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An Interview with Dr. J. Fred Reynolds—Preview to his Essay “A Short History of Mental Health Rhetoric Research (MHRR)”

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An Interview with Dr. J. Fred Reynolds—Preview to his Essay “A Short History of Mental Health Rhetoric Research (MHRR)”

Cathryn: Can you talk a bit about how you became interested in the rhetoric of mental health?

Fred: I have never been shy about acknowledging the fact that I got into this completely by accident. I don't come from a psych background or anything like that. My colleague David Mair and I were having a Sunday brunch with my father-in-law at our home in Oklahoma City, and he popped off—you know, being kind of snarky—that if David and I ever wanted to do something useful with ourselves, maybe we, as communications and writing specialists, could figure out and then explain to him and his colleagues why, as he put it, “So many people in the head-shrinking business had so damn much trouble communicating with each other.”

My father-in-law was a clinical psychologist who, at that time, was the director of Presbyterian Hospital's outpatient mental health clinic in Oklahoma City and had all sorts of colleagues: psychiatrists, social workers, other psychologists, psychiatric nurses, friends who were working in prisons and schools, and he was referring to a larger communication problem that we thought, “Well, we'll get into it and see if we can come up with anything.”

He put us in touch with this network of his friends, and we began to get ideas and feedback through interviewing. They began to supply to us redacted documents; we spent time analyzing these documents and doing library research and so forth, which culminated in our article in the *Journal of Technical Writing and Communication* about patients' records issues in the mental health disciplines. We concluded that problems are caused by the fact that you have so many kinds of caregivers from so many kinds of educational backgrounds. I mean, everything from MD educated psychiatrists to pastoral counselors who are essentially preachers, you know, who had been through some sort of training, practicing in all sorts of varied settings, and that they kept different documents in all those settings, called different names.

We figured out it was a much bigger set of issues than we had originally even thought and that we might be able to do even more stuff. And we brought in one of those colleagues of my father-in-law's who connected us more with the school counselor population and the prison counselor population, and we expanded it, and by that point figured out that the DSM, you know, was a sinkhole unto itself, and began to do a whole lot more research that led to a book-length project on the subject.

But, really, it was quite by accident; we brought the tools and terms of rhetoric and composition to bear not knowing at the time that there were some other people in the country who were beginning to get into this set of issues, too. We didn't know of them, and they didn't know of us, and we all started discovering each other at conferences and by reading each other's work, usually knowing of each other without knowing each other, and all of us kind of getting the reaction from our colleagues and supervisors of, “Well, this is a really weird thing for an English professor to be writing and talking about.”

In doing the piece for the launch of RHM, I learned that most writers got into this topic by their own accidents.

Lucille McCarthy told me it all was because she came from a family that had some medical people in it and some pathology people in it, and her school-aged daughter's best friend's mother was a psychiatrist that she became friends with who happened to be, at the time, in one of the revision working groups from DSM 3 to 4. They began to chat as mothers with children.

Everyone seems to have gotten into it by a different kind of accident. For more recent writers on this topic, it's biographical as well, but it's more about patients and families of patients, as opposed to about care providers.

Cathryn: Yeah, that's interesting. I think, from having read your piece that'll be in the inaugural issue, that you make that case well—that there's been this shift. And it certainly is an interesting one, because it would seem like, in terms of technical communication, people would still be very interested in the physician's side of things and the attendant technical documents. So, I wonder if some of that will come back into the fray after people start to be exposed to the review of the literature that you're providing there.

Fred: Well we certainly—early on—talked ourselves into believing that there was a real opportunity for people from our side of the table in rhetoric and writing to be helpful to practitioners in the mental health professions—to really get into the middle of being part of their training and retraining, and consciousness-raising so that they could come to understand how, when they come to a reductive conclusion about what someone has or what someone is, and they put that in print, that has implications whether they're right or wrong. You know, these documents can be held up in an inheritance proceeding, in a child custody proceeding, in a divorce proceeding, in a job proceeding. It's more than insurance billing.

Cathryn: I was so grateful that you were willing to share your essay for the RHM launch with me ahead of its publication. I really got this “come and join us” vibe, like it's almost a call for other rhetoric of health and medicine scholars to explore issues to do with mental health and rhetoric. Was that intentional? You present this sort of review of the literature kind of thing, and one of the things that you note is that some of the pieces—even though it's a very small research area—some of the pieces don't cite the scholarship that would seem to carve out space for them.

Fred: Right.

Cathryn: And so, I wondered if the “come and join us” vibe is an effort to impose some order on the chaos and to make people feel invited into the conversation, but also an effort to offer an anchoring text to say, “Oh, good, here's how I can sort of explain the existing literature.”

Fred: It was deliberate, and I was not afraid to do it because I'm, you know, in the latter stages of my career. If I was trying to write a piece that was for young, lots-of-career-still-ahead scholars who are interested in this topic, I wanted to say "Look, I think I'm in the position to do a trace for you here. I know a lot of these people, and it's clear from just looking at their works cited pages that they don't all know of each other."

Maybe what I can do is I can lay it all out there in a straightforward way and say, "This is everything that I've been able to find since we got into it, and there are these kinds of generalizations that you can make about 'this period' versus 'this period' versus 'this period.'"

And that generalization that I ran by you early on, you know, it seems it comes in spurts rather than in streams, it's like there's this, and then there's this, and then there's this. These venue variations on where the work has appeared up until the launch of this journal—the work has been in so many different places over 30-some-odd years—Rhetoric Society Quarterly, Technical Communication Quarterly, Journal of Technical Writing and Communication, Rhetoric Review—just to name a few.

And it's been under different rubrics: mental health rhetoric research, neuroscience, atypicality research, disability studies. So, that was another reason I wanted to do it. I really wanted to, kind of, through the trace, at least have a chance of connecting people with each other and with each other's work. So, that if people wanted to go and do more work, they can go do it.

Cathryn: Yeah, I love the piece, and I think as one of your intended readers, that it has this "come join us" kind of a vibe, and it seems like it could be incredibly helpful—especially for a graduate student who wants to write in this area. You're right; there hasn't really been a piece that traces all of this out in a systematic, intelligible way so that people can hook in.

Fred: Well, my great hope is that in the journal and some of the club and the clubhouse that it provides, people will discover that they're not on an island doing something weird that they'll never do anything in again, because those of us who were early—Lucille, me, to some extent Carol Berkenkotter, we worked up to our book-length thing, we did it, and then we really didn't think about it, you know, for another 40 years until we discovered, "Well a new spurt of people is now looking at this, too." You just look at the places that the different pieces have been published and you see that there's no obvious home.

I wanted the thing to be useful, and it touches me and makes me happy to think that you would say that you can imagine that a graduate student in the future could say, "I would really like to do some work on the rhetorical implications of chronic illness of some kind." Like, you know, "I'm a student, or I'm a person who personally has, or a member of my family has 'x,' or has been said to have 'x,' and I see the opportunity to use the tools and terms of rhetoric to analyze this and talk about it." And that person who is the advisor might be able to say, "Well, you know, you need to go look at that first issue of Rhetoric of Health and Medicine, because there's an interesting piece in it where somebody kind of pulled together a lot of the hidden

jewels that would be pertinent to what it is that you want to do.” And that, to me, is the most helpful thing, you know, that one could do with this kind of stuff.

Cathryn: Absolutely. I think that if I were starting a dissertation project with that kind of thing in hand, it would have been so immensely useful. But even as a junior faculty member, if, as you say, lots of people just stumble upon research areas—just having that legwork done already is amazing, so I do think it’s going to be an important piece that you’ve written here. And I think that it does manage also, to sound really smart and interesting without being overstuffed or esoteric.

Fred: Thank you. It was intentional. I’m relieved, but I’m glad. You know, a lot of the stuff—particularly since high theory took over literature and then it took over rhetoric—a lot—a lot of the stuff can be almost impenetrable.

Cathryn: Yes, yes—or just it takes forever to read it. Like, it’s wonderful scholarship, but it takes so much effort just to wrap your head around the language.

Fred: Right. Often, it’s more stimulating than it is useful. You know, it really stimulates your thinking, but then you have to figure out how to process it. This thing that I have done doesn’t require much processing. You know, you just have to read it, if you think about it, because it’s really kind of straightforward—or at least I hope so. But I appreciate your asking me that, because I do think it’s a question someone may ask when it comes out in print—“Gosh, do you think that he did this deliberately?” And, you know, “Why did they let him?” Or, you know, something like that.

Cathryn: Right. Another question I have is, your explanation of these texts and their contributions are much more sophisticated than a basic review of the literature, and you manage to maintain this conversational, welcoming tone. What was your approach to examining these works and crafting these critical summaries?

Fred: Like most things that we write, writing is construction and discovery. You know, you build a lot of it and you kind of stumble your way into lots of it. And in this case, I sat down to do something and I sort of came to the conclusion in the process of doing it that I wanted it to have two parts. I wanted it to have a chronological narrative. To the best of my knowledge, this is a short, fun little history of mental health rhetoric research for the last 35 years. You know, “This happened, and then this happened, and then this happened, and then this happened.”

But rather than just for the second half, rather than just list all the people that I ended up citing or referring to, I wanted to annotate all of those listings. And I figured out early on that it was an important part of the history and the puzzle to note which writers picked up the strands of work that had been done by previous writers. And, you know, I hope that doesn’t come off as an “I’m okay, you’re okay.”

Cathryn: No, no... I don’t think it does.

Fred: You know, “You quote this person, and you don’t quote this person—bad, bad, bad, bad.” Because that’s not the way I mean for it to be. I mean, you can see that “this strand” went “this way” rather than “this way,” because that was the material that that writer had access to at the time.

Cathryn: Exactly.

Fred: And I thought that that would be a really useful thing to do—would be to talk—not only to give the source that I had made part of the narrative, but also to talk about how it, separate from the narrative, connected to other strands of work within the body of work.

That was the point about the spurts, rather than the streams. You know, “This spurt will pick up on that spurt, and then move on.” Well, some things could have happened in the middle that they didn’t incorporate into the thing.

Cathryn: I think it’s a very effective approach for sure, and, as you say, it doesn’t come across in the writing at all that it’s an indictment against people who missed citations. It’s more demonstrating the value of a journal like RHM.

Fred: Correct. In the past, there was no obvious place for it. There were multiple places that might have taken it, but there wasn’t an obvious place for it. And now there will be.

Cathryn: Exactly, it's very exciting. What do you predict will be next for this area of scholarship? Do you think emerging and future scholars will come to this area from the personal exigencies in the same way that previous ones have?

Fred: Well, I think that if you look at the past, you would have to infer that people will be more highly motivated to write about something that they are personally connected to in some way than just they’re intellectually interested in it. You know, I think that that will always be there. I think that where the future goes with the research is going to be driven largely, and maybe very differently, by what parts of the set of issues people are interested in.

Are they interested in the documentation issues—that is the tech writing and communication people. Are they interested in the rhetorical definition and rhetorical challenges issues? I mean, I think some of these pieces of the young people’s, including yours, about ethos as a rhetorical concept, and recuperative-ethos and kakoethos, and you know, all the different ways that mental health stigma impacts a person’s ethos as a speaker, and as a writer, and as a teacher, and as a whatever else, I think there will be that wing. I think there’s a lot more mapping to do. I think we’re not—we still haven’t come up with the universe of what mental health, or atypicality, or neuroretoric research is.

There might be half a dozen people ten years from now who will want to write solely on the issues of legal complications and issues associated with mental health diagnosis.

Cathryn: I think that's a really good prediction.

Fred: Correct. And I think that there are market forces—even in academia—that can affect this. I think that there's a real potential if we come to be thought of as expert witnesses on this subject—that there's an enormous pile of grant support that's available out there through National Institute of Mental Health, through the National Science Foundation, to be working in collaborative teams with people from other fields to explore these issues because they matter, and particularly as the numbers keep going up of people who keep entering the mental health care delivery system, such as it is.

And there are issues of, you know, of college students, and study abroad and FERPA. I think that there are research possibilities and there are teaching possibilities. There could be a whole course that's taught in a law school of some size that's on, you know, liability and exposure issues in mental health documentation in child custody, in inheritance, in civil commitment proceedings. And because I think a lot of folks—unless they experience it in legal work, don't know that there are some real questions there.

I thought, for example, that Margaret Price's book was just fantastic: *Mad at School*. Because it's all about school—whether it's faculty or students—and all the mental health issues that affect the world of schools. You know, she just sort of laid out what all the challenges are, and at the end said, "Here are some things that we should do and could do to help with this and make it better."

And that's just one of the areas. You know, there's the legal implication, there's the insurance implication, so, I can't predict where this could or should go because I think people will go wherever their interests are and where there's support for it—both financial and institutional, and where there's cooperation and interest in it. We don't want to be in the position of writing what is viewed as a critique of somebody else's professional activity, and then they're resistant to it. That doesn't do us any good.

Cathryn: No, it certainly doesn't. No, that's a really important point.

Fred: So, I don't know where it will go, but I think the step that we're in now is that enough people need to realize that this is a fertile area for a lot of different strands of future work—teaching and research. And that there are anchors that can be called upon that are still alive, you know, to help people direct that research, and find that research, and that teaching, and go with it.

As I said in the piece, one of the of the generalizations I can make confidently is all roads have led to the DSM. Everyone in rhetoric who's written about this has at some point discovered that's where the rubber hits the road. So, it is the dictionary, it is the linguistic bible, it is the world of possibilities of what you can write about people or write down about people—how you define people. And our world sees it as a rhetorical instrument that ultimately has lots of

validity and reliability issues. And in some of the practitioner worlds, particularly the medical part of the practitioner worlds, they see it as verified scientific fact. And when you say to them, “Well, how does that work? How do you explain, then, that in DSM 2 homosexuality was considered a mental illness, and in 4, it was, of course, no longer a mental illness. I mean, tell me how to parse that one!

Cathryn: Totally, totally fascinating. And I imagine that they think that it’s scientific progress of some kind to make diagnosis more efficient, but it’s interesting, too, because when you do come across pieces by psychiatrists that are critical of the DSM, their very much in this rogue spirit.

You can tell it’s not the norm. Okay, another question for you: You discuss the promises of the new journal in your piece. Can you talk a bit more about how the journal could lead to other types of field development and/or other scholarly resources needed to continue to develop the field of the rhetoric of health and medicine?

Fred: Well, I’m a big cheerleader for it. When Blake and Lisa told me that they were thinking of doing this, I said, and still believe, that it’s something that really needs to be done. There has been no obvious place for all these different strands of health and medicine—not just mental health—to go as their first choice, or at least to be a place where other people’s work will refer to all sorts of other people’s work and you can follow the footnote trail, you know, to other sources.

Everything doesn’t have to be published in it, but a lot of what is published in it will lead to publications in other places. I also have enormous personal confidence in the two of them because I know both well. I know both of these people, and I know that they are solid, and organized, and efficient, and careful, and serious. And then when they told me that they were going to be publishing it through the University Florida Press with its relatively new senior editor, Linda Bathgate, well, that was just fantastic for me—you know, looking for lots of hope in the world—because Linda Bathgate had been my editor at Erlbaum when it made the transition from being Erlbaum, to being Routledge, to being Taylor and Francis.

So, for me it’s more than just that the journal is a good idea, and it is a good idea, and it’s a great place, and for me it could easily become the primary clearing house where people send their stuff as the first choice for publication. But it’s also because the people who are involved in it editorially, and the people who are involved in the publication of it are also really, really great people that I have personal experience with.

And to nod to one of my dear, departed friends, you know, this lesson is something that people of my generation learned with things like what Theresa Enos did with *Rhetoric Review*. You know, she read every single submission, she decided who would referee every single submission because she knew so many people, and knew what their interest areas were, what their specialties and competencies were. She was really targeted about it and knew what she was doing.

For all the different things that I have experienced as being real determiners of whether or not something is successful—RHM has all of the elements in place. There's a need for it; it's a niche market, but it's a big niche market. The editorial people that are involved are all great people, uhm, who know what they're talking about.

Cathryn: That's a wonderful answer. It has been such a pleasure to talk with you. We thank you for your time.

Dr. J Fred Reynolds is Professor of English at CCNY where he has taught a wide range of undergraduate and graduate courses and has served as director of composition, director of the MA in Language and Literacy, director of the Writing Center, director of the Rifkind Center, chair, deputy dean, and dean. A pioneer in mental health rhetoric research (MHRR), he is the author of several ground-breaking texts, including *Writing and Reading Mental Health Records: Issues and Analysis in Professional Writing and Scientific Rhetoric*. (Erlbaum/Routledge, 1997). His piece, titled "A Short History of Mental Health Rhetoric Research (MHRR)," will appear in the inaugural issue of the *Rhetoric of Health and Medicine* journal. Dr. Reynolds will discuss more of his own contributions to mental health rhetoric research at the 2018 Rhetoric Society of America Conference.

Note: This interview has been edited for brevity and clarity. If readers are interested in the longer conversation, please email molloycs@jmu.edu.