Disabilities Act (ADA), on the other hand, includes people with psychiatric disabilities as part of the larger category of disability. According to the ADA, being disabled is defined as having: "(1) a physical or mental impairment that substantially limits one or more major life activities of an individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment." Psychiatric disability is defined by the ADA as "any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities." Because the ADA encompasses both physical and mental disabilities in its political coverage, psychiatric disability is imagined in this document as an issue of rights needed across the disability community. In a similar move of imagining both mental and physical difference under one umbrella, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has a general definition of disability that includes psychiatric disability: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (4).

Of course there are differences in the phrasing of each group's definition of psychiatric disability. And there are certainly differences in the experiences that each diagnosis is meant to describe. But there are differences within any group; the choice to name a collective identity is a strategic move that helps bring people together under a common term. My initial plan for deciding how to talk about psychiatrically disabled people as a group was to use the terminology that the online c/s/x communities in my study use. The participants in these online c/s/x communities self-identify as fitting in with each group. In other words, they are not required to provide a diagnosis or prove their status as a psychiatrically disabled person to participate in these sites. While I wanted to adopt the terminology of these online communities, it quickly became clear that there was no consensus among different communities (and, really, why did I think there would or should be?). Each group uses different language to describe their identity and mission, and within each group, individual participants choose their own labels. But c/s/x activists are not the only ones suggesting new language for mental difference; scholars in disability studies are also deeply invested in the ways that terminology shapes our understanding of mental difference. A discussion thread from the Disability Studies and Humanities listserv in March 2011 bolsters this point, as many list members joined a conversation about the range of language used to name psychiatric disability. The discussion prompted members of the list to identify their preferred terms for psychiatric disability, which are listed in the box below:

Consumer/survivor/ex-patient
Disabled people
Disability of the mind or bodymind
Mental and physical disabilities
Mental disability
Mental illness
Neuroatypical
Neuro-cognitive and affective disabilities
Neurodiversity
Personality disorder
Psychiatric disability
PsychoCrips
Psychosocial disability

The range of responses is striking—thirteen different terms were mentioned by far more than thirteen responders to the discussion thread. But even more interesting to me is that the conversation about terminology is not confined to this one listserv thread from 2011. In July 2012, a similar thread on the DS-HUM listserv resurfaced when a member of the list, Genevra Jones, posted the following:

> Since I've been a member of DS-HUM the term “mental illness” has repeatedly been used on this listserv. Although at various times posters have tried to call attention to the obviously (or not??) problematic politics of the term, the conversation never really seems to have gone anywhere. I simply hope that DS scholars might endeavor to be a little bit more careful or self-conscious when invoking biomedical constructs (i.e. “illness”) that not only clash with socioecological theories of disability, but have been actively opposed by many, many members of the user/survivor activist movement.

The result of Jones’ post was that many members of the list wrote in defense of their own preferred terms for psychiatric disability, some of which relied on biomedical constructs that others vehemently opposed. But the motivation that each person had for one term over another was rooted in the term’s power to construct mental difference in a particular way. By claiming an identity over an illness, or any other discursive framework, listserv members understood that they were arguing for a particular view of psychiatric disability.

At the bottom of Jones’ original post, she directed list members to an essay published in April 2012 by David Oaks, the director of a large c/s/x community titled MindFreedom International. Oaks’ article lends support to Jones’ point about the biomedical bent of the term *mental illness*. The essay by Oaks, titled, “Let’s Stop Using the Term ‘Mental Illness’” begins by asking: “How can we be more inclusive with our language in the mental health field?” and, “How can we show those who have been marginalized by psychiatric labels that we are listening and welcoming?” Oaks goes on to clarify that his essay is not about being "politically correct" because “what is ‘correct’ changes with the winds and tides and individual.” But it is clear that for Oaks, Jones, and many others, there is considerable power in what terms and labels are used, and thus it is worth carefully choosing our language about psychiatric disability.

Among the many existing choices in terminology, I use the term *psychiatric disability* because of what both *psychiatric* and *disability* communicate. *Psychiatric* communicates the focus on “disordered minds” as Price has called them (4), as opposed to those with differently functioning brains in the form of low IQs or learning disabilities. Some scholars, namely Lewiecki-Wilson and Price, have found it helpful at times to use the more general term *mental disability*, which groups together those with psychiatric, cognitive, and developmental disorders. I have chosen *psychiatric* over *mental* to signal the narrower focus of my project, as well as to embrace the ambiguity and complexity of exactly *what* creates the disability (i.e. the discipline of psychiatry or the things that psychiatrists study, rather than the individual’s mind). The term *disability* has a rich implication that in studying disordered minds, we are studying more than “problems” of “ill” individuals. As Simi Linton explains in her book, *Claiming Disability*, “a premise of most of the literature in disability studies is that disability is best understood as a marker of identity…When disability is redefined as a social/political category, people with a variety of conditions are identified as *people with disabilities* or *disabled people*, a group bound by common social and political experience” (12). My use of the term *disability* implies a group identity, and is meant to signal a deviation from the medical concept of *mental illness*, which implies a brain disease.

In recent years, scholars such as Beresford, Katie Aubrecht, Bradley Lewis, Prendergast, and Price have pushed for psychiatric disability to be more firmly part of disability studies. Beresford in particular has noted that not only are there “significant overlaps between the two populations," but that regardless of how "we as disabled people or psychiatric system survivors may think of ourselves, we are still lumped together within the same externally imposed definitions, administrative categories and statistics," and "we are both subject to discrimination and oppression" (169). Despite the differences that insiders might identify between physically disabled people and psychiatrically disabled people, outsiders often understand these groups as simply part of the disability community. The language of the ADA and UNCRPD lends heft to broader conceptions of disability. I use the term *psychiatric disability* to signal my own support of cross-disability conversations.

The move to challenge how we talk about psychiatric disability and the terms we use, which I am engaging in along with scholar-activists like Genevra Jones and Oaks, can be understood in broad strokes as tackling an inherent trouble with the heteroglossic nature of language. No language is neutral, and as Mikhail Bakhtin phrases it, "language has been completely taken over, shot through with intentions and accents" (293). When disability studies scholars and c/s/x activists argue for new terms to understand mental difference, they shift the intentions of the terms to reflect their own values, experiences, and power.

Psychiatric Disability as an Ethos Problem

The DS-HUM listserv thread demonstrates current efforts to redefine *mental illness*. But the exigency for creating new terministic screens stems from the loss of power and credibility that comes with being labeled *mentally ill*. There is no shortage of examples of the many ways that a person loses control over his or her own life once he or she is believed to lack credibility. A study conducted by Jonathan Metzl of the archives from just one American mental institution, the Ionia State Hospital for the Criminally Insane in Ionia, Michigan, provides insight in the loss of control that patients experienced. This hospital was relatively small, and had around 1,500 patients residing there throughout the middle of the 20th century (7). As Metzl selected a sampling of patients' charts to study in more detail, he found that patients' perspectives were routinely not valued. Metzl describes the charts kept about the patients as documentation of "the tragedy of what it meant to be warehoused in a state asylum at mid-century…A number of charts contained yearly notes from patients to their doctors voicing such sentiments as 'Doc, I really think I am cured,' or 'Dear Doctor, I believe I am ready to go home,' or 'You have no right to keep me here after my sentence is over'" (12). These sentiments were far from rare in the hospital records. In fact, Metzl found that the letters in some charts were stacked "thirty-deep, signifying years of pleading and longing and anger" (12). The patients' living conditions were controlled by those in positions of authority, and this authority came with greater rhetorical power: doctors, institutional staff, judges, and sometimes their own family members' perspectives were valued more than the patients' own perspectives. As the examples above show, when a person's perspective is thrown into question and they are not thought to be reliable communicators—because of psychiatric disability or otherwise—they can lose control over every aspect of their lives. If a person lacks credibility, his or her ethos problem can result in very real, tangible losses of autonomy. Beresford and Campbell have described what I am calling an ethos problem in their evaluation that:

> A mental illness diagnosis and use of mental health services, although sometimes helpful in easing confusion and distress, effectively mark out the individual as a citizen of lesser value. This is confirmed by their arrival at the bottom of the pile—isolated, distrusted, largely unemployed and dependent on the welfare system. (327)

When a person has a label of psychiatric disability, this label is often reason enough to damage that individual's credibility. In other words, psychiatric disability as reason for a damaged ethos functions as what Krista Ratcliffe calls a *postmodern enthymeme* in the way that it is almost beyond question. Postmodern enthymemes are assumptions and unstated reasons that "drive the status quo because the speaker/writer assumes the reasons to be self-evident; if someone does not find the reasons to be self-evident, then that someone is an outsider to the powers-that-be-that-decide-assumptions" (Ratcliffe 281). The understanding that psychiatric disability is a rhetorical problem is one such postmodern enthymeme or self-evident statement. It is so widely accepted that it is difficult to propose alternatives to or talk back to it. The common understanding of psychiatric disability relies on the unstated assumption that "disability is a property of human bodies, a deficit or lack in the human body that belongs to the individual whose body it is" (Brueggemann et al.).

Of course, it is a tricky thing to explore postmodern enthymemes, which by definition seem beyond the need for explanation. But Linda Flower urges rhetoricians to analyze "the implicit messages naturalized into unquestioned assumptions" (137). We can detect the presence of postmodern enthymemes in the way that they get taken up as viable arguments. In the case of psychiatric disability, it is used as a comprehensive reason for a character's unreliability. We could back this up by citing well-known cultural examples like Don Quixote, John Forbes Nash Jr. (played by Russell Crowe in the film) in *A Beautiful Mind*, or The Narrator (played by Edward Norton in the film) in *Fight Club*, who are all characters that readers and viewers come to distrust and whose mental functions put the reliability of their perspective into question. The label of a psychiatric disability explains the ethos problems of these characters and provides a framework in which their unreliability makes sense to a presumably neurotypical audience/readership. These texts use psychiatric disability as what David Mitchell and Sharon Snyder call "narrative prosthesis"; the characters' mental differences are a narrative tactic that function solely to signal a skewed, false version of reality—what narrative theorists refer to as an unreliable narrator. The narratives do not attempt to generate frameworks in which the psychiatrically disabled characters' experiences might make sense. Once their perspectives are labeled as abnormal and stemming from illness, they signify an unreliable perspective. The "rhetorical black hole" (Prendergast 198) these characters are speaking from gets taken up as a narrative device.

In the examples above, and oftentimes in life, once the reader/viewer understands the character as having a psychiatric disability and sees his/her viewpoints as flawed or skewed in some way, that particular character becomes discredited and the story then becomes clearer. The label of a psychiatric disability has the power to make the story clearer because it places it within a familiar framework. Simply put, psychiatric disability has explanatory power that is so great it functions as having unquestioned truth value—what Jean-François Lyotard has called a "grand narrative." When one is labeled *mentally ill*, *crazy*, *insane*, or any other range of terms, these labels explain a person's potentially incomprehensible behavior in terms that are comprehensible. Furthermore, labels of psychiatric disability impose inevitability onto a person's actions through a logic that a person is bound to behave a particular way because of one's mental difference.

One such example of psychiatric disability carrying explanatory power is the insanity plea that is part of our court system. A person on trial can only be found not guilty, guilty, or insane, and if that person is found insane, this fact serves as an explanation for the crime and that individual is now thought to need "treatment" as opposed to "correction" (in the case of a guilty verdict) or "freedom" (in the case of a not guilty verdict). Or we might consider how the news media regularly explains violent behavior as a result of a psychiatric disability. Price finds that in press reports on school shootings, coverage centers less on *what* happened or *why* it happened and more on *who* the school shooters are. By focusing on the school shooter's identity (by delving into details of that person's life, such as journal writings, hobbies, favorite music, and even known or assumed medical diagnoses), these details about the individual are used to explain the inevitability that this person would become violent. As Price puts it, news stories tend to focus on the secret lives of shooters, and these "secret lives" are thought to "contain the details that explain their violent acts" (143). Price goes on to explain that in these representations of the shooters, psychiatric disability is located "*within* the individual killers, marking the 'crazy,' 'troubled' aspects of their personalities, and hence reify[ing] 'our' (the putatively normal readers and creators of such representations) status as normates[5] (143).

---

[5] Rosemarie Garland-Thomson defines the "normate" as "the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them. If one attempts to define the normate position by peeling away all the marked

To put what I have just called "the explanatory power of psychiatric disability" into terminology more familiar to rhetoricians, I see the explanatory power of psychiatric disability functioning as a terministic screen. Kenneth Burke explains what he means by terministic screens through an analogy. He writes that terministic screens are like different color filters used to develop the same photograph. His point is that the same photograph can be made to look quite different depending on what color filter is used. Burke explains that we are always using terministic screens; it is the way we understand the world, and there is no understanding outside of terministic screens (1344). He explains, "We must use terministic screens, since we can't say anything without the use of terms, whatever terms we use, they necessarily constitute a corresponding kind of screen; and any such screen necessarily directs the attention to one field rather than another" (1344). Building on Burke's concept of terministic screens, I am interested in how psychiatric disability as a term and idea functions as a terministic screen in specific ways. A starting point for thinking along these lines is that when a person is understood as having a psychiatric disability, this label carries with it an entire set of values; psychiatric disability is a culturally specific framework for understanding certain behaviors or certain people's behaviors.

Models of Disability in their Function as Terministic Screens

Burke's concept of *terministic screens* not surprisingly gets more attention within the field of rhetoric and composition than it does in other fields. However, while other disciplines less frequently use the term, they delve into similar issues of the ways that

---

traits within the social order at this historical moment, what emerges is a very narrowly defined profile that describes only a minority of actual people" (8).

language directs and shapes our understanding of the world. My interest in terministic screens that imply a particular understanding of psychiatric disability has been addressed in the field of disability studies, to some extent, through models of disability. Scholars in disability studies have named specific models of disability that are often used as frameworks for understanding what disability is and means. According to the Michigan Disability Rights Coalition website:

> Models of Disability are tools for defining impairment and, ultimately, for providing a basis upon which government and society can devise strategies for meeting the needs of disabled people. They are often treated with skepticism as it is thought they do not reflect a real world, are often incomplete and encourage narrow thinking, and seldom offer detailed guidance for action. However, they are a useful framework in which to gain an understanding of disability issues, and also of the perspective held by those creating and applying the models.

Essentially, these models of disability are terministic screens because they structure the way we define disability, what we think causes disabilities, and how we think we should respond to disabled people. In the above explanation of the models from the Michigan Disability Rights Coalition, the models of disability are described as "incomplete" by skeptics. This is certainly true—no one model of disability provides a complete explanation of what disability is or what it is like to live with a disability. Burke explains the limits of terministic screens (which applies to the models of disability and to all language) in the following way: "Even if any given terminology is a *reflection* of reality, by its very nature as a terminology it must be a *selection* of reality; and to this extent it must function also as a *deflection* of reality" (45). What Burke's quote makes clear is that the terms we use direct and limit the observations we can make.

The medical model of disability is a powerful terministic screen in American culture; it explains psychiatric disability in a particular way, and it deflects/leaves out competing explanations of mental difference. For example, the Mayo Clinic's website, a popular source for online medical knowledge, provides a medical definition of major depression as, "a chronic illness that usually requires long-term treatment, like diabetes or high blood pressure…Most people with depression feel better with medication, psychological counseling or other treatment." This definition is from a medical model perspective, and as such it explains major depression by comparing it to other health issues like "diabetes" or "high blood pressure." Furthermore, this definition includes the terms "chronic," "illness," and "treatment," all of which situate major depression squarely within a medical framework. Since the medical model is prevalent in our culture, it is often difficult to think of it as a model at all; it often appears in the media, everyday conversations, and our classrooms as an objective description of the health/illness of bodies. But medical understandings—and I'll continue with the Mayo Clinic example here—of major depression "select" a particular view of depression and "deflect" other views, such as how difficult it can be to deal with social stigma or the loss of friends, or how a diagnosis of major depression can change the way a person understands his or her own identity.

Another terministic screen that is used to understand disability in a very different way than the medical model is the social model of disability. As Price puts it, the social model "shifts the 'problem' of disability away from individuals and toward institutions and attitudes" (4). A social model approach to understanding psychiatric disability asks how forces outside the individual (physical and attitudinal) are responsible for creating definitions of psychiatric disability and can be modified to make the environment easier for all people to live in. I bring up multiple models of disability functioning as different terministic screens in order to show that the way we talk about and understand disability is not fixed.

Psychiatric Disability in the History of Rhetoric

While the concept of terministic screens allows the theoretical argument to be made that there are multiple ways to understand psychiatric disability, a dominant paradigm of illness and ethos problems persists in mainstream ideas. A 1990 survey conducted by the National Alliance for the Mentally Ill reported that "71% of the lay population thought severe mental illness was only a display of emotional weakness, 35% though that it was not an illness but a display of sinful behavior, 45% thought that the mentally ill imagined their illnesses and could will them away if they wished, and 43% believed mental illnesses were incurable" (Reynolds 153). And a similar study conducted in 2006 showed comparable public opinion to the 1990 survey (Johnson 468). Given this data, it seems fairly uncontroversial to conclude that psychiatrically disabled people are not usually considered credible, believable, or reliable sources of information.

This skepticism, distrust, and sometimes fear of people with differently functioning minds is so entwined with other widely held beliefs about personal autonomy, how thought and speech/writing are related, and the mind/body split that it is hard to shake—both for society in general and in the field of rhetoric and composition.

After all, as scholars of rhetoric have pointed out in recent years, it seems straightforward to state that, “If people think you’re crazy, they don’t listen to you” (Prendergast 203). This connection between psychiatric disability and rhetoricity is a postmodern enthymeme, seemingly beyond explanation. But why is it so common to think of psychiatric disability as an undesirable rhetorical position to speak from—a problem of ethos? Have we inherited this view from earlier rhetorical scholars, and is that really all we have to say about psychiatrically disabled people?

To explore this question, I analyze texts in the rhetorical tradition with a specific focus on the way mental difference is understood. My reading of key points in the rhetorical tradition does not provide a linear or comprehensive history of rationality, irrationality, or reason in the history of rhetoric. Such a history is not my goal. Rather, I look back at our canon from a disability studies position, examining fleeting mentions of mental difference and searching for clues. My approach is what Jay Dolmage describes and models as *mêtis* rhetoric and *mêtis* historiography in its attempt to “layer a rich variety of meanings, array the stories that are most contested, and offer double and divergent means of engaging these stories” (6). Dolmage describes *mêtis* as “backwards and sideways” (7) movement. And when taken as an approach to re-reading rhetorical theory, *mêtis* can result in recognition of new moments that imply psychiatric disability in a consideration of communication.

In most of the texts in the rhetorical tradition, little more than a sentence or two is devoted to those with psychiatric disabilities. And without exception (or surprise), the terms used to describe mental difference are wide-ranging and different than my preferred term, *psychiatric disability*. Throughout our disciplinary canon, the brief engagements with “unreasonable minds” communicate that to be psychiatrically disabled is a problem. That psychiatric disability is an ethos problem seems unlikely to have escaped any audience, which is presumably why it is given little attention by rhetorical theorists. Until very recent scholarship in rhetoric and disability studies, in no case is the mention of mental difference the real focus of any rhetorical theory.

Rhetoricians have said little about psychiatric disability because, in fact, the history of rhetoric is the history of reason. Although the treatment of reason has changed throughout the rhetorical tradition, the ability to appear reasonable or to understand how others’ minds reason are core questions in the field. As early as Aristotle, rhetoric was defined as a “rational art” that offers “strategies for the *appeal* to reason” (Atwill 32). During the Enlightenment, Francis Bacon and John Locke advocated for clear language over stylistic ornamentation in order to create a better chance of communicating the truth of the message from one person to another (Bizzell and Herzberg 11). In the nineteenth century, Alexander Bain’s faculty psychology, though a departure from the rest of rhetorical history, was fundamentally concerned with the mind’s functioning as the key to understanding how to best communicate in any kairotic moment (13). Although the twentieth century and beyond is marked by a distrust of reason and objective knowledge, rhetoricians such as Wayne Booth searched for an understanding of how people are persuaded in everyday life. He hoped to avoid two polar views of reason—scientism and irrationalism—by examining the many types of knowledge people use to form an opinion (1491). I hope that these brief flashpoints in the history of rhetoric provide the impression that rhetoric has always been concerned with defining reason and chiefly with reasoning *well*. Though the theories have changed drastically over time, the consistent goal of persuading audiences has steered scholarship toward the most fit, reasonable, and successful rhetors. This has resulted in little conversation about psychiatric disability.

Some examples of brief mentions of psychiatric disability from the rhetorical tradition are:

- **Plato:** "For no man fears the mere act of dying, except he be utterly irrational and unmanly…" (*Gorgias* 135).
- **Plato:** "And that there are two kinds of madness, one arising from human diseases, and the other from a divine release from the customary habits" (*Phaedrus* 159).
- **Quintilian:** "Nothing indeed is so preoccupied, so unsettled, so torn and lacerated with such numerous and various passions, as a bad mind; for when it intends evil, it is agitated with hope, care, and anxiety, and when it has attained the object of its wickedness, it is tormented with uneasiness, repentance, and the dread of every kind of punishment. Among such disquietudes, what place is there for study, or any rational pursuit?" (*Institutes of Oratory* 413)
- **Francis Bacon: "**And no wonder that superstitious rites and ceremonies are attributed to Bacchus, when almost every ungovernable passion grows wanton and luxuriant in corrupt religions; nor again, that fury and frenzy should be sent and dealt out by him, because every passion is a short frenzy, and if it be vehement, lasting, and take deep root, it terminates in madness" (*Novum Organum* 75).
- **George Campbell:** "By madness, a disease which makes terrible havoc on the faculties of the mind, it [common sense] may be in a great measure, but is never entirely lost" (*The Philosophy of Rhetoric* 909).
- **Friedrich Nietzsche: "**There is always some madness in love. But there is also always some reason in madness" (*Thus Spake Zarathustra* 49).

The above passages deal either with madness as a concept (Plato, George Campbell, and Friedrich Nietzsche) or with a bad or irrational mind (Quintilian and Francis Bacon). And although these few examples lend evidence to my claim that psychiatric disability is a rhetorical problem, authors in the rhetorical tradition have actually said fairly little about psychiatrically disabled rhetors. On the other hand, what *has* been addressed at length in the history of rhetoric is the concept of reason, which is arguably the opposite of psychiatric disability. The idea that a speaker or writer must appear reasonable to communicate well is a theme throughout the history of rhetoric, so much so that it seems to go without saying. Most theorists have stated that demonstrating reason is a critical part of persuading an audience, and this point justifies the idea that rhetoric need not pay attention to those who do not demonstrate reason, or whose status as a reasonable person is in question.

The Prominence of Reason in Aristotle

As a way of beginning to understand how the idea of the reasonable rhetor is a cornerstone to almost all of rhetorical theory, I examine the role of reason in Aristotle's foundational text *On Rhetoric*. I focus on Aristotle's *On Rhetoric* because it is the original text that provides the rhetorical appeals of logos, ethos, and pathos, which still function today as a common vocabulary and basis for conducting rhetorical analyses. As George A. Kennedy explains, Aristotle's "system of rhetoric can, and has been, used to describe the phenomenon of speech in cultures as diverse from the Greeks as the ancient Hebrews, the Chinese, and primitive societies around the world; and it can be used to describe many features of modern communication" (21). By focusing on how reason has been integral to rhetoric in Aristotle's highly influential text, I can uncover the assumption that successful communication requires reasonable people and well-reasoned arguments. While Aristotle's theory of rhetoric clearly praises the well-reasoned argument, it does not say much about those arguments that are *not* well reasoned, as I have mentioned is the case with many rhetorical theories. To be clear, by focusing on reasonable arguments, Aristotle's theory of rhetoric *technically* does not exclude psychiatrically disabled rhetors; but it *effectively* does by deflecting attention away from non-normative rhetors. We know, too, from Aristotle's *Generation of Animals, Nicomachean Ethics*, the *Poetics*, and the *Politics* that he viewed mental and physical disability—and certainly a lack of reason—as an aberration of the norm. James C. Wilson and Lewiecki-Wilson have pointed out that in Aristotle's *Generation of Animals* he describes physical differences that depart from the norm, which is an able-bodied male, are "monstrosities" that deem individuals less than human (13). And Aristotle further defines what he calls the "bestial character" in the *Nicomachean Ethics* as a moral character to be avoided, but that it can be the result of "disease or arrested development" and includes "those who lose their reasoning to some disease such as epilepsy or through insanity" (qtd. in Wilson and Lewiecki-Wilson 13).

Aristotle's *On Rhetoric* is undoubtedly important to rhetorical theory because it has defined the appeals to logos, ethos, and pathos and outlined epideictic, judicial, and deliberative rhetoric, which are concepts that have been foundational to the discipline of rhetoric. Ethos is just one rhetorical appeal, but Aristotle notes its importance by saying that "character is almost…the most authoritative form of persuasion" (39). In defining ethos as a means of persuasion, Aristotle is in effect saying that the speaker's character is constructed through language. In other words, Aristotle says that it does not matter whether or not the speaker is actually a good man. It matters whether or not the speaker can present himself as a good man to his audience. Aristotle is unequivocal on this point; he separates non-artistic (atechnic) from artistic (entechnic) appeals and positions rhetoric as only dealing with artistic appeals. Anything non-artistic, such as witnesses, evidence, contracts, and presumably also the facts of a speaker's life such as ethnicity, gender, income, education, ability, morals etc. do not factor into the audience's perception of the speaker. Ethos is only constructed by what the speaker says. In Aristotle's words, ethos "should result from the speech, not from a previous opinion that the speaker is a certain kind of person" (39).

Although Aristotle doesn't require that a speaker *possess* reason it still factors largely in Aristotle's *On Rhetoric* because he says that audiences generally find a reasonable orator persuasive and appealing. Simply put, for Aristotle the persuasive speaker must appear reasonable. As I noted above he claims that "we believe fair-minded people to a greater extent and more quickly [than we do others]" (38). Aristotle argues that the speaker must portray himself as a reasonable person to his audience if he hopes to be persuasive.

Beyond Reason: Kenneth Burke's Expansion of Rhetoric

Certainly, by transitioning from Aristotle's conception of rhetoric to Kenneth Burke's theories, much of rhetorical theory has been skipped over. But I make this leap across many years and many scholars—not because the contributions to rhetoric from scholars in between Aristotle and Burke are not unique or important—but because examining Aristotle's rhetoric and then Burke's rhetoric highlights the broad difference between (1) rhetorics that focus on how to construct effective arguments and (2) theories of how communication works. I view Aristotle and much of early rhetorical theory in this first category, and Burke and much of contemporary rhetorical theory in this second category. Such a distinction matters to understanding psychiatric disability in the history of rhetoric because the way we define rhetoric dictates who can be an effective communicator and what counts as persuasion. A *mêtis* approach to reading rhetorical theory across time periods makes it possible to explore this distinction. The legacy of Aristotle's rhetoric encourages theory to develop in the direction of categorizing tropes, figures, and language choices used to communicate well. A binary is created of persuasive/not persuasive, effective/ineffective, etc. On the other hand, the legacy of Burke's rhetoric encourages a complex examination of how people reach mutual understandings. Rather than providing a guide for speakers and writers to use in constructing arguments, and thus passing judgment on some language use as more persuasive than others, Burke constructs frameworks for understanding all types of communication. His theories are descriptive, rather than prescriptive.

The particular way in which Burke's theories describe language is through rhetoric, which he defines as "the use of language to form attitudes and influence action," and he expands the scope of rhetorical analysis to include all forms of language (1295). It is not an understatement to say that Burke's rhetoric encompasses almost everything. Unlike Aristotle, Burke does not prescribe types of reasoning (i.e. enthymemes or examples), nor does he profile types of audiences. Because Burke avoids prescribing certain ways to use language, he paves the way for psychiatric disability to be something other than an ethos problem. Although the intent behind Burke's work was not to include psychiatrically disabled people in his theory of rhetoric, his theories do allow them to be considered more than rhetorical problems because he is not advocating for certain types of speakers or certain types of language use.

One of the key ways in which Burke is different from most rhetorical theorists before him—with the exceptions of the Sophists and Nietzsche—is that he focuses on how language constructs reality. He argues that "much of what we take as observations about 'reality' may be but the spinning out of possibilities implicit in our particular choice of terms" (46). Burke complicates any direct relationship between thought, language, and referents. For example, in *A Rhetoric of Motives*, he says, "…however 'pure' one's motives may be actually, the impurities of identification lurking about the edges of such situations introduce a typical Rhetorical wrangle of the sort that can never be settled once and for all, but belongs in the field of moral controversy where men properly seek to 'prove opposites'" (26). We can use Burke to show how our idea of reason is not as pure as past theorists thought because how we understand the mind is partly created through the language we use to understand it. What we even understand as reason—and, thus, unreason—changes throughout history, human experiences and cultures, and the language we use to talk about reason.

In *Language as Symbolic Action* (1966), Burke distinguishes between two predominant and particularly powerful epistemologies: his *dramatistic* approach to the nature of language and the widely accepted *scientistic* approach. Not surprisingly, each epistemology is intimately connected to how a person uses language and understands the capacity of language to communicate. He explains, "A 'scientistic' approach begins with questions of *naming*, or *definition*. Or the power of language to define and describe may be viewed as derivative…" (44). In short, the "scientistic" approach is how language is most often envisioned in Western culture; it is the idea that language is used to describe the world, rather than to create it. On the other hand, a dramatistic approach is "a technique of analysis of language and thought as basically modes of action rather than as means of conveying information" (54). He argues that scientistic language and the search for the natural or the reasonable (what we are accustomed to knowing as true, clear language) is a terministic screen. Terms do not simply describe the world, but they *create* the world in the way that they always provide only one perspective out of the many possible perspectives. Thinking of language in terms of how it works dramatistically allows us to see that all language makes some things apparent and hides others. The insight into how language works that we get from thinking dramatistically is obscured by the scientistic view of language, which encourages a view of language as a clear reflection of the world.

Unlike scientistic ways of using language, which aim at certainty, dramatistic modes embrace ambiguity. Dramatism offers us terms that are general enough to consider the rhetorical motives in any situation (act, agent, scene, agency, purpose) and allows us to see that the way one gets the assent of another person is through what he calls identification. He explains identification as: "A person is persuaded by identifying your cause with his interests" (*A Rhetoric of Motives* 24). Communication is not about appealing to another's mental faculties in the right way (as scientistic language might suggest), but it is about creating arguments or ideas that have a common ground between the speaker and the audience. As we try to understand how rhetorical theory can be used to talk about psychiatric disability, we can read Burke as saying that an effective ethos does not depend on the speaker being reasonable, but it instead depends on the speaker's ability to construct a common ground with the audience.

In this scheme, rhetoric is not agonistic; it is about transcending differences to get to an agreement. In fact, Burke does not define the human as reasonable, so this is not the one thing that all humans should be able to identify with. Instead, his definition of the human is: “the symbol-using (symbol-making, symbol-misusing) animal, inventor of the negative (or moralized by the negative), separated from his natural condition by instruments of his own making, goaded by the spirit of hierarchy (or moved by the sense of order) and rotten with perfection” (16). What defines a human for Burke is his use of language and symbols—in a multitude of forms. And although Burke does not explicitly discuss how psychiatric disability falls within the purview of rhetoric, his concept of terministic screens and his expanded scope for rhetoric makes it possible to see how an unreasonable rhetor is part of rhetorical studies, rather than outside of it.

Chaim Perelman and Lucie Olbrechts-Tyteca’s Challenge to Reason

Similar to Burke, Perelman and Olbrechts-Tyteca’s theories can be used to position psychiatric disability as part of rhetorical studies, despite the fact that the authors did not have this goal when composing their theory. While Burke expands the study of rhetoric to include all human experiences, Perelman and Olbrechts-Tyteca look to everyday people to build their rhetorical theory of how language works. They examine how “non-formal arguments” or everyday speech and writing actually communicate in context. Their theories about rhetoric grow out of their analysis of such everyday arguments “put forward by advertisers in newspapers, politicians in speeches, lawyers in pleadings, judges in decisions, and philosophers in treatises” (10). By studying everyday language use, rhetoricians expand the types of people and communication they study. But

Perelman and Olbrechts-Tyteca point out that studying non-formal arguments is a distinct break with the type of language that was studied prior to their work. They note in particular that most treatises on argumentation study the language of philosophers. In an attempt to move away from studying argumentation that appeals to the elite, they pose the question, “But why not allow that argumentations can be addressed to every kind of audience?” (7)

The concept of audience serves as the vehicle that expands Perelman and Olbrechts-Tyteca’s rhetoric. They accord a great deal of power to the audience, writing that “a change in audience means a change in the appearance of the argumentation” (7). And they further point out that the speaker, in crafting an argument, “must not lose sight of the quality of the minds” that are in the audience (7). Although Perelman and Olbrechts-Tyteca do not specifically write about psychiatrically disabled rhetors, their interest in audiences with varying “quality of minds” does provide an expansive approach to rhetorical studies that could be used to include psychiatrically disabled speakers and writers in the study of communication practices.

Perelman and Olbrechts-Tyteca expand the study of argumentation by looking at everyday language use. But they also explicitly re-define *reason* because they view the study of rhetoric as challenging Cartesianism and the history of scientific epistemology. Rather than placing value only in knowledge that can be tested by experiments, Perelman and Olbrechts-Tyteca study arguments based on opinions and probabilities. They write that “the post-Cartesian concept of reason obliges us to make certain irrational elements intervene every time the object of knowledge is not self-evident…this conception introduces a dichotomy, a differentiation between human faculties, which is completely artificial and contrary to the real processes of our thought" (3). In short, they propose that people reason in concert with their emotions and their belief in probabilities—not only with formal logic. Their theory plants the seed for rhetoricians such as Booth to explore the complexity of feelings, thoughts, and impressions people use to assent to an idea.

For Perelman and Olbrechts-Tyteca, a return to the roots of rhetorical theory—Aristotle and the ancient Greeks—provides the tools for dismantling a deeply engrained trust in the supremacy of scientific knowledge. They term their project a "rapprochement" with rhetoric to describe their return to a cordial relationship with the ancient study of communication (5). They even go so far as to say, "We hope that our attempts will contribute to the revival of an ancient and glorious tradition," specifically referring to rhetoric (5). The main reason they want to revive the study of rhetoric in the 20th century is because they see value in reasoning that is based on generally accepted opinions, rather than experimentally proven facts (5). Although Perelman and Olbrechts-Tyteca understand their work as a revival of rhetorical studies, we know today that they were not the only scholars working in the discipline of rhetoric at that time. And rhetorical studies were being developed by a number of theorists in the 20th century (i.e. Kenneth Burke, Stephen Toulmin, I.A. Richards, Wayne Booth, Jacques Derrida, and more). I position Perelman and Olbrechts-Tyteca within the project of most 20th century rhetorical theory: to expand the study of rhetoric to new communities, texts, modalities, and interdisciplinary theories. Their focus on non-formal, everyday language use and the importance that they place on the audience and context of an argument allows us to use their theory today to continue expanding the terrain of rhetorical studies.

Interdisciplinary Contributions to Rhetorical Theory from the 20th and 21st Century

I argue above that through a *mêtis* reading of the rhetorical tradition, there are fault lines and small openings where it is possible to include psychiatric disability in our disciplinary history. Psychiatric disability can be seen as something other than a hindrance to effective communication because theories of language turned to more reflective inquiries into the way that language constructs reality. However, I make these claims from a generous position of re-reading rhetorical scholars from a *mêtis* perspective to find any potentially welcome places within our history for psychiatrically disabled people. In the vast majority of theories of rhetoric, psychiatric disability has an unequivocally negative impact on one's ability to communicate and be seen as a reliable speaker or writer. In the following section I look at interdisciplinary contributions to the field of rhetoric from disability studies, feminist theories, and digital media studies, and I examine how these theories expand rhetorical studies to include psychiatrically disabled rhetors.

Disability Studies Challenges the Reasonable Rhetor

As I mention earlier in this chapter, scholars working in both rhetoric and disability studies (Lewiecki-Wilson, Prendergast, Price, Yergeau) are aware of both the stigma against psychiatrically disabled people and the rhetorical problems that follow from this stigma. Their work has raised questions, such as: How can people who have psychiatric disabilities that interfere with communication exercise rhetorical agency? Would a revised understanding of rhetorical agency improve the lives of the disabled? How does thinking about psychiatric disability affect our thinking about rhetoric? How does the concept of reason affect one's ethos and possibly lead us to rethink theories about ethos?

These questions grow out of interdisciplinary scholarship from disability studies and rhetoric that point out that the field of rhetoric has largely ignored psychiatrically disabled people. The main tactic that disability theorists use to counteract this silence is critique of the assumptions upon which rhetorical theory has been built. For example, the baseline assumption that some rhetorical choices are more effective than others in a given situation means that some communication and some rhetors are, by default, less effective. Lewiecki-Wilson writes on this point, saying that the rhetorical problem a psychiatrically disabled person faces is based in "rhetoric's received tradition of emphasis on the individual rhetor who possess speech/writing, which in turn confirms the existence of a fixed, core self, imagined to be located in the mind" (157).

Disability studies scholars have begun questioning the individual rhetor as a concept, as Lewiecki-Wilson does. And the implication is that our current idea that there are "good" rhetors needs to be re-thought because those who do not fit the definition of a good rhetor are overlooked and/or stigmatized. Our current idea of the rhetor, passed down from scholars as far back as Aristotle, does not hold up for a couple of reasons. These reasons are that the way we conceive of an effective speaker or writer usually assumes (1) he or she possesses reason or at least appears reasonable, and (2) that he or she is an individual—as opposed to a group of people—or an individual whose communication is significantly mediated by technology. But scholars like Lewiecki-Wilson, Burke, and Perelman and Olbrechts-Tyteca have shown that both the idea of reason and the idea of the individual subject may not be the most incisive ways to describe people.

One result of defining an effective speaker as a reasonable individual is that such naming simultaneously creates a category of those who are unreasonable and not individual enough. Speaking to this point, Emily Martin argues that "...at the heart of the degradation often felt by those diagnosed with mental illness is the loss of one or more of the central components of personhood as it has been understood in Western societies since the seventeenth century" (86). I would add to Martin's point that, furthermore, the idea of the rhetor as an individual doesn't fully incorporate theories from interpersonal psychotherapy, non-western social models, digital media studies, and postmodernism—the last two of which explicitly present a more complex communicator who uses other people and media to communicate. Just as the medical model of disability creates sick people through its definition of health, the consequence when we create categories of what is rhetorically effective is that we simultaneously create categories of what is not.

But what is the way out of this binary thinking of rhetors as either good or bad, individual or mediated, and reasonable or unreasonable? In her book *Bipolar Expeditions*, Martin argues frankly that the idea of reason and unreason is a false binary. She asks what it means when people with psychiatric disabilities exhibit both reasonable and unreasonable qualities (5). Based on her own experiences with bipolar disorder and on her ethnographic work in peer support groups and psychiatric wards, Martin suggests that a more accurate description is that all people have varying degrees of awareness of reality in their everyday lives. If we consider, as Martin suggests, that all people contain elements of reason and unreason and are able to perform both of these elements, Martin's work gives us one way to understand psychiatrically disabled people outside of a medical framework.

Feminist Theories and the Social Construction of Knowledge

It is generally understood by 21st century humanities scholars that feminist theory has much to offer the discipline of rhetoric and composition. The term *feminist rhetorics* is well known in the field, and as Susan C. Jarratt has put it, “the colloquy among feminists interested in composition and rhetoric is well under way” (1). The way Jarratt discusses feminism and rhetoric and composition in her introduction to *Feminism and Composition Studies* is that they have similar projects; they both study “discourses and practices of difference, representation, and the social construction of knowledge and its subjects” (3). By examining privilege and power, feminism and composition studies in recent years have challenged terministic screens and transformed styles of thinking.

Similar to theorists in disability studies, scholars of feminist theory have critiqued worldviews that are based in binary thinking. In particular, they have offered new terministic screens that describe human bodies and minds along a continuum of difference, rather than either in the category of *normal* or *abnormal*. In her book *Extraordinary Bodies*, Rosemarie Garland Thomson uses feminist theory in concert with disability studies theories on the premise that “many parallels exist between the social meanings attributed to female bodies and those assigned to disabled bodies” (19). Of key importance to Garland Thomson’s discussion of the materiality of bodies is the power structure inherent in understanding humans as either normal or abnormal, rather than on a continuum of difference. Regarding the materiality of bodies and the placement of disabled bodies as *abnormal* or *deviant*, she writes, “while in the movement toward equality, race and gender are generally accepted as differences rather than deviances, disability is still most often seen as bodily inadequacy or catastrophe to be compensated for with pity or good will, rather than accommodated by systemic changes based on civil rights” (23). Garland Thomson advocates a view of disabled bodies and minds that feminist theory has already established, which is one that considers both the socially constructed and physical, embodied aspects of disability. She repeatedly underscores the importance of considering physical embodiment: “In other words, the physical differences of using a wheelchair or being deaf, for example, should be claimed, but not cast as lack” (23).

Dolmage and Lewiecki-Wilson have considered what disability theory and feminist theory can offer one another, and why these two groups of scholars matter to rhetoric. One of their points about embodiment and abnormality is that feminist theories can and should critique the construction of disability as a marker of rhetorical defect, and “should seek ways of understanding bodily differences as rhetorically generative” (28). Similar to Garland-Thomson’s call for dismantling the idea that there are normal bodies and minds on the one hand and abnormal bodies and minds on the other, Dolmage and Lewiecki-Wilson find it more useful to conceive of different abilities and ways of being in the world. Taken together, these feminist theories argue against the view of psychiatric disability as simply a medical issue.

Feminist critiques of psychiatry have unhinged diagnoses and objectivity by demonstrating the gendered assumptions embedded in mental health terminology. The most damning criticisms argue that psychiatric disability is feminized through insidious rhetorical links between the two—an idea that humanists have explored since Sandra M. Gilbert and Susan Gubar introduced "the madwoman in the attic" figure. Phyllis Chesler writes in *Women and Madness* that:

> During the 1950s and 1960s, clinicians were still being taught that women suffer from penis envy, are morally inferior to men, and are innately masochistic, dependent, passive, heterosexual and monogamous...In my time, we were taught to view women as somehow naturally mentally ill. Women were hysterics...malingerers, child-like, manipulative, either cold or smothering as mothers, and driven to excess by their hormones. We assumed that men were mentally healthy. (1-2)

By identifying the language that stealthily conflates culturally feminine attributes with psychiatric disability, Chesler weakens the scientific, objective authority that psychiatric discourse can claim. Feminists have further eroded psychiatric authority by challenging the gendered descriptions of diagnoses, particularly borderline personality disorder. Susanna Kaysen famously explained in *Girl, Interrupted* that among the reasons for her diagnosis of borderline personality disorder and her 2-year hospitalization were "uncertainty about long-term goals," "instability of self-image," and "social contrariness" (152-153). As Kaysen herself reflects, these attributes were equally descriptive of her age and gender, though they were intended to provide proof of a psychiatric disability.

Since the twentieth century, feminist critics have identified the oppression and stigma that can result from a label of psychiatric disability. However, the oppression itself has not ceased. As James Overboe notes, "anti-oppression movements may have lessened the medical pathology based on racialization or gender. However, the experience of being psychiatrized continues to be pathologised [within liberal discourse] as a condition requiring a cure" (23). PhebeAnn M. Wolframe names this oppression “saneism,” which she has experienced personally and internalized. She explains, “I did *not* recognize for some time the fact that people who had never been labeled mentally ill—as I had been—and who were thus sane by default, had access to privileges that I did not. I was aware of the discrimination I had faced as a ‘mentally ill’ person, but I accepted that oppression.” In the legacy of Peggy McIntosh’s iconic article on making racial oppression visible, "White Privilege: Unpacking the Invisible Knapsack," naming the privileges accorded to sane people—such as a default credible ethos—is a step toward ending the oppression.

Digital Media Studies: Valuing Diverse Modalities

There are distinct ways in which digital media studies allows us to re-envision *what* counts as effective communication and *who* counts as an effective communicator. The field’s focus on collaboration, for example, moves rhetorical theory away from its focus on the individual speaker or writer. Furthermore, digital media studies allows that one can be a skilled discussion board-poster and not be a comfortable in-person speaker or academic writer. Digital media studies values composition and communication in its broadest sense, and this attitude suggests the possibility of seeing value in the communication of psychiatrically disabled people. Selfe’s co-authored book with Gail E. Hawisher, *Literate Lives in the Information Age: Narratives of Literacy from the United States*, is an example of scholarship that values contextual literacy learning outside of discourses of power. This value manifests itself in their collection of highly individualized literacy learning, including access to computer games as a child, learning new software as an adult, and traditions of reading within families.

Not only have digital media scholars studied the value and impact of different types of writing, they have identified significant value in collaboration. As public communication increasingly includes a comment function for readers and audiences, pedagogies in digital media studies, rhetoric, and composition have likewise encouraged interactive and collaborative student writing. Many composition classrooms use blogs and wikis to establish co-constructed classroom spaces, and one of the chief reasons for using blogs and wikis is their collaborative nature. As Laura Gurak explains in her introduction to *Weblogs, Rhetoric, Community, and Culture*, “blogs have revolutionized the way we receive information and connect with each other in online environments.” Blogs can be valuable because they offer spaces for writing that are more collaboratively constructed than other online spaces, as bloggers freely link to, comment on, and augment each other’s content. In this way, blogs allow for the possibility of developing new cultural practices of online communication in relation to previously established modes of ownership, authorship, and legitimacy of content and access to information (Gurak).

Collaborative composing also sheds light on how we define composition and what “counts” as a composing practice. In my own collaborative writing projects, both for traditional print texts and webtexts, I have noticed that many stages of the writing process are not, strictly speaking, “writing” at all. This is true of all writing, collaborative, or not. But it comes to light more in a collaborative setting when one person might, say, contribute to the project by formatting citations, checking for grammatical errors, and doing the html coding. These are all necessary and valuable contributions to collaborative writing, but without an expanded view of composition that digital media studies has established, these valuable contributions could easily be overlooked.

Melanie Yergeau has addressed this issue, describing the penchant for defining what "counts" as writing as a form of ableism. In a paper given at the 2012 *Society for Disability Studies* conference, Yergeau recalled a time when she could not write in the traditional sense because of depression. Yergeau remembers:

> When I couldn't write, I'd channel my obsessive tendencies into proofreading, or line editing, or compiling APA citations, or constructing graphs and charts…When it came time to sticking my name as a co-author on the chapters, my own brand of internalized ableism settled in rather swiftly, and I began discounting everything I'd contributed because it didn't fall in line with traditional models of authorship or self-representation.

As Yergeau goes on to note in her paper, these gate-keeping tendencies (which are insidiously often internalized) can limit what we as scholars of rhetoric and composition and digital media studies "count" as writing or as interesting communication practices. We need to widen our gaze of types of communication we value if we hope to include psychiatrically disabled people and other marginalized groups in rhetorical studies.

Scholars working in rhetoric and disability studies have done much to show that rhetorical theory has not adequately incorporated psychiatrically disabled people into its theories of what it means to be a persuasive rhetor. And with these critiques, the stage has been set for rhetoric to take seriously the communication practices of psychiatrically disabled people. One way to do this, which the remaining chapters explore, is to study how the Internet has made the voices of psychiatrically disabled people easier for a wide range of people to access.

To be clear, I do not mean to ignore the constraining power that the Internet has in addition to its enabling power. As Charles Moran has rightly pointed out, "scholarship in computers and composition has not addressed the fact that access to emerging technologies, like access to other goods and services in America, is a function of wealth and social class" (205). I understand that not all psychiatrically disabled people (or people in general) have access to the Internet, and therefore, those participating in online communities are only a portion of those with psychiatric disabilities. My observations about their participation in online communities cannot be generalized to all people who identify as psychiatrically disabled. Furthermore, the Internet does not *grant* psychiatrically disabled individuals (or anyone) rhetorical agency, but is one way by which psychiatrically disabled people can make their agency publicly visible, and in turn challenge stereotypes that they are not reliable communicators. It provides an opportunity for people to self-organize, regardless of temporal and geographical constraints.

Conclusion

Because of the valuable revisions to rhetorical theory from feminist scholars, disability studies scholars, and digital media studies, it is now possible and necessary to articulate psychiatric disability as something other than an ethos problem in rhetorical studies. I start this work by studying how activists in the c/s/x movement communicate their own understandings of their subject positions. In the coming chapters, I report on various ways in which psychiatrically disabled understand their identities, online communities they have created, and how they understand and sometimes challenge the meaning of their diagnoses.

Interchapter: Chapter Organization and Methodology Overview

Having established a theoretical exigency for this project, in this interchapter I set up the rest of the dissertation through an overview of my chapter organization and methodological choices. This interchapter is intended as a roadmap of sorts, providing an at-a-glance outline of my approach. However, this is not the only location for discussions of methodology; I return in Chapters 2-5 to methodological considerations as they arise in direct relation to each part of my study.

Chapter Overview

In Chapter 1, I contextualized the absence of psychiatric disabled perspectives in the history of rhetoric. The second major part of this dissertation is to analyze ways in which psychiatrically disabled activists in the c/s/x movement are talking back to dominant discourses that devalue their perspectives. The c/s/x perspectives I seek out, read, and include in this dissertation come from everyday people, as opposed to those whose stories are well known through memoirs or media attention. The "unexceptional" perspectives I seek out, as Prendergast describes them (289), lack the circulation power for their stories that those with amazing tales or elite connections enjoy. While relatively little scholarship exists on the first-person perspectives of psychiatrically disabled people, even less can be found that gathers perspectives beyond those in memoirs or medical records[6]. This second project comprises the bulk of my dissertation, which I undertake by analyzing two case studies of c/s/x online communities: (1) The Icarus Project, and (2) The I Got Better Project, which is part of the MindFreedom International community. I further establish a robust picture of the rhetorical practices of these communities by analyzing interviews that I conducted with c/s/x activists. I use mixed qualitative research methods of grounded theory and critical incident technique in my data collection and analysis of the c/s/x online communities and interviews.

In my second chapter, I analyze the collaborative creation of a "mad vocabulary" taking place on an active discussion forum within a c/s/x community called the Icarus Project. Using grounded theory methods, I coded over 2,000 discussion board posts written over a span of ten years from September 2003 to September 2012. Using this data, I demonstrate how individuals participating in the Icarus Project online draw on lived experience to claim "rhetorical ownership" over labels (Sontag 93). This chapter provides examples of alternative terminology for psychiatric disability that are posted on the discussion board and ultimately shows that everyday people within the c/s/x movement establish their credibility *because of* rather than *in spite of* their psychiatric disabilities.

Chapter 3 forges new ways of including psychiatrically disabled people in rhetoric and composition, and it does so by analyzing critical incidents within a collection of personal stories titled *I Got Better* that discuss recovery from psychiatric disabilities.

---

[6] Pryal has conducted rhetorical analysis of "mood memoirs" written by psychiatrically disabled people (see "The Creativity Mystique and the Rhetoric of Mood Disorders"), and Ally Day has conducted feminist readings of memoirs in her article "Toward a Feminist Reading of the Disability Memoir: The Critical Necessity for Intertextuality in Marya Hornbacher's *Wasted* and *Madness*". Analyses of medical records have proliferated in rhetoric of science, technical writing, and medical humanities research (see Berkenkotter and Ravotas' "Psychotherapists as Authors: Microlevel Analysis of Therapists' Written Reports" and Metzl *The Protest Psychosis: How Schizophrenia Became a Black Disease*).

Building on work that shows personal stories are a valued ontology in rhetoric, composition, literacy studies, and disability studies (Selfe, Ulman, Clifton et al., Heath, Couser, Brueggemann), I look at how personal stories from within the c/s/x movement function as *performances of recovery*, which contribute situated knowledge to the public discussion of mental health treatment. By observing critical incidents in the stories and adopting a position of openness in relation to others' perspective, I gather three main conversations about recovery in the *I Got Better* stories, which are: Individual recovery involves the rejection of tradition medical model and biopsychiatric help; Individual recovery involves the adoption of a new mindset toward psychiatric disability (its meaning and value); and Individual recovery involves peer support and community.

In Chapter 4, I analyze interviews that I conducted with six c/s/x activists and/or allies. This chapter adds depth to my analyses in Chapters 2 and 3 of c/s/x activists' online rhetorical practices by uncovering the benefits of online communities from users' perspectives. These interviews reveal users' sense of online communities as an extension of face-to-face interactions, a recruiting tool, and a welcoming space. Although online c/s/x communities are publicly accessible and talk back to dominant cultural understandings of mental illness, these interviewees cite personal connections with peers, rather than access to a public audience, as the main benefit of participation in online communities. I characterize online c/s/x communities as a counterpublic that embraces disability as a defining attribute of the online environment.

My concluding chapter synthesizes the findings from my research and presents applications for the rhetoric and composition classroom. This chapter serves as the third part of my project, which imagines pedagogies, research projects, and administrative approaches that are designed by and for psychiatrically disabled people. The Chronicle of Higher Education reported in 2013 that approximately 25% of undergraduate students in the United States had a diagnosed mental disorder; this statistic alone provides exigency for rhetoric and composition to imagine our community as already comprised of psychiatrically disabled people ("Share of Freshman"). I ultimately argue that first-person perspectives of psychiatrically disabled people are necessary for changing attitudes and professional practices. And when rhetoric and composition actively and consistently includes psychiatrically disabled people in the profession, our research, pedagogy, and administration expands to include more users—a change that benefits our community at large.

Methodology

Throughout this dissertation, I use a mixed qualitative research methodology to gather data about online communities within the consumer/survivor/ex-patient movement. My methods are foremost emergent, meaning they begin with observations of activities. Kathy Charmaz explains that emergent methods are "inductive, indeterminate, and open-ended" and they enable the study of "uncharted, contingent, or dynamic phenomena" (155). Emergent methodologies are particularly appropriate for studying topics where little research has been done; in rhetoric and composition, the online communication practices of psychiatrically disabled activists have received little attention. We might say the scholarly conversation is in the second stasis, that of *definitiva* or definition, the stage of identifying the issue and coming to know what it is.

I use emergent methodologies for the value they place on participants and on the data. In my study this means that c/s/x activists are truly the experts on their online communities and the rhetorical reframing of their experiences. By valuing the insight of the participants I interviewed and the online writing I analyzed, I align my methods with the politics of the disability rights movement, the motto of which is "nothing about us without us," and with approaches in rhetoric, composition, and literacy studies that engage with the situated knowledge of underrepresented groups (see, for example, Clifton, Long, and Roen).

I use a mixed methodology throughout my research, and I draw primarily on grounded theory and critical incident technique. In the analysis of the data, I utilize rhetorical analysis to pull out data salient to the disciplinary conversations taking place at present. In the sub-sections that follow, I explain each of the methodologies.

Grounded Theory

In Chapter 2, I utilized grounded theory to inform how I coded discussion board posts on the Icarus Project website. This methodology provided me with a system for grouping the large number of discussion posts I read into categories that emerged from the data itself. In the original articulation of grounded theory from the 1960s, Barney Glaser and Anselm Straus explained that it facilitates "the development of theory from data" (qtd. in Neff 125). In other words, theories emerge from patterns the researcher finds in data, which is in direct opposition to theory applied to interpret data.

Grounded theory is furthermore reflexive; it demands that the researcher consistently re-evaluate codes and bring in new data to complicate these codes (Gasson 80). Susan Gasson writes that "there is constant comparison between emergent theory (codes and constructs) and new data. The process of grounded theory elucidates how this reflexivity is built into the method. The steps to coding data are: Initial or Open Coding; Focused Coding (revising/testing codes); Memo-writing (reflecting on the research process); Theoretical Sampling (gathering more data to check your findings); Theoretical Saturation (when gathering more data sheds no new light on the categories you have developed). The two defining features of grounded theory—its commitment to the authority of the data and the reflection it requires of researchers—were motivating factors in my selection of this methodology. But I want to be clear that I borrowed grounded theory methods for coding my data only; I did not complete a full grounded theory study. Had I done so, I would have arrived at theoretical constructs consistent across many data samples. The discussion board posts would have been just one sample, and I would have collected additional data until I reached "theoretical saturation," or, "the point of diminishing returns from any new analysis" (Gasson 80). This would likely be the only methodology I utilized for the entire dissertation project.

Grounded theory provided an organized and reflective method as I coded the Icarus Project discussion board posts. It was useful in generating themes and quantitative data on the robust rhetorical activity of this c/s/x community. I used grounded theory to make the case that psychiatrically disabled people are credible rhetors. This method allowed me to organically organize thousands of posts from everyday people reflecting on the rhetorical construction of mental difference and its impact on their lives. The themes that emerged from my coding communicate a large amount of data in a manageable way. And these themes coupled with the rich data from my analysis of the *I*

Got Better project and my interviews portray an in-depth account of the c/s/x activists' rhetorical practices.

Critical Incident Technique

Chapters 3 and 4 analyze data that was collected using a broad application of Critical Incident Technique (CIT). This methodology is flexible, and because I combined it with other methods including rhetorical analysis and what Price has termed "interdependent qualitative research paradigm," my implementation of CIT produces chapters that appear different in their presentation of data. In Chapter 3, I use CIT as a tool to understand a collection of videos that c/s/x activists have posted online. And in the research presented in Chapter 4, I used CIT to design interview questions for participants and administrators of c/s/x online communities. I have chosen CIT because it allows study participants to define their own experiences and researchers to find trends across participant responses. First and foremost, CIT is a methodology for collecting and interpreting *stories* from individuals about important/meaningful events in their lives.

CIT was first described in John C. Flanagan's 1954 paper, "The Critical Incident Technique" published in *Psychological Bulletin*, and very few changes have been suggested to Flanagan's initial description of the CIT methodology since then (Gremler 66). Flanagan's paper is still used as an invaluable source by researchers working with CIT, and in it he explains that:

> …critical incident technique is essentially a procedure for gathering certain important facts concerning behavior in defined situations. It should be emphasized that the critical incident technique does not consist of a single rigid set of rules governing such data collection. Rather it should be thought of as a

> flexible set of principles which must be modified and adapted to meet the specific situation at hand.

The five steps of CIT as explained by Flanagan are:

1. Determine the general aim of the activity
2. Develop plans and specifications for collecting factual incidents regarding the activity (i.e. interview, survey questions, on-site observation, etc. and write up appropriate interview questions)
3. Collect the data. The incident may be reported in an interview or recorded by the participant him or herself.
4. Analyze the data. The purpose of this analysis is to summarize and describe the data in an efficient manner so it can be effectively used for various practical purposes.
5. Interpret and report the requirements for a particular activity.

As the phrasing of these five steps connote, CIT was originally used to study practices in specific industries or work environments. However, it has increasingly been used to study such things as attitudes held by psychotherapists and emotional maturity of clients in therapy—both of which are less concretely observable than actions performed in a specific work setting. An example of this use of CIT to learn about attitudes is a 2005 study titled "Critical Incidents in the Formation of the Therapeutic Alliance from the Client's Perspective," which collects data on client's perceptions about the quality and strength of their relationship with their therapists (Bedi, Davis, and Williams). As even this brief gloss of the Bedi et al. study makes clear, CIT has been used to inform mental health service providers understanding of client attitudes, but it is less commonly used to hear voices from the margins or outside of mental health services like many members of the c/s/x movement are (Faulkner 39). By using CIT to organize my engagement with c/s/x stories, and by including excerpts from the stories within my chapters, I attempt to clearly articulate where my interpretation is involved and what the individuals themselves have said. This methodology does not alleviate concerns about the representation of subjects in rhetoric, composition, and literacy research, but it provides transparency about my own "interpretive authority" and the value I see in the stories of others (Kirsch and Mortensen xxi).

As I did with grounded theory, I used CIT as it fit with my particular study. In my analysis of the vernacular videos (Chapter 3), this meant that I watched the video stories to discover the critical incidents that c/s/x participants shared about their recovery from psychiatric disability. I used CIT, despite not having collected these videos myself. In Chapter 4 I discuss the interviews I conducted with c/s/x activists, and I used CIT as a framework for drafting the questions for interviewees[7]. My presentation of the critical incidents in the interviews is less overt than in Chapter 3 when I use the critical incidents as an organizing feature for my analysis. But in Chapter 4, I am indeed presenting critical incidents that motivated individuals to get involved and stay involved with c/s/x communities. However, I have attempted to discuss the critical incidents in context of what I learned from the rest of the interview, and I could do this because I conducted these interviews myself and feel more confident crafting my own story through themes that I identified across the critical incidents in interviews. One of the reasons CIT is so appealing to my study is that interview questions are designed to encourage respondents

---

[7] The interview questions are available in Appendix A.

to define their own experiences and use their own terminology. I study the c/s/x community as an outsider—someone who is not a member of them—and as such, I view the participants and administrators as the experts on the communities and on their own experiences. I have chosen a methodology that attempts to give respondents greater control in their answers to my interview questions because it asks them to tell stories.

Audience-Driven Rhetorical Analysis

While emergent qualitative research methods are particularly suited to my project and to the politics advanced by scholars in disability studies because of the way that they value participants' lived experiences, I am conscious that my data analysis and conclusions reflect my disciplinary position. I do not view this as a negative aspect of my study; in fact, my target audience for this dissertation is scholars and teachers in rhetoric and composition. But I want to be clear that my own agency and priority directs the analysis. As a result, I position my analysis and conclusions within larger conversations in the field, specifically those about interactivity, performances of identity, identification, rhetorical ownership of terminology, counterpublics, and rhetoricity. If my audience were different, my data analysis might focus elsewhere, perhaps on patient care recommendations or community organizing suggestions.

Research Stance

As I have discussed, the two dominant methodologies I use are grounded theory and critical incident technique. However, I employed these methodologies in unique ways. As any researcher has experienced, general steps and guidelines for methodologies do not provide guidance on the particular choices and questions that inevitably arise throughout a study. Jeffrey T. Grabill, drawing on Patricia A. Sullivan and James Porter, makes a fruitful distinction in this regard between *methodology* and *methods*; Grabill writes that any methodology includes "an ideological component (a theory of human relations), a practice component (how people actually constitute their relations with each other) and a method component (tools)" (211). And articulating a methodology does not answer all the minute questions of using a particular method, for example, how to frame the data analysis or what parts of interviews to include or leave out of the final draft. Grabill urges researchers to develop what he calls a "research stance," which is "something like a 'position' relative to issues like purposes, goals, and methods for research" as a compass for making decisions about their projects that methodology cannot direct (215).

My stance as a researcher is one of discovery of little known and undervalued rhetors and rhetorics. And I view myself as a conduit that demonstrates the continued potential for connections between rhetoric and composition scholars and c/s/x community activists. I am not an expert on the experiences of c/s/x activists—they are the experts on their own experiences, which I strive to demonstrate in terms that signify meaningfully for rhetoric and composition scholars. As a researcher, I honestly feel what Sullivan has termed "the anxiety of authority," knowing that my own subjectivity is always in the research and that the metaphor of a conduit belies my own role as a designer and builder of knowledge, not merely a transporter. However, I still find this metaphor useful for the way it positions me as a bridge between two discourses and it reminds me that the expertise lies in those individuals I have spoken with and their stories I have watched and read.

In order to enact my research stance, I incorporated elements from other researchers to create alignment between my methodological choices and my research stance. In particular, I looked to Alison Faulkner's work on conducting research with and about mental health service users to familiarize myself with the unique priorities of this community. Understandably, a central concern of this community is that they will be subjects of research, and not have any power in the research process or chance to define their experiences in their own terms (Faulkner 39). Faulkner understands qualitative research methods as having particular merit for c/s/x activists and mental health service users because they offer opportunities for "people to tell their stories and for those stories to be listened to, taken account of and reported for others to hear" (45). Her recommendation for qualitative research is made specifically for mental health professionals who often "focus their questions around specific symptoms and diagnoses (as dictated by the medical model)" which leaves little room for people to tell their own stories or define their own experiences (46). I used Faulkner's explanation of the power dynamics involved in mental health user research to further inform my use of qualitative research, but also my extensive quoting from the data and interviews I collected. I also borrowed from Margaret Price's interdependent qualitative research paradigm (205) to expand the ways in which I conducted interviews that considered participants' different access needs. For example, I offered to conduct interviews through different modalities depending on each interviewee's preferences. As a result, some of my interviews were held via Skype, some via phone, and one interviewee preferred to email me his response. Faulkner and Price have further convinced me of the importance of humanities based research on psychiatric disability, specifically because research on c/s/x activists identity construction and “rhetorical ownership” of terminology has similarities to other studies of underrepresented groups. I am encouraged about the potential for qualitative research in the humanities to transform mainstream views of psychiatric disability and to define credible positions from which psychiatrically disabled people can speak.

The ethics of conducting research on online communities is another facet to my project, and one not wholly guided by methodological choices of grounded theory and critical incident technique. I looked to Heidi A. McKee and James A. Porter’s work in this arena, as well as to The Ohio State University’s Institutional Review Board (IRB) to determine what ethical research practices in online c/s/x communities might look like. My research on the Icarus Project discussion boards (Chapter 2) and the *I Got Better* project (Chapter 3) was considered exempt by the IRB, so I additionally used McKee and Porter’s heuristic (732) for determining whether or not informed consent was ethically necessary for the individuals posting to discussion boards and publicly sharing their stories online. Their heuristic prompts researchers to consider how *public* and how *sensitive* the information is that they are accessing (732). All of the discussion board posts and stories that I analyze are public, but the determination of the content in terms of sensitivity is a more difficult decision. The discussion board posts I quote from are related to terminology and not more sensitive topics, such as abuse. Some of the *I Got Better* videos discuss sensitive topics, but they are intended for a public audience, and are easily viewable on the website and on YouTube. Given the public nature of the content being posted on these activist sites, I decided not to obtain informed consent from those whose posts and stories I quote from. This is a difficult ethical decision with no clear answer, and one that pushed me to consider the details of the mission of the activist groups I study and the information in the quotes I include in this dissertation.

Institutional Review Board Protocol

Although the foregoing explanation of my methodology provides great detail on my values as a researcher—and I hope this discussion shows that I have attempted to design an ethical research project, not just one that passes muster with an institutional review board—I realize that IRB expectations provide a common language for researchers. As such, I see merit in elaborating on my study's IRB protocol, specifically because doing so might clarify the project for some readers or satisfy interests about how an IRB viewed my interdisciplinary research project. I submitted a full protocol for both parts of my study, the two parts being my analysis of c/s/x online communities (both the Icarus Project and MindFreedom International's *I Got Better* stories) and my interviews with c/s/x community members and online community participants. I did not submit an exempt protocol, however, the IRB decided that due to the public nature of the online communities I would be studying, this aspect of my research was exempt.

The second part of my study, in which I interviewed individuals participating in the c/s/x community online, was not exempt, but did receive approval from The Ohio State University IRB. Since I began this research project, I have fielded questions from interested researchers who assume that the c/s/x community is a vulnerable population and that researching their rhetorical practices puts one a path of an extremely complicated IRB protocol. On the contrary, the activists whose online writing I analyzed and whom I interviewed are not part of a vulnerable population. Those who make their writing public online do so with the knowledge that they have a potentially large audience beyond those they may know they are reaching. For example, in my research on the Icarus Project discussion boards, I came across multiple posts from other researchers who were mining the space for survey participants. The response that I saw several times was along the lines of, “We don’t want to take your survey, but why don’t you instead stick around and read what we’re all about?” These responses on the discussion board, while in no way are representative of every participants’ view of researches in the space, did reinforce my belief in the ethics of my approach to reading and learning about the Icarus Project by being in the public forums on the site. As for my interviewees, when given the option to remain anonymous, only one chose not to have her/his name associated with the interview. The rest told me that they wanted their names to appear with their interview data. As activists with a deep stake in self-advocacy, they generally welcome opportunities to share their views. I view the IRB’s decision to approve my research and to consider it portions of it exempt as evidence that I successfully explained the ways that c/s/x activists position themselves as self-advocates.

Conclusion

Methodology is a chief concern of my project because it is not merely a vehicle for collecting data, but it affects the data and dictates what it can be. It is, in a sense, the project itself. Grabill describes research methodology as “a theoretical articulation of ideologies, methods, and practices and developed with respect to particular people, places, and things” (210). As a result of methodology’s importance to my project, details about my methodology are further elaborated throughout the following chapters.

Chapter 2: Interactivity and Rhetorical Ownership: The Icarus Project Discussion Board Posts

> *Nobody in this kind of world that I respect…are anti-psychiatry, anti-drugs. It's like, come on, when they're going through heavy kind of human experiences like this, wouldn't it be the best thing to have put them around people who have been through it themselves and who could really connect with it, and could have most credibility—you know, instincts about when somebody is really likely to do something stupid and maybe stay with them? Or, you know, also give them other ways of understanding their experiences that are not so humiliating…*
> *--Bruce Levine*

This chapter demonstrates that the interactive interface of an online community, the Icarus Project, within the consumer/survivor/ex-patient movement positions psychiatrically disabled users as rhetorical agents. I construct this argument by first reviewing scholarship of interactivity and empowerment; then analyzing the Icarus Project interface and its embedded assumptions about users; and finally, I present data from ten years of a discussion forum to demonstrate that psychiatrically disabled people draw on lived experience to claim "rhetorical ownership" over labels (Sontag 93). The discussion forums on the Icarus Project contribute alternative rhetorical constructions of mental difference authored by everyday people establishing their credibility *because of* rather than *in spite of* their psychiatric disabilities.

This chapter contains a large amount of data from ten years of conversations in an Icarus Project discussion forum. My goal in bringing these discussions from the c/s/x community to the attention of rhetoric and composition scholars is to demonstrate the extensive identity creation happening in everyday conversations outside of medical authority. The sheer number of posts I coded—these were written over a period of ten year—is a major part of the force of this chapter. This large data set shows that the act of reclaiming authority to name one's own experience is not a recent part of c/s/x activism, and many people at all levels of c/s/x community engagement participate in creating new, more humane frameworks for understanding mental difference.

There is a significant gap in postmodern humanistic theory between valorizing psychiatric disability and pathologizing and pitying psychiatrically disabled people (Jameson, Deleuze and Guattari, Lyotard). Emily Martin explains that scholarship and popular conversations alike pool around these two poles, "sane/insane, controlled/uncontrolled, responsible/irresponsible, reasonable/unreasonable," and the voices from the middle are silenced (8). These voices are of everyday people who are neither in straitjackets or touted as creative geniuses, but who live what Catherine Prendergast calls "unexceptional" lives with psychiatric disability ("The Unexceptional Schizophrenic" 289). My concern is that by focusing only on exceptional individuals with either extreme struggles or talents, we fail to cultivate ethical professional practices and pedagogies for psychiatrically disabled people in our institutions. We also fail to establish rich language to express the complex experience of living with psychiatric disability. Rosemarie Garland-Thomson pinpoints the rhetorical impasse caused "by making the disabled figure exceptional rather than ordinary," which is that a focus on the wondrous and exceptional can "attenuate the correspondence that equality requires" (61).

The medical model already defines psychiatric disability as abnormal. In fact, any form of disability is medically understood as "caused by psychological or physiological abnormality or impairment, and therefore the impairment is the primary focus of attention" (Barnes 29). Given that disability is commonly framed as abnormality, I understand it is somewhat counterintuitive to focus on the “unexceptional” experiences of a group that is medically categorized as “exceptional.” However, Garland-Thomson’s point remains that viewing others as exceptional discourages engagement. On a larger political scale, existing in the margins does not accord one any rights; Prendergast argues that “the disabled are not allowed to enter the history of U.S. social conflict as an active constituency arguing for their rights within the public sphere. Postmodern theory values schizophrenics precisely because it imagines them insulated from civic life” (“The Unexceptional Schizophrenic” 290). The exigency for more scholarship that focuses on “unexceptional” disabled lives is well established, and it motivated me to collect data on how “unexceptional” c/s/x activists take rhetorical ownership of their experiences and talk back to the medical model.

Upon reflection though, gathering and analyzing a large number of discussion board posts puts me in a difficult position as a researcher. This is because it is difficult to present a large amount of data on a somewhat unfamiliar topic without playing a significant role myself in organizing and analyzing the data. My “stance” as a researcher, as Jeffrey T. Grabill calls it (“Community-based Research” 215), is that I want primarily to call attention to the already agentive rhetorical practices of c/s/x activists. After all, a central tenet of my argument in this dissertation is that rhetoric and composition has unknowingly accepted that psychiatric disability is by default an ethos problem. To enact this stance, I have attempted in this chapter to quote extensively from the discussion board posts and to create a space for what I understand as the self-evident rhetoricity of the c/s/x community participants to be evident to academic readers.

In an attempt to honor the situated knowledge of those in the c/s/x community, I have erred on the side of presenting their voices, rather than extensively analyzing the data. However, I intend for this chapter with its presentation of quantity of c/s/x rhetorical activity to complement the analyses in Chapters 3 and 4 of smaller, more focused collections of narratives. Prior to presenting the data from the discussion forum I read, then, I will first highlight conversations in rhetoric and composition within which everyday online writing practices of c/s/x activists might "comfortably reside," to borrow Prendergast's phrasing ("On the Rhetorics" 190). As I did in Chapter 1, this positioning within the field comes from a *mêtis* reading of current scholarship (Dolmage 6). This means that my intention is to place psychiatric disability within rhetoric and composition scholarship to model natural places we might do so, particularly in our conversations about interactivity.

Rhetoric's Sustained Investment in Interactivity

Rhetoric, technical communication, and new media scholars have analyzed the Internet's potential to be a forum in which more voices and perspectives can be public. One way that the Internet makes more perspectives available is through the interactivity that is built into many websites. The term *interactivity* refers to a number of website features that allow users to customize a website and to communicate with other users and site administrators. *Interactivity* describes such unique site capabilities as the option for users to change text size, the space for users to post comments on site content, or the forum space for users to chat with others. Although the forms of interactivity that are available vary across websites, there is agreement among scholars that interactivity is an essential feature of online communication ("Communication, Power" 238).

The precise meaning of online interactivity varies because of the possibility that users can interact with features of a website (i.e. clicking hyperlinks or playing videos) or with other users or administrators of a website (i.e. posting comments or sending emails). Because the term *interactivity* refers to a broad range of website functions and user actions, further categorizing illuminates the ways it differs from top-down communication, or communication that flows from an authoritative source to an audience who receives the message and does not respond. Here I draw on Sally McMillan's scholarship, which provides a model for characterizing different forms of interactivity that she categorizes as user-to-system, user-to-document, or user-to-user. User-to-system interactivity includes clicking on hyperlinks and controlling the sound level on videos; user-to-document interactivity includes users changing the content of a webpage through such actions as leaving comments on a blog post or contributing to a wiki page; and user-to-user interactivity is any communication between users, such as what happens in chat rooms, discussion boards, or comments on blog posts that respond to comments posted by other users. The structural analysis of the discussion boards on The Icarus Project that comes later in this chapter will pertain mostly to user-to-user interaction, with some reference to the other forms of interaction.

Interactivity is not only an essential feature of the Internet, it holds unique promise for otherwise silenced readers/audiences to respond to rhetors. As a result, scholars conceive of interactivity almost exclusively in positive terms. For example, Barbara Warnick uses a mythic metaphor to describe interactivity as "the golden fleece of the internet" in order to demonstrate its high value (69). And Laura Gurak makes a similar point that the Internet's potential to provide space for many voices to be heard is perhaps the most obvious promise of online communication (17). Internet users now expect that content as wide ranging as news reports to instruction manuals can be instantly commented on. And scholars of rhetoric like Warnick and Gurak conceive of this potential for dialogic exchange as a positive aspect of online communication.

Of course, the exchange of ideas through dialogue has been valued in rhetoric prior to the field's study of online communication and interactivity. Heidi A. McKee and James E. Porter define the entire field of rhetoric as "the 2400-year-old art of argument and persuasion, involving dialogic interaction between participants with differing views" (8). And during the 20th century, Mikhail Bakhtin's concept of dialogism became a prominent way of understanding communication in context. Dialogism, as explained by Bakhtin, describes communication that is multivoiced and given meaning through social exchange of ideas. It is reciprocal message exchange, in opposition to monologism, which describes genres that are depersonalized and conform to rigid conventions, such as authoritative commands. Central to Bakhtin's dialogism is the idea that language is heteroglossic, or subject to multiple interpretations (Bizzell and Herzberg 1206). In addition, all speech and texts borrow from the utterances of others, be it in perspective, style, or form. Bakhtin's work focuses on the contextual aspects of communication and argues that a purely structural approach to understanding communication does not account for the web of meaning that is created by people building on the language of others.

Other 20th century rhetorical scholars writing prior to the development of online communication have been heavily invested in the promise that dialogue and social exchange can have. For example, Kenneth Burke argues in his *Grammar of Motives* for a way in which different perspectives might not be conceived of as disagreements, but might instead—through discussion instead of violent action—be peacefully redefined as perspectives with some similarity. Burke advocates for the possibility of identification, or a way in which people who disagree can find a common ground. In fact, Burke uses dialectical reasoning to redefine ideas in a new scope with the ultimate hope that doing so will lead to a more peaceful society (Weiser 115). He provides a benign example of how disagreements can be turned into agreements by pointing out that *near* and *far* are generally accepted as opposite concepts, but that simply by talking about these in different terms, people might understand them as related concepts, both within the category of *distance*. The linchpin in Burke's theory is the opportunity for interaction because, for him, communication between people creates the possibility for new ways of conceptualizing the world.

Similarly, Wayne Booth explains the social process by which people believe a given idea. Booth claims that Americans today have inherited Descartes' idea of *cogito, ergo, sum* (I think, therefore I am) which allows individuals to define themselves as isolated thinkers (134). But Booth instead favors a social definition of people that is much like Burke's; he writes, "We are essentially creatures made in symbolic exchange, created in the process of sharing intentions, values, meanings…" (134). Booth would revise Descartes' idea to instead be, "*We* think, therefore *we* are" (134). In Booth's framework, the human mind looks a lot like it does for Burke: "It is essentially rhetorical, symbol exchanging, a social product in process of changing through interaction, sharing values with other selves. Even when thinking privately, 'I' can never escape the other selves which I have taken in to make 'myself,' and my thought will thus always be a dialogue" (Booth 126). For Booth, as well as Burke and Bakhtin, dialogue between voices and interactivity with others is an essential way that opinions are formed and new ideas are created.

The importance of interactivity to rhetorical theory would be difficult to understate, especially after the 20th century. Interactivity is not only the golden fleece of the Internet, but is crucial to theories of communication that shape contemporary rhetorical theory. For Burke, the stakes of embracing interactivity are expressed in romantic and urgent terms. As M. Elizabeth Weiser explains, Burke's "non-Hegelian view of dichotomy and transcendence was, in fact, poetic...Transcendence on the bias, rather than the scientific transcendence of opposites that perpetuated certainties, was the special contribution of the poetic worldview" (107). Burke felt strongly that scientific inquiry which aims for certainty is the same drive that leads to fascism and war. For him, the antidote for such destructive forces is transcending difference through language. A lack of dialogue holds grave material consequences, and this, in addition to the ability for novel ideas to be created and beliefs to be solidified, is the reason why interaction and dialogue are so important to rhetoric. Although online interactivity has unique features, the importance of dialogue to rhetorical theory as outlined by Bakhtin, Burke, and Booth remain relevant to a robust understanding of online communication practices.

Online Interactivity and Power

On the Icarus Project discussion boards, a salient feature is the user-to-user horizontal exchange. In other words, privilege is not given to an expert or administrator who maintains tight control over how users communicate. If this were the case, the flow of power in the discussion boards would be what business scholars Joao Baptista and Robert D. Galliers call a top-down communication structure (3540). Communication on the Icarus Project is *horizontal* because users have the ability to post to discussion boards and interact with each other. Gurak describes this horizontal user-to-user communication as a flattened hierarchy (17), which emphasizes the general power structure of interfaces that allow peer user-to-user interaction.

I point out the horizontal interactivity on the Icarus Project discussion boards to call attention to the types of interactions that the interface encourages. When considered through a Foucauldian lens, this horizontal interaction between c/s/x activists in the Icarus Project is a significant deviation from typical ways in which power acts on people who are diagnosed with a psychiatric disability. I am referring here to power in that way that Michel Foucault conceptualizes disciplinary power, as regulations that seemingly come from no one authority, yet structure how spaces are designed and how people behave. Disciplinary power often manifests itself in cultural norms and internalized knowledge about the way people are expected to behave (170). The modalities of disciplinary power are "humble…minor procedures, compared with the majestic rituals of sovereignty or the great apparatuses of the state" (170). For psychiatrically disabled people, few spaces outside of the Icarus Project exist where they can gather as peers outside of a medical framework. The default expectation for acceptable gatherings for people psychiatrically disabled people is, for the most part, limited to therapeutic groups.

There are numerous projects[8] in rhetoric and composition that study challenges to disciplinary power and value minority perspectives. One such example of a rhetorically

---

[8] Projects that re-write the history of rhetoric to include women speakers and writers, such as Cheryl Glenn's *Rhetoric Retold: Regendering the Tradition from Antiquity Through the Renaissance* and Nan

savvy minority group that has been written about positively by rhetoric and new media studies is the Zapatistas. The archetype of a group with less power who uses the Internet to organize, the Zapatistas staged a rebellion against the Mexican government for occupying seven impoverished towns in the Chiapas region, inhabited mostly by native Mayans. In the scholarship about the Zapatistas' cyberactivism, their cause and their minority position is constructed in sympathetic terms (Castells 1996; Faigley 1999; Warnick 2007; Joyce 2010); the credibility of the Zapatistas is assumed in the scholarship.

However, in my study of the Icarus Project's online community, the same is likely not true because people who are diagnosed with a psychiatric disability and choose to organize online outside of a medical framework are met with curiosity, confusion, or outright rejection. Linda J. Morrison contextualizes the skepticism with which c/s/x activists are met by explaining that although valuable information about experiences come from first-person accounts, "by the very definition of psychiatric illness, the patient's self-report may be considered less than reliable by the psychiatrist, particularly if self-knowledge conflicts with the physician's view of the situation" (4). Morrison's point can be extended to explain the credibility problem for people diagnosed with a psychiatric disability who are organizing and writing online. In my view, the reason that organizations of psychiatric survivors are seen as skeptical is twofold: (1) the diagnosis of many psychiatric disabilities presumes that an individual's view of the world is somehow "off" as a result of disordered mental or emotional functions; and (2) the

---

Johnson's *Gender and Rhetorical Space in American Life, 1866-1910*, are examples of historical research that challenge the unspoken assumption that rhetorical theory and history is dominated by men.

medical model of mental illness is the dominant discourse, and is usually invoked with question or reproach. Psychiatric survivors who organize online communities are acting outside of cultural norms and disciplinary power. I wonder, how would the story of the Zapatistas as told by rhetorical theorists change if their efforts to organize were met with skepticism or their identities were stigmatized? Would their story—as rhetoricians have come to know it—become negative or perhaps focused on the group's stigmatized ethos instead of the results achieved by their online organization?

Of course, I am posing hypothetical questions not to arrive at concrete answers but to highlight the power that stigma has in the way that stigmatized minority perspectives are studied in the field of rhetoric. Theories from disability studies support what my question suggests, that stigma and cultural values affect the way we conduct research. One of the contributions that disability studies makes is that it critiques the ways in which personal accounts of disability (and the cultural assumptions about that particular disability) become the only part of one's identity that receives attention.

One well known example comes from a personal story that Anne Finger, a Professor of English, shares in the film *Vital Signs: Crip Culture Talks Back.* Finger, who is a wheel-chair user, re-tells a fairly routine errand of returning a key to a university office after using a room for an event. Although she was returning the key for reasons completely unrelated to her disability, because she was in a wheelchair, the person taking the key assumed it must belong to the language lab, and that Finger must have a mental or sensory disability because she was also a wheelchair user. Finger experienced firsthand the assumption that one's disability is often an all-encompassing identity. The relevance of Finger's story to my study is simply this: when rhetoricians only focus on psychiatrically disabled people's communication practices as a problem of ethos, we miss the many other salient aspects of how they are communicating.

Description of the Icarus Project

As a result of the Icarus Project interface that encourages horizontal communication, a unique space exists in which psychiatrically disabled users can share their perspectives outside of a medical framework of what it means to be psychiatrically disabled. Participants in The Icarus Project self-select to participate in the community, and by doing so indicate that they do not fully accept the enthymematic assumptions that go along with common medical conceptions of psychiatric disability. Of course, it is impossible to know every participant's motivations for joining the Icarus Project site. And those reasons are not necessary for us to arrive at the point I am making here, which is that a choice to participate in the Icarus Project positions one to engage with non-medical models of psychiatric disability (because that is what the Icarus Project does as part of the c/s/x movement). A person's participation in a group provides information about where that person stands within an issue, or as Burke puts it, "Belonging, in this sense, is rhetorical" (Rhetoric of Motives 28).

Welcome To Icarus

The Icarus Project envisions a new culture and language that resonates with our actual experiences of 'mental illness' rather than trying to fit our lives into a conventional framework. We are a network of people living with and/or affected by experiences that are often diagnosed and labeled as psychiatric conditions. We believe these experiences are mad gifts needing cultivation and care, rather than diseases or disorders. By joining together as individuals and as a community, the intertwined threads of madness, creativity, and collaboration can inspire hope and transformation in an oppressive and damaged world. Participation in The Icarus Project helps us overcome alienation and tap into the true potential that lies between brilliance and madness.

Read Our Mission and Vision statements
Read the Co-Coordinators Organizational Blog
Read our publications online
Visit our community discussion forums
Make a donation
Icarus t-shirts

Figure 1: The Icarus Project homepage

On the homepage for The Icarus Project, one of the first words that any visitor reads is a statement about who belongs to the community, which is: "We are a network of people living with and/or affected by experiences that are often diagnosed and labeled as psychiatric conditions. We believe these experiences are mad gifts needing cultivation and care, rather than diseases or disorders." The Icarus Project is a peer group created *by* and *for* psychiatrically disabled people; many members of the Icarus Project reject the medical model assumption that psychiatric disabilities are problematic conditions. Instead, participants in the Icarus Project view themselves as having positive, "mad gifts." From a disability studies perspective, the Icarus Project can be understood as part of emerging social movements that challenge the medical model of disability, illness, and disease.

To be clear, the Icarus Project does not deny that some people have differently functioning minds, experience mental and emotional distress, or have uncommon needs. The Icarus Project questions, however, the total authority of the medical model to explain mental difference and distress. The outgrowth of the Icarus Project's critique of the medical model is that the group re-envisions psychiatric disability and suggests new terminology and new treatments/responses. I understand the Icarus Project as prompting the following questions: Is psychiatric disability always undesirable? In what ways are psychiatrically disabled people experts on their own experiences? What are the possible explanations beyond brain chemistry for psychiatric disability? What are helpful responses to psychiatric disability in addition to or instead of psychiatric interventions of pharmaceuticals and therapy? Furthermore, I include the Icarus Project in what Gerard Goggin and Christopher Newell call the positive emergence of "cultures that welcome and indeed embrace disability as a defining attribute for the online environment" (131).

The discussion boards on the Icarus Project are an active, thriving part of the online community. They contribute to making the site an interactive community, rather than a static place for information access. And because of their interactivity, the discussion boards are integral to enacting the Icarus Project's mission of "collaboration" and "overcom[ing] alienation" as stated on their homepage. Grabill defines this type of active community network as being "linked to some notion of community development, social change, or civic engagement" ("Community Computing" 132). The Icarus Project focuses on all aspects in Grabill's list, and the discussion forums primarily facilitate the internal development of community among participants in the group.

The exchange of experiences and perspectives taking place on the discussion boards are not only an integral part of the Icarus Project, but likely also occupy an important place in the everyday lives of the individuals who participate in the discussion boards. Grabill shares from his own research into online communities that “One thing that has always struck me about my various experiences in community-based institutions is the deep penetration of information technologies into people’s everyday lives” (“Community Computing” 132). Indeed, a driving motivation for my study is to access the perspective of “unexceptional” psychiatrically disabled people, and space their perspectives are made public is on the Icarus Project discussion boards.

A major factor in the horizontal exchange of information on the Icarus Project is the interface of the site itself; in order to have a horizontal exchange of ideas, the site must allow for users to interact with one another. By analyzing the interface of the Icarus Project, we gain insight into the group’s conception of what a welcome online space for psychiatrically disabled people looks like. The design of the interface provides clues to who is welcome to speak on the site, which is a point that has been made in more than one discipline. Marshall McLuhan in digital media studies, for example, is famous for his phrase “the medium is the message,” meaning in part that the structure of a physical or online space communicates a message in itself about what activities are possible and what users are welcome. In Disability Studies, Tobin Siebers reaches a similar conclusion as McLuhan’s the “medium is the message” by reading the design of his own house to understand what bodies the designer and builders planned for in constructing the house. He concludes that there are “social facts readable in the blueprint of my house, and when they appear in many other buildings—and they do—we may rightfully conclude they are supported by an ideology—an ideology of ability" (88). Siebers reads an expectation on the part of the home designers and builders that able-bodied, tall adults would inhabit the home. In the same way as Siebers reads the design of his home for assumptions on who should inhabit that space, in this next section I read the Icarus Project's site, their discussion forums in particular, for assumptions about the users who are anticipated and welcomed by the site's designers.

Interactivity Through the Icarus Project Interface

The remainder of this chapter focuses on the rhetorical uses of interactivity on the Icarus Project, paying attention to the way interactivity is imagined through the interface and the user-to-user interactions that result in reframing the language of psychiatric disability. Since the Icarus Project's inception in 2003, the group has collectively published numerous articles and resource books, including *Navigating the Space Between Brilliance and Madness*, *Harm Reduction Guide to Coming Off Psychiatric Medications*, and *Friends Make the Best Medicine Support Manual*. And the site provides guidebooks and advertising mechanisms for those interested in starting local chapters of the Icarus Project or for hosting events in their communities. The Icarus Project successfully uses their online space to provide resources and contacts to mobilize offline communities that share the values of the online community.

On the Icarus Project almost every space and posting on the site contains a tag line with information about who authored that section and when. This is not only true of images posted to the gallery section of the site or to the discussion boards, for which an identification tag is typical practice, but even many of the resources articles, and general updates include usernames.

Articles

Throwback Thursday: "Why do we keep talking about 'Consumers'? We're not eating mental health services…"

Submitted by sascha on Thu, 04/17/2014 - 8:40am

Articles

Figure 2: The Icarus Project, Author Tag, Date, and Time Stamp on an Article

"Depression" in 20 words or less - 2

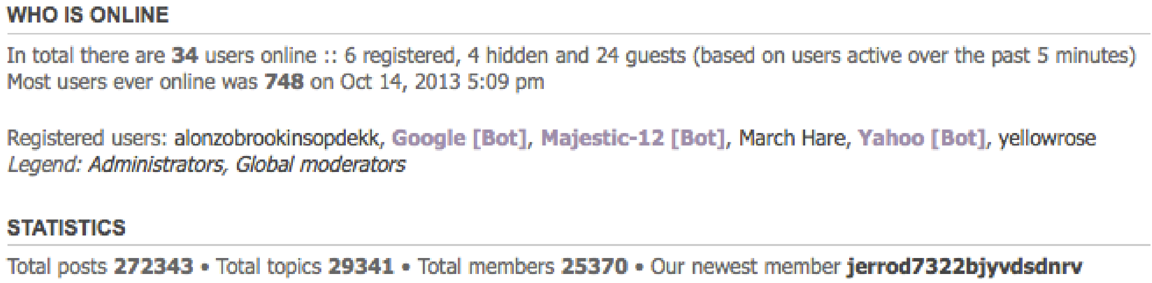
Submitted by maamyyrä on Fri, 08/10/2012 - 3:40pm

art booklet darkness depression despair download forums icarus downloads quotes Resources

Figure 3: The Icarus Project, Author Tag, Date, and Time Stamp on an Article

While The Icarus Project's practice of including the username and date for almost all posts may not directly lead to user-to-user interaction, it certainly contributes to greater transparency and information sharing among the organization's members and visitors. If a user reads a post and wants to contact the individual responsible for posting it, this can be easily done by clicking on the poster's username; the poster's contact information, recent posts, member history, and even interests can all be found. Because the site includes information on the users who post to the site and how to contact them, user-to-user interaction is encouraged, as opposed to user-to-system interaction.

The discussion forums also include information about who is online, in both general and specific terms. Within a forum, a username will include an “online” banner if that person is currently using the system; in addition, information at the bottom of the screen reveals the number of users and guests online at that time. As I write this, the Icarus Project site reports 34 users total are online, 6 of these users are registered with the site, 4 are hidden (appearing to be offline, while they are in fact online), and 24 of these users are guests. The site also includes its total number of members, which is 25,370. And it lists total number of discussion board posts at 272,343 in a total of 29,341 topics.



WHO IS ONLINE

In total there are **34** users online :: 6 registered, 4 hidden and 24 guests (based on users active over the past 5 minutes)
Most users ever online was **748** on Oct 14, 2013 5:09 pm

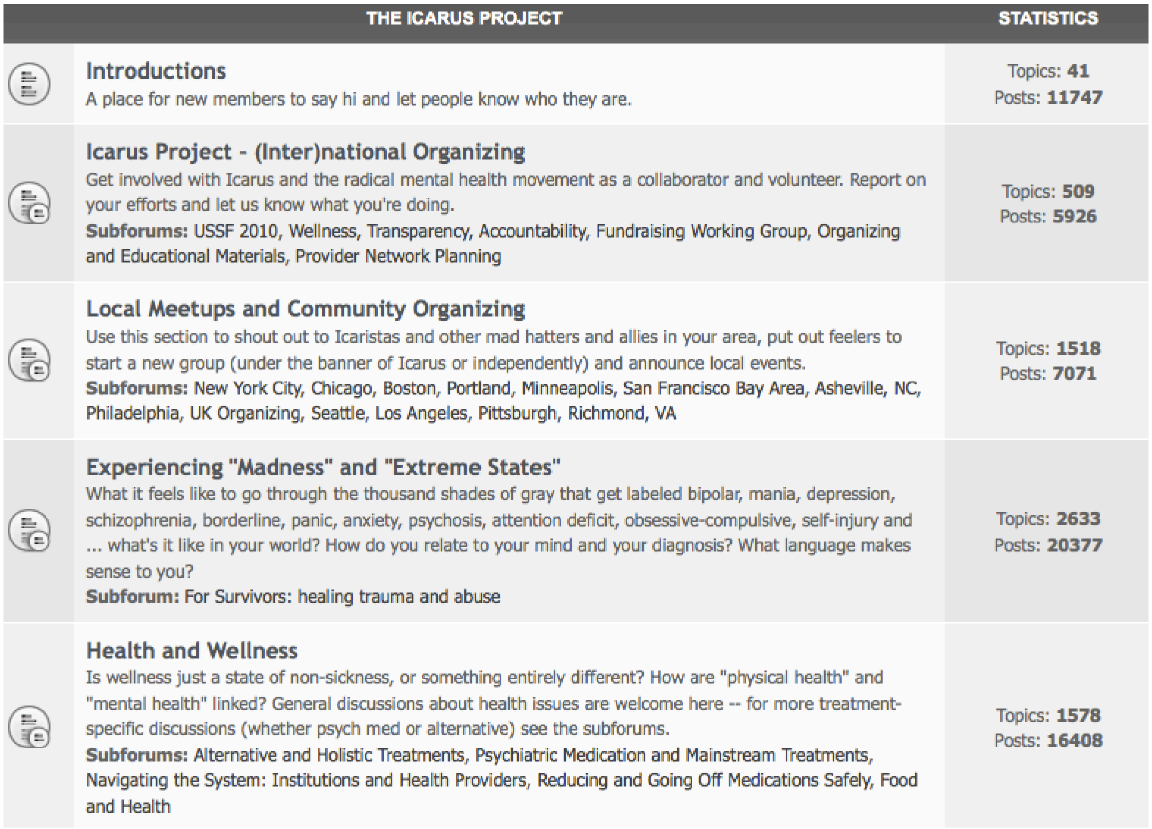
Registered users: alonzobrookinsopdekk, **Google [Bot]**, **Majestic-12 [Bot]**, March Hare, **Yahoo [Bot]**, yellowrose
Legend: Administrators, Global moderators

STATISTICS

Total posts **272343** • Total topics **29341** • Total members **25370** • Our newest member **jerrod7322bjyvdsdnrv**

Figure 4: The Icarus Project Website Footer, Statistics and User Information

The discussion forums are the main section of the Icarus Project site in which user-to-user interaction takes place. This robust area of the site allows users to communicate with one another in any of the 17 general forums, 4 forums for campus chapters of the Icarus Project, and 1 forum in Spanish. The discussion boards include typical features, such as topics within forums, the usernames of who submits a post and who replies, as well as how many people have read a post and not replied.



THE ICARUS PROJECT	STATISTICS
Introductions A place for new members to say hi and let people know who they are.	Topics: **41** Posts: **11747**
Icarus Project - (Inter)national Organizing Get involved with Icarus and the radical mental health movement as a collaborator and volunteer. Report on your efforts and let us know what you're doing. **Subforums:** USSF 2010, Wellness, Transparency, Accountability, Fundraising Working Group, Organizing and Educational Materials, Provider Network Planning	Topics: **509** Posts: **5926**
Local Meetups and Community Organizing Use this section to shout out to Icaristas and other mad hatters and allies in your area, put out feelers to start a new group (under the banner of Icarus or independently) and announce local events. **Subforums:** New York City, Chicago, Boston, Portland, Minneapolis, San Francisco Bay Area, Asheville, NC, Philadelphia, UK Organizing, Seattle, Los Angeles, Pittsburgh, Richmond, VA	Topics: **1518** Posts: **7071**
Experiencing "Madness" and "Extreme States" What it feels like to go through the thousand shades of gray that get labeled bipolar, mania, depression, schizophrenia, borderline, panic, anxiety, psychosis, attention deficit, obsessive-compulsive, self-injury and ... what's it like in your world? How do you relate to your mind and your diagnosis? What language makes sense to you? **Subforum:** For Survivors: healing trauma and abuse	Topics: **2633** Posts: **20377**
Health and Wellness Is wellness just a state of non-sickness, or something entirely different? How are "physical health" and "mental health" linked? General discussions about health issues are welcome here -- for more treatment-specific discussions (whether psych med or alternative) see the subforums. **Subforums:** Alternative and Holistic Treatments, Psychiatric Medication and Mainstream Treatments, Navigating the System: Institutions and Health Providers, Reducing and Going Off Medications Safely, Food and Health	Topics: **1578** Posts: **16408**

Figure 5: The Icarus Project Forum Topics and Descriptions

TOPICS	STATISTICS	LAST POST
Domineering 24/7 voice since November 2013 by Raining Frog » Apr 06, 2014 5:36 pm	Replies: **10** Views: **86**	Apr 19, 2014 5:05 pm by Raining Frog
I can't take anyone in. by katmold » Apr 10, 2014 3:50 pm	Replies: **2** Views: **35**	Apr 10, 2014 7:08 pm by Laerrus
twisted thoughts, saner actions by Raining Frog » Apr 08, 2014 11:47 pm	Replies: **9** Views: **51**	Apr 10, 2014 5:35 pm by katmold

Figure 6: The Icarus Project Discussion Thread Topics within a Forum

The very nature of discussion boards encourages user-to-user interaction, and the Icarus Project's discussion forums expect their users to be integrally involved in the maintenance of the discussions. The guidelines for the discussion boards state, "As a user of this site, you (and all the other users) are responsible for the content" ("Community Guidelines"). The guidelines also acknowledge that discussion forums encourage a range of opinions to be publicly shared, including opinions that go off-message with the rest of the Icarus Project. The guidelines state, "The opinions of individuals posting on the Icarus Project website are not the opinions of the Icarus Project" (" Community Guidelines"). This is a true form of interactivity, as Warnick describes it, because of the freedom that users have to express their own opinions in public dialogue with others (69). Discussion board posts that do not align with the Icarus Project's views are not deleted from the site by moderators; the only comments that draw intervention from moderators are those which are inflammatory. So, comments like the following can be accessed in the readily viewable archives of the discussion forum:

> I know that the medical model isn't something that the Icarus community tends to support, but sometimes, if you're desperate, or you lose control...medications can band-aid the situation until you are able to stabilize, self-explore, and naturally let go of your anxieties...that takes so much work and I wish I could identify a protocol that was foolproof.

To prevent us from undervaluing this current point that the Icarus Project discussion forums are spaces for psychiatrically disabled people to freely communicate and disagree, it is worth remembering how rare these open forums are for this stigmatized group of people. Because participants in the Icarus Project identify with the c/s/x movement in some way, either personally or as an ally, this fact means that the interface that allows for free exchange of opinions in a public forum is revolutionary and unprecedented. As discussed in Chapter 1, there are few genres and spaces in which people with psychiatric disabilities can communicate with their peers and can share their thoughts publicly. The interface of the Icarus Project allows for everyday people who identify with the c/s/x movement to join a network of like-minded people.

Emergent Methodology for Reading Discussion Board Posts on The Icarus Project

So far, this chapter has offered a reading of the structural ways in which the Icarus Project encourages interactivity on its site. I have shown how this observation suggests that the rhetorical practices of psychiatrically disabled people can be theorized in terms other than ethos problems, particularly if we examine specific communication practices like discussion boards on a c/s/x activist website. Following from this structural analysis of the interface of the Icarus Project, then, is a content analysis of the ways in which participants are using the discussion forums[9]. What are c/s/x activists saying to one another in their discussion board posts? And how are their interactions leading to alternative language for understanding psychiatric disability?

In this section, I report on the large amount of data I collected from the discussion board with relatively little analysis. However, following this section, I zoom in on one particular thread to analyze how Icarus Project participants collectively generate new frameworks for positively constructing their experiences. Through this analysis I demonstrate the continued utility of Burke's concept of terministic screens to understanding the rhetorical agency exercised by marginalized groups like the c/s/x

---

[9] Usernames of participants on the discussion boards have been changed. I have generated pseudonyms.

movement. And as discussed previously in this chapter, rhetorical theorists such as Bakhtin, Burke, and Booth have written about the importance of dialogue to moving disagreements to peaceful resolutions. But for psychiatrically disabled people, opportunities for them to be part of a dialogue in which their perspectives are valued is rare.

The discussion board posts that I analyze communicate self-knowledge and agency on the part of those individuals who are writing them. Because there are many active discussion boards on the Icarus Project (there are currently 272,344 posts), I focused my content analysis on one forum that self-consciously delves into the rhetorical components of psychiatric disability, as opposed to a forum less oriented toward the complexities of language. (For example, the forum titled "Give Me Lithium or Give Me Meth" focuses on issues of self-medication and addiction, and is not specifically oriented to issues of language.) I read approximately 2,000 discussion board posts and the replies to the posts in a large forum that is themed around issues relating to language, called, "Experiencing Madness and Extreme States." The description of the forum prompts participants with questions including, "What's it like in your world? How do you relate to your mind and your diagnosis? What language makes sense to you?" The 2,000 posts and replies that I read were everything that had been posted to the forum between September 29, 2003 and September 25, 2012 (which was every post available up to the point when I stopped coding). I used an emergent methodology informed by grounded theory[10] to group the messages I was read into codes. Out of these posts, I selected out any statement that was a metacommentary on language. What I counted as posts that included

---

[10] Refer to the Interchapter following Chapter 1 for an extended discussion of grounded theory and my methodological choices.

metacommentary on language were those that intentionally grappled with or discussed terminology and language. An example of a discussion board post that I coded as having multiple metacommentary statements about language is below:

Discussion Board Post:

> I am happier now than I have ever been, even having gone through what I have--that is, what they would call a severe manic episode, preceded and followed by a year of major depressive episodes. I'm still not sure what I would call the experience. "Extreme states of consciousness" and "lived experience" is appropriate. Sometimes (always?) language falls short, though. I am, however, content with not-knowing. With wholeheartedly naming it "mystery" in the most literal sense of the word…

The initial codes that I assigned to this post for the metacommentary on language statements are as follows:

Initial Codes:

Pondering what to call her experience

Knowing that language falls short of capturing experience

Preferring to call her experiences a "mystery"

Of the 2,000 posts and replies that I read, I found 2,651 distinct statements about language and terminology that I coded for. From these initial codes, I generated the 47 focused codes that are in the table below. To the right of each category/code in the Table 1 is the number of individual statements from the discussion board posts that were grouped within the category. The same data is displayed visually below the chart in

Figures 7 and 8 and is broken up into two column charts for ease of viewing. These charts provide an overview of the many issues of language on the discussion boards.

Table 1: Focused Codes on Statements about Language on the Icarus Project Discussion Boards

	Category of Statement about Language from the Discussion Board	**Number of Statements on the Discussion Board**
1	Feeling hesitant to "come out" as psychiatrically disabled	8
2	Wondering why certain behaviors/traits get pathologized	8
3	Sharing things that are discussed with their therapist	10
4	Noticing that medical terms get applied as metaphors	11
5	Expressing skepticism about whether or not it matters to reclaim language	13
6	Noticing culturally specific ways of communicating	14
7	Situating madness in society, not in the individual	16
8	Attributing the practice of labeling certain behavior as done to keep people (those who challenge norms) powerless	17
9	Seeing the helpfulness of labels as an individual choice	18
10	Weighing the benefits/dangers of self diagnosis	18
11	Sharing that he/she doesn't have a diagnosis (in general or a specific diagnosis)	19
12	Feeling confused or not understanding his/her diagnosis	20
13	Questioning the term/idea of "normal"	21
14	Understanding labels as a common ground that help form community	21
15	Expressing that he/she does not care about labels	24
16	Discussing his/her many changing diagnoses	25
17	Knowing he/she is seen as not credible	26
18	Researching cultural frameworks for understanding mental illness	27
19	Pondering how to communicate in various situations	29
20	Distinguishing between "having" and "being" a disorder	30
21	Asking other users for clarification on their meaning/Providing clarification	35
22	Thinking about how diagnoses were different in the past compared to the present and future	36
23	Understanding how race, class, and gender affect diagnoses and our conception of psychiatric disability	36
24	Breaking down binary terms and ideas	38

Continued

Table 1 continued

25	Sharing their therapists' views on language/labeling and debates within psychiatry	38
26	Rejecting the view that "mental illness" is a permanent state of being	39
27	Asking for input from others on their experiences and/or labels	39
28	Explaining that he/she does not identify with non-medicalized/alternative terms for "mental illness"	41
29	Embracing both good and bad aspects of medical terminology	49
30	Distinguishing between shades of meaning	49
31	Commenting on the role of the Icarus Project	54
32	Explaining the field of psychiatry and what the DSM does	64
33	Wondering if his/her diagnosis is correct and accurately describes his/her experience	68
34	Understanding that one term can encompass different meanings	70
35	Expressing difficulty with finding words for explaining his/her experiences to self and others	73
36	Calling for new language, more frameworks, and asserting the importance of reclaiming language	73
37	Valuing his/her own perspective as an expert on experience	79
38	Valuing experience, not labels	81
39	Sharing phrases that keep people powerless	87
40	Explaining labeling theory, the power of labels to limit our perspectives, and knowing his/her behavior has been interpreted through their diagnoses	92
41	Expressing pain and fear from the stigma of labels that have been applied to him/her	93
42	Disliking labels and language that pathologizes people/Finding labels harmful	129
43	Sharing a diagnosis, sharing possible labels/diagnoses that others have suggested, and suggesting possible diagnoses to other users	134
44	Defining terms and diagnoses/Asking for definitions of terms, concepts, and diagnoses	145
45	Supporting the medical model and endorsing medical model language	151
46	Rejecting labels and medical model language	153
47	Stating specific terms and phrases that he/she prefers to use to describe his/her psychiatric disability	330
		Total: 2651

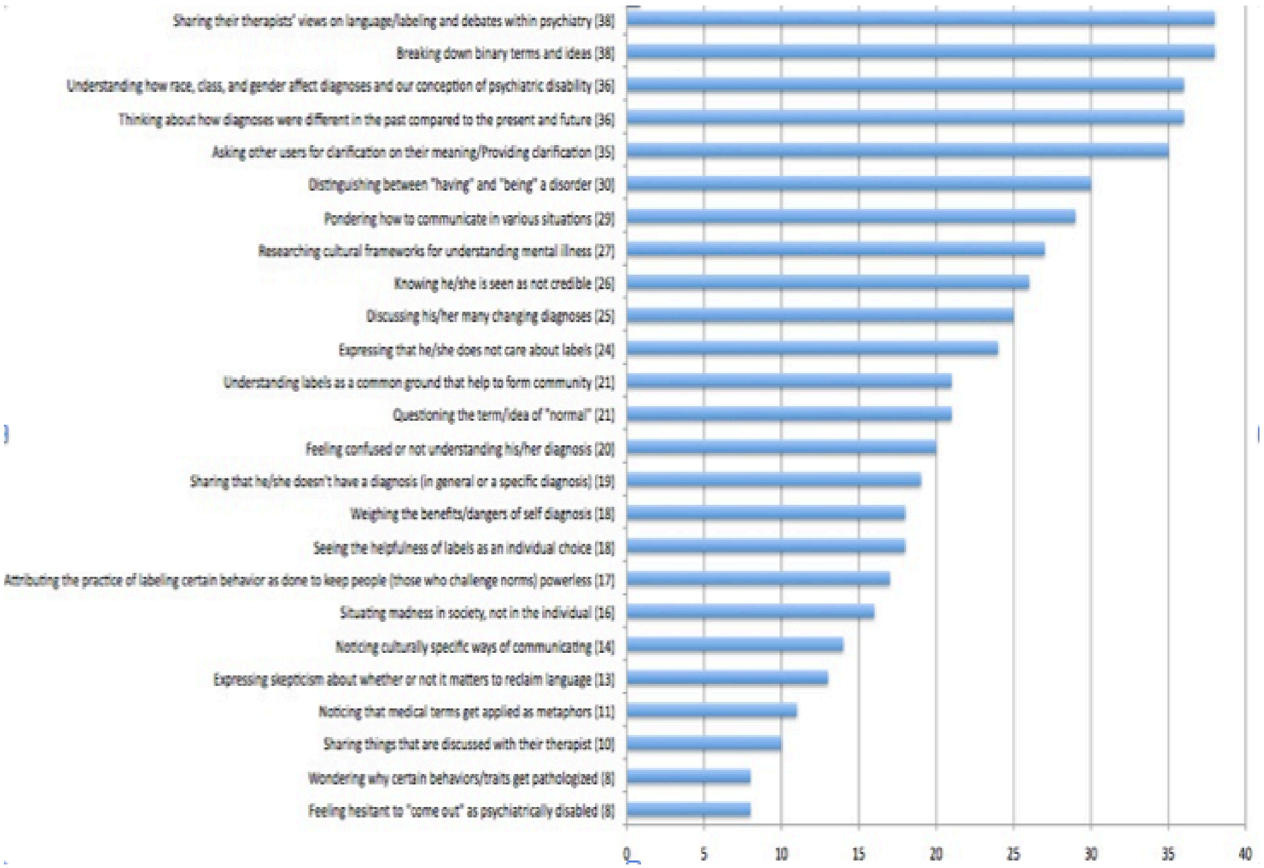


Figure 7: Focused Codes on Statements about Language on the Icarus Project Discussion Boards, First Half (Descending Order)

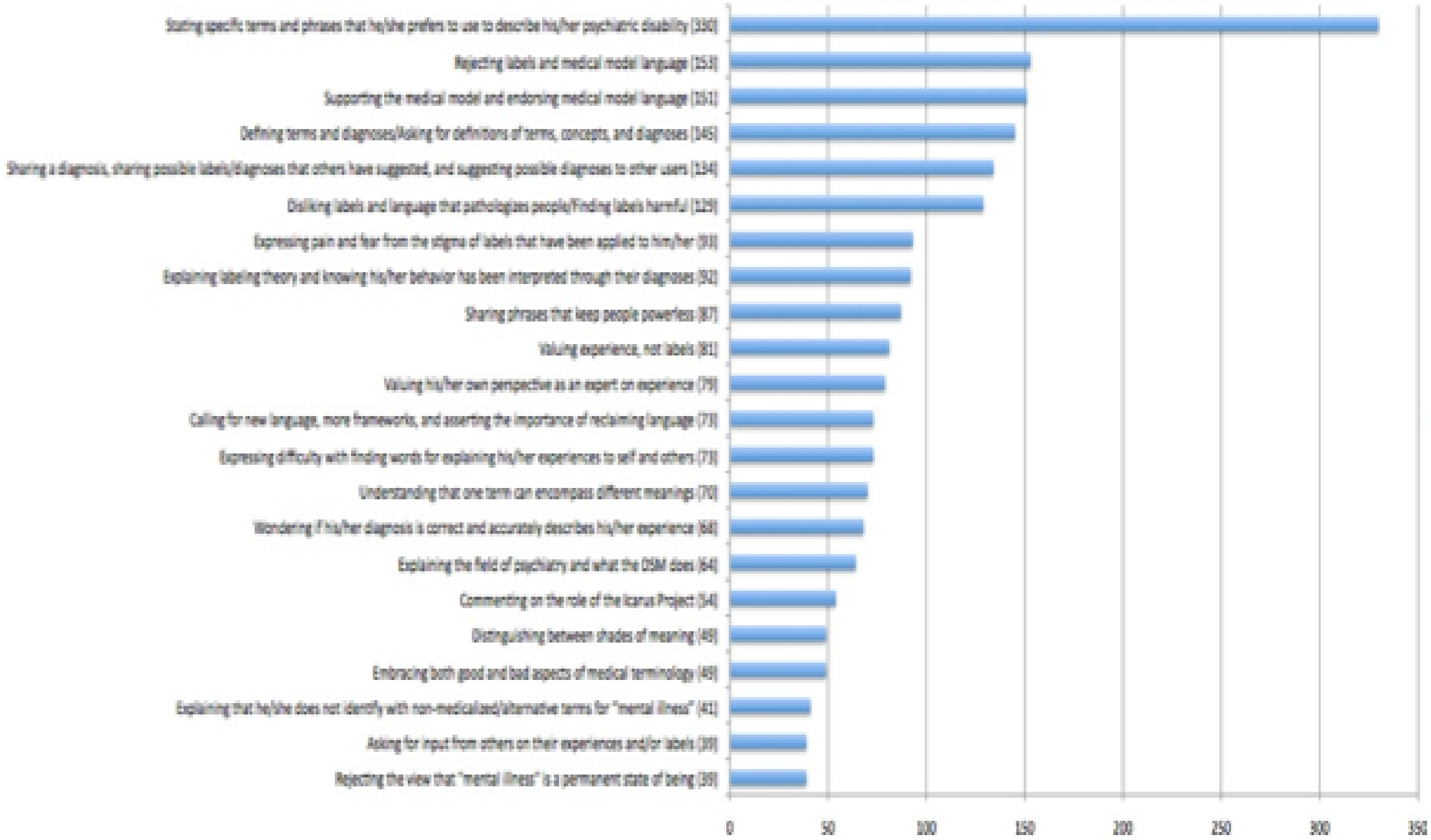


Figure 8: Focused Codes on Statements about Language on the Icarus Project Discussion Boards, Second Half (Descending Order)

Looking at the discussion board posts from a period of 10 years in a single case study yields a wealth of data on how terminology related to psychiatric disability affects the everyday lives of c/s/x activists who are “unexceptional” (“The Unexceptional Schizophrenic” 289). And the wide variety of views, some at odds with others, that are expressed on the Icarus Project discussion boards capture the complexity of how language affects individuals. For example, the homepage for the Icarus Project positions it as a group that does not accept the medical model of psychiatric disability. And while this is true of the group identity and many members undoubtedly embrace non-medical understandings of psychiatric disability, individuals’ posting to the discussion board articulate more complex relationships to the medical model. The second and third most common categories of posts that I coded were supporting the medical model and endorsing medical model language (151 posts) and rejecting labels and medical model language (153). An examination of the focused codes and the disagreement within statements captures the complexity of the conversation.

Because I coded all statements that were metacommentary on language use, not surprisingly, even within the 47 categories that I found, there was a range of different types of statements being made. For example, users posting to the discussion board articulate that language is not neutral, and is culturally created (categories 2, 4, 6, 13, 15, 16, 18, 22, 23, 33, 34, 38, 47); they comment on the power of language and the effects it can have (categories 1, 8, 9, 10, 14, 15, 17, 19, 20, 22, 28, 29, 33, 37, 38, 39, 40, 41, 42, 45, 46, 47); and they suggest language that they prefer for describing their own identity, experience, difference, and distress (categories 5, 7, 13, 15, 20, 26, 28, 33, 36, 37, 38, 45, 46, 47). There are also many posts in which users asks others to clarify their meaning or word choice, or they ask for a definition of a particular term or diagnosis (categories 6, 12, 16, 21, 24, 27, 30, 32, 34, 43, 44). These types of posts are primarily crowd-sourcing information (for example, a user might ask, “Can anyone tell me what schizoaffective disorder is?”) or asking questions to better understand someone else’s perspective (for example, a user might ask, “You said that you view depression as a having some positive, enlightening aspects to it. Can you explain what those might be?”)

Of particular relevance to this chapter is the way that interactivity facilitates a space in which users can create a new language for talking about psychiatric disability. In the chart of 47 code categories, 5 of these categories demonstrate particularly well that users posting to the discussion boards are using the space to create new language for describing their experiences and identity. These 5 categories are also large, in that a significant amount of statements in the posts that I coded fall into these categories. These 5 categories together account for 708 statements out of the 2,651 statements that I coded, which is nearly 27% of all the statements that were some type of metacommentary about language.

Table 2: General Categories Based on Focused Codes from the Icarus Project Discussion Boards

36	Calling for new language, more frameworks, and asserting the importance of reclaiming language	73
37	Valuing his/her own perspective as an expert on experience	79
38	Valuing experience, not labels	81
44	Defining terms and diagnoses/Asking for definitions of terms, concepts, and diagnoses	145
47	Stating specific terms and phrases that he/she prefers to use to describe his/her psychiatric disability	330

In the first of these 5 categories, “Calling for new language, more frameworks, and asserting the importance of reclaiming language,” the purpose is to rally other participants in the discussion board to generate new terms. This category of statements is pointing out the exigency for changing the language used to explain psychiatric disability, and most of these posts identify the real ways in which terms affect individuals’ identities and credibility. The next two categories, “Valuing his/her own perspective as an expert on experience,” and “Valuing experience, not labels,” advocate that self-knowledge of psychiatric disability is valued, and that terms that are highly individualized be used to talk about the experience of psychiatric disability. The last two categories are posts that offer new ways to define and explain psychiatric disability; they start from the rhetorical position that their self-knowledge is valuable, and from that position they choose their own language for constructing what psychiatric disability means.

As my coding of the discussion forum demonstrates, the Icarus Project community engages in committed reflection about language and power. The sheer number of posts that grapple with the rhetorical construction of psychiatric disability troubles enthymematic assumptions that psychiatric disability is an ethos problem. In fact, those posting on the Icarus Project discussion boards draw on their experiences living with psychiatric disabilities as the primary source that informs their claims. In the next section, I return to the concept of interactivity by specifically examining how it relates to an alternative, non-medical model of psychiatric disability. I read the interface as a space for c/s/x activists to take what Sontag calls “rhetorical ownership” over the language others use to describe them.

Taking Rhetorical Ownership of Labels

Many of the statements posted to the discussion board could be described as participants' preferences for particular terms and frames that can be used to talk about psychiatric disability; this is the real work of coming up with new terministic screens or frameworks for psychiatric disability. There were many posts whose authors explicitly defend the terminology that they prefer. In fact, the largest category of all of the types of statements about language in the past 9 years of this discussion forum were statements that were offering preferences or reclamation of language (330 individual statements). Rather than discussing the theoretical idea or importance of reclaiming language, participants used the discussion board as a space to share their preferred language.

One of the terminology preferences that participants repeatedly cited was that the term *manic depression* is more accurate than *bipolar disorder*. Some of the reasons that they saw for this were that *manic depression* does not have the word *disorder* in it, *manic depression* is a more accurate descriptor the experience, and *bipolar disorder* is less accurate because it implies that the two poles are equal opposites instead of entirely different. In one of the posts concerning this issue a participant wrote:

> I am lucky (and was also quite hurt, in some ways) in the fact that there were NO LABELS for what was "wrong" with me when I was a teenager…The drawback, of course, was that I felt like the only person in the world who felt the way I did. This is typical "teenager" behavior, but in someone like me it led to an anguish only describable by the the words "manic depression." Bi-polar has never, and never really will make sense to me. But "passionate despair" (my translation of M.D.) makes total sense.

The author of this post not only explains her preference for the term *manic depression*, but she suggests a different term to explain her experience: *passionate despair*. Another participant makes a similar rhetorical move; in writing about her preference for the term *manic depression*, she offers her own terminology to describe her experience (and it is different than *passionate despair*): “personally it does kind of bother me to think of manic depression as a ‘mental illness.’ i do not think of myself as a person with a mental illness, nor will i ever. i also don't want to think of it as a "disorder." if anything, i would prefer to think of myself as destructively moody and original. o! wouldn't we all.”

The author of this post concludes her thought with a witty gesture toward the power that reframing language can have. By writing “o! wouldn’t we all” she assumes that the other participants reading the discussion board all prefer to use language that promotes a positive self image. Many of the posts on the discussion board do include terms that replace *mental illness* with a more positive term. A few examples of preferred terminology are: *mental difference, evolving condition, the thing inside me, an adventure, madness,* and *a state of altered consciousness*. Others suggested referring to psychiatrically disabled people as *blessed little freaks*, which reclaims the term *freak* as an identity position in the margins (Chemers). And still others preferred to describe periods of distress in common terms that all people could presumably relate to, such as *feeling tired and needing a break* or being *sensitive*. These highly individualized examples of preferred terminology emerge in the discussion boards as terms that others might identify with or find useful as frameworks for their own identities. The horizontal, user-to-user interactivity in the space positions all participants in the Icarus Project as equals. Interactivity does more than generally allow for democratic exchange; it is a powerful tool for psychiatrically disabled people to subvert the “sick role” in which their experiences never signify as powerfully as those of psychiatrists and doctors. The discussion boards are spaces in which c/s/x activists claims what Renee R. Anspach has called a “deviant identity” from which they “take a position of ownership and redefine their identity on their own terms” (qtd. in Morrison 11).

Creating a Mad Vocabulary

In order to focus on the ways in which dialogue and interactivity are locally important, I offer an example of a particular discussion thread to highlight the evolution of the conversation and the ways in which new language for psychiatric disability is being generated through discussion among peers. This sample discussion thread is titled “Diagnosis and Identity,” and the thread consists of 1 original message, plus 30 replies to the message. Because the entire thread is so long, I have included excerpts from it that provide a sense of the conversation arc. And because I’ve taken out parts of the conversation, I have created accompanying notes on the conversation to provide an outline of the discussion and to highlight how it relates to reframing diagnoses and labels:

Table 3: “Diagnosis and Identity” Discussion Thread

Excerpts from “Diagnosis and Identity” Discussion Thread	**Notes**
Tae: *So I got several diagnoses and assessments: abandonment issues, bipolar II, major depression, anxiety, S.A.D., you're suicidal?*	Tae is reflecting on the ways in which his labels have become less helpful. He is asking others why they keep

Continued

Table 3 continued

nothing's wrong with you - go home, bipolar, bipolar - well, that's a popular diagnosis these days, PTSD, bipolar…I liked naming what I was fighting, rather than wrestling to contain a nameless, faceless beast that often took over my mind…But when I look back at all of this, I realize that all of it was limiting rather than freeing. Did naming what I'm fighting help? Does "bipolar" really capture the experience?... It seems many of us on these forums hold on to our labels. Why do we do that? Do other people enjoy having a name for the beast? Does othering the madness help in some way?	using labels to understand their experiences. SD claims that by naming a psychiatric disability, it separates it from the individual and makes it something other than the person.
MadLove*: You know, all these labels are invented aspects of depersonalization…I am not a schizophrenic. Schizophrenia does not describe me, and it's not a part of my personality. There is no flaw in my personality. Yet, I have been told by a psychiatrist- who likely has a PHD and who I trust that I am dealing with a chemical imbalance....*	MadLove is rejecting the label of schizophrenia that her psychiatrist has given her. She says that *schizophrenia* does not describe her.
Whisper*: I don't like that they call what I have a "disorder" though. when I was a child I was kicked in the ribs and my ribs were broken and never healed right so I have problems with that…they don't call that a "disorder" though. and DID is very ordered, very structured, actually. At least my mind is.*	Whisper is rejecting the *disorder* framework that her diagnosis of Dissociative Identity Disorder implies. Instead, Whisper understands her identity as a reaction to trauma.
Ophelia*: i said 'FUCK LABELS, LABELS BELONG on JARS' and my last psych doctor who has been around since the 1920's and is considered an ok person and scientist says that each person has her/his own BIO-PSYCHO-SOCIAL make-up. so now....i just say...i have my unique biopsychosocial makeup just like you, you and you. no one body (which includes the brain, genes, etc.) is the same with an other.*	Ophelia is rejecting labels and advocating for an individualistic view of experience. She is telling other users to come to their own personal understanding of and terminology for their experiences.
Tae*: I suppose we're talking about two different things here: 1. whether or not psychiatric labels*	At this point in the conversation, Tae tries to re-cap the conversation and

Continued

Table 3 continued

are valid at all and, 2. what the labels given to us by shrinks (or family or friends or selves) mean for how we view ourselves.	outline two separate issues that have come up.
KeyStroke: *I'm going to echo what a lot of people here have said - at first, the labels seemed to help. I was labeled ADHD, depressive, paranoid, anxiety disorders, and finally bipolar NOS with PTSD. It gave a name to what I was fighting, as most of us have said. But when I took those labels, learned about them, and then applied them to myself... nothing fit…We are all different, mad or not. I've never met anyone with a madness that is the same as mine. And I have had to find my own way…Vocabulary is our biggest tool. Unfortunately I don't know it's possible to make a mad vocabulary that works for all of us. Because the very definition of madness itself is that we are unlike others.*	KeyStroke positions herself within the view that others have expressed, specifically that labels were originally helpful to her, and they have become less helpful. KeyStroke suggests that a mad vocabulary, separate from the language of psychiatry, be created. KeyStroke also recognizes the difficulty of creating such a vocabulary.
MadLove: *That's true and I admit that it's hard not to become a victim of the indoctrination. It's another thing to use meds to blunt emotions, which if felt would cause a lot of problems…I dunno, I tried talking about it with my family but …no one is on my side anymore IRL.*	At this point, MadLove admits that she feels alone in her views (outside of The Icarus Project) because she does not accept her diagnosis.
sugarli3: *I would like to think I'm on your side, and regret that anything I wrote may have indicated otherwise. I think that here at Icarus we are all on your side. Just because we have dialogue and diferent opinions does not mean we are not on the same side.*	Sugarli3 reassures MadLove that the discussion boards are about beginning a dialogue, and that those in The Icarus Project support her.
Ophelia: *yes MadLove, as sugarli3 said, just because we have dif opinions doesn't mean we are not on the same side!! i support you too!... i seem to have made peace with my 'madness', as i do not even call it 'madness'...it's a divine gift, a very powerful gift!!!!*	Ophelia agrees that this discussion thread is opening up conversation about how to talk about madness, and that they all support each other and their different views.
Rover: *Maybe what I'm looking for is words to describe what I'm going through. Not a label, but vocabulary. Mad vocabulary. Yes!*	The discussion ends with Rover explicitly calling for a “mad vocabulary” to be adopted.

Many parts of this discussion thread are meta-commentary about the terms that individuals use to describe themselves and that others use to describe them. As the participant who began this thread, Tae, described its direction, it has at least two main topics: (1) the validity of psychiatric labels, and (2) what the labels given to c/s/x participants by others mean for how they view themselves.

The question of the validity of labels is part of Tae's original post that begins this discussion thread. And other participants in the thread address the question and respond to it in the following ways:

> **Tae:** It seems many of us on these forums hold on to our labels. Why do we do that?
>
> **Ophelia:** i said 'FUCK LABELS, LABELS BELONG on JARS'
>
> **KeyStroke:** It gave a name to what I was fighting, as most of us have said. But when I took those labels, learned about them, and then applied them to myself... nothing fit
>
> **Rover:** Maybe what I'm looking for is words to describe what I'm going through. Not a label, but vocabulary.

In each of these posts, the individual author indicates that he/she does not use labels, although they suggest that they have in the past.

The second strand of the conversation that Tae identifies is the way that labels assigned by others affect a person's self-identity. This strand of the conversation reframes diagnostic labels and translates the terms that others use into the participants' own language, a process that participants eventually refer to as "creating a mad vocabulary." The specific terms that are being reframed are:

Table 4: Reframing of Specific Terminology on the Icarus Project Discussion Boards

Author	**Term Used by Others**	**Author's Reframing**
MadLove	Schizophrenia	An invented aspect of depersonalization
Whisper	Dissociative Identity Disorder	Very ordered, structured mind
Ophelia	Madness	Divine gift, very powerful gift

The chart above prompts the question, *Why create new terminology at all? What is the benefit of a mad vocabulary?* The broad conclusion is that there is a benefit to self-definition; regardless of the way in which terms are changed, having the power to name one's own experiences has inherent benefits. The individualized nature of terms, which is related to having the power to define oneself, comes up in this discussion thread. As one participant, KeyStroke, points out, "We are all different, mad or not. I've never met anyone with a madness that is the same as mine. And I have had to find my own way…Vocabulary is our biggest tool." Her point aligns with a point that came up in one of the interviews I conducted and discuss in Chapter 4. One of the interviewees, Aki Imai, said about finding his own framework for understanding his experience, "So, just like through my conversations with my therapist, the theme of being stuck in your own skull has been like a huge, whatchamacallit, a huge concept...It just became a good word to understand my experiences because, like, it was very organic and it came from my mouth. And it's a word that I resonated with… " For Aki, the term *skull* has been more helpful than diagnostic language because he found that it makes sense for him, and allows him to conceptualize a path to positive change as getting out of his own skull. The term *skull* positions Aki as dealing with problems that are common to all people (because all people have skulls), which is a universalizing term than one that suggests abnormal psychology or brain chemistry, as diagnostic language does. Furthermore, by conceptualizing his problem as *getting out of his own skull*, the methods Aki can use to do this are more varied than taking medication or going to therapy. Certainly, medication and therapy might be part of his plan, but we can imagine that activities like seeing friends, balancing work and leisure time, and spending more time with nature could also help a person get out of his or her own skull. The idea that defining oneself has inherent benefits has not only come up in my study, but is a fundamental part of disability activism and a disability studies stance. The phrase, "Nothing About Us Without Us," encapsulates the importance of self-definition.

The general term that gets reframed in two different posts in this thread is *label.* Instead of using a label that comes from another person, these two general suggestions were given:

Table 5: Reframing of the Term "Label" on the Icarus Project Discussion Boards

Author	**Term Used by Others**	**Author's Reframing**
Ophelia	Label	Biopsychosocial makeup
KeyStroke and Rover	Label	Mad vocabulary

The point that this thread ends on is an idea for a "mad vocabulary." While the specifics of a mad vocabulary are not developed in this thread, other places in the discussion forum begin to develop such a vocabulary. One thread in particular, titled, “Phrases that keep us powerless” focuses on what its title suggests, sharing phrases that others have applied to their experiences that strip power and rhetoricity from the individual. But it also begins the process of reframing this language. I describe this process of reframing language as taking rhetorical ownership over one’s experiences.

This thread is very active, including 1 initial post and 65 replies, which have maintained momentum and relevance to participants on the discussion board for more than a year. The initial post was made on October 13, 2011, and the most recent post to the thread was made on December 24, 2012. The initial post frames the discussion in a way that argues for the transformative power of sharing disempowering terms. Ahleda, the participant who began this thread, posted the following:

> **in short: i'd like to have this thread for everybody to post their "phrases that keep them powerless".** in order to look at them somewhere outside your own head. it is about sentences that paralyze you when other people say them, that make you feel helpless, that you don't know what to answer to. whatever it is for you…to get them out. to look at them somewhere outside one's own head already feels different. awareness is change.

The exigency for the thread that Ahleda provides is that it is important and powerful to become aware for oneself of phrases that are disempowering. Ahleda points out that it “feels different” to move the phrases outside of one’s head into a community space of sharing and discussion. At times throughout the thread, others share their agreement with Ahleda’s claim that sharing disempowering terms is an act of changing what these terms mean; it is an act of reclaiming power. Blue.Sessna writes “Shining the light on them by sharing them is a good start. For me it is," which is a response to an earlier post made by Ahleda, in which she writes: "i think it's so good people share their phrases on this thread. they will not magically disappear at once. but dragging them out of the silence and out of the endlessly repeated inner conversations that we have with them into what others can read, that's something." The prevalence and continuation of these posts would indicate that there is no shortage of disempowering terms, and that there is some benefit to sharing these terms. The way that Ahleda explained the thread positions it as a space to share phrases that keep people powerless, so there is power for the authors to label these phrases as disempowering. They have the agency to label phrases that have been given to them and have a negative impact on their lives.

Using the thread to reframe specific terms

Not only is the thread itself suggesting that many phrases can be seen as disempowering, particular phrases are reframed on this thread too. Early on in the thread, one participant, sfo55, suggests that the disempowering phrases that one person posts can be reframed by the next person posting. He writes: "I want to try something - if it's not ok just let me know – I'm going to respond to the person right before me with affirmations in response to their quotes, and then state my powerless quotes - and maybe the next person after me can respond to my powerless phrase and so on..." The chart below shows the phrases that one user, Icealee, identified as keeping her powerless, and the phrases that sfo55 suggested as responses to/revisions of these phrases:

Table 6: Reframing Phrases that Keep Icarus Project Participants Powerless

Icealee's phrases that keep her powerless	**Sfo55's re-framing of these phrases**
You have distorted perceptions of reality.	You have a right to your reality.
You'll feel better if you'll just [fill in the blank].	You have a right to your feelings
You keep yourself sick.	What your [sic] going through must be difficult.
You just want attention, is that it?	I accept you just the way you are
I don't believe anything you say.	I believe you.
It is not that bad.	What your [sic] going through must be difficult.
Just give it a rest already.	You will know when your ready.
You're so negative. Think positive and it'll make you better.	You have a right to your feelings.
You're just overreacting.	You have a right to your feelings.
That's what you always do/say.	Your [sic] ok just the way you are.

This reframing can be seen as the beginning of a mad vocabulary in the way that new responses are offered that are supportive and empowering to a person labeled with psychiatric disabilities.

The interactivity built into sharing disempowering phrases on the discussion board plays a crucial role in moving this reframing activity beyond individuals claiming rhetorical ownership, but moves into a community creation of a mad vocabulary. By sharing phrases that keep them powerless, many posters commented that they disliked similar phrases or that it felt better just to share these phrases with a community of others (meaning that by sharing the phrases, the language no longer kept them so powerless). One of the participants, PerpetuoSun, responded to Ahleda's initial post by writing, "I think this is an excellent idea for a thread, thank you!...the group exercise you mentioned sounds powerful, like it really develops connection and solidarity. I've never heard of this before, it sounds great.” The importance that sharing in a group has, as opposed to independently naming such phrases, is mentioned in multiple posts:

> **Doppleffects:** *I second alot of those.*
>
> **GrayGuardian:** *Some of these are repeats.*
>
> **SCharp:** *So many things you guys said resonate with me...*
>
> **Wave72:** *I'm surprised that so many of my own thoughts appear in your posts...*
>
> **Ahleda:** *wow. they are so close to mine.*

Naming disempowering phrases is important, as is reframing them, but a third component is sharing these phrases and having others comment on them. Ahleda, the author of the original post that began this thread wrote the following about interactivity and sharing disempowering language over one year after beginning the thread:

> i think it's impossible to do alone. the experience that made me start this thread was a group experience. the only point of which was to not let those sentences end a conversation but respond empathically. and we can't. not to "our" sentences. but what others said surprised me and opened new ways of seeing things…it was so good someone else knew something to say when i didn't. i think it's so good people share their phrases on this thread. they will not magically disappear at once.

In this post, Ahleda gets specific about the benefits that the interactivity of the discussion boards provide for creating new frameworks for understanding psychiatric disability, but also for helping her accept rhetorical ownership over the terms she uses to describe herself. She writes that the dialogue between herself and others was crucial to generating “new ways of seeing things.” Others were able to change the way Ahleda felt about the phrases that kept her powerless; they were able to change the impact of the words by rewriting them, talking back to them, or writing affirmations to the author. Ahleda's post can be articulated through the language of rhetorical theory too because what she points out about dialogue changing the meaning of phrases is akin to Burke's concept of terministic screens. Suggesting new ways of viewing an issue and new words that will facilitate this view happen through dialogue between people.

Conclusion

As the excerpts from the discussion board threads show, mad vocabulary is being developed by multiple voices contributing to discussions of language in the space of the discussion boards. Interactivity, or the dialogue on the discussion boards, positions everyday psychiatrically disabled people as having rhetorical ownership over the labels and phrases acting upon them. And as I have shown, the discussion threads lead to new ways of talking about experiences with psychiatric disability and new terms for redefining what it means to be psychiatrically disabled. Scholars of rhetoric can benefit from studying minority perspectives, such as those expressed on The Icarus Project, to get a fuller sense of way that the language of the DSM-V, psychiatry, and mainstream language around psychiatric disability constructs identities and acts on individuals. If these first-person perspectives are not included in studies of the language of psychiatric disability, the context and range of the issue cannot be fully understood, and the public work of rhetoric would not be as effective or ethical as it might be otherwise.

The Icarus Project discussion board is a local example of how dialogue and interactivity are not only beneficial for bringing different interlocutors into conversation with one another, interactive spaces for marginalized groups position them as credible rhetors and support their work of claiming rhetorical ownership over their experiences. Earlier in this chapter, I made the point that it is rare for psychiatrically disabled people to have a space where they can organize and communicate with peers. This is true, and as a result, until recently it has historically been difficult, if not impossible, to know what psychiatrically disabled might have to say about their experiences, especially outside of a biopsychiatric context.

Chapter 3: Vernacular Videos as Performances of Recovery: MindFreedom International's *I Got Better* Project

So, all these things have helped me, but that said, as people point out, we have an "I Got Better" campaign with stories like mine where we were told, you know, it was hopeless, but now, you know, I did not have to stay on neuroleptics the last 37 years. They wanted me to, you know, lithium, neuroleptics…Let's see, actually it was 35 years I've been off of them. So, they were wrong to be telling me I had to stay on them. But, you know, it's an ongoing struggle. I think, as somebody pointed out, they didn't want to do the "I Got Better" because they're still struggling. Well, that's human be-ing. You know?
--David Oaks

This chapter demonstrates the value of personal stories from individuals associated with the consumer/survivor/ex-patient (c/s/x) movement and models how collecting critical incidents[11] can be a valuable source of insight. Building on cross-disciplinary work that shows personal stories are a valued ontology in rhetoric, composition, literacy studies, digital media studies, and disability studies (Bruner, Burgess, Clifton et al., Couser, Selfe), I look at how personal, vernacular video[12] stories from within the c/s/x movement contribute situated knowledge to the public discussion of mental health treatment. I engage with a collection of vernacular videos titled *I Got Better* (http://igotbetter.org/) that contains personal accounts of recovery from psychiatric disabilities, and I discuss three main categories of critical incidents in the content of the *I*

---

[11] Critical incident technique (CIT) is a methodology that was first described by John C. Flanagan in 1954. Very few changes have been suggested to Flanagan's paper is still used as an invaluable source by researchers working with CIT, and in it he explains that, "critical incident technique is essentially a procedure for gathering certain important facts concerning behavior in defined situations." CIT attempts to gain rich descriptions and stories from participants about their experience with a particular activity.

[12] The term *vernacular video* can be attributed to Howard Rheingold and refers to videos made my non-professionals that are characterized by a casual, personal tone.

Got Better stories, which are: (1) Individual recovery involves the rejection of tradition medical model and biopsychiatric help; (2) Individual recovery involves the adoption of a new mindset toward psychiatric disability (its meaning and value); and (3) Individual recovery involves peer support and community. I assert, as others have, that personal perspectives inform public issues (see Clifton et al.) and that vernacular videos in particular encourage Burkean identification in ways that face-to-face interactions may not (see Burgess; Lange; Omizo). But I add, specifically, that vernacular videos from the c/s/x community are doing important ethos work because they talk back to assumptions that first-person perspectives on psychiatric disability are not credible. The collection of *I Got Better* vernacular videos, by its very existence as well as the content of the stories, trouble the stereotype that psychiatrically disabled people lack authority to speak about their own experiences.

This chapter begins by establishing personal knowledge as a valid ontology in the scholarship and pedagogy of rhetoric and composition. Because studies of the personal perspectives of psychiatrically disabled people are absent from the history of rhetoric, I situate my analysis of the *I Got Better* vernacular videos within the discipline's tradition of valuing the personal. This chapter extends work on *how* we engage with personal perspectives and *who* we engage with, and it does so by focusing on c/s/x perspectives as troubled identifications. I then explain my methodology of critical incident technique as one fruitful way to draw out points of contact between the creators and viewers of vernacular videos, especially for vernacular videos from the c/s/x movement because no precedent for engaging with their perspectives exists in our field. The remainder of the chapter delves into the details of the *I Got Better* project and vernacular videos; I first explain the project and then reflect on the critical incident categories that grew out of my engagement with the vernacular videos.

Rhetoric and Composition's Commitment to Situated Knowledge

A key component of my argument in this chapter is that the field of rhetoric and composition would benefit from engaging with and understanding the personal perspectives of psychiatrically disabled people. A starting point, then, prior to my case study of the *I Got Better* vernacular videos, is to demonstrate how the perspectives of psychiatrically disabled people are relevant in our existing scholarly tradition, which values the ontology of the personal, as well as how psychiatrically disabled people offer critical insight that expands our field.

Simply put, as scholars of rhetoric and composition we value the stories that people tell about their lives and their identities. There are many studies of first-person accounts that are foundational to our field and could be cited in support of this point (see, for example, Heath, Brandt, Selfe and Hawisher, and Berry, Hawisher, and Selfe). One of the chief benefits of seeking out personal, situated knowledge is that it adds nuance to our understanding of the ways that people learn and use language. Personal stories offer access to situated knowledge about how individuals have experienced institutions, policies, and cultural discourses in their everyday lives. As Jennifer Clifton, Elenore Long, and Duane Roen explain, "situated knowledge serves as a rich, experientially-based resource for interpreting and problematizing familiar abstractions and stock solutions to problems that have not yet been fully understood. Situated knowledge isn't necessarily segregated from formal public knowledge." Clifton, Long, and Roen legitimize situated knowledge as necessary and respond to critics who would relegate the personal to self-indulgence, supplemental information, or non-scholarly insight (Lange).

Jerome Bruner explains the value of personal stories, not distinguishing some stories as more valuable than others, but instead pointing out the unique type of knowledge that we can gain from less formal, often minority, perspectives; he writes, "Unlike the constructions generated by logical and scientific procedures that can be weeded out by falsification, narrative constructions can only achieve 'verisimilitude'" (4). In Bruner's larger argument, it is clear that he does not view personal ontology as subordinate to scientific knowledge, but instead sees it as a different way that people understand and structure their worlds. In arguing for the value of the personal in a similar vein to Bruner, Paul Lauritzen makes clear that "[...] if we are going to deliberate with the fullest range of facts available, experiential narratives may prove to be indispensable" (24). Lauritzen makes a cogent argument for the value of the personal when he conceptualizes situated knowledge as not *the only* knowledge on a subject, but part of the constellation of perspectives that create any one issue. Scholars in rhetoric, composition, and literacy studies have taken Lauritzen's point one step further to argue that there is an ethical imperative to understand and circulate situated knowledge in addition to dominant, privileged discourses (Clifton et al.; Branch; Cushman; Long; Sauer), one reason being that all knowledge has a point of view, and by privileging some knowledge over others, we privilege certain voices and simultaneously silence others (Bruner).

The *Digital Archive of Literacy Narratives (DALN)* has been particularly instrumental in making available more first-person perspectives. As Cynthia L. Selfe, the co-creator of the *DALN* explains, "People's first-hand stories about reading and composing bring alive our scholarly understandings of those socially constructed narratives, as well as the complex cultural, political, ideological, and historical contexts which shape and are shaped by those practices and the values associated with them" (Stories that Speak to Us Abstract). In other words, stories are important to the way we understand our work as scholars and teachers, and this is primarily true because they construct reality, rather than simply reflect or re-tell it (Bruner 2). We value the ontology of the personal; we seek it out, we use it, and we preserve it.

In a conscious effort to include more perspectives, scholars in rhetoric and composition since the second half of the 20th century have sought out more perspectives, in many cases through interdisciplinary projects that foreground situated knowledge as a form of expertise. The *DALN* is one example of a project devoted to expanding the personal knowledge available to scholars and the public. Another example is interdisciplinary work in rhetoric and disability studies that has also placed high value on the theoretical standpoint of "nothing about us without us," which means that disabled people should be involved in what is being written and decided about their lives. Not unlike the growing expectation for participatory culture, the spirit of demanding "nothing about us without us" demands feedback channels across all stakeholders. The crux of this motto is that decisions that affect consumers of services (in this case, disabled people) should not be made without input from the consumers themselves.

Simi Linton, in her book, *Reassigning Meaning*, explains that the personal perspectives of disabled people are a valuable ontology, claiming that in her scholarship "disabled people's perspectives are kept central and are made explicit, partly to comment on how marginal and obscure they typically are, and partly to suggest the disciplinary and intellectual transformation consequent on putting disability studies at the center" (32). I am struck by the gravity of Linton's move to position a disability perspective at the center of her scholarship because of the critical insight it allows for. Valuing personal perspectives from the margins is not an act of charity; rather, it is an ethical and respectful move and it adds another viewpoint from which to see the world (Brueggemann). Disability studies approaches in rhetoric argue that personal perspectives (that are typically at the margins of dominant culture) are a crucial part of the field's disciplinary knowledge. In fact, G. Thomas Couser identifies that "disability autobiographers typically begin from a position of marginalization, belatedness, and pre-inscription" (533). Disabled people tell their own stories to counter and talk back to a history of subjection (Couser 533).

Some of the scholarship that most relates to the *I Got Better* project are theories about the power of digital stories, video blogging, and vernacular videos. Patricia G. Lange is one of the foremost scholars who argues that for individuals who make their personal lives public online, they do so with the knowledge that this move contains potentially powerful benefits. She has found in her ethnographic studies of video bloggers that they feel "precisely by putting these intimate moments on the Internet for all to see that a space is created to expose and discuss difficult issues and thereby achieve greater understanding of oneself and others." The video bloggers point out to Lange that the act of making the personal public is a critical move for connecting people.

Later in this chapter I will return to Lange's point about the benefits of vernacular videos as they relate to troubled identifications; the case study of the *I Got Better* collection of stories confirms Lange's findings in multiple ways. But for now it is useful to contextualize the *I Got Better* stories as originating out of a dearth of first-person perspectives from psychiatrically disabled people. This dearth exists in American culture generally (see Chapter 1), and across disciplines from psychiatry, social sciences, and the humanities. Although psychiatric disabilities are the focus of many studies, forums for psychiatrically disabled people to share their experiences exist only in small numbers. But they do exist, as the *I Got Better* stories and other online collections prove.

Given that our field values personal stories and we have taken steps to engage the widest range of perspectives possible, we have surprisingly few studies of the personal narratives of people with psychiatric disabilities within the field of rhetoric and composition. The existing scholarship has come about only recently, and while small in number, persuasively and passionately recognizes the need not only to include perspectives of psychiatrically disabled people in rhetoric and composition, but to rely on these personal perspectives for critical insight into our professional practices and our understanding of psychiatric disability. One example is Margaret Price's book, *Mad at School: Rhetorics of Mental Disability and Academic Life*, which focuses on the ways that psychiatric disabilities are constructed as antithetical to academic life. And through this lens, she devotes one of her chapters to profiles of independent scholars who are psychiatrically disabled and are working outside of traditional academic spaces. Among Price's chief interests is this chapter is the inclusion of voices that are typically barred from academic life, those of psychiatrically disabled, independent scholars, because Price recognizes inherent benefit in engaging the full range of perspectives as we conceptualize what our scholarly work is and means. She writes about the exigency for her study: "An important aspect of this study's methodology is its aim to record experiences from persons whose views are not readily accessible through conventional academic channels" (200).

Other examples of the perspectives of psychiatrically disabled people in rhetoric and composition can be found in Catherine Prendergast's article, "On the Rhetorics of Mental Disability" in which she questions whether or not there is an academic discourse in which psychiatrically disabled people can comfortably reside (whether disability studies, cultural studies, or otherwise) (190). In her article, Prendergast writes about the impact that the personal experience of someone close to her who has been diagnosed with schizophrenia, Barbara, has had on her scholarship. But instead of including Barbara as a co-author on the article, Prendergast tells Barbara's story for her, carefully explaining that "Barbara, by the way, is quite capable of telling her own story. However…since the diagnosis of schizophrenia necessarily supplants one's position as rhetor, Barbara may tell her story, but no one can hear it" (191). Disheartening as Prendergast's claim about the rhetorical problem that schizophrenia poses is, it makes paramount the need for engagement with c/s/x perspectives that are being made public online. Prendergast powerfully identifies the problem, and this chapter takes steps toward ameliorating our discipline's noticeable lack of stories from psychiatrically disabled people.

There are a few other examples of critical scholarship from rhetoric and composition that engage personal perspectives of psychiatric disability broadly. These examples include Zosha Stuckey's archival work, which uncovers perspectives from letters to and from a 19th century asylum; Melanie Yergeau's "Aut(hored)ism" webtext, which weaves her personal experiences into an argument that challenges existing commonplaces about autistic writers; and Katie Rose Guest Pryal's analysis of discourses linking mood disorders and creativity, which includes attention to memoirs. Pryal has argued in another article, "Reframing Sanity: Scapegoating the Mentally Ill in the Case of Jared Loughner" that voices of psychiatrically disabled individuals are notably missing from public discourse, and Pryal further asserts that their perspectives on the Jared Loughner spree killing in Tucson, Arizona in 2011 offered ways to reframe our society's approach to mental health instead of re-inscribing rhetorics of blame, division—and I would add— fear (159). Although these examples provide insight into the rhetorical construction of mental difference, they exist as scholarly drops in a sea of research that largely ignores personal experiences of psychiatric disability, or which frames such experiences through a medical model. As Nev Jones and Robyn Lewis Brown aptly put it in a 2013 article, "the non-biomedical academic exploration of c/s/x perspectives, particularly in the US, is in its infancy."

C/s/x Stories Outside of Rhetoric and Composition

When we look beyond rhetoric and composition scholarship for research that values c/s/x perspectives, we can find a few examples, particularly in the fields of sociology, narrative medicine, and the medical humanities. Linda J. Morrison's ethnographic study of the c/s/x movement includes a chapter on personal stories that express resistance to psychiatry through individuals' interpretations of their experiences (101). Jonah Bossewitch's analysis of the documentary film *Crooked Beauty*, which uses personal narrative to challenge diagnostic paradigms, makes a strong case for the value of personal stories. Bossewitch states that "the power and value of storytelling is a central trope in Narrative Medicine" (2). But his argument for the power of personal perspective is farther reaching, and more demanding in the questions that it asks of those who engage with the personal perspectives of others:

> It is not sufficient to justify *why* stories matter. It is crucial to understand *how* they matter. Advocates and activists must adapt their tactics to grounds that are constantly shifting. How are the stories we tell, and are told, manifestations of social injustice? How can we transform such stories into narratives of justice, health, and change? Closely studying sites of oppression and resistance helps us theorize the precise mechanisms around these exchanges. (Bossewitch 2-3)

Bossewitch keenly articulates that the simple act of making a claim that stories matter is somewhat benign unless those who engage with stories think critically about how they function and then use the perspectives to be moved into action. Bossewitch's understanding of narrative's transformative power echoes claims about rhetoric, including Kenneth Burke definition of rhetoric as a "symbolic means of inducing cooperation in beings that by nature respond to symbols" (*A Rhetoric of Motives* 43). And in Krista Ratcliffe's revision of Burke, she cites her goal as moving people with troubled identifications to places of engaged dialogue. This idea that personal stories can move people to productive action is no better exemplified than in Bradley Lewis's book, *Narrative Psychiatry*. Lewis, who is a uniquely interdisciplinary scholar of medical humanities and a practicing psychiatrist writes about the capacity of narrative to change psychiatric practice by laying bare "'the hidden pedagogy of science' with its 'unstated ontology of one, and only one, true world'" (Frank 195). By contrast, personal narratives from psychiatrically disabled people could be used to inform the work of psychiatrists, rather than being limited to their current purpose, which is as symptomatic material to be interpreted and diagnosed by the psychiatrist. Lewis views narratives from psychiatrically disabled people as critical insight capable of changing professional practice. One similarity that Lewis shares with Morrison and Bossewitch is that they each participate in and identify with the c/s/x movement to varying degrees. They are not only studying the value of personal perspectives, but they are writing from a position infused with both personal and academic concerns.

Scholarship that values the personal perspectives of psychiatrically disabled people, and those participating in the c/s/x movement in particular, is emerging in disciplines outside of rhetoric and composition as the scholarship from Lewis, Morrison, and Bossewitch demonstrates. However, I believe the disciplinary values in rhetoric and composition and the emerging work in rhetoric and disability studies position our field to engage meaningfully with c/s/x activists' narratives and to understand the situated knowledge they contain. Engaging with personal stories and working across troubled identifications is already a defining feature of our field.

Critical Incident Technique as Method

In order to engage the collection of vernacular video stories in the *I Got Better* campaign, I used critical incident technique (CIT) coupled with an attitude of openness to engaging with marginalized perspectives; this is a methodology that I have modeled off of Clifton, Long, and Roen's study of the DALN's Deaf and Hard-of-Hearing narratives. Clifton, Long, and Roen explain the power of the methodology in the following way:

> In watching for critical incidents, we are attempting to locate where the private, localized knowledge of an individual or group might be reflective of or indicative of a

> more public issue of shared concern. Part of the test of a critical incident is its ability to elicit resonance with an audience, to evoke meaningful response, stir a relevant memory, or connect to another's prior knowledge, experience, or understanding in some way. Thus, when we are watching for critical incidents, we are looking for the places where someone else's story gets traction or raises tensions with our own.

This description of CIT points out the similarities it shares with methodologies that prize deep engagement with the other, in particular Krista Ratcliffe's rhetorical listening and Jean Burgess' call for scholars to listen to vernacular narratives, rather than "apply liberal doses of theory" to them to "complement our own sub-cultural taste patters" (209). Both CIT and approaches that favor engagement with others rather than theoretical interpretation focus on the interaction between speaker and listener, their subject positions and places of troubled identification. Rhetorical listening is a concept initially theorized by Ratcliffe as a way to foster cross-cultural identification and understanding. It is a manner of mental and emotional behavior, what Ratcliffe calls "a code of cross-cultural conduct" (17). I need to acknowledge the ableist assumptions in "listening" as a method that is equated with ethical engagement and identification with the other. However, my generous reading of Ratcliffe does glean some utility from her concept—she accepts Burke's point in *A Rhetoric of Motives* that all language has a persuasive function and that successful identification between interlocutors must precede persuasion (Ratcliffe 1), but she recognizes that identifications between people with vastly different views and experience are often difficult; identifications can be "troubled by history, uneven power dynamics, and ignorance" (Ratcliffe 2). And Burke himself pointed out that identification happens simultaneously with division from something else; it is not a pure pursuit of unity between ideas or people (25). By approaching others with a conscious mindset of openness, identifications with others may be easier. Martha Nusssbaum has made a similar point about the need for identification across differences; she writes that "an ethics of impartial respect for human dignity will fail to engage real human beings unless they are made capable of entering imaginatively into the lives of distant others and to have emotions related to that participation" (qtd. in Lauritzen 23). Because engaging with others does not always happen easily or unconsciously, sometimes a conscious decision to do so is necessary for identification to be possible.

In my analysis of the vernacular videos in the *I Got Better* project, I use CIT because it is a flexible methodology that allows study participants to define their own experiences and researchers to find trends across participant responses. CIT is a method well suited for collecting and analyzing stories from individuals about important/meaningful events in their lives, and it is a method that is useful for collecting situated knowledge. Because the *I Got Better* personal narratives are submitted by individuals, and their stories are self-guided and organized in response to a few guiding questions from the *I Got Better* campaign, CIT is methodologically aligned with the design of the collection of stories themselves. The guidelines that are provided for individuals to submit their personal stories to be made public on the *I Got Better* site are:

> Just be yourself and tell your personal story, with as many details as you feel comfortable sharing. Say something about your dark times, and then share about how things got better. What did you do to regain hope and move your own life forward? What support did you get? How do you achieve wellness, and what does

> it mean to you? If you've been a mental health activist and that has been part of your recovery, you can mention that as well…
>
> Your story can help someone in a similar situation to survive and to thrive, and together our stories can change our whole society’s dominant narrative about mental health — from hopelessness and chronic illness to wellness, resiliency, and hope!

CIT was first described in John C. Flanagan’s 1954 paper, “The Critical Incident Technique” published in *Psychological Bulletin*, and very few changes have been suggested to Flanagan’s initial description of the CIT methodology since then (Gremler 66). Flanagan writes that “the critical incident technique does not consist of a single rigid set of rules governing such data collection. Rather it should be thought of as a flexible set of principles, which must be modified and adapted to meet the specific situation at hand.” The five steps of CIT as explained by Flanagan, and the basic steps that have gone into collecting the personal narratives by the *I Got Better* project and my analysis of the vernacular videos, are:

1. Determine the general aim of the activity (i.e. recovery from mental or emotional distress).
2. Develop plans and specifications for collecting factual incidents regarding the activity (i.e. collecting personal narratives from people with psychiatric disabilities within the c/s/x community who feel they have gotten better)
3. Collect the data. The incident may be reported in an interview or recorded by the participant him or herself.
4. Analyze the data. The purpose of this analysis is to summarize and describe the data in an efficient manner so it can be effectively used for various practical purposes.
5. Interpret and report the requirements for a particular activity.

As the phrasing of these five steps connote, CIT was originally used to study practices in specific industries or work environments. However, it has increasingly been used to study such things as attitudes held by psychotherapists and emotional maturity of clients in therapy—both of which are less concretely observable than actions performed in a specific work setting. An example of this use of CIT to learn about attitudes is a 2005 study titled "Critical Incidents in the Formation of the Therapeutic Alliance from the Client's Perspective," which collects data on client's perceptions about the quality and strength of their relationship with their therapists (Bedi, Davis, and Williams). As even this brief gloss of the Bedi et al. study makes clear, CIT has been used to inform mental health service providers understanding of client attitudes, but it is less commonly used to hear voices from the margins or outside of mental health services like many members of the c/s/x movement are (Faulkner 39). For this reason, my methodology of combining CIT with intentional identification is a way of approaching minority perspectives with openness while discovering critical moments of traction between c/s/x perspectives and my own. By using CIT from a position of consciously trying to identify with the vernacular videos in the *I Got Better* collection, my goal is to bring minority perspectives that fall between the traditional foci of many disciplines into the public conversation on mental health recovery. To study such things as attitudes, collecting personal experiences works especially well. As CIT can be used to discover "shared patterns among a specific group" (Kain 79), the vernacular videos on the *I Got Better* site can be used to reveal common ideas about what recovery from psychiatric disability might look like. CIT serves as a method to organize parts of another person's story that resonate with our own experiences as audience members. In watching the *I Got Better* stories from a place of openness, I am attempting to access private, situated knowledge that the individual storytellers contribute to the public conversation about recovery from psychiatric disability.

The *I Got Better* stories are publicly available online, which creates the opportunity for identification between the storytellers and any number of audiences. But the public availability of these stories means that only one barrier for communication between the c/s/x community and others has been removed. The barrier of troubled identifications remains because different views are still present in online public spaces. Despite the public nature of many online spaces, including the *I Got Better* stories, minority perspectives do not necessarily attract a larger audience because they are available to more potential people. The Internet is not an automatically democratic public space in which access to minority perspectives creates a willingness to engage these perspectives (Selfe and Selfe). Instead, as Cynthia L. Selfe and Richard J. Selfe have noted, technology creates "social spaces where cultures meet, clash, and grapple with each other, often in contexts of highly assymetrical relations of power" (Pratt 34). Despite these assymetrical power relations that exist in both online and offline spaces, the dominant rhetoric of technology in Rhetoric and Composition has been overly optimistic about the democratic exchanges that online spaces make possible (Hawisher and Selfe 55). Despite our field's commitment to personal, situated knowledge, the dominant cultural scripts for psychiatric disability as an ethos problem situated within an individual run counter to a stance of openness towards the perspectives of the c/s/x community. How do we resolve these competing discourses within our disciplinary knowledge? Is there a way to engage with psychiatrically disabled activists that names such communication as a potentially troubled identification, but then moves into a productive dialogue?

As a point of clarification, the particular diagnoses of the contributors of the *I Got Better* collection and the audience for their stories are not the focus of this chapter. While many of the contributors disclose their diagnoses, not all do. So, their diagnoses are not completely available to us as the audience. The diagnoses that are shared by storytellers cover a wide range that in a biopsychiatric model would be discussed separately, including schizophrenia, anxiety disorders, depression, bipolar disorder, and others. But the larger reason that this chapter's focus is not on the storytellers' diagnoses is because in taking this biopsychiatric model as a frame through which their stories are heard, we run the risk of not having an open stance in relation to the storytellers. As Linton explains:

> When medical definitions of *disability* are dominant, it is logical to separate people according to biomedical condition through the use of diagnostic categories and to forefront medical perspectives on human variation. When disability is redefined as a social/political category, people with a variety of conditions are identified as *people with disabilities* or *disabled people,* a group bound by common social and political experience (12).

Rather than watching for what we think *should* be part of the stories, I am interested in engaging what *is* part of the stories and understanding why an individual's diagnosis is not at the center of the story. The collection of *I Got Better* stories positions itself against the dominant cultural narrative that serious and persistent psychiatric disabilities are hopeless diagnoses that require chronic care from a psychiatrist. After all, the written description of the campaign states that its aim is to “challenge the dominant narrative of hopelessness in mental health care by making stories of hope and mental wellness widely available through a variety of media.” If we were to watch only for the storytellers’ diagnoses, we would fail to glean their situated knowledge about what recovery means to them and what it has looked like.

Overview of the I Got Better Project

The *I Got Better* project is an online collection of stories about hope and mental wellness. The campaign is situated in positive terms (such as *hope* and *wellness*) in a purposeful challenge to what the site describes as “the dominant narrative of hopelessness in mental health care.” *I Got Better* takes as its starting point that a framework of chronic illness creates an attitude of hopelessness about psychiatric disability, which stands in the way of a positive self-image for individuals diagnosed with psychiatric disability and does not help to get rid of social stigma.

About the Campaign

MindFreedom International’s *I Got Better* campaign aims to challenge the dominant narrative of hopelessness in mental health care by making stories of hope and mental wellness widely available through a variety of media.

Figure 9: I Got Better, Logo and About Us Statement

I Got Better is a project of MindFreedom International, which is an organization of activists who work both on- and offline to change the mental healthcare system. As a group, MindFreedom International advocates for more care/treatment options in mental healthcare, and in doing so challenges people to think beyond medical models of understanding and treating psychiatric disability. MindFreedom International has affinities to disability theories in the way that it advocates for consumer rights, sees mental healthcare as a political issue, and values social change in addition to medical interventions (Shakespeare; Linton; Brueggemann et al.).

MindFreedom International's members are people who identify as having experienced human rights violations in the mental health system, as well as allies to this cause. Many call themselves *psychiatric survivors, although labels such as psychiatrically disabled, ex-patient, and consumer (as in mental health system consumer) are also used*[13]. MindFreedom International does not limit its membership to those who identify as consumers of psychiatry services, psychiatric survivors, or ex-patients, and this is because of the groups' framing of their work—their goal is to win human rights and create alternative forms of treatment. By explaining mental healthcare reform as a human rights issue, it is positioned as being of interest to all people, not just the c/s/x community.

---

[13] I use the term *c/s/x*, which stands for consumer/survivor/ex-patient, to refer to the range of identities that form an activist network that critiques psychiatry. Bradley Lewis explains that "these activists are united in their sense that psychiatry has been a traumatic force in their lives" (63). MindFreedom International is part of the c/s/x movement.

Figure 10: MindFreedom International Logo

As part of MindFreedom International, *I Got Better* strives to make positive change in mental health care. And *I Got Better* specifically challenges the language and frameworks that are used to conceptualize psychiatric disability as a negative, chronic state of being. The *I Got Better* campaign collects submissions of written or video personal narratives, as well as collecting data on hope and hopelessness in mental health care. The goal of *I Got Better*, as articulated on the website's About page is, "With this collection of stories and evidence we can spark a new dialogue in our society about mental and emotional distress, moving from hopelessness and chronic illness to themes of resiliency, recovery, wellness, and HOPE!" A key part of collecting personal stories is that recovery from psychiatric disability has a unique meaning depending on the individual person, and by sharing individual stories, it becomes evident that there are multiple paths and frameworks that can lead to mental health and wellness. The individual nature of mental wellness is underscored in every aspect of the *I Got Better* campaign; the question "There are many ways to mental wellness—what's yours?" appears along with the campaign name on the top of each page on the website.

Part of the *I Got Better* campaign includes a survey that was collected from 390 participants between June and October 2012. The survey asked questions about hope in mental health care, and reported the following findings, which give a brief overview of what the project stands for:

1. The mental health system often sends the unhelpful (and hopeless) message to individuals with psychiatric diagnoses that recovery from mental/emotional distress is impossible.
2. Many people achieve a medication-free, stable wellness even after experiencing extreme mental/emotional distress.
3. Respondents overwhelmingly judged a variety of non-drug alternatives to be more helpful to individuals in mental/emotional distress than standard psychiatric care.
4. Certain psychiatric practices, particularly forced drugging, are often described as "traumatizing."

These results of the survey are displayed on the *I Got Better* site, and they provide context for the motivation of the site. The campaign's project of creating an attitude of hope for mental wellness is carried through in its collection of personal narratives and vernacular videos. The site is actively accepting submissions of personal stories, and these stories are currently the living, changing part of the site.

The *I Got Better* vernacular videos and personal stories are one of a few established online spaces for c/s/x activists and psychiatrically disabled people to tell their stories. Most closely associated with *I Got Better* is an archive of personal stories that are publicly available on the MindFreedom International site. Although this collection differs from the *I Got Better* stories in its focus and in the way personal narratives are collected, the multiple spaces emerging for c/s/x perspectives to be publicly shared indicate that sharing and providing innovative peer support resources are integral parts of the c/s/x movement. Collections that have been similarly curated can be found on other sites, including Mad in America and the Icarus Project's 10 Year Anniversary Story

Collection. Perhaps most like the spirit of the *I Got Better* vernacular videos is another story collection project that is connected to MindFreedom International, called *Life After Labels*. The format for this story collection is a blog, and individuals are able to submit their stories in written form to the blog's owner, Aki Imai[14], who then publishes the stories. Morrison's list of the main goals of the c/s/x movement is apt for contextualizing the *I Got Better* vernacular videos within a c/s/x ontology of the personal; Morrison identifies the goals of the c/s/x movement as: claiming voice, gaining access to knowledge, claiming and protecting rights, challenging oppressive authority, exposing abuse, and creating choice by developing opportunities for alternatives and self-determination (99). Collections of personal stories provide outlets for c/s/x activists to claim voice as experts on their own experiences, which at the same time collections of stories provide readers/viewers with access to personal knowledge on living with a psychiatric disability.

In Morrison's chapter on personal stories from the c/s/x movement, she describes a common genre in personal narratives from the c/s/x movement, which she refers to as the "heroic survivor narrative" (101). These narratives have an important role in the c/s/x movement because they maintain and form a collective identity; the heroic survivor narratives are those of "surviving, outwitting, or avoiding psychiatry" (101). In Morrison's analysis of personal stories that she collected from interviews, she points out that personal stories are much more nuanced than the heroic survivor narrative genre accounts for. Individuals within the c/s/x movement have varied experiences and perspectives on their relationship to psychiatry. The positive place that the heroic

---

[14] Aki Imai is one of the interviewees whose responses I write about in Chapter 4.

survivor narrative occupies within c/s/x culture is something that contributors to the *I Got Better* vernacular video collection are likely aware of. Whether or not they could name this genre, they have likely encountered many forms of it and may have internalized and modeled its resistant tone.

The *I Got Better* stories and Morrison's label for heroic survivor narratives bring to my mind what disability studies activist/scholars refer to as "overcoming narratives." Although heroic survivor narratives and overcoming narratives share a common theme of triumph over barriers, there are key differences that make the heroic survivor narrative a positive genre within the c/s/x movement and the overcoming narrative a negative genre within the disability community. Garland-Thomson explains the overcoming narrative genre as "a narrative of overcoming to elicit admiration for working despite having a disability" (62). Linton cites the overcoming narrative's theme of personal triumph as problematic in part because it comes from outside of the disability community. It demands that disabled individuals be "plucky and resolute" (Linton 18) and overcome any obstacles they encounter. One major difference between the two genre types is the thing that the individual is overcoming; in the heroic survivor narrative, the individual overcomes abuse from psychiatry, but in the overcoming narrative, the individual overcomes the limitations created by his/her own disability. While the heroic survivor narrative is undoubtedly an influential genre for the contributors to the *I Got Better* collection, individual contributors maintain control over the videos they voluntarily contribute, and the guidelines for their stories underscore the individual nature of psychiatric difference and recovery. Heroic survivor narratives also avoid some of the overcoming narrative pitfalls because more control is given to the individuals contributing the stories, at least in the *I Got Better* collection.

By contextualizing others' perspectives within cultural logics that they proceed from and respond to, as I have done so far in this chapter, we are better prepared to engage with their stories from a place of openness (Clifton et al.). Furthermore, we have established rhetoric and composition scholars' ethical commitment to valuing personal perspectives, which is compelling evidence that our field should continue to engage with little-heard perspectives, like those in the c/s/x movement. With this context for c/s/x perspectives in mind, I use CIT as a way to identify moments of traction between my perspectives, the storytellers, and the dominant cultural logics the stories are responding to. I model CIT as a viable methodology for the field of rhetoric and composition to use to engage marginalized perspectives despite a history of troubled identification.

I Got Better Vernacular Videos as Performances of Recovery

My goal in this analysis is to highlight how the situated knowledge in the *I Got Better* collection merits greater public attention and how vernacular videos from c/s/x activists facilitate identification. By consciously trying to connect with the vernacular videos and perceive critical incidents, I engage with the situated knowledge that the contributors to the *I Got Better* video stories are sharing.

The *I Got Better* campaign, and the video stories within the campaign, are joining the public conversation about effective ways to treat or respond to psychiatric disability. These video stories assert that it is possible to recover from a psychiatric disability (which in the field of psychiatry is not believed to be possible for serious and persistent psychiatric disabilities), and the contributors of these video stories offer the strategies they use to live with psychiatric disabilities. They define recovery in their own terms, asserting their own situated knowledge as part of the conversation about how recovery from psychiatric disability can be conceptualized.

I describe the *I Got Better* vernacular videos as performances of recovery, which could be characterized as a particular form of the heroic survivor narrative that emphasizes a positive future for psychiatrically disabled people, even or especially for those who eschew psychiatric interventions. Contributors to the *I Got Better* project are claiming a liminal identity, speaking from a position of authority on both psychiatric disability and recovery. This liminal position enables the contributors to speak as a peer role model to audience members who desire recovery from psychiatric disability; indeed, the project aims to provide hope to others and encourages visitors to the site to submit their own recovery stories by the following tact: “Every day, there are countless people in despair who have been labeled as mentally ill and believe that they'll never get better, often because someone told them this…You can make a difference in this person’s life.”

Contributors occupy a liminal and uniquely powerful position to speak both from the margins and from the mainstream, performing and claiming a reasonable, reflective ethos for audiences who might not easily identify with psychiatric disability. In their both/and identity they define themselves always in relation to past labels (similar to “ex-convicts”, or “The Artist, formerly known as Prince,” whose past identity carries into the present). The videos employ a similar narrative structure that explains this positionality as a unique source of knowledge. The narrative arc begins with a description of the person’s “dark times,” their struggles with psychiatry’s recommended paths to wellness, and their eventual discovery of alternative roads to wellness. They speak from a position of ethos that is not only an alternative to psychiatry’s authority, but is a corrective to what they perceive as its damaging and unsuccessful strategies. In this way, the narrative structure that the videos adopt builds the ethos of the contributors, adding evidence to their claims of being “recovered” from psychiatric disability because of their ability to reflect on multiple ideologies of wellness and to ultimately conceive of their best individualized options.

The structure of the narratives in the videos not only position contributors as having a unique source of knowledge based on their lived experience of recovery, but their performances of recovery—observable by audiences and viewers—allow them to demonstrate their possession of what Emily Martin terms “the central components of personhood as it has been understood in Western societies since the seventeenth century” (86). These components include: “being an autonomous individual who had control over his body, his capacities, and his property” (86). Part of Martin’s argument is that the label of a psychiatric disability robs a person of occupying the rhetorical position of such an autonomous individual. But the *I Got Better* vernacular videos demonstrate a position from which individuals can claim insight into psychiatric disability and recovery, while performing (and for some audiences *proving*) their capacity to adhere to expectations of Western personhood. These performances of recovery are simultaneously performances of rhetoricity.

The *I Got Better* vernacular videos perform recovery through similar visual choices, and in doing so construct a genre that adheres to common interview and documentary video shots that include the speaker’s head and trunk with a mundane background. There are minimal technical guidelines for the videos on the *I Got Better* website; suggestions are limited to general features such as adequate sound quality, "zoom in enough so that we can really see your face, and look into the camera," and "don't backlight." Some of the videos have noticeably similar backgrounds and appear to have been collected at the same location. The uniform cropping of speakers in the videos focuses attention on them alone. The similar visual format and the shared narrative structure of their stories are defining features of the performance of recovery genre that encourages identification between contributors and a range of audiences.

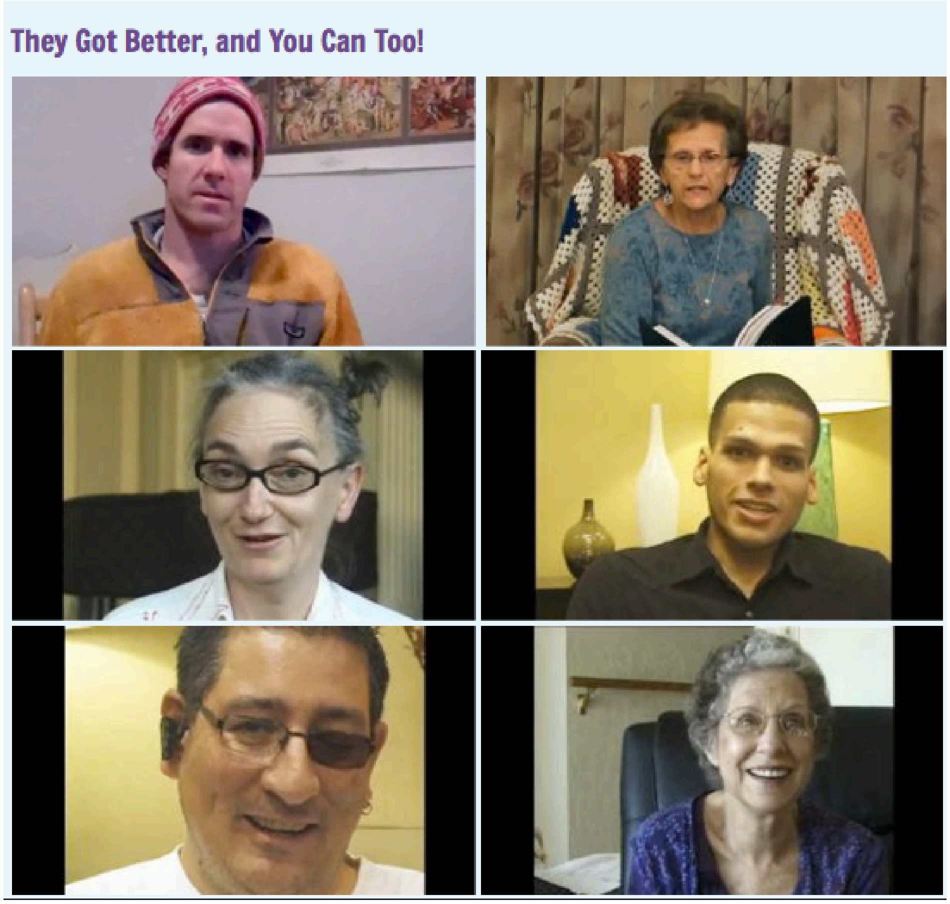


Figure 11: I Got Better Campaign Collection of Video Webpage

Critical Incidents in the I Got Better Vernacular Videos

Having defined the performance of recovery genre, in this section, I discuss three categories of critical incidents in the stories that are related to recovery. There were other critical incidents in the stories that are not explicitly related to recovery, but to focus the conversation about situated knowledge of a particular experience, my analysis centers on critical incident themes related to recovery. The three categories of critical incidents are:

1. Recovery involving the rejection of tradition medical model and biopsychiatric help
2. Recovery involving the adoption of a new mindset toward psychiatric disability (its meaning and value)
3. Recovery involving peer support and community

For each of these three critical incident threads, I highlight the situated knowledge that the *I Got Better* contributors are sharing. The act of contributing one's personal stories about psychiatric disability and recovery to a public collection is an assertion that first-person perspectives and storytelling is a valuable ontology and offers insights that biopsychiatric studies of psychiatric disability cannot offer.

Critical Incident Category 1: Recovery involving the rejection of traditional medical model and biopsychiatric help

Among the goals of the c/s/x movement identified by Morrison is "creating choice by developing opportunities for alternatives and self-determination" (99). This first category of critical incidents is a series of claims about the help that can be found from support, resources, and activities that are outside of biopsychiatric treatments (i.e. drugs, hospitalization, electroshock therapy). The stance that the c/s/x movement has taken consciously talks back to the medical and biopsychiatric model of psychiatric disability, or the idea that serious and persistent psychiatric disability are a chronic problem with one's brain—what prominent psychiatrist Nancy C. Andreasen has famously called "the broken brain" model. Within the broken brain model, the logic proceeds that treatment of chronic brain illnesses is management of the primarily pharmaceutical kind, rather than recovery. Because the "broken brain" model dominates psychiatric practice, the public discourse on recovery focuses on the binary that recovery either is possible or is not possible; the *I Got Better* video stories contribute situated knowledge about what recovery might mean and what paths to recovery might look like. To add specifics to the meaning of this category, three critical incidents from three different vernacular videos in the *I Got Better* collection are presented below. In order to give space for the stories to speak for themselves to an extent, I present each critical incident in entirety before adding my analysis. The first vernacular video is from Matt, who discusses the hopelessness that the medical model gave him and the alternative ways in which he understands mental health. The second narrative, from Juan, details his shift away from being a receiver of services to a proactive participant in activities that make him happy and healthy. The third narrative, from Chris, recounts a disagreement with her psychiatrist about recovery from psychiatric disability; in this critical incident, Chris compares recovery from addiction to recovery from a psychiatric disability.

Narrative 1: Matt

I was hospitalized three times, I think in 13 months if I've done the math. I was placed on 13 different medicines when all I wanted to do was get off of benzodiazepines. And I actually made that very clear to my doctor and to the doctors at the hospitals as well. Ummm, but the paradigm being what it was, they simply prescribed more

> *medicines…Because what I'd been told by many of these healthcare professionals was that they'd never seen anxiety this bad. That no one had as much trouble as I'd ever had getting off of benzos, all those things, which I've certainly come to realize with hindsight weren't entirely true. Perhaps it was their version of the truth. It wasn't a truth that helped me. It was actually a truth that made me feel very hopeless, as if I'd feel this level of profound terror for the rest of my life without taking medication. It didn't really leave me any way out because clearly I wanted to be off drugs, but they told me I could never be off drugs…Now it's 2013 and I haven't taken a psychiatric medicine since, I guess, October of 2006. So, you know, six plus years, and I feel great. I don't feel like I need the drugs. I don't have any "depression" or "anxiety." I mean I have normal sort of life anxiety that people have about things we get anxious about. But then for me a big part of healing has certainly been recognizing how to deal with those things in a healthy way and not just take a pill. Instead I go for a walk with the dog, or I spend time with my family, or I go rock climbing, which is something I enjoy.*

In this critical incident from Matt's vernacular video, he shares part of his journey to no longer using benzodiazepines and some of the emotions he felt as a result of interactions with psychiatrists. In particular, Matt shares the hopelessness that he felt after being told that his anxiety was abnormally problematic, and that he had only one option for treatment: benzodiazepines. This hopelessness that Matt felt by receiving what is conceived of as "treatment" in the biopsychiatric model, is part of the valuable knowledge that his story offers. Matt's experiences complicate what is thought of as helpful by showing that psychiatry did not provide hopeful, or even correct advice about steps that could lead to recovery.

Matt’s narrative also redefines his experiences of anxiety within normal human emotions, opting instead to define his emotions—even the negative ones—within the human experience. By reframing his anxiety as normal, rather than abnormal, Matt’s explanation of the healing power of fairly mundane activities like spending time with family and rock climbing is logical. This excerpt from Matt’s narrative exemplifies the narrative structure of the performance of recovery genre.

Narrative 2: Juan

For a long time, I didn’t think that I could reach recovery. I was medicated. I was in treatment, but I wasn’t feeling successful. I had no friends, like I said, my family was isolated. I wasn’t really going anywhere. And once I started going into the whole world of college is when I realized that I was tired of living my life the way I was…I started looking at different ways I could help myself because up until that point everyone else had to help me because I was the victim, you know…I started exercising. I realized that not only was I feeling physically better, I was feeling mentally better because I was doing something, I was going out. I started just maybe walking for 30 minutes, but that was 30 minutes that I was leaving my home and doing something else. I started cooking a lot and I started cooking for my mom, who maybe I didn’t spend enough time with. And then at that point you know we would initiate conversations about, oh, this is really good but maybe you should cook it a different way. And those little things that don’t have to do directly with my conditions, with my diagnostic or the symptoms. But it was still helping me! And as long as it helps me, who cares what my diagnosis is!

Juan's narrative frames recovery outside of psychiatric interventions. He reveals that receiving psychiatric treatment was detrimental because it positioned him in the role of the victim. Much of his narrative, including this critical incident excerpt, focuses on the benefit he found from discovering his own agency and learning to determine his own needs. Similar in some ways to Matt's story, Juan defines recovery through everyday actions that keep him happy and mentally and physically healthy. Juan's narrative, like Matt's, asks others to consider options for recovery that are not specifically within the purview of psychiatry, but that may include every day actions not typically understood as therapy.

Narrative 3: Chris

I started arguing with my psychiatrist, and he really was not appreciative of my efforts to educate him because I thought he was really stupid in some ways…I told him about mental health recovery and he said, "There is no such thing as mental health recovery." He agreed that there was recovery from substance abuse whether it was drugs or alcohol, but he said, "Mental health recovery doesn't exist because mental health patients always have—mentally ill people always have to take medications so that they stay out of the hospital and they maintain." And I looked at him and I said, "What is the difference between taking a medication or staying away from alcohol if I'm an alcoholic? Both of the keep me well. It's the same thing. One you stay away from, one you take." He says, "Oh no, you can never be totally well and totally recovered from a mental illness." And I said, "Okay, thank you very much." And every time I went to him, his solution was always increase my medication, increase my medication, increase my medication. And I

> *was like, surely, you're more educated than that. And I said, I told him one time, I said, "There have to be other options other than medications." And he said, "No, medications are the only way you get well when you're mentally ill." And I said, "Medications have made me sicker more times than my mental illness ever made me sick." And he said, "No, it's all in your mind."*

In a somewhat different vein than the two examples of vernacular videos from Matt and Juan, Chris elaborates on how she tried to share her own expert knowledge with her psychiatrist's expert knowledge on how she could be recover from her psychiatric disability. Chris challenges her psychiatrist by asking a fundamental question about psychiatric disability: can it be managed by internal (medication) means or by external (environmental/avoiding triggers) means?

In all three of these critical incidents, the inflexibility of psychiatry to consider radically individual treatments comes through. And by watching these three videos together, their calls for more alternatives in treatment options carry weight by echoing similar themes. These vernacular videos define recovery from psychiatric disability as something that is possible, and these individuals conceptualize it outside of a biopsychiatric model. But the storytellers' rejection of the biopsychiatric model of psychiatric disability do not proceed along expected lines of public discourse, because they do not fall into an incommensurable logic, such as: psychiatric disability is a brain disorder (realism) vs. psychiatric disability is simply human difference, perhaps even a difference that should be celebrated (relativism). These incommensurable logics are a lasting instantiation of the science wars that began in the 1990s, which pit objective, scientific knowledge against postmodern constructive views of the world. Lewis explains that such sharp distinctions set up “either/or battle lines” that close down dialogue between the sciences and those who question the sciences (usually humanists) (19).

The situated knowledge in these personal stories about effective treatment options provide a third way out of the science wars by offering this logic: *I have sought help from mental health professionals using the biopsychiatric model of psychiatric disability, and I have sought help in alternatives to this model; the alternatives were more beneficial to me than biopsychiatry was.* This logic foregrounds choice in treatment options; the *best* treatment options are defined by the individual using them. And the arguments presented along these lines in the *I Got Better* project are made more persuasive by the visual and narrative performance of recovery that positions the speaker as an expert. For Matt, he benefits from spending time with his family and doing outdoor activities, like walking his dog or rock climbing. He prefers these activities to taking benzodiazepines. Juan also benefits from exercise and spending time with his mother, but he also identifies a distinct attitude shift away from relying on mental health professionals to help him, and he decided to view himself as responsible for his own mental wellness. Chris has significantly reduced her medication use by choosing to avoid situations that cause her mental distress. She uses an addiction model of understanding her treatment, rather than a biopsychiatric illness model. And later in her narrative, she shares that she relies on conversations with her priest instead of conversations with a psychiatrist.

I’d like to loop back to my arguments in earlier chapters about the danger of viewing psychiatric disability as solely an ethos problem. If we in rhetoric and composition continue to conceptualize psychiatric disability as an ethos problem or as an issue best suited for psychiatry, we will always have a convenient excuse to slip out of the public conversation. But as this category of critical incidents shows, by slipping out of the conversation, we miss an opportunity to find a productive third space between clashing discourses that oscillate between pathologizing and celebrating psychiatric disability. As this category of critical incidents shows, the third space that becomes clear when we engage from a position of openness to c/s/x perspectives is that psychiatrically disabled people have expertise about what their individualized recovery and wellness looks like. And that taking an active role in one's own mental health can involve actions outside of a biopsychiatric illness model for understanding one's needs and experiences. If we zoom out from this particular study of critical incidents, we can also conclude that CIT is a methodology that enables identification and can be a useful tool in community literacy research and engagement with marginalized people and perspectives.

Critical Incident Category 2: Recovery involving the adoption of a new mindset toward psychiatric disability (it's meaning and value)

The c/s/x movement is re-defining what it means to be psychiatrically disabled. There is perhaps no better evidence of this strategic re-definition than the analysis provided in Chapter 2 of discussion board posts from The Icarus Project; similar themes of revaluing and renaming psychiatric disability appear in the *I Got Better* vernacular videos as well. The c/s/x movement's project of re-defining terms fits into multiple goals as explained by Morrison, which include: claiming voice, gaining access to knowledge, and challenging oppressive authority. However, the dominant cultural discourse about psychiatric disability is that reframing its meaning is not necessary. As a result of prevailing realism and objectivism that define the scientific stance and are valued in our culture, the biopsychiatric model is privileged and considered to be correct. According to the either/or thinking that the science wars encourage, personal narratives that present expertise from situated knowledge are dismissed as a relativist undertaking that is unproven pseudoscience (Lewis 19).

Against this backdrop of different models of psychiatric disability, with the biopsychiatric model enjoying the power of being generally accepted and unquestioned, the personal video stories in the *I Got Better* campaign contribute stories about models that have helped the storytellers move out of a place of distress. These stories are a shift away from conversations about what the correct model of psychiatric disability is (in which the medical model is valued), and it is a shift toward asking what models have been helpful for people in their recovery from psychiatric disability. There is significant overlap in the stories that have critical incidents in category 1—rejection of the biopsychiatric model of psychiatric disability—and in this category 2—adopting a new mindset towards understanding psychiatric disability. The narratives suggest that the rejection of a biopsychiatric model is a step that leads toward adopting a new framework for understanding psychiatric disability.

In the first narrative, Sally provides a longitudinal view when she mentions that the c/s/x movement's belief that psychiatric disabilities are not necessarily chronic and are starting to gain mainstream acceptance. Thalia, in the second narrative, explains her view that behaviors that get coded as symptoms of a psychiatric disability are better understand as normal emotions and part of the human experience. In the third narrative, Dorothy suggests that mental distress can be caused by forces outside of an individual, for example from one's family or their lifestyle choices.

Narrative 1: Sally

So I've seen the gains that the consumer movement has made. Our whole—many, many of the things we talked about thirty years are now being talked about in the mental health system. We talked about recovery, we didn't use the word, we talked about, but we knew that it wasn't chronic. You know, that this diagnosis of mental illness was not a chronic illness like other illnesses the way they like to explain it and that people got over it, you know.

Sally's brief narrative looks back at the gains that the c/s/x movement has made, particularly in the arena of reframing psychiatric disability. She believes that some of the same topics that c/s/x activists have led the charge in, especially recovery, have changed the vocabulary and ways that psychiatrists conceptualize psychiatric disability as not necessarily chronic. Sally's hopeful message that change is occurring provides situated knowledge about the usefulness of the c/s/x movement in reforming mental health practices.

Narrative 2: Thalia

Now, the story doesn't end badly in that I have used a lot of my own creativity to survive. I've become a seasoned outdoorswoman. I've become a neuroscientist. But the point is that I had to feel like I was proving myself over and over and over and over again because my entire life was destroyed by, you know, a diagnosis, by the feeling that I was shamed, that I was cursed, that I wasn't okay the way I was. And I was somebody who had immense potential. I was extremely quiet, extremely shy, and I stopped talking after *this happened to me. I completely lost the ability to feel any emotion, and I was numb for over 15 years. And that's essentially what was happening that was being diagnosed as a mental illness and repeatedly treated with chemicals treated with behavior therapy, and treated with abuse, frankly. And I, in spite of myself, I've had the survivor mentally. I've known the things that help for me. I'm a vegan, I'm an athlete, I'm outspoken about who I am. And I have very, very strong morals, and values, and ethics. And I really believe this is a human issue. I don't know why we're ashamed to have emotions. I don't know why we're ashamed to come out and say when people are hurting us. I don't know why we're ashamed, you know, to be the people that we are. And I really think that that's what is at the heart of psychiatry. It's control. It's nothing but control. And frankly, I think that is weak. And it's an excuse for not dealing with problems where they are. And it would be so much simpler and so much more cost effective, since I know that's what policy makers want to hear, to treat people like people, instead of you know, thinking about solutions as it were…Why don't we just talk to people and ask them what they're experiencing?*

Thalia shares a deeply moving account of the pain that she experienced because of being labeled with a diagnosis. Her story echoes many of the points from Matt and Juan, adding the shame that she felt by receiving a diagnosis. And because Thalia experienced psychiatric interventions so negatively, she reframes her own identity by rejecting the idea that her experiences of the world are abnormal. Instead, she implies that strong emotions are part of the definition of human, and that it is acceptable and expected that difficult emotions are part of life. Thalia suggests that one avenue for more effective treatment for individuals in distress is to ask them what they are experiencing. Rather than attempting to change emotions through medication, she proposes that human connection and talking can make a big difference in the lives of psychiatrically disabled people.

Narrative 3: Dorothy

I went into therapy and my therapist said, your family needs to come into therapy. But I was the designated problem, so my family did not come with me to therapy…I have to say that I have been on medication, SSRIs, on the minimum amount of dose that I could tolerate. I would like to take less, and coming to this conference has helped me think about my responsibility towards exercise, diet, and other ways of honoring myself as a way to lessen my medication.

In this brief critical incident from Dorothy, she seems almost in the moment of recording the video to be reconsidering treatment options for living with psychiatric disability. In Dorothy's video and in this category of critical incidents generally, the validity of multiple models for understanding psychiatric disability and recovery are apparent. These personal stories, like those in the first category of critical incidents, offer this logic: *I have sought help from both mental health professionals using the biopsychiatric model of psychiatric disability, and I have sought help in alternatives to this model; the alternatives were more beneficial to me than biopsychiatry was.* The different models proposed by Sally, Thalia, and Dorothy build the argument that their lives have been improved by considering psychiatric disability through models of a temporary condition, part of the human experience, and influenced by a person's environment.

Critical Incident Category 3: Recovery involving peer support and community

One of the fundamental features of the c/s/x movement is a strong belief in the benefit of peer mental health support. The online communities in this study are an example of peer mental health support, and The Icarus Project in particular has an entire publication devoted to peer support, titled *Friends Make the Best Medicine*, which outlines its goal as: "We hope that by working together with a shared vision, we can help keep each other afloat and a little less likely to crash, navigating that space between brilliance and madness" (1). In addition to online peer groups, many people within the c/s/x community also facilitate or participate in face-to-face peer support. One of the important resources for establishing a peer-support network is the annual Alternatives in Mental Health conference that serves a hub for people to meet face-to-face to learn about methods for providing peer support and to meet up with others interested in facilitating or participating in peer support services.

The public discourse of peer support is that, while beneficial, it is supplemental to professional medical treatment. To gauge widely held views about the role of peer support, I look to an introductory textbook, *Abnormal Psychology* by Ronald J. Comer[15], which explains, "It has become very clear that antipsychotic medications open the door for recovery from these disorders, but in most cases other kinds of treatment are also needed to help the recovery process along" (505). I use Comer's textbook as a representation of generally accepted views about the supplemental role of peer support in the fields of psychiatry and psychology. As Comer's phrasing suggests, peer support is

---

[15] The 7th edition of Comer's textbook is currently in use in Ohio State's undergraduate introduction to abnormal psychology class.

useful, but only as long as medication is also being used. The National Alliance on Mental Illness (NAMI) also supports a biopsychiatric model of treatment for mental illnesses. While NAMI has extensive peer support resources, their Peer-to-Peer Recovery Curriculum, for example, is funded by the pharmaceutical company AstraZeneca.

The vernacular videos from the *I Got Better* campaign provide a more nuanced picture of the role that peer support can play in an individual's recovery process. Rather than taking a side in the polarized public debate about how large a role peer support should and can be in a person's life, these narratives add more detail about its personal importance to them. These stories provide us with details about how peer support can be ongoing, either face-to-face or online, and that peer support can help individuals with recovery by providing positive models and messages of hope. Perhaps most groundbreaking to the public discourse on peer support is the statement in these video narratives that being a provider of peer support for others is a key part of health and wellness for some c/s/x activists. It provides a sense of self-worth and places people in a role that is different than the patient role.

Chaya's narrative, the first example of this critical incident category on the value of peer support, is about her role in establishing a community support group called the Freedom Center. The second narrative, from Kim, describes her work as a peer mentor and advocate for others. And the third narrative, from Jenn, discusses the healing benefits that helping her peers has had for her.

Narrative 1: Chaya

I found a group in Massachusetts called The Freedom Center, which was a group of people who had also had a similar type of experience of being labeled with a psychiatric diagnosis and maybe not finding the treatment that worked for them—not being satisfied or happy with the way that they were treated. And then that actually was a big blessing because I started to talk about what I had experienced and developed a community. And we started traveling, you know, around the country and the world talking about what we were doing, which was creating a different type of community. We got a lot of grant funding for different things. We had, we offered free yoga, and acupuncture, and writing groups, and support groups, and all different things to the community. So I was really involved with that.

In this critical incident, Chaya provides details about what successful alternatives to psychiatric interventions might look like. Her experience in the Freedom Center aligns with other videos contributors who have shared the benefits of activities not typically conceived of as treatment for psychiatric disabilities. But Chaya's narrative moves beyond individualized wellness plans to a discussion of a larger scale peer resource community. Her experiences add proof that peer support can be effective outside of a biopsychiatric model, and the details she shares about the benefits of community activities like writing groups and yoga provide concrete starting places for re-envisioning treatment and recovery services.

Narrative 2: Kim

Now I'm a WRAP[16] *facilitator. I teach WRAP. I go and talk. I do "In Our Voice" for NAMI. I do presentations on recovery, and I cover from my dark days to my successes. And I always end up saying, my hopes and dreams, I hope that when I leave they have a different idea about recovery. And that they believe there is progressive hope for people. I do staff orientation for the local mental health center. I'm always telling them they can get better. I used to be and I could be, you know, I love the shock value. I helped change the mental health center. I didn't want somebody to go through the 25 years of hell in the system that I went through. And we were able to create a change, and we made it consumer friendly. Instead of the model recovery, it was the consumer recovery model. It was, what do you think will help you, not, you're going to do this. I mean, this is a person that went from 12 different pills a day down to 2. And one of them is optional. I am a walking miracle. And I'm really—I can finally say I'm proud of myself.*

For Kim, as well as Chaya, providing peer support for others is part of their own wellness and recovery from psychiatric disability. Claiming one's own voice and using it to help others helps them move out of the victim role as Juan described it. Kim's story provides a powerful justification for the importance of face-to-face support, as well as such collections as *I Got Better* and for c/s/x communities that create online spaces for peer support. In her narrative, providing peer support is not a supplemental, charitable act, but a practice that leads to recovery in its own way.

---

[16] WRAP stands for Wellness Recovery Action Plan and it is a program that teaches individuals to identify and use the tools that keep them mentally well. http://www.mentalhealthrecovery.com/wrap/

Narrative 3: Jenn

So, that's been a really huge aspect of my recovery. Opening myself up to those perspectives and to the perspectives of the consumer survivor movement, the hearing voices movement. A whole new universe that I didn't even know existed. And I feel that's a huge part of my recovery being able to have empathy for others and to share my story and practical and theoretical resources for other people.

It's very difficult to find resources and perspectives that come from a place of respect and empathy and validation. And I never expected to be an activist around mental health issues. For a long time, I just compliantly took my meds and did my thing.

Jenn's short critical incident about the power of peer support relates in many ways to the other examples from the *I Got Better* collection. These three examples of the relationship between recovery and peer support provide a unique intervention into the polarized public discussion about how central of a role peer support should be for managing psychiatric disability. For all three of the storytellers, acting in the role of a peer mentor/advocate/support for others is a key component to their own recovery, as well as an appeal to their own ethos as individuals capable of assisting others in their personal recovery.

The Potential for Identification with Online Performances of Recovery

I'll return now to a point that I made earlier in this chapter, which is that approaching others from a place of openness is especially important for productive engagement with troubled identifications happening online. My analysis of the *I Got Better* stories can inform a more productive third space conversation in rhetoric and composition about how to engage with online sources. One of the axes along which the polarized discourse about engaging with online sources proceeds is that the Internet is either democratizing or not democratizing in making more voices available to be heard. Often times, the conversation about engaging different perspectives online turns to ethos (Enos and Borrowman), common logics follow the trajectory that the Internet makes various perspectives public, but users always know how to judge the perspectives they encounter. Of course, as online readers/watchers/surfers/lurkers, we are not always well equipped to make ethos judgments of perspectives we encounter. The Internet achieves both "great good and great evil," and often simultaneously, as Joseph Weizenbaum points out (qtd. in Selfe and Selfe), and we risk avoiding troubled identifications if we judge a website's credibility by academic credentials alone, forgetting our field's commitment to personal ontology.

For the *I Got Better* stories, the most obvious affordance of having these stories online is that they are more widely available than they would be if the stories were in some other format (delivered live at an event; recorded in a hard copy book; or captured on a DVD or flash drive). Without the Internet and without the particular online communities such as MindFreedom International, a space would not exist for individuals to easily share their stories. Couser has noted that book-length accounts of living with disability and illness have proliferated starting in the second half of the 20th century (531), but even with such a proliferation, only a small percentage of individual views ever get published, which makes the free, public spaces like the *I Got Better* campaign particularly important.

But on the other hand, c/s/x perspectives are not automatically welcome just because they are now online and available to a larger audience. Psychiatrically disabled people are still understood as having an ethos problem, and c/s/x perspectives are still going against the grain of the dominant biopsychiatric model of psychiatric disability. Gerard Goggin and Christopher Newell have observed that “a variety of people with disabilities embrace the online world, indeed sometimes to the extent that they claim that the Internet removes their disability…yet one of the questions we pondered as we logged on daily was whether the Internet removes disability, or does the online world merely create new dimensions of disability?” (131) One specific way that Goggin and Newell cite as a new online dimension of disability is the way that search engines are currently returning disability-related search results according to medical and charitable discourses first (132). It is difficult for a user who is unfamiliar with terms such as c/s/x or the specific names of communities like MindFreedom International or The Icarus Project to find them through a search engine, and this will only be increasingly the case as search engines like Google customize users’ search results based on their past search history. Burgess has thoughtfully articulated the questions we should be asking about engaging with others online: “The question that we ask about ‘democratic’ media participation can no longer be limited to ‘who gets to speak?’ We must also ask ‘who is heard, and to what end?’ (203)

Making connections in the midst of troubled identifications is always difficult. It is, however, particularly important when engaging perspectives online that may not have any other outlet to be heard, like the activists in the c/s/x movement. Viewers of the *I Got Better* videos may have no prior experience with these perspectives, and it is all too easy to dismiss them because of their divergence from the dominant biopsychiatric model of psychiatric disability. From one angle, the *I Got Better* vernacular videos could be seen as lacking credibility, but from another perspective that is already familiar to scholars in rhetoric and composition, their stories contain situated knowledge that is difficult to get from any other source.

Furthermore, the vernacular videos themselves—the images, voices, expressions, publicly shared first and last names of the speakers—all contribute to the power that the *I Got Better* collection has to connect with viewers through the genre I have called performances of recovery. Because so few spaces (online or offline) exist for psychiatrically disabled people to speak publicly about their lives, the existence of these stories is revolutionary, and the openness of each contributor has the potential for viewers to identify with their stories. Lange has written about the vulnerability inherent in making the personal publicly available, but she contends that "it is precisely in taking this kind of risk that a space is opened for others to relate to the video blogger's concerns…and about how social change may occur." The *I Got Better* vernacular videos are relatable precisely because of their vulnerability and the "sincerity, warmth, and humanity" that they communicate (Burgess 209). The liminal positions that the contributors occupy as recovered psychiatrically disabled people invites a potential common ground between psychiatrically disabled or neurotypical audiences.

Viewers of the *I Got Better* vernacular videos will notice that the contributors do not fit negative stereotypes of psychiatrically disabled people; they are more than capable of telling their own stories and performing their own identities as credible, recovered individuals. The contributors could quite accurately be described as "relatively autonomous citizen-producers" of their own identities and representations (Burgess 209). I end here with a reminder of the people behind the stories so as not to focus on the videos and stories at the expense of the individuals creating and sharing them. The *I Got Better* stories make public the perspectives of people who are frequently stigmatized, silenced, and have few public spaces where their insights are welcomed or even conceived of as insights. Given the challenges to engaging minority perspectives online, we need the tools that actively forging identification can provide us, chief among these tools is CIT as a method for studying the literacy practices of marginalized groups.

Chapter 4: Constructing a Counterpublic: C/s/x Participants and Leaders Reflect on Alternative Communities

> *I think it's definitely important to find your own community. And this is very, very hard, especially when you're in a community, but you don't really identify with the members of the community that you were placed in.*
> *--Aki Imai*

The majority of this dissertation project focuses on moving those readers who do not identify as having a psychiatric disability to a consideration of the nuanced ways in which c/s/x activists construct their rhetorical agency. I have argued through each chapter that the field of rhetoric should have more to say about psychiatrically disabled people than either relative silence or an assumption that psychiatric disability is a negative mark against one's ethos. As I establish in my introduction, I want to move beyond simply pointing out the lack of psychiatrically disabled perspectives in the field of rhetoric, and instead, I understand this dissertation as moving the conversation forward by bringing psychiatrically disabled voices into contact with rhetorical theory. This chapter will continue on in the same vein; however, I will begin with what may seem like a brief return to elaborating the problems that psychiatrically disabled people face in their efforts to establish rhetoricity. This is because a crucial aspect of the c/s/x movement is their construction of *the discipline of psychiatry* as having an ethos problem. C/s/x activists' loss of trust in the disciplinary authority of psychiatry grows out of their experiences with psychiatrists who failed to provide help to them or to other individuals experiencing distress or crisis.

In this chapter, I first identify critiques of the field of psychiatry to explain the grounds on which c/s/x activists, scholars, and scientists alike can question the authority of psychiatry. My aim is to position c/s/x critiques within larger conversations going on in rhetoric of science, disability studies, and the history of psychiatry to demonstrate that c/s/x activists are making the same critiques of psychiatry as communities of professional experts. Building on these critiques of psychiatry, I explore c/s/x communities as a form of talking back; I conceptualize the c/s/x movement as a counterpublic strategically created in response to the spoiled ethos of psychiatry. The particular importance of theorizing c/s/x communities as a counterpublic is that it provides an alternative role for psychiatrically disabled people than the sick role, and it better explains the activities that c/s/x activists are engaging in as opposed to the sick role that highlights their position as patients. When we view c/s/x communities as forming a counterpublic, we adopt a framework that privileges the agency of psychiatrically disabled people, and we move beyond the medical model of mental difference. In other words, we focus on the rhetorical agency and rhetoricity of c/s/x activists, rather than on the rhetorical power of psychiatry.

This chapter builds a view of c/s/x communities as a counterpublic from the perspectives of c/s/x activists themselves. In the second half of the chapter, I draw heavily on interviews I conducted with c/s/x community leaders and participants to learn why they became involved in c/s/x communities and the benefits these communities have in their lives. Interviews revealed insights that could not be gained from rhetorical analysis alone or from any other source. As with every chapter in this dissertation, I hope to model approaches to understanding psychiatrically disabled people as having rhetoricity and bringing valuable insights to the fields of rhetoric and disability studies. If c/s/x activists can reframe their position as activists instead of patients, shouldn't they be more firmly considered as rhetorical agents? And if they are reflecting in interviews on the social and personal change that has resulted from talking back to psychiatry, what more evidence do we need to recognize their rhetoricity?

Challenging Psychiatry's Authority

In Chapter 1, I investigated the ways in which psychiatric disability is rhetorically constructed, and one of my primary moves in this argument was to demonstrate that diagnoses are more than a "view from nowhere" (Nagel 3). The implication of considering psychiatric discourse as one framework among many for understanding mental difference and distress opens up a range of options in terminology and responses to psychiatric disability that are not generally considered by psychiatry. But a much deeper critique of psychiatry can also be found, one that identifies its practices as particularly violent and detrimental responses to human difference. I discuss in Chapter 1 such trenchant critiques that David Oaks and Jonathan Metzl make, but this chapter explores in more depth the arguments against psychiatry's validity in order to describe the rhetorical situation within which c/s/x activists are advocating for their own authority.

Scholarship largely coming from the disciplines of rhetoric of science and disability studies has developed a multifaceted critique of psychiatry's claim to authority—what I would term as an emerging ethos problem for psychiatry. One of the most incisive critiques of psychiatry's credibility comes from Bradley Lewis who in *Moving Beyond Prozac, DSM, and the New Psychiatry* contends that the diagnostic criteria in the DSM is a result of "bad science" (102). Though much of Lewis' argument focuses on the political and professional struggles that characterized the decisions to include particular diagnoses in the DSM-III (which infamously categorized homosexuality as a mental disorder, an example of "bad science" that likely needs no further explanation), he finds significant fault with the current instantiation of the DSM[17] as well. Lewis details various flaws in the testing of the manual and demonstrates that scientists and scholars have mounted critiques to the validity of the DSM. In particular, these scholars have expressed serious skepticism about any connection between the categories in the DSM and any mental distress that individuals actually experience (104). As a psychiatrist, academic, and c/s/x ally himself—and one of the individuals whom I interviewed for this chapter—Lewis draws on considerable knowledge about the ethos problems with which psychiatry struggles. He portrays the DSM in each of its revisions as not only lacking scientific validity, but serving as a testament to the discipline's struggle for the biopsychiatric paradigm to dominate the field. According to Lewis, more than the DSM being one model among many, the motivations for the DSM being the diagnostic tool of power are insidious and its claims to scientific validity are dubious.

The critique of psychiatry's "bad science" is far from unique to Lewis. In fact, a constellation of attacks on the field's credibility has developed in response to the continued presentation of the DSM as a scientifically valid text. In illustration of this point, I turn to an anecdote from J. Fred Reynolds and David C. Mairs, who in their book *Writing and Reading Mental Health Records*, quote from a community mental health center director whom they interviewed: "When you work by performance contract, you agree to treat X number of cases of X different problems over X period of time. So

---

[17] At the time of Lewis writing *Moving Beyond Prozac, DSM, and the New Psychiatry*, the most current version was the DSM-IV.

frankly, then, when you get near the end of contract, you do tend to start finding more cases of whatever you have left under the contract. Know what I mean?" (39) While Lewis' claims about the "bad science" of the DSM center on its creation—how the text itself is not scientifically valid—Reynolds and Mairs define another layer of the DSM's "bad science," which is in its implementation as a measurement tool. As the community mental health center director in their interview admits, the DSM can be used as an authoritative text for the purpose of meeting quotas and establishing professional goals, rather than aiding patients in getting to a place of greater mental wellness.

This anecdote, while not necessarily generalizable, gains more power when we realize it is one story among a multitude of others with similar refrains. As Price puts it, "The total number of DSM criticisms must number in the hundreds, perhaps even in the thousands" (35). Furthermore, decades of work have exposed the rhetorical nature of psychiatry and the danger of accepting the DSM as a reflection of reality, rather than a construction of it (35). That psychiatry and the DSM are deeply rhetorical has not escaped the notice of rhetoricians, but even with these critiques, it is also true that in everyday hospitals, courtrooms, and media stories, psychiatry is positioned as the objective truth about mental distress.

Of course, claims against the scientific validity of the DSM raise questions about whether or not psychiatry's authority is deserved. Historians of psychiatry have stacked yet another layer of skepticism regarding psychiatry's claims to expertise, which is the discipline's unsettling motives for unilaterally valuing the illness model of mental distress. The major critique is that psychiatry modeled itself after the medical field in a move to gain professional legitimacy. Gerald N. Grob, a historian of psychiatry, explains that in the 1920s and 1930s, the prestige of medicine was increasing as the esteem of psychiatry was decreasing (266). Medical doctors identified their work as distinctly different from psychiatrists, whose therapies took many forms, some which focused on social, behavioral, and psychoanalytic approaches. And because the work of psychiatrists positioned them in a somewhat undefined role, overlapping with fields like social work, occupational therapy, psychology, and child guidance, which were less specialized (and, frankly, more feminized) fields, psychiatry was marginalized to medicine (260). Such professional marginalization motivated psychiatrists to re-figure their expertise within medicine. The American Psychiatric Association aligned itself with neurology, and "the APA attempted to reshape psychiatric education and gain a secure position within medical schools, in the hope of placing the specialty on a more secure foundation" (267). The alignment between psychiatry and medicine was only made closer throughout the 20th century, and has continued into the 21st century. There are multiple other histories of psychiatry, such as Kathleen W. Jones', that confirm how psychiatrists in the years following World War II began the "process of medical specialization, identifying themselves more as members of the medical community" (217).

To contemporary readers, the alignment between psychiatry and medicine is likely to feel like Krista Ratcliffe's concept of the postmodern enthymeme that I discussed in Chapter 1; it seems an obvious point that psychiatry and medicine are aligned. In fact, those readers unversed in psychoanalysis or the disciplinary history of psychiatry might wonder about the necessity of specifying an illness model of *bio*psychiaty (as if there were any other kind of psychiatry). But I mention the alignment of psychiatry and medicine that occurred in the 20th century to trouble the assumption that scientific and medical research on the brain is the logical progression of the field of psychiatry. There are numerous challenges to the enthymematic assumption that biopsychiatry is the objective, correct response to mental difference and distress.

The credibility enjoyed by the field of psychiatry is still, today, based on the medical framework it employs. And their position as medical experts is woven into their everyday practices of diagnosing and prescribing. Elizabeth DePoy and Stephen French Gilson explain that psychiatrists "capitalize on medical-diagnostic legitimacy to secure clients and payments for services" (185). Despite DePoy and Gilson's depiction of psychiatry as a capitalist endeavor, in the United States, this diagnostic system is widely accepted as the status quo functioning of psychiatry. However, even as psychiatry is accepted a legitimate medical field, it is still the case that given the lack of physical symptoms to legitimate diagnoses of mental disorders, "the credibility and agreement of psychiatric diagnoses are more subject to scrutiny than those that are clearly observable" (DePoy and Gilson 185). Psychiatry has done a remarkable job of branding itself as having biologically-based expertise on brain and mood disorders. In fact, Martin outlines a pragmatic logic for wanting psychiatry to have a biologically-based expertise, which she encountered in her fieldwork in support groups for people diagnosed with bipolar disorder:

> Since having a physical malady has far more validity in Western culture than having a mental one, people usually greeted new evidence that bipolar disorder is a "brain disease" as welcome news because of the generally accepted belief that physical ailments can be cured and, in the meantime, would be covered by health insurance, disability payments, or compensation claims. (11)

The other options for how psychiatrists might—and did historically—provide therapy are no longer identified as their specialty. Psychiatry has accomplished a thorough rebranding and realigning of their profession with the medical field.

This rebranding of the profession's identity is squarely within the realm of rhetoric, which has not escaped the attention of rhetoric of science scholars who recognize that the fields' epistemology is constructed and is not an objective reflection of brain functioning. Kimberly Emmons, for example, has traced the ways in which genres and discourses surrounding depression are taken up by individuals and become viable frameworks for making sense of their lived experiences. She explains that "*experiences* become *symptoms* and *individuals* become *patients*" (160). The prevalence of direct-to-consumer advertising for anti-depressants has meant diagnostic language is mainstream. Individuals can "try on" terms and evaluate how they fit their experiences before seeking a mental health specialist to officially label their experiences. Regardless, the process by which a person obtains a diagnosis, a label, or the status as a psychiatrically disabled person is utterly washed in rhetorical concerns of accepting an identity and understanding oneself as belonging to a group of people.

Jordynn Jack has coined what I believe can be a useful term, *neurorhetorics*, under which rhetorical scholars can engage in conversations about how discourse constructs, constrains, and opens up certain understandings of the brain and mental difference (406). The term *neurorhetorics* is useful to deploy because it contains in it the knowledge that all claims about mental difference are within the realm of rhetoric. It has the potential to corral a range of conversations that have been going on in sub-disciplines of rhetoric and composition studies.

While I hope that my view of psychiatry as highly rhetorical and as having an ethos problem is compelling to rhetoricians, and I am confident that the field already accepts that the DSM and psychiatry's diagnostic system is rhetorically constructed, I also know that in our profession, the consequences of viewing psychiatry through a constructivist model is less clear. Of course diagnoses are frameworks for making sense of ourselves, but how does this change our profession? Moving outside of an illness model of mental difference in order to change our practices is a difficult step to make. We tend to fall back on well meaning, but ultimately uncritical, assumptions about the objectivity and correctness of psychiatry, the illness model of mental difference, and our inability to intervene as humanists. Speaking to this very point, Price implicates the field of rhetoric and composition when she says, "And yet, although decades of work have exposed not only the rhetorical nature of psychiatry, but also the dubious agendas of the rhetors who compose its key texts, most teachers and scholars tend to accept psychiatric rhetoric on its own terms: as an objective, benign, and stable authority" (36). There is just too much evidence for rhetoricians to go on behaving as if psychiatric disability was outside of the rhetorical wrangle. However much the application of viewing psychiatric disability as a rhetorical construction might elude us, we are obligated to try spinning out new realities based on a more complex view of psychiatry and psychiatric disability. Our obligation stems from the fact that our classrooms, our conferences, and our journals are already populated by individuals with psychiatric disabilities—whether they write on this topic or not. To ignore their complex identifications is to ignore *them*, which ultimately results in a false conception of human communication practices and a discipline positioned only to work with and teach neurotypical people. If psychiatrists are the sole authority on psychiatric disability, the effect of this belief shifts responsibility away from rhetoric and composition to design a discipline intended for a range of mentally different contributors, students, and scholars.

My move to position psychiatry firmly in the realm of rhetoric leads us down a logical path of considering alternative models for psychiatric disability and alternative responses to it, which psychiatry has largely ignored. Some of the reasons why psychiatry has ignored alternative responses to mental distress are a result of the field adopting a medicalized approach to gain authority, which I discussed above. But this choice of a medicalized framework positions the field within a web of desires and logics that demand that any patient-generated alternative explanations or therapies be interpreted as symptoms. Prendergast has explained that “typically schizophrenics are considered beings with speech, but speech that is generally treated as an index of sanity or insanity, with referentiality only to diagnostic criteria, and without referentiality to the civic world” (294). When psychiatrically disabled people are interpreted as only ever performing their diagnoses, their views on alternative responses to mental difference can only serve to reinforce their diagnoses. They are stripped of the basic role of being able to refer to realities outside of their diagnoses.

Carol Berkenkotter has further made the point that first person perspectives from mental patients do not have rhetorical significance within the professional discourse of psychiatry, except to confirm symptoms. In support of this argument, Berkenkotter and Doris J. Ravotas’ found in their study of therapists’ records, quotes from the clients were used to substantiate the diagnosis and the confirmed course of treatment (13). Berkenkotter and Ravotas describe what they perceive as competing exigencies in therapists' notes that quote their clients. These exigencies are, on the one hand, practical; they stem from the institutional and professional need that patient accounts must be put in the terms of the DSM for billing purposes. But on the other hand, therapists likely desire to attend closely to their patients' accounts of their rich, lived experiences that, unfortunately, DSM discourse does not capture (14). Peter Beresford and Peter Campbell identify that the traditional illness model of mental difference, of which the DSM is the chief text in promoting and sustaining, major aspects of the experience of psychosis are not considered. They write that "mental health workers, led by psychiatrists, will very often think of psychotic behaviour and perceptions as primarily symptoms of illness. They will dismiss the content of psychosis as meaningless or of only negative value" (333). If psychosis or other types of mental distress were viewed as having meaning or generative potential, in short, if they were viewed through something other than the illness model, more alternatives for responses and therapies would follow.

Such a lack of alternatives in psychiatry, given the field's "bad science" and its interest in professional prestige, leads many c/s/x activists to view the profession as a whole as an inadequate source of help or support because psychiatrists cannot be trusted. It becomes frustrating and further insulting that those labeled by the system as having a psychiatric disability are not considered to have a credible ethos or be experts on their experiences. Their interaction with psychiatry has been that a field with a questionable past has removed their rhetorical credibility to signify anything other than symptoms. In a *Disability Studies Quarterly* article titled "Clinically Significant Disturbance: On Theorists Who Theorize Theory of Mind," Yergeau shares her personal experience of being treated by psychiatrists as if she lacked rhetoricity. Her tone communicates the anger and loss of respect that many c/s/x activists also feel toward psychiatry:

> During my second week as a new faculty member, I was involuntarily committed to the psych ward at the university hospital. I would say that I make this statement against my better judgment, but such a sentiment presupposes that I *have* better judgment. (Which, according to my ex-doctors, I don't.)…That pre-ambulance moment, to the best of my memory, is when their ventriloquism started. Suddenly, the experts claimed, *I* wasn't talking. God, no. "That's your depression talking," they explained. "That's your autism talking. That's your anxiety talking. Really, it's anything *but* you talking."

Stories like Yergeau's abound. Indeed, some of these stories appear in this dissertation. For example, Dr. Bruce Levine, a dissident psychologist and writer whom I interviewed for this chapter, characterizes c/s/x activists as having lost respect for psychiatry. He writes, "Some of us are sweeter than others, but at some level there is a contempt and a loss of respect." And this contempt stems from an incredulity at the field's rejection of alternative models for understanding mental distress, their questionable motives for historically aligning with the illness/medical model of mental illness, and the resultant and routine silencing of individuals who have been labeled. In the view of many c/s/x participants, they themselves are not the ones who lack credibility, and they are not fighting against their own mental distress. Instead, c/s/x activists' critique turns to psychiatry for offering only one model for understanding distress and only one path for responding to it. Psychiatry, then, is a field with a deeply rooted credibility issue in the view of the c/s/x contingent of patients and former patients.

Talking Back to Psychiatry and Creating a Counterpublic

I have outlined the challenges to psychiatry's authority in order to explain the rhetorical situation that c/s/x activists are in. C/s/x communities are not unprecedented attacks on a benevolent discipline, but are rather framed as responses back to the questionable approaches of psychiatry. In fact, c/s/x communities online have a kindred spirit to the social model of disability, which is defined in opposition to the medical model of disability. The key similarity I identify between the social model of disability and the motivation for online c/s/x communities is the approach to changing the environment in order to remove disabling barriers instead of the individual changing to fit the environment. The original articulation of the social model emerged from the Union of Physically Impaired Against Segregation in 1975, and in their view, the built environment is the disabling force because it restricts disabled people from full participation in society (Shakespeare 267). The activist agenda that grows out of this conceptualization of disability in society, as opposed to in the individual, is that society can and should be changed. Spaces that are accessible and embrace disability should be created. I identify c/s/x online communities as spaces designed for psychiatrically disabled people, not for neurotypical or nondisabled users. Thus, they align with social model politics.

However, my alignment of social model and c/s/x politics is admittedly based on a generous interpretation of the social model. I cannot ignore that the social model of disability has an uneasy relationship with psychiatrically disabled people, for a number of reasons. For one thing, a sustained challenge to the social model has come from individuals with so-called invisible disabilities, mental and psychiatric disabilities, and chronic illnesses on the grounds that the social model was created by and primarily benefits physically disabled people. The social model and much of disability studies scholarship, as Anne Louise Chappell explains, seems to include all disabled people as one political group, but in real usage focuses only on embodiment and physical disability (214). Those with disabilities that are neither sensory nor physical in nature have been marginalized within the social model (Chappell 218). As a result, there has been much less energy put toward designing environments that minimize barriers for psychiatrically disabled people. It is one thing to add a ramp to a building that has stairs, but how does one conceptualize necessary environmental changes for psychiatrically disabled people[18]? I do not intend to reconcile the tensions inherent to the social model, but I want to highlight the general move that the social model makes of situating disability within the environment—and thus being able to change the environment—as a particularly helpful way of understanding what c/s/x online communities are doing.

The c/s/x movement—by embracing models of mental difference that conceive of society and psychiatric interventions as problematic—is in opposition to mainstream beliefs[19], but they are also in some ways their own constituency within the larger disability rights movement. Indeed, we can theorize c/s/x communities as composing a *counterpublic*, defined by their position in opposition to mainstream views. Michael Warner explains that counterpublics are "defined by their tension with the larger

---

[18] Efforts to conceptualize environments that have fewer barriers for psychiatrically disabled to participate in them are truly still emerging. In the next chapter, I will revisit this project of applying research from the c/s/x community to designing pedagogies and professional spaces that welcome psychiatrically disabled people. For now, it is worth pointing out that the initial efforts in this direction have included such tactics as accessible, plain language for academic writing (Elizabeth Grace); interaction badges at conferences (Melanie Yergeau); and quiet rooms at conferences and on campuses (Margaret Price).

[19] See Chapter 1 for a related discussion of psychiatric disability as an enthymeme.

public…Discussion within such a public is understood to contravene the roles in the world at large, being structured by alternative discourse positions or protocols…it maintains at some level, conscious or not, an awareness of its subordinate status" (56). The marginal status c/s/x activists occupy might similarly be described as outsider rhetorics (Stockdell-Giesler; Edwards; Serra).

Counterpublic spheres are an alternative position, and in the case of c/s/x activists, the exigency is rhetorical and borne out of necessity. The mainstream public sphere has, for the most part, unquestioningly accepted psychiatric disability as an illness and a deficit. Rhetorically speaking, and perhaps literally speaking as well, this public perception of psychiatric disability can create a hostile environment for c/s/x activists to assert their own agency. As I have theorized in earlier chapters, psychiatrically disabled people are often seen as having an ethos problem. Because they lack rhetorical agency within the public sphere, in which psychiatry has the power, c/s/x activists benefit from their own spaces in which they create solidarity and communicate with one another. Christian R. Weisser writes to this point that "public writing consists of more than expressing your opinion about a current topic; it entails being able to make your voice heard on an issue that directly confronts or influences you" (94). Because c/s/x activists face a difficult environment in which their voices might be heard, this serves as a powerful reason for them to create their own communities in opposition to psychiatry.

Those whom I interviewed envision the c/s/x sites as online spaces primarily for activism. Activism as the primary goal of the movement is echoed in the findings of Linda J. Morrison's definitive ethnographic study of the c/s/x movement. She describes the movement's identity as talking back to the "sick role" as a patient and as the only position to speak from, and forming a resistant identity in opposition to psychiatry (11). She adds heft to her characterization of c/s/x activists as occupying an oppositional position by drawing on Renee R. Anspach's foundational work on disability activism. Anspach's model provides a language for understanding the c/s/x movement as having adopted a "tertiary deviant identity" in which individuals "move beyond internalized (secondary) deviant identity to take a position of ownership and redefine their identity on their own terms" (qtd. in Morrison 11). Anspach furthermore identifies levels of stigma management in which political activism is the most developed form (qtd. in Morrison 11). Although the online c/s/x communities that I studied have multiple benefits and functions for participants, those who are integrally involved in the movement view the communities as being foremost defined by their activist agendas.

The online c/s/x communities are an extension of the activism that the movement enacts. As a key part of the counterpublic sphere, the online spaces have psychiatric disability as a defining feature of the space. A key aspect of the transformative power of the c/s/x online communities is that they are created by and for disabled people themselves. The creation of such online spaces is what Goggin and Newell herald as some of the most exciting developments of disabled people intervening in online spaces (130). It is in these counterpublic spaces on the Internet that people with disabilities can "select, join, and shape communities of interest" (132). C/s/x online communities as examples of "cultures that welcome and indeed embrace disability as a defining attribute for the online environment" (Goggin and Newell 131) can provide crucial insight into what such an environment looks like for those with psychiatric disabilities (instead of or in addition to physical disabilities). And interestingly, while psychiatrically disabled people may not need communities that are accessible by way of captions and alt-text (although I would argue that these benefit all users), what makes c/s/x spaces well suited for its users is primarily its rhetorical construction. What this means is that the spaces are named as and designated for psychiatrically disabled people—this rhetorical framing is in itself part of changing the environment. Viewing c/s/x communities as a counterpublic that is accessible to psychiatrically disabled people is an example of rhetoric *as* access. Such conversations about access coincide with conversations about rhetorical choices in a similar way to Elizabeth Grace's argument that "plain" or "cognitively accessible language" in academic writing is an issue of access.

As rhetoricians we are already intimately familiar with the power that discursive frameworks have to direct our understanding. Dana Anderson draws on Kenneth Burke's concept of identification to point out that "our namings, changings, and expressions of identity, like all language, are a form of action upon the world; that is, they are *symbolic actions*" (21-22). And I argue that the very existence of c/s/x communities that are created specifically for the marginalized counterpublic of psychiatrically disabled people, this rhetorical choice to name a group and create a recognizable identity to claim results in what Price has called "safer spaces" (40). In other words, they create an alternative option to psychiatry that legitimately exists because there is a name (c/s/x) and online spaces one could point to. It is in this symbolic construction of an identity that a recognizable place of belonging is created for c/s/x activists.

Methodology for Interviews with C/s/x Activists

Given the sustained critiques to psychiatry as the only authority on psychiatric difference, as well as the theoretical backdrop for understanding self-sponsored c/s/x communities as a counterpublic that position psychiatrically disabled people as rhetors with agency, I wondered what the benefits are for the participants themselves in the online communities. If we recognize the importance of c/s/x activists creating their own counterpublic, we must consider that they are the authority on the benefits that such communities have for them.

In the remainder of this chapter, I use interviews that I conducted with participants in c/s/x online communities to explore the exigency for such communities. In previous chapters I have analyzed examples of how individual participants construct their identities, and in this chapter I move to the question of why they have created the online spaces that they have. As with other parts of my dissertation study, I utilized a mixed qualitative research methodology that draws on critical incident technique (CIT), as well as other methodological guidelines from scholars in rhetoric and composition and disability studies. My goal in conducting interviews was to gain access to perspectives that otherwise could not be explored, particularly about c/s/x participants' motivation for participating in online communities and the benefits they perceive. In order to get a sense of these *why* questions, I needed to access stories from individuals with lived experience of the c/s/x community. Given my goal, CIT (which I explain at length in Chapters 1 and 3) was an invaluable methodological guide for phrasing my interview questions because CIT guides researchers in eliciting stories from the participants.

I used CIT to write open-ended questions, and eventually had a list of possible interview questions (along with recruitment materials) approved by the Institutional Review Board at The Ohio State University. Within these approved questions, I could choose to ask or not ask questions as appropriate to each individual I was interviewing. I have included my full list of IRB-approved research questions in Appendix A, but some of the questions I often asked were:

1. Why did you first get involved in [FILL IN NAME OF ONLINE COMMUNITY]?
2. Can you tell a story about a time that participation in [FILL IN NAME OF ONLINE COMMUNITY] has provided you with some benefit?
3. How do you think about your identity? Is your identity shaped by a diagnosis or by an understanding of yourself as having a psychiatric difference?
4. Do you have feelings and/or opinions on the term “mental illness”?
5. Do you have ideas about treatments or coping strategies for living with psychiatric difference? Can you describe them?

In my approach to conducting interviews, I incorporated aspects of what Price terms an “interdependent qualitative research paradigm,” which deeply values the participants and interviewees as co-producers of the research (205). Although the nature of my research meant that I did not fully develop an interdependent qualitative research paradigm—because, for one thing, I was not interviewing my friends and practicing “friendship as method” as Price was—I did intentionally adopt aspects of Price’s methodology that consider participants’ different access needs. For example, I built into my IRB protocol my willingness to conduct interviews in unorthodox modalities (Price 205) and in different modalities depending on each interviewee’s preferences. As a result, this means that some of my interviews were conducted via Skype, some via phone, and one interviewee preferred to email me his responses. Two participants wanted to have a phone conversation with me prior to agreeing to the interview, so I had more extended discussions with them than with the others whom I interviewed. I asked interviewees to choose how they would prefer to conduct the interview. Price makes the observation that “the usual model of qualitative research assumes that the ‘design’ will be set ahead of time and that any responses that do not conform to the requirements of that design are unusable." But an interdependent qualitative research paradigm expects that researchers and participants will communicate and compromise, and that "participants' decisions will guide and even redirect the course of a study" (205). I view Price's interdependent qualitative research paradigm as having affinities to Dolmage's *metis* rhetoric in the way it pays real attention to the embodied nature of interviews and accounts for the varied needs that individual bodies and minds have (6). I also understand interdependent qualitative research as a productive deviation from typical expectations of qualitative research methods, and a deviation that has grown out of *metis* thinking, or "cunning and adaptive intelligence" (5).

Because I recognize that psychiatric disability is, as Price puts it, "a highly charged topic, and talking about one's mental disabilities in almost any context involves considerable risk," (207), I recruited interviewees within the c/s/x movement who had made their contact information publicly available online. For the most part, this meant that I contacted administrators of c/s/x communities whose names and email addresses were published on their online communities. Everyone I contacted made their association with the c/s/x movement clear, and they had self-selected to be leaders in one or more community. I contacted all of the individuals with publicly available contact information using my recruitment materials; for those who responded to me with interest, I asked them for referrals to others within the c/s/x movement, not necessarily those in leadership positions, whom I could interview. This resulted in a somewhat skewed and small set of interviewees: six total, all of whom are men. Given this limitation of my research design, I remain pleased with its simultaneous strength—which is that I only contacted those who had already established their willingness to be contacted. I did not reinforce the dynamic of the expert researcher studying the patient in the sick role, as I may have inadvertently communicated had I attempted to recruit discussion board users or more casual c/s/x community participants. Instead, I interacted with those whom I interviewed as an interested researcher wanting to learn from the c/s/x experts.

Rather than analyzing the interview responses by each question that I asked, I have instead identified themes in the responses that answer questions that are vitally important to an understanding of the c/s/x online communities and their relationship to rhetoricity. My goal is to tap into the unique knowledge that c/s/x activists have, and as such I am most interested in what those who I interviewed can tell us about (1) the reasons for their involvement in c/s/x online communities and (2) the benefits they experience as a result of participating in these online communities. My choice to conduct interviews that position c/s/x activists as experts on the power of the communities will, I hope, serve as a model for future rhetorical studies of psychiatrically disabled people. My intent is that my research design, not only my claims, demonstrate how some questions can truly only be answered by those with psychiatric disabilities. Activists in the c/s/x movement provide critical insight that could not come from any other people.

Interview Responses: Why c/s/x communities?

The question of why psychiatrically disabled people whom I interviewed decided to get involved in online c/s/x communities is one of motivation and exigency. What happened to prompt these individuals to identify as consumers/survivors/ex-patients and to actively participate in and associate with the movement’s communities? The two predominant reasons that interviewees cited were (1) they were looking for communities that valued alternatives to the brain disorder model of mental illness, and (2) they felt welcomed by leaders in the communities. Both of these reasons for participating in c/s/x communities involve, in the very least, an implicit assessment of psychiatry as not meeting the needs of the individuals. Also included in these reasons for joining c/s/x communities is a desire for participation in a community that is set up to value psychiatric disability as a credible position to speak from. Interviewees want a community that is designed for them to occupy a role other than the patient/sick role, and they want to feel respected by community leaders.

The first theme that emerged from interviewees' responses to the question of exigency for participating in a c/s/x online community is the desire to find spaces that embraced alternative models for understanding mental difference. This thread of statements that came out of multiple interviews directly challenged the authority of psychiatry. But more than this, the individuals I interviewed described psychiatric interventions as harmful to them—a stronger claim than simply desiring more options in care. David Oaks, the founder of MindFreedom International, said:

> So I was highly motivated to challenge what I felt was bullying and trauma and forced drugging and being injected and also being pushed to be on psych drugs. This Harvard psychiatrist met with me and told me that I had basically a genetic, biochemical imbalance and that I'd have to be on psych drugs for the rest of my life, like a diabetic on insulin. So that motivated me to get into this movement.

David's motivation for joining and also forming alternative communities for psychiatrically disabled people is related to a specific incident of being hospitalized and forcibly drugged. It is not surprising that David recounts this experience as solely negative given that physical force was exerted over him and he was not permitted to have control over his own body. But David's story also reveals that such physical mistreatment planted seeds of an activist identity around which to form a community. If psychiatry can claim to provide therapy through what David (later in his interview) calls "medieval" practices, such harmful practices can be rhetorically constructed as human rights violations. By sharing stories about the ways in which ostensibly helpful treatments cause harm, the "problem" shifts away from psychiatrically disabled people to the environment itself. This is a strategic move to identify oneself in opposition to psychiatry—to form a counterpublic, which clearly is communicated by the term "psychiatric survivor" as opposed to "mental patient." David's story has within it an implicit move away from the medical model, in which one's impairment within one's own body/mind must be treated or overcome, and instead, the focus shifts to the ways that spaces, people, and ideologies outside of the disabled individual are oppressive and harmful (Shakespeare 267).

The second half of David's statement reveals his dissatisfaction with the rhetorical construction of his mental distress. In particular, he rejects the model that his psychiatrist was using in which psychosis is conceived of as a biochemical imbalance that is a genetic disorder. David responds negatively to this model because of the chronic nature of illness that it implies. Here we are squarely within the realm of rhetoric; because the psychiatrist understood psychosis as an analogue to diabetes, the logical course of treatment is lifelong management of symptoms through a daily pill (or more likely, a cocktail of pills) and monitoring of one's stability. At other points in his interview, David reveals that the rhetorical construction of his identity as a patient, or what Morrison terms “the sick role” (11) was damaging because of the hopelessness implied in it. From the sick role, there is no way to achieve mental wellness or to move into a rhetorical position of speaking as an ex-patient or even as not-a-patient. This model of being a patient with a chronic psychiatric disability, while David’s psychiatrist compared it to living with diabetes, c/s/x activists have countered with their own analogy of the common cold. The logic proceeds that most, if not all, people have had a cold and will again have a cold in the future. However, this fact does not stick to a person’s identity as being a “cold patient” throughout their lives. It is understood that symptoms come and go and they are managed when they are present.

David’s experience demonstrates the damage that the chronic model of mental illness had for him because of the hopelessness embedded in its conception of him as a person. The inability to make sense of his existence in terms other than a chronic illness prompted David to find others who had experienced the power rhetoric of psychiatry as damaging. The way they rhetorically constructed a positive identity was by identifying their experiences as part of the normal range of human experiences and adopting an identity as a human. In fact, later in my interview with David, I asked him what terms he personally identified with. His first response was “human,” which he went on to explain that after having been labeled psychotic and experiencing stigma from that label, it was extremely important to him that he identified as part of the human community and not outside of it. The extension of this identity based on one’s status as a human, then, is a critique of psychiatric treatment as a set of human rights violations.

Others whom I interviewed articulated their reasons for c/s/x online community involvement as directly stemming from their dissatisfaction with the treatment options proposed by psychiatry. Both Bradley Lewis and Bruce Levine are interviewees who occupy unique positions as both c/s/x activists/allies and well as mental health professionals. Bradley is a psychiatrist and Bruce is a dissident psychologist; both are practicing professionals, but both also devote time to writing and researching alternatives to the mainstream mental health system. Their involvement with c/s/x initiatives grows out of their frustration in the lack of options that psychiatrists and psychologists provide for patients as a result of the rhetorical framing of their professional as medical and biologically-based. Bradley, who frames his initial interest in c/s/x activism as stemming from his attempt to understand the difference between models of the brain (biopsychiatry) and the mind (psychoanalysis), said this inquiry led him "to reading a lot of Foucault and learning about the politics of difference in a lot of different ways." Bradley goes on to explain, "And I just had ended up rethinking psychiatry pretty seriously at that point and began to see how psychiatry was a contributor to a lot of the suffering that it was potentially trying to help." By familiarizing himself with models outside of biopsychiatry, Bradley became aware of how narrow a toolkit biopsychiatry works with. And when Bradley's comments are taken in consideration with historians of psychiatry like Grob and Jones, the critique of psychiatry for favoring a biopsychiatric model as a play for disciplinary prestige becomes even more unsettling.

Bruce recalls similar tensions that Bradley expressed in his own education as a psychologist. Bruce particularly remembers feeling a shift in the late 20th century in the ways mental health professionals view psychiatric disabilities. He noticed that psychologists and psychiatrists were:

> …not confronting the idea that maybe some people have deep emotional problems because they are alienated in a society, or in a bigger political sense, or on the family level. And this seemed to me to be a kind of obvious thing—that you could move into depression or anxiety or even more bizarre kinds of behaviors because you just felt alienated. You didn't belong where you are. And this was a fairly common kind of thread in the 60s, 70s that people would talk about. That wasn't radical or extremist at all. And that started to disappear.

The perspectives of Bruce, Bradley, and David highlight the exigency for a counterpublic in opposition to psychiatry. Their desire for alternatives grows out of the violence they experienced psychiatric treatment to be, in the case of David, or out of their firsthand experience as mental health professionals turned activists who know intimately the narrow focus of their disciplinary knowledge.

That the exigency for c/s/x communities grows out of a disappointment with psychiatry means that, perhaps not surprisingly, those I interviewed also cited as reasons for participating in an online c/s/x community that the leaders of the community were welcoming to new participants. Interestingly, though, the personal connections that leaders in the c/s/x community formed with interested individuals lead them to participate in online and face-to-face activist events. In other words, it was not the case that once participants joined an online c/s/x community they felt welcomed by the leaders, although that certainly may be true. But it was the feeling of a connection with the community that led to further involvement. Aki Imai sums up this experience as follows:

> So, I contacted David [Oaks]. And he was very happy to receive that email, and he invited me to this social justice activism kind of thing…I went there and I met

> David, and I was only expecting a handshake. He let me behind the table, so to be working with them, so to speak. And after that he invited me to the MFI [MindFreedom International] office where he had a lot of, if I may call it, collector's items: a lot of rarities, a lot of old newsletters, publications, and protest signs—all sorts of stuff that I'd already read about. And so at this point I was already kind of living in my dreams. It's kind of like visiting the "crib" of your favorite celebrity. Yeah, so then he kind of invited me out to his own house, where we had dinner.

Aki's story about meeting David Oaks and feeling immediately a part of the c/s/x movement was echoed by others whom I interviewed. Bruce, for example, credits David with introducing him to the c/s/x world, and Bruce further added: "And to this day, I mean we've become friends, he jokes that he revived my self-esteem by labeling me as a psychologist dissident." Bradley remembers a group of leaders in the c/s/x movement (David included) as impressing him and motivating him to become more involved. He said: "And they just blew me away. They were so helpful. So I think that maybe was the real moment when I went from intellectual curiosity to sort of much more deeply involved in trying to contribute to the movement where I could." These comments from those I spoke with echoed what the Icarus Project has as one of its central slogans for peer support and advocacy, which is "Friends Make the Best Medicine." David's invitation for Aki to not only work with him, but also have dinner with him is further evidence of the importance placed upon friendship, acceptance, and welcoming attitudes within the c/s/x movement.

Echoing throughout these interviews is a common identification with alternative models for understanding psychiatric disability. But the interviews further reveal that people are not coming together simply because of a shared politics or paradigm—that is one reason—but they also felt validated by c/s/x community leaders and motivated to join their efforts. In a world that stigmatizes psychiatric disability and in a mental health system that frames people's words as symptoms, feeling welcome takes on particular significance. Implicit in this welcome-ness is a rhetorical reframing of what psychiatric disability is—a strategic identity in opposition to psychiatry.

Benefits of Online C/s/x Communities

I will admit that during my interviews when I asked those who I talked with about the benefit of *online* communities as opposed to *in-person* community meetings, I expected responses about the affordances of various interfaces. I expected, for example, that c/s/x participants would reflect on the features of the online spaces they participated in and how these functioned rhetorically to create a welcome community for psychiatrically disabled people. In the same way that Sean Zdenek has analyzed how captions function rhetorically to signal certain authors and audiences, I expected participants to comment on features of online spaces. My preconceptions were informed by such scholarship that reads access as a rhetorical choice. And while I wholeheartedly believe that access is a rhetorical choice, those scholars who write about it that way focus mostly on physical and sensory disabilities (Goggin and Newell; Goggin and Noonan; Ellis and Kent; Zdenek). There are undoubtedly features of online c/s/x communities that signal certain users, which I have specifically focused on in my analysis of the Icarus Project in Chapter 2.

While those whom I spoke with focused less on the interface, they did repeatedly cite the ease of networking online as a major benefit of their online spaces. Interestingly, those I interviewed spoke about reaching others more easily in outreach, not their own experiences feeling connected to others online. For example, Aki started his own blog that is linked from MindFreedom International's website, and his motivation for doing this was his expectation "that the number of people who will get mental health diagnoses will increase and the age at which they'd get these diagnoses would decrease. So, I thought that online communities would be beneficial—especially when it's become so popular with the youths today." Bruce confirmed what Aki suspected about younger people being more likely to utilize online c/s/x spaces. Bruce reported that in his own conversations with clients in their early twenties, he finds it much easier to be able to direct them to online c/s/x spaces: "But how much easier it is for me when I get somebody out there who is either directly going through it or a family member. I can say, go Google MindFreedom. Go Google National Empowerment Center and learn about some of that stuff as a way of just getting some validation that you're not alone."

Although David echoed Aki and Bruce's sentiments about the networking potential and ease of people finding communities, he added an activist perspective to the conversation on the ease of connecting. That is, he shared stories about how quickly the community could be mobilized, even by a simple email alert system, to organize political protests or to help individuals in need. He explained about MindFreedom International:

> We have a pretty crude alert system. At that time it had about 10,000 people on it. And we used Mail Man. So it wasn't Constant Contact or anything like that, just plain text. But we would begin firing up these alerts. And we had been doing

> alerts for some time. And not that we’re like super experts, but we try to write the alerts and craft the alerts so that they’re very brief and focused, factually, with as few errors as possible, so that people can quickly read it, but then very importantly have a simple action to take.

Prior to conducting the interviews, I had anticipated that the responses I would get would expand our knowledge in the field of digital media studies about how online tools and spaces mobilize activism and alternative identity formation. However, while the c/s/x participants I interviewed expressed their view of their online communities as tools to support their existing communities, they did not reflect on the constraints and affordances of the technology itself. They were instead very reflective about how the online communities created a counterpublic, moved them to action, and changed their own views on personal identity. I came to realize that the insights that my interviewees shared with me about the benefits they get from online communities are a much greater yield than comments about the interface. This is because a rhetorical analysis of the interface could be done without interviewing users of the spaces, but the meaning that online spaces have to their identities and their lives cannot be known without asking them.

Benefit #1: Human Connection

Despite my expectations as a researcher about the rhetorically significant features of the c/s/x communities themselves or of the terministic screens they use to construct their group identities, those individuals I interviewed valued the personal connections that they made much more than they did the spaces they created. Aki summed up his view of the relationship between online and face-to-face community interactions when he says:

> I mean, there is definitely a direct benefit from engaging in online communities, I think just the fact that you're kind of like sitting alone by yourself in your room, and you go on your computer and read stories that you identify with. I think that has direct benefit. But, I think, what is more important is to be through those online interactions to actually meet those people that you resonated with…Personally, I feel as though the embodied interactions are more meaningful.

Bruce and David expressed similar sentiments to Aki; they view the online communities associated with the c/s/x movement as supplemental and essentially used in the service of mobilizing in-person activism and communion. Bruce stated this outright: "You know, it gets better if people move from the whole sort of online to the actual face-to-face, which I think a lot of folks do too. That's better if you move to the next level." David seemed to draw on his institutional memory of the c/s/x movement; as one of the key founders of the movement, he spoke of the online communities as supporting the face-to-face efforts because the online spaces chronologically became part of the movement after it had begun elsewhere: "It's not that it was an online community, it's that we use online to support our community. You know, because we've been community building in our movement for decades, but this allowed us to support that community…So, for me, all this internet stuff, you know, we use it a lot. But it's essentially trying to support the human stuff." Implicit in David's understanding of online communities supporting face-to-face communities is a critique of narratives that place the Internet in the position of charitable savior for those with disabilities who would otherwise be isolated. This view of the Internet is common even within disability circles; a disability blogger who goes by the handle The Goldfish wrote, for example, “To me, blogging is a very personal lifeline; it is a way in which I stay in touch with the world during periods where I am otherwise very isolated by my ill health.” While the Internet may play the role of a connecting force, David places the locus of power within the people of the c/s/x community, not the technology. For psychiatrically disabled people who have a history of institutionalization and social isolation, the expression that people are the heart of c/x/s activism is another description of the way c/s/x communities work as a counterpublic to the illness model that positions psychiatric disability as an individual (not communal) issue.

On the other hand, some of the comments that came out of the interviews allude to benefits that online community spaces may have that face-to-face efforts for supporting individuals in distress may not. Bradley admits along these lines that when he talks with a student who has been labeled with a psychiatric disability and is struggling in college, even he feels at a loss to help the student: “I mean you can do what you can one on one, but it’s just not that much you can do. What you can say is have you ever heard of the Icarus Project? You know there’s a bunch of people who are going through some things kind of like you.” What Bradley’s statement highlights is the importance of community, and I believe it applies to either in-person or online communities, but it is the importance of a shared identity. In the example that Bradley gives, he is willing to offer support to a person without placing them in the sick role, but he feels a loss to provide any meaningful help even though he is well intentioned. As David’s statements allude to, online c/s/x communities provide more people greater access to this community identity.

Another person I interviewed, who wished to remain anonymous, shared his perspective on a particular challenge of in-person community meetings; that is, they can be difficult to emotionally manage.

> I still really support and am still in awe of the Icarus Project and people who go to these meetings. But everyone is so damn sensitive, and it’s really, really triggering when you hear people laying their stuff out. I can’t do it. I don’t have the fortitude for it. And also, people are so progressive politically, which I adore. But a lot of times, as liberal as I am, I am exposed to things that are so on the cutting edge of how we think about gender and identity that it even—I need to step away and process it.

The online communities provide spaces for individuals to participate at a level that matches their own comfort with the topics. In fact, the community rules ask users to include trigger warnings when appropriate in the titles of their discussion board posts, and these allow for users to monitor potentially difficult topics for them. The opportunity for participants to participate in c/s/x communities at different levels was one of the goals that David (as a site administrator for MindFreedom International) identified during our interview. As an example, he recalled a particular campaign he organized online and the way it had a clear hierarchy of ways for site visitors to engage: “You can quickly get in depth on this, but you know, you can see, right at the top what basically was happening. Second, what’s the latest and greatest, like a blog. And then third, you can dive down deep and even get copies of all kinds of material.” David provides details on how the administrators design online spaces wit c/s/x users in mind. One of the paramount concerns in the design process is creating levels of participation that users can choose to participate in according to their own needs. Because participants in online c/s/x communities are their own agents in these spaces, the multi-layered approach to the spaces lets them decide the extent to which c/s/x online communities meet their needs.

Benefit #2: Compassionate Support

The second category of benefits that the interviewees identified is related to emotional support, but also provides insight into the image of community that c/s/x activists value in opposition to psychiatry. Aki, Bruce, and Pat Risser particularly highlighted the benefit that peer support offers because one's peers have experiential knowledge that positions them as experts. Aki, for example, explains that the purpose of his blog that accepts submissions about struggles with mental health diagnoses is to "share stories so that we can give each other hope about overcoming mental health diagnoses…and also the audience member who read those stories…they definitely got comfort out of the fact that they read those stories and there are others out there like them." A defining feature of Aki's blog is that it is positioned within the c/s/x counterpublic; contributors do not write on his blog about their mental distress, per se, but about the struggles that have resulted from being labeled by psychiatry. Pat expressed a similar conception of the compassionate help that individuals could give to one another, in his view, often with more success than psychiatry and other mental health workers would have with their patients. Pat remembers, for example,

> While sitting in a hospital playing cards with some fellow patients, I was struck with how dysfunctional the staff were and how "normal" we were as we sat there enjoying each others company and companionship. I realized that I could achieve the same effect on the outside and that I'd no longer need to be hospitalized.

> Support, understanding and good friends could be had on the outside…We need to engage people with caring, concern, compassion and to make meaningful connection. That's just basic. I used to volunteer at a free-clinic back in the 60's and 70's. Over the years, I've helped hundreds, perhaps thousands, and I've never needed a prescription pad. I know many others who are great helpers without any formal training. Listening and caring are of utmost importance whether it's a bad "trip" or whether its something identified as psychiatric.

The surface level of Pat’s words advocate for a view of psychiatrically disabled people as human, both in their needs and in their ability to offer others support. His perspective has affinities to the Icarus Project’s “Friends Make the Best Medicine” slogan and to David’s rhetorical framing of his identity as foremost *human*. But more than echoing the value of c/s/x friendship, Pat assumes that mental health system users—patients and former patients—possess rhetoricity. And his own experience as a patient confirms that those with lived experiences have critical insight into living with mental difference in a way that the medical professionals do not.

The interviews also revealed that the c/s/x counterpublic re-situates authority within lived experience and support within reframing psychiatric disability as a shared experience, rather than an individual deficit. Bruce justifies the benefits of peer support as common sense and having an inherent utility in all situations:

> So I think there is huge value in this whole sort of online stuff. And now the term is “peer support,” but it’s really like, don’t all of us if we’ve gone through a hard time—whether it’s somebody who has gone through bankruptcy, forget about

> mental stuff—and hasn't killed themselves! I mean, why would you not want to have that for almost any situation.

Bruce's reasoning highlights another critique of psychiatry, which resonates throughout the interviews I conducted. That is, that the merit of a therapy, treatment, support system, etc. should be assessed by the results it has for the psychiatrically disabled person, not dismissed due to lack of perceived authority. Bruce reflects on his position as a psychologist, concluding that his role should be "letting people know that people have used all kinds of vehicles, that there's all kinds of options. Just like there's multiple vehicles for getting off of alcohol." Bradley shares a similar perspective, saying:

> I think there's quite a bit of diversity in coping strategies. Some of which are labeled psychological, but many of which aren't. Such as spiritual or political or creative practices which are helpful in either transforming psychic states or putting those states in perspective, which can be deeply healing. For me, I don't think there's a right way basically. I think there's many ways.

By shifting the discussion of treatment to what works instead of who is authorized to provide treatment, more options for responding to mental difference materialize that fall outside of the specialization of psychiatry.

Benefit #3: Madness as an Identity

This final theme in the interviews describes c/s/x online communities as facilitating ideologies in which people can claim disability and move to a position of "mad pride." Bruce shares, " I tell folks to read some of these personal stories that are on a lot of these Mad In America website and MindFreedom…So, I think folks can start to move from feeling an inadequate kind of identity about themselves and they can say there's something kind of cool about who I am!" The feeling of pride in one's identity is in many ways an extension of other c/s/x projects that have come up earlier in this chapter. Particularly, it becomes possible for c/s/x activists to claim agency over their experiences and a sense of pride in their identity once they are aware of welcome spaces and a community.

Bradley explains the c/s/x communities' role in creating positive identities and "mad pride" through an analogy to the reclamation work that has taken place in the gay community. He remembers a time when coming out of the closet about one's sexuality would have mirrored what coming out as psychiatrically disabled is today. Speaking about what it would have meant to come out of the closet even 30 years ago, Bradley reasons:

> Who are you going to talk to? Your doctor, well, you know, great. They're going to pathologize you. Who else are you going to talk to? Like, maybe a roommate or something, but god you're taking a huge risk. There's a good chance that that could boomerang and it could be used against you in all kinds of different ways. So you're really isolated with it except for the clinical world, or if you can get lucky and find some sort of closeted network. But other than that, you know, you're stuck. And now you come to campus and GLBQs—there's parties, there's classes, and you can freaking major in it. [laughter] I mean the goal is just to explode *this* difference [psychiatric disability] in the way *that* difference [sexuality] was exploded.

One of the key rhetorical moves is reframing psychiatric disability as an aspect of human diversity instead of a deviance, deficit, or problem. A related rhetorical move is to take pride in the struggle that unites the c/s/x community members. For example, an anonymous interviewee said, "I was always thinking about my own mental distress and my own inclinations toward self-harm as something that was in me and was dark and mysterious and horrible. I never thought about it being a reflection of the social condition…[the c/s/x movement] gave me a sense of political context with which my inner life could resonate." Similarly, David expressed a sense of pride in identifying with a community that has a great deal of hardship: "I'm proud to be part of a group that has not been stopped by some of the worst stuff that 20th century, no 21st century technology has thrown at people: the drugs, the shock, the labeling, the isolation. Nothing has stopped our folks." Throughout all of the interviewees' reflections on identity, their claims of a unique authority are also balanced by their association with other people generally. Mental difference is described as part of what it means to be human, which is an important argument to be won by c/s/x activists if they are to be viewed as possessing rhetoricity.

Furthermore, while it may seem to be an obvious rhetorical choice to position oneself as human, some autistic self-advocates have taken a different approach by embracing an "alien" identity. Jim Sinclair in his landmark essay of autistic self-advocacy, "Don't Mourn for Us," describes autistic children as "aliens" who have "landed in [their parents] life by accident." Sinclair uses this metaphor to give voice to neurotypical parents' shattered expectations for a "normal" child, but also to advance the argument that translation between neurotypical humans and neurodiverse "aliens" is necessary to bridge the differences between them. By comparing c/s/x activists' appeal to themselves as human to autistic self-advocates alien rhetoric, it becomes clear that c/s/x activists view their rhetoricity as pre-existing along with their status as humans. As Maurice Stevens has helped me to understand, c/s/x activists pose the difficult to refute question, “Ain’t I a human?” with the boldness and resistance with which Sojourner Truth asked, “Ain’t I a woman?”

Conclusion

In this chapter I have theorized c/s/x communities as forming a counterpublic. I have done so in order to propose a framework for understanding c/s/x online communities and the identity work they are doing in a way that carries understanding and value for scholars in rhetoric and composition. The term counterpublic aligns with c/s/x community politics and their alternative identity, without positioning them outside of rhetoric. My hope is that the concept of counterpublic can be adopted as a discourse within which the alternative politics and rhetoricity of psychiatrically disabled people within the c/s/x movement are accepted.

Chapter 5: Creating Institutional Change by Moving Beyond the Ethos Problem: Pedagogical, Administrative, and Professional Implications

So I think there's quite a bit of diversity in coping strategies. Some of which are labeled psychological, but many of which aren't, such as spiritual or political or creative practices, which are helpful in either transforming psychic states or putting those states in perspective, which can be deeply healing. For me, I don't think there's a right way basically. I think there are many ways.
--Bradley Lewis

I was recently asked to serve on a committee to select exemplary undergraduate student writing for an award. In order to be considered for the award, a student had to be nominated by his or her instructor, who would submit the student's writing. The project in particular that I was evaluating asked students to craft a multimodal argument for a public audience. It was a culmination and extension of the research that the first-year writers had been doing all semester long. One of the student assignments that I was asked to evaluate made an argument that went something like this: psychopaths are living among us, and although they do not fit into the stereotypical representations in the media, they do have a brain disorder that makes them anti-social and dangerous. The student had adopted all-too-common narratives of psychiatric difference that present psychiatrically disabled people who experience psychosis as a homogenous group with a brain disorder, and the student presented this information through what Rosemarie Garland-Thomson would characterize as a rhetoric of wonder (61). Her tone communicated an unsophisticated attitude of fascination, which seemed to align with a position of: "Aren't psychopaths fascinating? Isn’t it amazing that some people’s brains make them so strange and scary?”

As an evaluator of this project, I was faced with a number of conflicting reactions and emotions. As is no doubt already clear from *my* tone and the chapters preceding this one, I did not like this student’s argument. I *really* did not like it. I was offended by the student’s uncritical acceptance of the biopsychiatric model of a brain disorder and her free flinging of the term “psycho.” But more than that, I was deeply troubled that an instructor had nominated this student’s work because she thought it was award winning. For this instructor, this one student’s project rose above the rest that she had graded that year. If I were to step back from my emotional reaction, my generous response would be that in many ways the student met the assignment criteria. The images and text on the screen worked with the spoken argument to craft a coherent multimodal text. The citations were correct. The length was appropriate. But the student’s argument was deeply problematic, and the instructor had apparently not thought so.

As an anonymous reviewer, I wasn’t sure what to do. How would I even go about trying to re-educate an instructor who had simply submitted a student assignment that she was proud of? What was my recourse when I had been tasked with anonymously giving a student an award? On the one hand, I took what I hope was an honest assessment of my own biases and my deep investment in the ways we understand psychiatric disability. This undoubtedly skews my ability to appreciate the analysis that the student did, especially her legitimate critique of media representations. But on the other hand, would such rhetorics of wonder be tolerated, much less celebrated, if the student had been writing about another minority group? Can we imagine a student being nominated for an award for arguing that representations of women on *The Real Housewives* shows are damaging to women, but that we do really need to acknowledge that women are the biologically weaker sex? I am very confident that it would not matter what the course theme or focus of the course was, or possibly even the discipline—most instructors would feel an obligation to challenge such an argument about women. But clearly, no equivalent ethical conundrum emerged regarding psychiatric disability for this instructor.

While I wasn't sure how to intervene in this particular situation, it did make clear to me that there is a need for teachers of rhetoric and composition to pay greater attention to the rhetorical construction of psychiatric disability in their everyday professional and pedagogical work. Had I been in a position to, I would've told this instructor and student that the DSM-V is also rhetorically constructed, and cannot be used as *the* authority on what psychiatric disabilities are *really* like. I would have said that problematic media representations cannot be corrected by simply refashioning them through the framework of the DSM-V. After all, an uncritical adoption of the medical model is not a substitute for the difficult work of rhetorical analysis. My visceral reaction to this student's project is indicative of the real need for the field to pay attention to how the rhetorical construction of psychiatric disability affects our pedagogy, research, and administrative practices. How do we go from a deep-seated belief and comfort in the correctness of pathologizing psychiatric disability to instead understanding multiple frameworks for mental difference and using these to reshape our pedagogies and professional practices? How do we move from accepting (and even applauding) the dominant framework of pathology and instead use what we know about the rhetorical construction of psychiatric disability to create more inclusive classrooms and a more inclusive profession? The question of moving our discipline to action is what I consider in this chapter.

Dissertation Overview: A Re-Cap

I have so far argued that the medical/illness model of psychiatric disability is not outside of rhetoric, but is one framework for understanding human experiences of mental difference. I have further argued that the everyday, lived experiences of psychiatrically disabled people provide a unique source of knowledge. They add critical insight to the conversation on mental health, not in spite of, but because of their psychiatric disabilities and/or their experience living with them. I have also claimed that the field of rhetoric has done little to acknowledge the constructivist nature of psychiatric disability, and those scholars who have acknowledged this disciplinary silence have not yet tapped into the "unexceptional" voices of psychiatrically disabled people. The assumption behind my argument is, of course, that there is a benefit to rethinking our discipline as we simultaneously rethink models of psychiatric disability. I implore scholars in rhetoric and composition that we not only *can* rethink psychiatric disability, but we *should*. My argument in stasis theory would be considered *translatio*; now that we understand the issue, we must move to conversations about actions to take. And when we do, our work as teachers, scholars, and colleagues becomes more inclusive, ethical, and exigent.

I began this dissertation with a quote from Catherine Prendergast that states barriers to full civic participation facing psychiatrically disabled people: "To be disabled mentally, is to be disabled rhetorically" (Prendergast 202). I return to Prendergast's statement after presenting numerous examples of c/s/x activists talking back to others' constructions of their lives and selves. My hope is that this dissertation affects our reactions to this quote—that we shift from recognizing exclusions in the field, to having evidence that psychiatrically disabled people are neither universally nor always rhetorically disabled. I have shifted the questions in the field away from whether or not psychiatrically disabled people have rhetoricity and how they might have it, to instead ask what types of rhetorical activities they engage in and how they construct a credible position. This study has been a discovery process, a gathering of data that our discipline can use to justify claims that psychiatrically disabled people are already rhetorical agents.

One barrier to recognizing psychiatrically disabled people as rhetorical agents is the postmodern figure of the schizophrenic. The ubiquity of this figure and its revered theoretical position introduces a shell game of sorts; it seems that we write about psychiatric disability (at least schizophrenia), but humanistic scholarship rarely includes perspectives or lived experiences of people diagnosed with psychiatric disabilities. The postmodern schizophrenic is not the person living with schizophrenia. Even Gilles Deleuze and Félix Guattari, who make the postmodern schizophrenic central to their conceptualization of postmodernity in *Anti-Oedipus: Capitalism and Schizophrenia,* acknowledge its separateness from people living with schizophrenia. On the one hand, the postmodern schizophrenic is honored with the description of being "closest to the beating heart of reality" (87). And on the other hand, this figure is distinctly different from "the schizo" who they group together with the "deaf, dumb, and blind…occupying the void" (88). This schizo is a negatively connoted term that Deleuze and Guattari designate for any real person living with psychiatric disability.

In an effort to find new discourses for understanding psychiatric disability that enable engagement with psychiatrically disabled people, I looked for models outside of pathologizing and metaphorizing psychiatric disability. I looked for a previously undefined middle ground. I wrote this dissertation as a response to Prendergast's call for scholarship on "unexceptional" psychiatrically disabled people (289). And in taking seriously the unexceptional accounts of living with psychiatric disability (and its rhetorical constructions), I suggested models for engaging with psychiatrically disabled people as rhetorical agents. To be clear, I am not *granting* rhetoricity to c/s/x activists or any psychiatrically disabled person. I am claiming that they already have it, which rhetoricians and compositionists will recognize if we use frames beyond those that distance psychiatrically disabled people as the other.

I used emergent methodologies to guide my data collection and interviews, which I did in order to discover the "unexceptional" perspectives of psychiatrically disabled people. Once I gathered these perspectives, I searched for concepts within rhetoric and composition to frame their importance—beyond the medical model of mental illness or the postmodern schizophrenic. In Chapter 2, I read the interactive interface of the Icarus Project as positioning c/s/x activists in the role of rhetorical agent. I then analyzed examples of how they used discussion boards over a span of ten years to claim rhetorical ownership over labels and to construct a "mad vocabulary" based on their lived experiences. In Chapter 3, I modeled critical incident technique as a methodology that can generate new understandings of psychiatric disability that are based on the lived experiences of psychiatrically disabled people. I analyzed the vernacular videos in the *I Got Better* project as performances of recovery that encourage viewers to identify with the psychiatrically disabled person who is recovered without the assistance of psychiatry. Chapter 4 builds a theory of c/s/x activists as a counterpublic, based on their own positioning of themselves in opposition to psychiatry. I argue that the concept of a counterpublic assumes the rhetorical agency of c/s/x activists without assimilating them into a medical framework or positioning them as having an ethos problem.

In this final chapter, I mobilize the concept of the "unexceptional" psychiatrically disabled person to imagine disciplinary change. I use the collective concept of psychiatrically disabled people not as a metaphorical figure as Deleuze and Guattari have, but as a term that addresses a constituency already in our classrooms, conference rooms, and campuses.

Psychiatric Disability in the Academy

Although the majority of this dissertation has aimed to familiarize scholars of rhetoric and composition with the rich practices of community and identity formation taking place within the c/s/x movement, psychiatrically disabled people are by no means writing solely outside of academia. They are, in fact, a growing constituency within our classes and departments—a constituency that has been woefully overlooked, especially if we look for institutional discourses that do more than pathologize psychiatric disability. An important starting point for considering how psychiatrically disabled people's perspectives and needs might change our professional practices is recognizing their presence on our campuses. The Chronicle of Higher Education reported in 2013 that approximately 25% of undergraduate students in the United States had a diagnosed mental disorder. This figure includes students with psychiatric disabilities regardless of whether or not they are registered for disability services. It is, however, a growing national trend that the accommodations now most provided by offices for disability services on college campuses are for psychiatric, cognitive, and learning disabilities. It is important to consider psychiatric disabilities separately from physical and sensory disabilities because, while gathering data on any category of disability relies on self-disclosure and thus is likely to skew lower than the true numbers, the percentage of students reporting physical disabilities on college campuses tends to be lower ("Share of Freshman"). And certainly, the numbers of students registered with any university office for disability services is lower than the number of disabled students who are on campus, given that students voluntarily register for disability services. In a 2006 article in *Disability Studies Quarterly*, Beth Haller reports that about 9% of students on college campuses have a registered disability.

I include these figures as a corrective to tacit messages we are likely to have received about who inhabits the university. Jay Dolmage describes the university as constructing "steep steps" to keep certain bodies and minds out (15). As a gatekeeper then, universities have been designed to accept "not just able-bodied [people] and what is considered normal, but exceptional, *elite*. The university is the place for the very *able*" (17). Even assuming we disagree with elitist practices in universities, we are certainly aware of them, and we may assume that psychiatrically disabled people are unlikely to be on campus in large numbers. Furthermore, while we have some limited data on students with psychiatric disabilities, we know very little about faculty and staff. We have jokes about absent-minded professors, but these belie sustained inquiry into staff and faculty experiences with psychiatric disability. As Margaret Price puts it, "Faculty are 'nutty professors,' we are 'eccentric' or 'odd'…And, apparently paradoxically, academic discourse also presumes the necessity of a 'sound' and 'agile' mind in order to maintain productivity. The abhorrence of mental disability is usually practiced in ways that are hard to notice unless one is already attuned to this issue" (140).

The silence around psychiatric disability in the academy and in society at large is especially disconcerting given evidence of surprisingly stigmatizing views of psychiatrically disabled people. Rhetorician Jenell Johnson reports that a "study as recent as 2006 found that thirty-three percent of respondents were willing to attribute the cause of major depressive disorder to a person's 'own bad character.' The same percentage believed that a person with depression was 'dangerous' and 'likely to hurt others[20]'" (468). But there are real effects that result from the way that psychiatric disability is understood. And precisely because of these consequences, we must remember that pronouncements about what psychiatric disability is and how we should respond to it are not objectives truths, but are rather rhetorical constructions—what Foucault refers to as "discursive formations of reality" (117).

Within the academy, as outside of it, authority on psychiatric disability resides with offices and positions granted expert status. And on campus, this means the location of knowledge regarding psychiatric disability is limited to a few offices (counseling services and disability services), and certainly does not reside within the individuals labeled as having psychiatric disabilities. If we consider the places in which

---

[20] J. Fred Reynolds cites similar findings from a 1990 survey by the National Alliance for the Mentally Ill, which he writes "reported that 71% of the lay population thought severe mental illness was only a display of emotional weakness, 35% though that it was not an illness but a display of sinful behavior, 45% thought that the mentally ill imagined their illnesses and could will them away if they wishes, and 43% believed mental illnesses were incurable" (153).

conversations about psychiatric disability take place, they are predominantly governed by medical rhetorics of remediation and accommodation. For example, it is uncommon for offices related to diversity and inclusion to be an institutional authority on psychiatric disability precisely because "the mad subject in academic discourse is repeatedly diagnosed, 'healed,' ostracized, fetishized, or expelled" (Price 37). How would our campuses and classrooms change if we valued alternative models of psychiatric disability? What if we distributed the authority on psychiatric disability? On most campuses today, the dominant medical model supports a remediation logic that fails to consider the presence of psychiatrically disabled people or their unique needs.

I am proposing that in a move beyond the medical model of psychiatric disability we switch the remediation logic for an accountability logic that recognizes our responsibility for our present actions, even if we are not responsible for the origins of the present situation (Ratcliffe 32). I would like to begin a conversation about the ways in which thinking beyond the medical model of psychiatric disability, which positions psychiatrically disabled people as having an ethos problem, can enable us to have new research practices, pedagogies, and professional practices. My foregoing analysis of c/s/x communities does not map clearly onto pedagogical and professional practices. In other words, the categories that emerged from my data do not point to one specific way of teaching writing. However, central to my argument is the idea that psychiatrically disabled people are an authority on their own experiences and needs, and from this position as rhetors in our communities, their perspectives provide valuable insight into how inclusive spaces can be designed and function to support students with mental differences. Because our labor and disciplinary identity in rhetoric and composition is distributed across teaching, research, and administration, I consider the implications that viewing psychiatric disability as critical insight and not an ethos problem can have on each of these arenas of our professional lives.

Throughout this dissertation, I have stated that I hope to model research practices for future rhetoric and composition studies with/of psychiatrically disabled rhetors. Because this has been a thread throughout the chapters, I will begin with considerations that my project has for research in rhetoric and composition before imagining classrooms and writing programs that are designed with and for psychiatrically disabled people. I use the concept of "refiguring" to organize the sections of this chapter that follow. The term "refiguring" also appears in the title of this dissertation, and I employ it here as a central concept for imagining change in the field in the specific ways that the term "figure" suggests. A figure can refer to a person, such as a public figure; and references to a person's figure are comments on that person's body. In these meanings of "figure," refiguring rhetoric would entail a literal repopulation of the field by recruiting and encouraging more scholars and students with psychiatric disabilities. A second meaning of "figure" refers to symbols or representations. For example, I label the images in this dissertation as figures. To refigure rhetoric in this sense, we would question the representations of psychiatric disability, the models we use to understand, and the terms we use to discuss it—a project I have taken up in previous chapters. When we refigure our language, we move beyond an uncritical acceptance of the illness model of psychiatric disability, and we ask our students and colleagues with psychiatric disabilities for the terms they prefer for discussing mental difference. Finally, "figures of speech" are another use of this term, which since Ancient Greek rhetoricians catalogued such figures, call to mind purposeful deviations from ordinary syntax. Figures of speech are intentional departures from the norm, used by speakers and writers to bring clarity or unique and memorable qualities to an argument. If we refigure rhetoric in this sense, we intentionally break from the norms in the field, to engage in such methods as *mêtis* readings of the rhetorical tradition and to not just accept, but to seek out psychiatrically disabled people for the standpoints they speak from and the perspectives they offer. For these reasons, I understand the work of bringing psychiatric disability to bear on the field of rhetoric and composition as the work of refiguring.

Refiguring Scholarship: Modeling Research and Rolemodeling

I'd like to begin this section on changing research in the field of rhetoric and composition with a story and guiding metaphor. My husband recently came home with some microgreens to plant in our garden. Some friends have given him these greens that looked to be tiny, delicate sprouts. I planted them in a pot, admittedly not knowing even what these were without a Google search. Within days, I was amazed to notice the microgreens were growing in their new pot, and there were even new sprouts visible. Surprisingly, although the microgreens were green in color, these new sprouts were purple. And eventually, the dark purple leaves faded to green. I found the surprise of these growing greens a delight, as well as a bit nervous-making. The greens were not as delicate or uncertain as seeds, but they were very much in their early stages of growth. And I was uncertain about how they would fare, or even what they would look like.

I tell the story of my microgreens because I see a parallel to rhetoric and composition research on psychiatric disability. We are in the early stages of growth, and we are not entirely sure what the conversation between disability studies and rhetoric and composition looks like in regards to psychiatric disability. But we are not starting from seed, which even 20 years ago we were. As we grow the conversations, we do so on the shoulders of Lewiecki-Wilson, Prendergast, Price, Pryal, and Yergeau. We do, however, need *more* research into the rhetorical practices of psychiatrically disabled people. One of my sustained efforts has been to show through examples that psychiatrically disabled people are effective rhetors, rather than ethos-damaged and lacking rhetoricity. By pointing out barriers to inclusion in the history of rhetoric that psychiatrically disabled people face—rhetoric's tradition of reason, the naturalized medical/illness model, and the postmodern schizophrenic—I have sought to uncover the assumptions in common views of psychiatric disability. When we unhinge psychiatric disability from rhetorical disability, we are reminded that rhetorical ability is not necessarily biologically determined. My goal in doing this work is to start a conversation by modeling what new conversations might look like.

A direct recommendation from my research is for more research into the communication practices of psychiatrically disabled people. Future scholarship might take up the following questions: How are psychiatrically disabled people talking back to stigmatizing representations? How might we characterize the roles beyond the sick/patient role that psychiatrically disabled people are embodying? How is/might rhetoric be a tool for psychiatrically disabled people? What texts and authors would a history of rhetoric include if it accounted for psychiatric disability?

Incorporating psychiatrically disabled people into rhetoric and composition also means we need more people, not just research. In his essay, "Gawking, Gaping, Staring," Eli Clare writes: "Without language to name myself, I am in particular need of role models. I think many of us are" (227). I cite Clare here because the presence of role models is paramount for shifting the discipline. A concerted effort to include psychiatrically disabled people in rhetoric and composition, and to change our discipline as a result, includes multiple articulations of this priority through more scholarship production, hires working in this area, and students encouraged and mentored in their research.

Refiguring Scholarship: Terminology and Methodology

As our research and writing about psychiatric disability grows, we need to honestly assess and be willing to adjust how psychiatric disability is positioned in our work. This means recognizing that all models are rhetorically constructed, including the medical model, but also the concept of the postmodern schizophrenic. When we consider models beyond these, we open up new possibilities, for example, community literacy projects with psychiatrically disabled people who might not embrace a medical model or who have internalized a sense of "mad pride." One of the dangers of uncritically accepting the medical model and the DSM-V as *the* authority on psychiatric difference is that this framework can be used to explain others' behaviors that we don't understand—to further exclude an already marginalized group of people.

While we might think that in rhetoric and composition, we don't often rely on the DSM-V as a source of expertise, the anecdote that I opened this chapter with demonstrates that we might encounter our students using a medical model as a "power rhetoric" in this way (qtd. in Zerbe ix). But research in our field has done this as well; Ann Jurecic's 2007 article in *College English* describes a student who Jurecic herself diagnoses as having Asperger's Syndrome. Among the many problematic moves Jurecic makes in this article, chief among them is responding to this student as a puzzle to be solved by finding the DSM-V diagnosis that best describes his behavior. In hunting for a diagnosis to explain our students and colleagues, we fail to focus on our own realm of control, which includes "the ways we teach, what we teach, and [our] attitudes" about disability (Lewiecki-Wilson and Brueggemann 3). What this means for our own scholarship, then, is that we should be open to studying and employing multiple models of mental difference. One of the overt ways this will manifest in our research is through the terminology we use, and an honest reflection on what our terminology signals. In my own reflection in on the term *psychiatric disability* as opposed to *mental illness*, which I discuss in Chapter 1, I consulted the perspectives of c/s/x and disability rights activists, as well as canonical texts in our field, including Margaret Price's *Mad at School* and Cynthia Lewiecki-Wilson's "Rethinking Rhetoric Through Mental Disabilities." This engagement with *how* we write about psychiatric disability should be part of our scholarly process, and to this end, Lewiecki-Wilson and Brueggemann ask us to consider the following questions: "Who is named? Who gets to name? Who is excluded? What are the real-world consequences of particular language choices?" (5) I ask for reflection on language choice, not prescription to particular terms.

In truth, reflection on our work in rhetoric and composition on psychiatric disability goes beyond that related to word choice and extends to the theoretical frameworks and methodologies we employ. An open question for the field going forward is how we might construct a usable rhetorical past for psychiatrically disabled people, given that they have been excluded from the rhetorical tradition. For example, what does it mean to use Kenneth Burke's theories of identification, as I have, or of scapegoating, as

Katie Rose Guest Pryal does, to position psychiatric disability within the field of rhetoric when Burke himself did not focus on mental difference in his scholarship? Does a *mêtis* reading appropriately mitigate such tensions and provide a method for constructing a usable past? I phrase this as a question because I am grappling with this myself. I urge scholars to ask these difficult questions, but to also utilize emergent qualitative research methodologies (see Chapters 2-4 in this dissertation, Price, and Faulkner) to access real, "unexceptional" perspectives of psychiatrically disabled people.

Practical Strategies for Refiguring Scholarship

- Design more research projects on the rhetorical practices of psychiatrically disabled people
- Hire more psychiatrically disabled scholars and those working at the intersection of rhetoric, composition, and disability studies (understanding the importance of role models)
- Explore alternative frameworks for understanding psychiatric disability beyond the DSM-V and the postmodern schizophrenic
- Reflect on the terms and labels we use to discuss psychiatric disability (i.e. *mental illness* or *psychosocial disability*)
- Construct a rhetorical history of psychiatrically disabled people and/or reconstruct the rhetorical tradition inclusive of mental difference

Refiguring Pedagogy

The knowledge that students in our classes are statistically likely to have psychiatric disabilities and the understanding that there are multiple frameworks we (and they) might use to identify with has impacts on multiple facets of composition courses. We might use the perspectives from c/s/x activists to re-conceptualize *who* our students are, *what* we teach, and *how* we design our classes. My hope is that the ideas for pedagogical change can add to the conversation that has only just begun about designing inclusive classrooms for psychiatrically disabled students.

Refiguring Who We Teach: Word Choice

I have presented a great deal of evidence that there is growing dissatisfaction with the term *mental illness* from both c/s/x activists and disability studies scholar-activists because of its medical model approach and the dominance it has. In an article written by David Oaks, he articulates that replacing the term *mentally ill* with something else would "show we are at the very least trying to listen to psychiatric survivors (like me!) who have strong preferences for what we call them,…show we are trying to include a wide diversity of perspectives, including those who have often been excluded because of the current dominant paradigm in mental health,…[and] show we are trying to care." While I am not advocating here that we as compositionists and rhetoricians use one term over another (I use psychiatric disability for the way it suggests that mental difference and distress are cross-disability issues and for the way it suggests that psychiatry can be a disabling force), I am suggesting that we become aware of and value the many frameworks and phrases that people use beyond the biomedical term of *mental illness*. Oaks says in his article that the call to stop saying *mental illness* "is not about **opposing** the medical model, or any other particular model." Instead, he is in favor of more ways of talking about experience. In our classes, we might invite our students to use the terminology they prefer in their written and spoken contributions, and we might be open to using terms other than *mental illness*.

I am suggesting that we take seriously that the terms we use can have exclusionary power in our classrooms. How we talk about psychiatric disability when we read through the disability services statement on our syllabi, whether or not we mention the campus counseling center, and what we might lightly refer to as “insane” all send messages about how welcome a space our classrooms are for psychiatrically disabled people. Kathryn M. Plank and Stephanie V. Rohdieck suggest that when we work “on the premise that there is no ‘neutral,’ we can analyze how our identities and cultural context have an impact on our language, on what we value and make visible in our courses, and on the interactions in our classrooms” (5). This is especially important because we are often unaware of whether our students identify as having a psychiatric disability, unless they tell us. Making a commitment to using inclusive language can contribute to making our classrooms safer spaces for students.

Refiguring What We Teach: Audience

When we consider psychiatrically disabled people as part of the university community and we plan for their presence in our classrooms, we need to simultaneously shift our conception of audience—both for ourselves as writers and as we teach our students to use ethical and respectful language. Especially in assignments intended for ambiguous public consumption, the expectations we establish and the conversations we have with students about appropriate conventions do the work of constructing a public for the students to write to. If students are not asked to consider psychiatrically disabled people as part of their audience, we are tacitly reinforcing their erasure from the academy and from public discourses. What I am proposing is that we educate students in alternatives to the term *mental illness*, and we challenge uncritical usage of *crazy, insane, schizophrenic, bipolar,* and *depressed*, among other terms. In business and technical writing courses, as well as public writing courses, it is a standard course feature to educate students in language that respects diversity. However, a business writing textbook I have used, Philip C. Kolin's *Successful Writing at Work*, provided a detailed overview of respectful writing for different genders, sexualities, and cultures, without discussing disability.

If we expect psychiatrically disabled people to be our students, our audiences, and our colleagues, this expectation results in re-envisioning common pedagogical practices. In the postmodern classroom that values critical engagement with diverse perspectives, moving students to change can at times be done at the expense of presenting triggering content in class. On more than one occasion, I have encountered triggering material during class, and rarely has the potential for the course content to be upsetting been addressed. I once had the opportunity observe another section of an Introduction to Disability Studies class on a day when students were watching the film *Murderball*. And despite the disability politics this class promoted, there was little explanation of the film before it started playing. I immediately felt a sense of discomfort with the film, despite having seen it before, and I assume I was not alone in my feeling during that class. If we plan our pedagogies with psychiatrically disabled people in our vision, we can borrow tools, such as trigger warnings, from c/s/x online communities to reach a balance between moving students to change their views and respecting their reactions to texts and discussions in class.

Refiguring Participation: How We Design Our Classes

For many of us who are longtime members of the academic community, the norms of classroom participation are second nature and it is likely that we contribute to classroom environments with ease. But our students are not always insiders to academic participation norms, much less norms of participation for composition classes and individual instructors' expectations. In Genevieve Critel's dissertation, she points to a gap between many composition instructors' assumptions and their students' expectations of what class participation looks like. Critel ends her dissertation by suggesting that students should be given more of a voice in what counts as participation; she specifically sees her work paving the way for teachers and scholars to include students in shaping participation requirements. She writes, "What if we asked students to tell us how they will participate? What if we asked them what they need from us, as Margaret Price recommends? Perhaps these questions seem outlandish to some readers; however, there's no way we can know how much these changes could benefit students unless we try" (196-197).

Critel's hedge that some readers might find student feedback on participation as "outlandish" suggests that giving students some power over participation requirements might be a radical move for compositionists. Critel's data—in which the majority of her survey respondents conceptualize participation requirements as telling students what they *should* and *should not* do during class—certainly suggests this is the case (104). But while it may not be common practice for composition instructors to co-create or negotiate participation requirements with their students, it is common practice in the post-process classroom to resist a monolithic vision of who students are students, what "good writing" is, and how students produce "good writing" (Vandenberg et al. 6). Wary of indoctrinating students into academic writing and devaluing their pre-existing literacies, composition instructors have by and large adopted student-centered writing pedagogies that anticipate student diversity.

My arguments in previous chapters for valuing the critical insight that psychiatrically disabled people have regarding their own needs aligns particularly well with Critel's (building on Price's) revision of participation requirements in composition classrooms. Critel writes: "We don't ask students how participation should or could be gauged, nor do we ask them how they want to participate. We would have to if we had a universal design participation requirement" (191). I agree with Critel's claim and would add that the three key principles of universal design for learning conceptualize an inclusive classroom environment and speak directly to a broader definition of participation: (1) present information and content in different ways, (2) differentiate the ways that students can express what they know, and (3) stimulate interest and motivation for learning ("About UDL"). Nicholas Rattray and his co-authors emphasize that the universal design paradigm on campus goes beyond physical access to buildings and includes pedagogical factors, such as "the usability of instructional materials…learning outcomes, and the attitudes in the social environment."

Centering the expertise of disabled people is a fundamental idea in both universal design and disability studies, and is encapsulated in the latter through the phrase "nothing about us without us" that grew out of the disability rights movement. This position is fundamentally about including perspectives from the people who are affected by policies. An example of a "nothing about us without us" perspective on classroom participation from Melanie Yergeau demonstrates the expertise that students often bring to our classes about how they will best function in them. Yergeau remembers her own experience as a student requesting alternate ways to participate in a classroom discussion:

> Because of my difficulties with nonverbals and auditory processing, one of my accommodation requests was a more orderly face-to-face system for class discussions, one in which I might raise my hand or type something on my laptop and show it to another person. But this particular request was not always well received. For example, in one class I took, a professor refused to call on raised hands because he felt it interrupted the *natural* flow of conversation. Two weeks before the term ended, the disability services office managed to convince this professor that my request didn't lessen the rigor of the class. And this experience made me feel terrible about myself—I was somehow asking for unreasonable changes to a reasonable curriculum. (Yergeau et al.)

Yergeau's story raises a number of "what if" questions that illuminate how a "nothing about us without us" attitude from her instructor could have led to re-imagined participation expectations. *What if the instructor had asked how students would prefer to participate? What if Yergeau's own authority on her preferred participation medium had been valued? What if the instructor had collected students' experience to inform what 'natural' conversation looked like for that particular class?* Students' lived experience—with disability or otherwise—is an invaluable data source on how they can more fully participate in our classes. When student experience is brought to bear on participation expectations, we should expect that our practices will change (Yergeau et al.). In other words, disability is critical insight into the ways in which classrooms can be more inclusive. As composition teachers, we learn from our students' diverse ways of participating. But we cannot learn from our students by simply telling them our requirements for participation; we must do so through conversation with our students, what Jay Dolmage calls a “circuit of interchange borne of interdependency” (15).

I favor the inclusion of students’ perspectives on classroom participation for the way in which it anticipates student diversity by inviting a conversation about it. It puts difference at the center of the conversation, as disability studies scholar Simi Linton advocates (10). Rather than viewing disability as something abnormal and foreign that an individual brings to the classroom and thus requires changes, add-ons, and retrofits to be made, when an instructor invites students to share their preferred modes of participation, she is addressing the differences that students bring to the class. Considering disability and difference becomes the instructors’ and students’ responsibility, not only the responsibility of the Office for Disability Services. Disability becomes part of best pedagogical practices, not part of making exceptions for particular students.

Including student perspectives in the creation of participation requirements is especially useful for students who do not navigate participation requirements with ease, or students whose behavior does not align with standard academic participation expectations. These students are unlikely to adhere to unspoken assumptions about participation, and soliciting students’ feedback on how they best engage in class can bring both students’ and teachers’ assumptions into the foreground. I find it useful to conceptualize classroom participation through Price’s theory of kairotic space, which she defines as the “less formal, often unnoticed, areas of academe where knowledge is produced and power is exchanged” (21). Kairotic spaces include classroom discussions, conversations in office hours, and questions in the hall after class; these are synchronous exchanges that are marked by an unequal power relationship and have potential consequences for students' success in the class. Kairotic spaces can be particularly difficult for people with mental disabilities, and our participation expectations need to consider this growing population of students. Because the needs of students are always so diverse, if we aim for a local understanding of participation based on feedback from the particular students in our classes, we have a better chance of meeting the needs of all students, including those with visible and invisible disabilities.

In composition studies, the practice of valuing student experience is characterized by Bruce Horner and Min Zhan-Lu as a "negotiation" between teachers and students—a working *with* students, rather than *on, at, against,* or *in spite of* students (qtd. in Dolmage 23, my emphasis). Collecting feedback from students is a key practice in negotiating the boundaries for classroom participation; when teachers collect feedback from their students, they communicate their willingness to change based on the input from students. Scholars in disability studies including Dolmage, Price, and Patricia Dunn conceptualize flexibility and ongoing adjustment as part of a commitment to access. For Price, "Access means designing spaces— including kairotic professional spaces—in ways that are flexible, multimodal, and *responsive to feedback*" (my emphasis, 130). Price in particular views feedback in a global sense as a channel between students and teachers in which the practices of the classroom can be commented on. While feedback is commonly collected at the end of a term with the intention for future improvement, both universal design and educational development practices advocate for feedback collection that will benefit those students currently in the class.

A common thread in educational development scholarship is the value placed on students' evaluations of a course, particularly on their ability to assess aspects of the classroom environment, including participation. Educational developer Mike Theall has extensively researched student ratings and his matter-of-fact view on students as experts is that "Students are certainly qualified to express their satisfaction or dissatisfaction with the [course]…and no one else can report the extent to which the experience was useful, productive, informative, satisfying, or worthwhile." By aligning similar rhetorics from disability studies and educational development, we add weight to Critel's claim for students to co-create or at least inform participation requirements.

Practical Strategies for Refiguring Pedagogy

- Encourage students to self-identify their preferred terms and allow them to use these terms in their writing for the course
- Use inclusive language in our syllabi and in our interactions with students
- Incorporate trigger warnings for sensitive subject matter in class
- Collect feedback from students on their experience of the course and learning needs
- Design courses using universal design for learning principles

Refiguring Writing Program Administration: Professional Development

This final section is the most brief, primarily because the recommendations for refiguring pedagogy apply equally to the work of writing program administration. The key difference is that writing program administrators are in the role of communicating programmatic priorities and expectations to writing instructors. When we work in these positions, we have a unique opportunity to share tools for universally designed composition classrooms, campus resources for mentally distressed students, and guidelines for such things as respectful, accessible syllabus statement on disability services.

Because writing program administrators are in a unique position to create professional development programs, they can anticipate a range of participants, including psychiatrically disabled teachers. In doing so, writing program administrators can model strategies for creating an inclusive classroom for psychiatrically disabled students. This might include conducting a needs assessment among writing teachers, which positions them as experts on their own needs. Or professional development might also be conducted in non-traditional and/or online spaces. When training and ongoing support for teachers is informed by their needs instead of dictated by tradition, our own disciplinary expectations and commonplaces are made visible to us. As Sharon Crowley explains, “commonplaces are part of the discursive machinery that hides the flow of difference” (73), which can be particularly troublesome for psychiatrically disabled people who may have needs that “intersect problematically” with commonplaces of professional development (Price 5). For example, Price identifies *presence* and *participation* as two commonplaces that are highly valued in academia (5). But what does it mean to participate in professional development when a teacher struggles with anxiety around one’s peers? Or what does it mean to participate when all meetings are held in a room with florescent lights that cause a brain fog? What does it mean to be present when depression makes it difficult to get out of bed? As writing program administrators, these questions can be departures for the invention of new support structures for teachers, perhaps in the form of extended online resources or teaching mentor/buddy systems that allow for flexible meeting times and locations.

Practical Strategies for Refiguring Administration

- Share models of inclusive syllabi
- Model feedback collection that teachers might utilize with their students
- Interrogate commonplaces that exclude psychiatrically disabled people from academic life
- Consider changes to the spaces and format of teaching support

Conclusion

This chapter, and this dissertation as a whole, is intended to motivate scholars to further research, innovative pedagogies, and responsive professional practices. As we continue to explore what it means to recognize the rhetoricity of psychiatrically disabled people in the present, we will refigure the field of rhetoric's past and future. And we do so by repopulating our canon, our classrooms, and our campuses with psychiatrically disabled people and their perspectives that make it impossible to claim that mental difference is always or only a rhetorical problem.

References

"About UDL." *CAST*. n.d. Web. 1 Dec 2013.

American Psychological Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, D.C.: American Psychological Association, 2013. Print.

Americans With Disabilities Act of 1990. Pub. L. 101-336. 26 July 1990. 104 Stat. 328. *ADA.gov: Department of Justice Civil Rights Division*. Web. 2 Feb 2014.

Anderson, Dana. *Identity's Strategy: Rhetorical Selves in Conversion.* Columbia, SC: University of South Carolina Press, 2007. Print.

Andreasen, Nancy C. *The Broken Brain: The Biological Revolution in Psychiatry*. New York: Harper & Row, 1985. Print.

Angelo, Thomas and Patricia Cross. *Classroom Assessment Techniques: A Handbook for College Teachers*. San Francisco: Jossey-Bass, 1993. Print.

Aristotle. *On Rhetoric: A Theory of Civic Discourse*. Trans. George A. Kennedy. New York: Oxford University Press, 1991. Print.

Aubrecht, Katie. "Disability Studies and the Language of Mental Illness." *Review of Disability Studies: An International Journal*. 8.2: (2012). 31-44. Web. 21 Feb 2013.

Bacon, Francis. *Advancement of Learning and Novum Organum*. New York: Colonial Press, 1900. Print

Bakhtin, Mikhail. "Discourse in the Novel." *The Dialogic Imagination: Four Essays.* Ed.

Michael Holquist. Trans. Caryl Emerson and Michael Holquist. Austin: University of Texas Press, 1981. Print.

---. “Excerpt from *The Problem of Speech Genres*.” *The Rhetorical Tradition*. 2nd ed. Patricia Bizzell and Bruce Herzberg, Eds. Boston: Bedford/St. Martin’s, 2001. 2227-2245. Print.

Baptista, Joao and Galliers, Robert D. “Social media as a driver for new rhetorical practices in organizations.” *2012 Hawaii International Conference on System Sciences*. IEEE Computer Society, 2012. Web.

Barnes, Colin. “A Brief History of Discrimination and Disabled People.” *The Disability Studies Reader*. 3rd ed. Ed. Lennard J. Davis. New York and London: Routledge, 2010. 20-32. Print.

Bedi, Robinder P., Michael D. Davis, and Meris Williams. “Critical Incidents in the Formation of the Therapeutic Alliance from the Client’s Perspective.” *Psychotherapy: Theory, Research, Practice, Training* 42.3 (2005): 311-323. Web. 20 Sep 2013.

Berkenkotter, Carol. “Genre Systems at Work: DSM-IV and Rhetorical Recontextualization in Psychotherapy Paperwork.” *Written Communication* 18.3 (2001): 326-349. Web. 16 Mar 2014.

---, and Doris Ravotas. “Psychotherapists as Authors: Microlevel Analysis of Therapists Written Reports.” *Descriptions and Prescriptions: Values, Mental Disorders, and the DSMs.* Ed. J. Z. Sadler. Baltimore: Johns Hopkins University Press, 2002. 251-268, Print.

Beresford, Peter. “What Have Madness and Psychiatric System Survivors Got to Do with

Disability and Disability Studies." *Disability & Society* 15.2: (2000). 167-172. Web. 21 Feb 2013.

---, and Peter Campbell. "Participation and Protest: Mental Health Service Users/Survivors." *Democracy and Participation: Popular Protest and New Social Movements.* Eds. Malcolm J. Todd and Gary Taylor. London: Merlin Press, 2004. 326-342. Print.

Berry, Patrick W., Gail E. Hawisher, and Cynthia L. Selfe. *Transnational Literate Lives in Digital Times*. Logan, UT: Computers and Composition Digital P/Utah State UP, 2012. Web. 15 August 2013.

Bizzell, Patricia, and Bruce Herzberg, eds. "Kenneth Burke." *The Rhetorical Tradition: Readings from Classical Times to the Present.* 2nd ed. Boston: Bedford/St. Martin's, 2001. 1295-1298. Print.

Booth, Wayne C. *Modern Dogma and the Rhetoric of Assent*. Chicago: University of Chicago Press, 1974. Print.

Bossewitch, Jonah. "Narrative Advocacy: Mad Justice and Languages of Compassion." Web. 5 Nov 2012. http://alchemicalmusings.org.

Branch, Kirk. *Eyes on the Ought to Be: What We Teach When We Teach About Literacy*. Cresskill: Hampton P, 2007. Print.

Brandt, Deborah. *Literacy in American Lives.* New York: Cambridge UP, 2001. Print.

Brueggemann, Brenda Jo. "An Enabling Pedagogy: Meditations on Writing and Disability." *JAC* 21.4 (Fall 2001): 791-820. Web. 12 July 2009.

Brueggemann, Brenda Jo, Elizabeth Brewer, Nicholas Hetrick, and Melanie Yergeau. *Arts and Humanities (The SAGE Reference Series on Disability: Key Issues and*

Future Directions). Thousand Oaks, CA: SAGE, 2012. Print.

Bruner, Jerome. “The Narrative Construction of Reality.” *Critical Inquiry* 18.1 (Autumn 1991): 1-21. Web. 15 Aug 2013.

Burgess, Jean. “Hearing Ordinary Voices: Cultural Studies, Vernacular Creativity and Digital Storytelling.” *Continuum: Journal of Media & Cultural Studies* 20.2 (2006): 201-214. Web. 1 Sep 2013.

Burke, Kenneth. Excerpt from *Language as Symbolic Action: Essays on Life, Literature, and Method. The Rhetorical Tradition*. 2nd ed. Patricia Bizzell and Bruce Herzberg, Eds. Boston: Bedford/St. Martin’s, 2001. 1341-1347. Print.

---. *Language as Symbolic Action: Essays on Life, Literature, and Method*. Berkeley and Los Angeles: University of California Press. 1966. Print.

---*A Rhetoric of Motives.* Berkeley: University of California Press, 1969. Print.

Campbell, George. *The Philosophy of Rhetoric*. *The Rhetorical Tradition*. 2nd ed. Eds. Patricia Bizzell and Bruce Herzberg. Boston: Bedford/St. Martin’s, 2001. 898-946. Print.

Carpenter, Rick. “Disability as Socio-rhetorical Action: Towards a Genre-Based Approach.” *Disability Studies Quarterly* 32.3 (2011): n.pag. Web. 11 Dec 2013.

Castells, Manuel. “Communication, Power, and Counter-Power in the Network Society.” *International Journal of Communication* 1 (2007): 238-266. Print.

---. *The Rise of the Network Society, The Information Age: Economy, Society and Culture Vol. I*. Cambridge, MA; Oxford, UK: Blackwell, 1996. Print.

Chappelle, Anne Louise. “Still out in the Cold: People with Learning Difficulties and the Social Model of Disability.” *The Disability Reader: Social Science Perspectives.*

Ed. Tom Shakespeare. London and New York: Continuum, 2005. 211-220. Print.

Charmaz, Kathy. “Grounded Theory as an Emergent Method.” *Handbook of Emergent Methods.* Eds. Sharlene Nagy Hesse-Biber and Patricia Leavy. New York and London: The Guilford Press, 2008. 155-170. Print.

Chemers, Michael M. “Staging Stigma: A Freak Studies Manifesto.” *Disability Studies Quarterly*. 25.3: (2005). Web. 21 Feb 2012.

Chesler, Phyllis. *Women and Madness.* New York: Palgrave/Macmillan, 2005. Print.

Clare, Eli. “Gawking, Gaping, Staring.” *Disability and the Teaching of Writing: A Critical Sourcebook.* Eds. Cynthia Lewiecki-Wilson and Brenda Jo Brueggemann. Boston and New York: Bedford/St. Martin’s, 2008. 224-228. Print.

Clifton, Jennifer, Elenore Long, and Duane Roen. “Accessing Private Knowledge for Public Conversations: Attending to Shared, Yet-to-be-Public Concerns in the Deaf and Hard-of-Hearing DALN Interviews.” *Stories That Speak to Us: Exhibits from the Digital Archive of Literacy Narratives*. Ed. H. Lewis Ulman, Scott Lloyd DeWitt, and Cynthia L. Selfe. Logan, UT: Computers and Composition Digital Press, 2013. Web

Comer, Ronald J. *Abnormal Psychology*. 7th ed. New York: Macmillan, 2009. Print.

Couser, G. Thomas. “Disability, Life Narrative, and Representation.” *Disability Studies Reader*. 2nd ed. Ed. Lennard J. Davis. New York: Routledge, 2006. 399-402. Print.

Critel, Genevieve. *Investigating The Rhetoric of Student Participation: Uncovering and Historicizing Commonplaces in Composition Studies*. Diss. The Ohio State University, 2012. Columbus: OSU, 2012. Print.

Crowley, Sharon. *Toward a Civil Discourse: Rhetoric and Fundamentalism*. Pittsburgh: University of Pittsburgh Press, 2006. Print.

Cushman, Ellen. *The Struggle and the Tools: Oral and Literate Strategies in an Inner City Community*. New York: SUNY P, 1998. Print.

"Depression (major depressive disorder)." *Mayo Clinic.* Mayo Clinic, n.d. Web. 2 Feb 2014.

Day, Ally. "Toward a Feminist Reading of the Disability Memoir: The Critical Necessity for Intertextuality in Marya Hornbacher's *Wasted* and *Madness*." *Disability Studies Quarterly* 31.2 (2011): n. pag. Web. 12 Apr 2014.

Deleuze, Gilles and Félix Guattari. *Anti-Oedipus: Capitalism and Schizophrenia.* Trans. Robert Hurley, Mark Seem, and Helen R. Lane. Minneapolis: University of Minnesota Press, 2000. Print.

DePoy, Elizabeth and Stephen French Gilson. *Studying Disability: Multiple Theories and Responses*. Thousand Oaks, CA: Sage, 2011. Print.

Dolmage, Jay Timothy. *Disability Rhetoric*. Syracuse: Syracuse University Press, 2014. Print.

---. "Mapping Composition: Inviting Disability in the Front Door." *Disability and the Teaching of Writing.* Eds. Cynthia Lewiecki-Wilson and Brenda Jo Brueggemann. Boston: Bedford-St. Martin's, 2008. Print.

---, and Cynthia Lewiecki-Wilson. "Refiguring Rhetorica: Linking Feminist Rhetoric and Disability Studies." *Rhetorica in Motion: Feminist Rhetorical Methods and Methodologies.* Ed. Eileen E. Schell and Kelly Rawson. Pittsburgh: University of Pittsburgh Press, 2010. 23-38. Print.

Dunn, Patricia A. *Learning Re-Abled: The Learning Disability Controversy and Composition Studies.* Portsmouth, NH: Heinemann-Boynton/Cook, 1995. Print.

Edwards, Ian. "'Mirrors of hard, distorting glass': *Invisible Man* as Outsider Rhetoric." *Agency in the Margins: Stories of Outsider Rhetoric.* Ed. Anne Meade Stockdell Geisler. Madison, NJ: Fairleigh Dickinson, 2010. 91-118. Print.

Ellis, Katie and Mike Kent. *Disability and New Media*. New York and London: Routledge, 2011.

Emmons, Kimberly. "'All on the List': Uptake in Talk about Depression." *Rhetoric of Healthcare: Essays Toward a New Disciplinary Inquiry.* Eds. Barbara Heifferon and Stuart C. Brown. New York: Hampton Press, 2008. 159-180. Print.

Enos, Theresa and Shane Borrowman. "Authority and Credibility: Classical Rhetoric, the Internet, and the Teaching of Techno-Ethos." *Alternative Rhetorics: Challenges to the Rhetorical Tradition.* Ed. Laura Gray-Rosendale and Sybille Gruber. New York: SUNY Press, 2001. 93-110. Print.

Faigley, Lester. "Beyond Imagination: The Internet and Global Digital Literacy," *Passions, Pedagogies, and 21st Century Technologies*. Eds., Gail E. Hawisher and Cynthia L. Selfe, Eds. Logan, UT: Utah State UP and NCTE, 1999. 129-139. Print.

Faulkner, Alison. "Participation and Service User Involvement." *Qualitative Research Methods in Mental Health and Psychotherapy.* Eds. David Harper and Andrew R. Thompson. Chichester, West Sussex: Wiley-Blackwell, 2012. 39-54. Print.

Faulkner, Ann. "Therapeutic Relationships in Complementary Care." Complementary Therapies in Nursing and Midwifery 1.2 (April 1995): 37-40. Web. 3 July 2013.

Flanagan, John C. "The Critical Incident Technique." *Psychological Bulletin* 5.4 (1954): 327-58. Print.

Flower, Linda. “Going Public—in a Disabling Discourse.” *The Public Work of Rhetoric*: *Citizen-Scholars and Civic Engagement.* Eds. John M. Ackerman and David J. Coogan. Columbus, South Carolina: University of South Carolina Press, 2010. 137-156. Print.

Foucault, Michel. *The Archaeology of Knowledge and the Discourse on Language.* New York: Pantheon Books, 1972. Print.

---. *Discipline and Punish: The Birth of the Prison*. New York: Vintage, 1977. Print.

Frank, Arthur W. Rev. of *Narrative Psychiatry: How Stories Can Shape Clinical Practice*, Bradley Lewis. *Literature and Medicine* 30.1 (2012): 193-197. Web. 1 Sep 2013.

“Friends Make the Best Medicine.” *The Icarus Project*. Web. 1 Nov 2012.

Garland-Thomson, Rosemarie. *Extraordinary Bodies*. New York: Columbia University Press, 1996. Print.

---. “The Politics of Staring: Visual Rhetorics of Disability in Popular Photography.” *Disability Studies, Enabling the Humanities*. Eds. Sharon L. Snyder, Brenda Jo Brueggemann, and Rosemarie Garland-Thomson. New York: MLA, 2002. 56-75. Print.

Gasson, Susan. “Rigor in Grounded Theory Research: An Interpretive Perspective on Generating Theory from Qualitative Field Studies.” *Handbook for Information Systems Research*. Eds. M. Whitman and A. Woszczynski. Hershey, PA: Idea Group, 2003. 79-102. Print.

Gilbert, Sandra M. and Susan Gubar. *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination.* New Haven, CT: Yale University Press, 1979. Print.

Glenn, Cheryl. *Rhetoric Retold: Regendering the Tradition from Antiquity Through the Renaissance*. Carbondale: Southern Illinois University Press, 1997. Print.

---. *Unspoken: A Rhetoric of Silence.* Carbondale, IL: Southern Illinois Press, 2004. Print.

Goggin, Gerard and Christopher Newell. *Digital Disability: The Social Construction of Disability in New Media.* Oxford: Rowman and Littlefield, 2003. Print.

---, and Tim Noonan. "Blogging Disability: The Interface Between New Cultural Movements and Internet Technology." *Uses of Blogs*. Eds. Axel Bruns and Joanne Jacobs. New York: Peter Lang, 2006. Print.

The Goldfish. "Blogging Bring More of Us to the Table." *Disability Studies Quarterly* 27.1/2 (2007): n.pag. Web. 18 Feb 2008.

Grabill, Jeffrey T. "Community Computing and Citizen Productivity." *Computers and Composition*. 20: (2003). 131-150. Print.

---. "Community-based Research and the Importance of a Research Stance." *Writing Studies Research in Practice: Methods and Methodologies*. Eds. Lee Nickoson and Mary P. Sheridan. Carbondale, IL: Southern Illinois University Press, 2012. 210-219. Print.

Grace, Elizabeth. "Cognitively Accessible Language (Why We Should Care)." *The Feminist Wire.* 22 Nov 2013. Web. 3 Feb 2014.

Gray-Rosendale, Laura and Sibylle Gruber, Eds. *Alternative Rhetorics: Challenges to the Rhetorical Tradition*. NY: SUNY Press, 2001. Print.

Gremler, Dwayne D. “The Critical Incident Technique in Service Research.” *Journal of Service Research* 7.1 (August 2004): 65-89. Web. 3 Aug 2013.

Grob, Gerald N. *Mental Illness and American Society, 1875-1940.* Princeton, NJ: Princeton University Press, 1987. Print.

Gurak, Laura, et al. “Introduction: Weblogs, Rhetoric, Community, and Culture.” *Into the Blogosphere: Rhetoric, Community, and the Culture of Weblogs.* Eds. Laura Gurak, Smiljana Antonijevic, Laurie Johnson, Clancy Ratliff, Jessica Reyman. 2004. Web. 4 Sept 2010.

Haller, Beth. “Promoting Disability-Friendly Campuses to Prospective Students: An Analysis of University Recruitment Materials.” *Disability Studies Quarterly* 26.2 (2006): n.pag. Web. 12 Feb 2013.

Heath, Shirley Brice. *Ways with Words*: *Language, Life and Work in Communities and Classrooms*. New York: Cambridge UP, 1983. Print.

Horner, Bruce, and Min-Zhan Lu. *Representing the “Other”: Basic Writers and the Teaching of Basic Writing.* Urbana, IL: National Council of Teachers of English, 1999. Print.

The Icarus Project. Web. 28 February 2013.

I Got Better. MindFreedom International. Web. 1 June 2013.

Imai, Aki. Personal Interview. 5 Nov 2012.

Jack, Jordynn. “What are Neurorhetorics?” *Rhetoric Society Quarterly* 40.5 (2010): 405 410. Print.

Jameson, Frederic. *Postmodernism, or, the Cultural Logic of Late Capitalism.* Durham: Duke UP, 1992. Print.

Jarratt, Susan C. "Introduction: As We Were Saying…" *Feminism and Composition Studies: In Other Words.* Eds. Susan C. Jarratt and Lynn Worsham. New York: MLA. 1998. 1-18. Print.

Johnson, Jenell. "The Skeleton on the Couch: The Eagleton Affair, Rhetorical Disability, and the Stigma of Mental Illness." *Rhetoric Society Quarterly* 40.5 (2010): 459-478. Print.

Johnson, Nan. *Gender and Rhetorical Space in American Life, 1866-1910.* Carbondale, IL: Southern Illinois University Press, 2002. Print.

Jones, Genevra. "Re: 'Mental illness' and Let's Pretend This Never Happened." *Disability Studies in the Humanities Listserv*. 2 July 2012. Web. 2 July 2012.

Jones, Kathleen S. *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority.* Cambridge, MA: Harvard University Press, 2002. Print.

Jones, Nev and Robyn Lewis Brown. "The Absence of Psychiatric C/S/X Perspectives in Academic Discourse: Consequences and Implications." *Disability Studies Quarterly* 33.1 (2013): n. pag. Web. 10 Aug 2013.

Joyce, Richard. "Zapatista Solidarity Online: A Case Study of Internet Activism." *Richard Joyce Class Blog.* 2010. Web. 2 Feb 2014.

Jurecic, Ann. "Neurodiversity." *College English* 69.5 (May 2007): 421-442. Web. 16 Apr 2014.

Kaysen, Susanna. *Girl, Interrupted*. New York: Vintage Books, 1993. Print.

Kirsch, Gesa E., and Peter Mortensen. "Introduction: Reflections on Methodology in Literacy Studies." *Ethics and Representation in Qualitative Studies of Literacy*.

Eds. Peter Mortensen and Gesa E. Kirsch. Urbana, IL: NCTE, 1996. xix-xxxiv. Print.

Kolin, Philip C. *Successful Writing at Work.* 9th ed. Boston: Cengage, 2009. Print.

Lange, Patricia G. "The Vulnerable Video Blogger: Promoting Social Change through Intimacy.*" S & F Online* 5.2 (2007): n. pag. Web. 1 Aug 2013.

Lauritzen, Paul. "Arguing with Life Stories: The Case of Rigoberta Menchú." *The Ethics of Life Writing*. Ed. Paul John Eakin. Ithaca: Cornell UP, 2004. 19-39. Print.

Lewiecki-Wilson, Cynthia. “Rethinking Rhetoric Through Mental Disabilities.” *Rhetoric Review* 22. 2 (2003): 156-67. Web. 17 May 2009.

---, and Brenda Jo Brueggemann. “Rethinking Practices and Pedagogy: Disability and the Teaching of Writing.” *Disability and the Teaching of Writing.* Eds. Cynthia Lewiecki-Wilson and Brenda Jo Brueggemann. Boston: Bedford-St. Martin’s, 2008. 1-9. Print.

Lewis, Bradley. “A Mad Fight: Psychiatry and Disability Activism.” *Disability Studies Reader*. 2nd ed. Ed. Lennard J. Davis. New York: Routledge, 2006. 339-352. Print.

---*Narrative Psychiatry: How Stories Can Shape Clinical Practice.* Baltimore, MD: Johns Hopkins UP, 2011. Print.

---. *Moving Beyond Prozac, DSM, and the New Psychiatry.* Ann Arbor: University of Michigan Press, 2006. Print.

Linton, Simi. *Claiming Disability: Knowledge and Identity*. New York and London: New York University Press, 1998. Print.

Long, Jennifer. "Rhetorical Techne, Local Knowledge, and Challenges in Contemporary Activism." *Sustainability: Rhetorics, Literacies, and Narratives*. Ed. Peter Goggin. New York: Routledge/Taylor & Francis P, 2009. 13-38. Print.

Lyotard, Jean-François. *The Postmodern Condition: A Report on Knowledge.* Trans. Geoff Bennington and Brian Massumi. Minneapolis: University of Minnesota Press, 1984. Print.

Martin, Emily. *Bipolar Expeditions: Mania and Depression in American Culture*. Princeton: Princeton University Press, 2007. Print.

McKee, Heidi A., and James E. Porter. "The Ethics of Digital Writing Research: A Rhetorical Approach." *College Composition and Communication* 59 (2008): 711-749. Print.

---. "Playing a Good Game: Ethical Issues in Researching MMOGs and Virtual Worlds." *International Journal of Internet Research and Ethics* 2.1 (February 2009): 5-37. Web. 12 Apr 2014.

McLuhan, Marshall. "The Meaning is the Message." *Media Studies: A Reader*. Eds. Paul Marris and Sue Thornham. New York: New York University Press, 200. 38-43. Print.

McMillan, Sally. "A Four-Part Model of Cyber-Interactivity: Some Cyber-Places are More Interactive Than Others." *New Media and Society* 4.2 (2002): 271-291. Web. 14 Mar 2013.

Metzl, Jonathan M. *The Protest Psychosis: How Schizophrenia Became a Black Disease.* Boston: Beacon, 2009. Print.

MindFreedom International. Web. 1 June 2013.

"Models of Disability." Michigan Disability Rights Coalition. Web. 2 Feb 2014.

Moran, Charles. "Access: The A Word in Technology Studies." *Passions, Pedagogies, and 21st Century Technologies*. Eds., Gail E. Hawisher and Cynthia L. Selfe, Eds. Logan, UT: Utah State UP and NCTE, 1999. 205-220. Print.

Morrison, Linda J. *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex Patient Movement*. New York: Routledge, 2005. Print.

Nagel, Thomas. *The View from Nowhere*. New York: Oxford UP, 1986. Print.

Neff, Joyce Magnotto. "Grounded Theory: A Critical Research Methodology." *Under Construction: Working at the Intersections of Composition Theory, Research, and Practice.* Eds. Christine Farris and Chris M. Anson. Logan, UT: Utah State University Press. 124-133. Print.

Nietzsche, Friedrich Wilhelm. *Thus Spake Zarathustra: A Book for All and None*. Trans. Alexander Tille. New York and London: Macmillan, 1896. Print.

Oaks, David. "Let's stop using the term 'Mental Illness.'" *MindFreedom International*. 28 Aug 2012. Web. 2 Feb 2014.

Omizo, Ryan M. "Vulnerable Video: A New Vernacular." *Enculturation* 8 (2010): n. pag. Web. 15 Aug 2013.

"On mental disability." *Disability Studies in the Humanities Listserv*. 9 Feb. 2011. Web. 11 Feb 2011.

Perelman, Chaim and Lucie Olbrechts-Tyteca. *The New Rhetoric: A Treatise on Argumentation*. Notre Dame: University of Notre Dame Press, 1991. Print.

Plank, Kathryn M., and Stephanie V. Rohdieck. "The Value of Diversity." *National Education Association* 24.6 (June 2007): 5-8. Print.

Plato. “Gorgias.” *The Rhetorical Tradition*. 2nd ed. Eds. Patricia Bizzell and Bruce Herzberg. Boston: Bedford/St. Martin’s, 2001. 87-137. Print.

Plato. “Phaedrus.” *The Rhetorical Tradition*. 2nd ed. Eds. Patricia Bizzell and Bruce Herzberg. Boston: Bedford/St. Martin’s, 2001. 137-168. Print.

Prendergast, Catherine. “On the Rhetorics of Mental Disability.” *Towards a Rhetoric of Everyday Life*. Ed. Martin Nystrand and John Duffy. Madison: University of Wisconsin Press, 2003. 189-206. Print.

---. “The Unexceptional Schizophrenic: A Post-postmodern Introduction.” *The Disability Studies Reader*. 3rd ed. Ed. Lennard J. Davis. New York and London: Routledge, 2010. 288-297. Print.

Price, Margaret. *Mad at School: Rhetorics of Mental Disability and Academic Life*. Ann Arbor: University of Michigan Press, 2010. Print.

Pryal, Katie Rose Guest. “The Creativity Mystique and the Rhetoric of Mood Disorders.” *Disability Studies Quarterly* 31.3 (2011): n. pag. Web. 1 Jan 2012.

---. “Reframing Sanity: Scapegoating the Mentally Ill in the Case of Jared Loughner.” *RE/FRAMING IDENTIFICATIONS.* Ed. Michelle Ballif. Long Grove, IL: Waveland P, 2013. 159-168. Print.

Quintilian. *Institutes of Oratory: Or, Education of an Orator*. *The Rhetorical Tradition*. 2nd ed. Eds. Patricia Bizzell and Bruce Herzberg. Boston: Bedford/St. Martin’s, 2001. 359-428. Print.

Ratcliffe, Krista. “In Search of the Unstated: The Enthymeme and/of Whiteness.” *JAC*. 27.1/2 (2007): 275-290. Web. 2 Jan 2014.

---. *Rhetorical Listening: Identification, Gender, Whiteness*. Carbondale: Southern

Illinois UP, 2005. Print.

Rattray, Nicholas A., Sarah Raskin, and Jacklynn Cimino. "Participatory Research on Universal Design and Accessible Space at the University of Arizona." *Disability Studies Quarterly*. 28.4 (Fall 2008): n.pag. Web. 1 Dec 2013.

Reynolds, J. Fred. "The Rhetoric of Mental Healthcare." *Rhetoric of Healthcare: Essays Toward a New Disciplinary Inquiry*. Eds. Barbara Heifferon and Stuart C. Brown. New York: Hampton Press. 2008. 149-158. Print.

---, David C. Mairs, and Pamela C. Fischer. *Writing and Reading Mental Health Records: Issues and Analysis in Professional Writing and Science Rhetoric.* 2nd ed. Mahwah, NJ: Lawrence Erlbaum Associates, 1995. Print.

Rheingold, Howard. *The Virtual Community: Homesteading on the Electronic Frontier.* Boston: First MIT Press, 2000. Print.

Ritchie, Joy and Kate Ronald, eds. *Available Means: An Anthology of Women's Rhetoric(s)*. Pittsburgh: University of Pittsburgh, 2001. Print.

Sauer, Beverly. *The Rhetoric of Risk: Technical Documentation in Hazardous Environments*. Mahwah: Erlbaum, 2003. Print.

Selfe, Cynthia L., and Gail E. Hawisher. *Literate Lives in the Information Age: Narratives of Literacy from the United States.* Mahwah, NJ: Lawrence Erlbaum, 2004. Print.

---, and Richard J. Selfe Jr. "The Politics of the Interface: Power and Its Exercise in Electronic Contact Zones." *College Composition and Communication*. 45.5 (Dec, 1994): 480-504. Web. 12 Dec 2010.

Serra, Ilaria. "Outsider Rhetoric in Italian American Immigrant Autobiographies."

Agency in the Margins: Stories of Outsider Rhetoric. Ed. Anne Meade Stockdell Geisler. Madison, NJ: Fairleigh Dickinson, 2010. 143-164. Print.

Shakespeare, Tom. "The Social Model of Disability." *Disability Studies Reader*. 2nd ed. Ed. Lennard J. Davis. New York: Routledge, 2006. 197-204. Print.

"Share of Freshman Reporting Disabilities or Medical Conditions, Over All and at HBCUs, 2012." *The Chronicle of Higher Education.* 59.46 (2013): n.pag. Web. 23 Aug 2013.

Siebers, Tobin. *Disability Theory*. Ann Arbor: University of Michigan Press, 2008. Print.

Sinclair, Jim. "Don't Mourn for Us." *Autism Network International.* Web. 19 Apr 2014.

Sontag, Susan. *Illness as Metaphor*. New York: Farrar, Straus, and Giroux. 1978. Print.

Sternglass, Marilyn S. *Time To Know Them: A Longitudinal Study of Writing and Learning at the College Level*. New York: Routledge, 1997. Print.

Stockdell-Giesler, Anne Meade, ed. *Agency in the Margins: Stories of Outsider Rhetoric.* Madison, NJ: Fairleigh Dickinson, 2010. Print.

Stuckey, Zosha. "'What Has Become of Jimmy Thornton?': The Rhetoric(s) of Letter Writing at The New York State Asylum for Idiots, 1855-1866" *Disability Studies Quarterly* 31.3 (2011): n. pag. Web. 1 Jan 2012.

Sullivan, Patricia A. "Ethnography and the Problem of the 'Other.'" *Ethics and Representation in Qualitative Studies of Literacy*. Eds. Peter Mortensen and Gesa E. Kirsch. Urbana, IL: NCTE, 1996. 100-114. Print.

Theall, Michael. "Student Ratings: Myths vs. Research Evidence." *Focus on Faculty Newsletter* 10.3 (2002): 2. Web. 1 Oct 2013.

Truth, Sojourner. "Ain't I a Woman?" *Modern History Sourcebook.* Fordham University. Web. 19 Apr 2014.

United Nations. *Convention on the Rights of Persons with Disabilities*. 30 Mar 2007. *United Nations Enable.* Web. 2 Feb 2014.

"Universal Design History." The Center for Universal Design at North Carolina State. n.d. Web. 15 July 2013.

Vandenberg, Peter, Sue Hum, and Jennifer Clary-Lemon, eds. *Relations, Locations, Positions: Composition Theory for Writing Teachers.* Urbana, IL: Urbana Free Library, 2006. Print.

Warner, Michael. *Publics and Counterpublics*. Cambridge: Zone Books, 2002. Print.

Warnick, Barbara. *Rhetoric Online*: *Persuasion and Politics on the World Wide Web.* New York: Peter Lang, *2007. Print.*

Weiser, M. Elizabeth. *Burke, War, Words: Rhetoricizing Dramatism*. Columbia, SC: U of South Carolina P, 2008. Print.

Weisser, Christian R. *Moving Beyond Academic Discourse: Composition Studies and the Public Sphere.* Carbondale, IL: Southern Illinois University Press, 2002. Print.

Wells, Susan. *Our Bodies, Ourselves and the Work of Writing*. Stanford: Stanford University Press, 2010. Print.

Wilson, James C. and Cynthia Lewiecki-Wilson. "Disability, Rhetoric, and the Body." *Embodied Rhetorics: Disability in Language and Culture*. Eds. James C. Wilson and Cynthia Lewiecki-Wilson. Carbondale: Southern Illinois University Press, 2001. 1-26. Print.

World Health Organization. "Disabilities." *World Health Organization*. n.d. Web. 2 Feb

2014.

Yergeau, Melanie. “Aut(hored)ism.” *Computers and Composition Online*. (Spring 2009): n. pag. Web. 1 Jan 2012.

---. “Clinically Significant Disturbance: On Theorists Who Theorize Theory of Mind.” *Disability Studies Quarterly* 33.4: (2013). Web.

---, et al. “Multimodality in Motion: Disability & Kairotic Spaces.” *Kairos* 18.1: (2013). Web. 12 Nov 2013.

---“Society for Disability Studies Conference Presentation.” Marriott Denver Tech Center. Denver, CO. June 20-23, 2012.

Zdenek, Sean. "Which Sounds Are Significant? Towards a Rhetoric of Closed Captioning." *Disability Studies Quarterly* 31.3 (2011). Web. 2 Jan 2012.

Zerbe, Michael J. *Composition and the Rhetoric of Science: Engaging the Dominant Discourse.* Carbondale: Southern Illinois UP, 2007. Print.

Appendix A: Interview Questions

Online Communities for People with Psychiatric Difference and Distress Study

1. How would you describe your participation in [FILL IN NAME OF ONLINE COMMUNITY]?
2. Why did you first get involved in [FILL IN NAME OF ONLINE COMMUNITY]?
3. Can you describe a specific incident that prompted you to first get involved in [FILL IN NAME OF ONLINE COMMUNITY]?
4. Why is your participation in [FILL IN NAME OF ONLINE COMMUNITY] important to you?
5. Can you tell a story about a time that participation in [FILL IN NAME OF ONLINE COMMUNITY] has provided you with some benefit?
6. How do you think about your identity? Is your identity shaped by a diagnosis or by an understanding of yourself as having a psychiatric difference?
7. Do you think your identity as a person with a psychiatric difference affects how people you encounter outside of [FILL IN NAME OF ONLINE COMMUNITY] respond to you? Does your identity affect how credible you feel you can be seen as, or how much others will listen to you?
8. Can you tell a story about a time that you felt someone saw you as less credible because they perceived you as a person with a psychiatric difference?
9. Do you think your identity as a person with a psychiatric difference affects how people you encounter inside of [FILL IN NAME OF ONLINE COMMUNITY] respond to you? Does your identity affect how credible you feel you can be seen as, or how much others will listen to you?
10. Can you tell a story about a time that you felt that someone inside [FILL IN NAME OF ONLINE COMMUNITY] saw you as either more or less credible because they perceived you as a person with a psychiatric difference?
11. Do you have feelings and/or opinions on the term “mental illness”?
12. Can you describe how “mental illness” does or does not describe how you understand your own identity and/or experiences?
13. Do you have ideas about treatments or coping strategies for living with psychiatric difference? Can you describe them?
14. Can you describe a time in which you thought psychiatric difference could have been responded to/treated more effectively or humanely?