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Critical cultural disability studies and mental health: a rhetorical perspective

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ABSTRACT

This paper examines how an intersection of critical cultural disability studies and rhetorical studies can inform a critical education on 'mental health (problems)' for psychology students. Building on cultural theories of disability/impairment, a conception of 'mental health (problems)' as culturally constituted is introduced. We propose the rhetorical perspective as a particularly relevant analytical and pedagogical approach to enable students to critically reflect on the cultural assumptions underpinning various (professional) understandings of 'mental health (problems)'. Our contribution is based on a research project in which clinical psychology students rhetorically analysed cultural constructions of 'mental health (problems)' in a graphic novel on 'bipolar disorder'. Based on a qualitative analysis of students' reflective reports, we argue that rhetorical perspectives enable students to develop reflexive stances towards the different cultural logics, and the ethical and political ramifications of these logics, in which psychological practice and knowledge on 'mental health (problems)' are inevitably embedded.

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Critical cultural disability studies; rhetorical studies; psychology; mental health; education

Points of interest

- This article argues that clinical psychology students need to think critically about the language they use to think and talk about mental health problems because this language has an impact on their beliefs, attitudes and actions towards people experiencing mental health problems.
- Educators can support students in this endeavour by introducing them to stories that challenge some of the dominant ways society thinks

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and talks about mental health problems, for example by working with stories or art work of survivors.
- In this study, clinical psychology students read an autobiographical graphic novel on 'bipolar disorder'.
- The graphic novel made students reflect on how the main character in the novel experiences mental health problems, on their personal and professional assumptions about mental health problems, and on dominant societal assumptions about mental health problems and their impact.

Introduction

Scholars and advocates from various (cross-)disciplinary fields have pointed to the epistemologically and ontologically ambiguous nature of notions such as 'mental health (problems)', 'mental illness', and 'madness' (see, e.g. Bracken and Thomas 2005; Chesler 2005; Pickersgill 2012; Rose 1996). Critical disability theory and the more specific fields of survivor research and Mad Studies have been especially influential in disclosing 'mental health (problems)' as a value-laden notion that is grounded in specific social and cultural constructions of the relationship between mind, body, and society and of what constitutes legitimate knowledge about this relationship (see, e.g. Beresford 2000; Church 1997; Goodley and Lawthom 2006; Russo 2012).

For example, as an interdisciplinary field, critical disability studies aims to challenge essentialist and reductionist understandings of impairment and disability and to 'dislodge disability from its medicalised and moral origins' (Herndon 2002, 122). While the British tradition of disability studies has for a long time mainly focused on social interpretations of disability, which examine the oppressive and exclusionary effects of a 'disabling society' (Oliver 1990, 1996), only recently the tricky issue of 'impairment' and 'impairment effects' has been further theorized (Goodley and Roets 2008; Thomas 2007). Critical disability theorists 'address the corporeality of disability in order to (re)frame the impaired body as embodied, embedded and inherently social, political and in-process rather than natural, objective, purely biological and deterministic' (Vandekinderen and Roets 2016, 34; see also Price and Shildrick 1998).

In theorizing the difference of impairment in the lives of people with 'mental health problems' particularly, critical disability theorists have recaptured the realities of impaired minds as being 'grounded in a non-dualistic understanding of nature-culture interaction' (Vandekinderen and Roets 2016, 43). In that sense, the difference of 'mental health problems' can be addressed so that nature (impairment/mental health problems) and culture (disability/the historical, social, cultural and political responses to mental health problems) are impinging upon one another (Roets and Braidotti 2012).

In this contribution, we accordingly engage in an intersection of ideas in critical disability studies with perspectives from the humanities, giving an impetus to the development of 'cultural theories of disability' (Goodley 2017). From this perspective, disability is considered as constantly (re)produced in and through culture. Rosemarie Garland-Thomson (2002, 2) characterized disability as a 'cultural trope' asserting that 'the time was ripe to introduce disability into the academy's interrogation of the politics of representation' (Garland-Thomson 1997, ix). Moving from the aesthetic to the political when analysing literary and cultural representations of disability, we engage in what we call a *critical cultural disability studies* that allows us to denaturalize the cultural encoding of impaired bodies and minds as fundamentally Other (see also Davis 2006; Snyder and Mitchell 2006).

Approaching 'mental health problems' from a critical cultural disability perspective has implications for how we develop critical *educational* and *pedagogical* perspectives on the issue, in other words, critical perspectives on how 'mental health knowledge' is produced, circulated and validated (Baglieri et al. 2011; Gabel 2005; Gallagher 2004). According to Gallagher (2004), we specifically require a conceptual rethinking of knowledge and education as embedded in processes of meaning-making and interpretation, since there is no such thing as value-free or foundational knowledge on which to base claims of truth around impairment and disability. This position has been comprehensively developed in survivor research and the emerging field of Mad Studies as well. As stated by Faulkner (2017, 4), the dominance of biomedical approaches to 'mental health problems', as well as its interrelatedness with positivist methods, has had 'limiting effects on the nature of the knowledge and evidence produced' (see also Beresford 2010; Russo 2012). Survivor research and Mad Studies challenge this power/knowledge system by disclosing notions such as 'science', 'evidence', 'knowledge', and 'objectivity' as normative and political, and by advocating experiential knowledge, gained from direct personal experience of 'madness' and 'distress', as alternative and critical sources of knowledge (Beresford 2010; Rose 2017; Sweeney 2013). As Faulkner (2017, 15) notes, this implies that 'people trained to work in mental health should be equally trained in the knowledge held within the personal narratives of people with lived experience'. Additionally, it has been argued that the critical potential of experiential knowledge lies in bringing a *political* dimension to it by way of collectivizing individual experiences (Rose 2017) and by continuously situating alternative ways of knowing in relation to politically dominant (e.g. biomedical, professional, consumerist…) approaches to knowledge (Sweeney 2016).

In line with the above perspectives, our contribution is based on a current research project in which psychology students in higher education are invited to reflect on cultural constructions of 'mental health problems'. Our specific

aim is for students to become critically aware of the different cultural assumptions in which patients' and psychologists' narratives and interactions in relation to 'mental health' are grounded (Bracken and Thomas 2005) and to reflexively account for the power imbalances, politics, and ethics that underlie psychological knowledge and practice (Bolam and Chamberlain 2003).

In the following sections, we propose the field of rhetorical studies as a particularly relevant analytical and pedagogical approach to enable critical reflection on the cultural logics at play in various constructions of impairment and disability and, more specifically, 'mental health problems'. Next, we explain how we set up a study with psychology students in which we used an autobiographical graphic novel on 'bipolar disorder' as a research site to rhetorically investigate different cultural constructions of 'mental health problems' and 'mental health knowledge'. Based on a qualitative analysis of students' reflective reports, we argue that a rhetorical perspective enables students to develop a critically reflexive stance towards 'mental health problems' and to become aware of the different cultural logics, as well as the ethical and political ramifications of these logics, in which psychological practice and knowledge on 'mental health problems' are inevitably embedded.

Impairment, disability, and rhetoric

During the past two decades, scholars in both disability and rhetorical studies have increasingly theorized possible connections between their fields of study and applied a variety of rhetorical theories and methods to examine the linguistic and rhetorical processes that govern sense making around impairment and disability (Cherney 2011; Dolmage 2014; Dolmage and Lewiecki-Wilson 2010; Johnson 2010; Lewiecki-Wilson 2003; Price 2011; Wilson and Lewiecki-Wilson 2001). The growing exchanges between disability and rhetorical studies have deepened our understanding of both 'disability' and 'rhetoric'. For example, Prendergast (2001) and Johnson (2010) claim that being disabled also means being rhetorically disabled. Especially in the case of people experiencing 'mental distress', they argue, people are denied their rhetorical potential to signify and remake the world. Lewiecki-Wilson (2003, 156), on her account, has argued we might 'rethink rhetoric through mental disabilities' because it forces us to engage with the exclusionary effects of traditional notions of rhetorical agency favouring autonomous rhetorical subjects who engage in 'rational' civic debate. Lewiecki-Wilson's critique echoes in the work of Rose and Kalathil (2019) who point to the exclusionary effects of conceptions of co-production in mental health/survivor research that heavily rely on reason and cognition (as well as their intersection with other assumed to be universal categories such as whiteness).

In their introduction to the Special Issue of Disability Studies Quarterly on *Disability & Rhetoric*, Duffy and Yergeau (2011) note that rhetoric exerts

a strong identity-shaping power when it comes to disability. This corresponds with the theories of rhetorician Kenneth Burke (1969), who argued that rhetoric and identity are inseparable subjects as it is through the symbols we use that we come to understand ourselves as part of larger social and cultural communities. The task of a rhetorical approach to impairment and disability then, Duffy and Yergeau (2011) state, is to analyse the rhetorical processes that create certain cultural understandings of our relationship to our bodies and minds as well as their powerful effects upon the social and economic conditions of what is constructed as 'the disabled life'.

According to Cherney (2011), rhetorical studies of disability should not confine themselves to the study of representational practices of disability as such. She illustrates that rhetoric proves valuable in studying rhetorical constructions of normalcy and ableist culture as well, and refers to this as cases of 'studying from within a rhetoric that denies its own rhetoricity' (para. 6). Cherney (2011) asserts these studies hold a critical potential, since they expect from *everyone* a critical questioning of their orientations towards what constitutes a 'normal' or 'human' life and of the potentially discriminatory effects of these orientations. Furthermore, bringing conceptions of normalcy back into the 'sticky political world of rhetoric' (para. 9) opens up possibilities for transformation. This aligns with what Duffy and Yergeau (2011) identified as the second task of a rhetorical approach to disability, namely to recognize and analyse people's individual and collective efforts to talk back to culturally dominant rhetorics and to re-shape discriminatory public understandings of disability and 'mental health (problems)'.

In the educational domain as well, there is a growing body of scholarship that points to the possible cross-connections between the disability and the rhetorical classroom, especially since both fields try to translate post-foundational perspectives on knowledge into pedagogies that enable students to critically analyse discursive and representational processes and how they interfere with the lives of people with disabilities (Lewiecki-Wilson, Brueggemann, and Jonhson 2008; Rutten et al. 2012; Selznick 2015; Wilson and Lewiecki-Wilson 2001). According to Wilson and Lewiecki-Wilson (2001), for example, a rhetorical approach to impairment and disability stimulates in students critically reflexive attitudes towards the construction of (academic and public) knowledge about disability, because it centres questions such as: 'who is speaking, to what audience, in what context and for what purposes?' (7). In addition, Rutten et al. (2012) have studied the value of the rhetorical perspective in teaching social work students to deal with the complexity of 'mental health problems' by recognizing the myriad ways in which the relation between impairment, disability and society can be constructed and acted upon in their future practice. The aim of our study is to contribute to this specific strand of research.

In the next section, we explain how, in our study, the work of rhetorical theorists Kenneth Burke and Krista Ratcliffe serves as a framework to inform a critical mental health education that, in line with a critical cultural disability studies perspective, promotes an awareness of the cultural construction of 'mental health problems'.

Burke's Symbol-Wisdom & ratcliffe's rhetorical listening as a pedagogy of critical reflection

Burke (1966, 16) defined human beings as 'symbol-using animals' and argued that the symbols we use to make sense of complex issues operate as *terministic screens*, since our language (or terminology) directs our attention to certain aspects of it while leaving others out. In this sense, our terminology always constitutes a selection and to this extent also a deflection of reality. From a Burkean perspective, educational practices can be considered as creating specific terministic screens on 'mental health problems' as they socialize students into particular (disciplinary) ways of naming and acting upon it. For instance, rhetorical theorists have written about the 'psychiatric gaze' as a terministic screen on 'mental health problems' that is constituted by standardized terminology as used in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and that often fails to account for the complexity evident in clients' narratives (Prendergast 2001, 54). However, rhetorical theory has also taught us that practices of naming or labelling 'mental health problems' are inevitable since we cannot avoid using a specific terminology. What is important for students then, is to become critically aware of their *trained incapacities*, put differently, of how their (disciplinary) terminologies enable (or 'train') them to engage with certain aspects of 'mental health (problems)' but simultaneously leave other aspects out and prevent (or 'incapacitate') them from approaching the issue in a different way (Burke 1966, 1969). According to Enoch (2004), Burke's rhetorical theories translate to a critical pedagogy that is aimed at making students *symbol-wise*: through the methodical investigation of 'the ways language functions to constitute and reconstitute groups, to assign differences and highlight similarities, and to create divisions and build bridges', students develop an awareness of the role language and symbols play in how we understand and conduct our lives (290).

In her theory of *rhetorical listening*, Krista Ratcliffe (2005) both draws on and critically adds to the work of Burke. More specifically, she reconfigures rhetoric from a male-oriented practice of 'speaking' (i.e. persuading others of your terministic screens) to a feminist act of 'ethically responsible listening' to both the commonalities and differences in self-other relations. Such listening implies a self-conscious awareness of the 'limitations of one's own "imaginary version" of self and other' (Rayner 1993, 19) and an active

engagement with the presences, absences, and unknowns in our conceptions of, in this particular case, what it implies to experience 'mental health problems'. Ratcliffe (2005) furthermore points attention to the *cultural logics*, or the wider culturally and historically grounded symbolic systems, within which rhetorical claims about 'mental health problems' operate. For example, rhetorical claims concerning how to understand or deal with 'mental health problems' can function within a bio-neurological, a social justice, an economic, a risk reduction… logic. Ratcliffe (2005) notes that in being socialized into specific cultural logics, we come to embody and perform them in specific ways. Still, the gaps and contradictions in embodied discourses create a place of agency for people to revise or resist them, otherwise stated, to 'talk back'. Given that we can (partly) become conscious of -and thus responsible for- our words and identifications, rhetorical listening presents itself as an ethical and political practice that requires that we continuously engage with the power that comes with our rhetorical positions and discourses (Ratcliffe 2005).

In the next section, we explain how we used rhetorical concepts from Burke and Ratcliffe as teaching tools to enable psychology students to critically analyse how we culturally name and represent 'mental health (problems)'. We also explain how Burke's and Ratcliffe's rhetorical theories, in addition to perspectives from critical cultural disability theory, served as a framework to interpret and conceptualize the various (non-)critical moves the students made in their reflections on the cultural construction of 'mental health (problems)'.

Research methodology

We set up our study within a course on 'Couple and Family Therapy' for students in their first master of clinical psychology at Ghent University. The course aims for students to develop insight into the diversity of ontologies, epistemological frameworks, and methodologies in clinical psychological practice and research including their normative and ethical ramifications. Students were first introduced into various rhetorical concepts of Kenneth Burke. We focused on concepts they can use as analytical tools to track down the selections and deflections implicit in our cultural understandings of 'mental health (problems)', such as Burke's dramatistic pentad (on this, see Rountree and Rountree 2015) and the concepts of terministic screen and trained incapacity.

After this introduction, students were asked to read the graphic novel *Marbles: Mania, depression, Michelangelo and Me* (Forney 2012), in which author Ellen Forney shares her experiences being a queer artist who is diagnosed with 'bipolar disorder'. The novel illustrates Ellen's ambiguous relationship towards her label and her search for identity now that her 'own

brilliant unique personality … reflected a disorder, shared by a group of people' (Forney 2012, 19). This graphic novel is particularly useful as educational equipment because it presents a highly complex picture of what it means to live with the label of 'bipolar disorder'. According to Samuels (2015), it is precisely the novel's refusal to resort to binary thinking about 'mental health' that makes it valuable from an educational perspective: it confronts students with a different language to engage with the topic and encourages them to question traditional ways of thinking and writing about 'mental health problems'.

After reading the novel, students were given the assignment to rhetorically analyse different constructions of 'mental health problems' evident in the story and to relate their findings to Burke's theoretical concepts of terministic screen and trained incapacity. We obtained an informed consent from 68 of the 88 students who analysed Forney's graphic novel to use anonymized versions of their written reports as research data (the other 20 students did not respond to the request). Students were ensured that data would be stored and reported on anonymously and would not be shared with third parties. Given that the assignment was part of the students' permanent evaluation for the course, the informed consent form also explicitly stated that granting or declining permission would not have an impact on their evaluation. In a feedback session on the assignment, we discussed with the students our (first) research findings. We received approval for the research project from Ghent University's Ethical Commission on June 13th 2018.

As a strategy of data analysis, we engaged in an abductive analysis of the students' written reports. Abductive analysis identifies the researcher as cultivated in theoretical frameworks from the very beginning and in every research step and aims to construct theoretical insights by combining both inductive and deductive processes when analysing empirical findings (Timmermans and Tavory 2012). We used an abductive coding process and analysis to double fit our data with existing theories. In a first step, we confronted insights from rhetorical theory (i.e. Burke's work on symbol-wisdom and Ratcliffe's work on rhetorical listening) and from critical disability theory (i.e. cultural theories of impairment and disability) with our empirical data. Based on this first step, we identified three major, interrelated patterns or 'reflective moves' in students' rhetorical analysis of the graphic novel: identifying (1) the other, (2) the self, and (3) society at large as rhetorical. In a second step, we inductively coded our data using methods from constructivist grounded theory (Charmaz 2000) to analyse different analytical movements and constructions of 'mental health problems' within the three patterns. During this step, we also specifically coded instances in the reports that did not correspond with our theoretical expectations or that, at first sight, did not fit within one of the three patterns. This allowed us to develop a refined conceptualization of what it means to approach 'mental health problems'

from an intersection of a critical cultural disability perspective and a rhetorical perspective within the discipline of psychology.

Research findings

In our research findings, we present an overview of the three patterns or reflective moves identified in students' reports. We also provide specific examples of constructions of 'mental health problems' students detected through their analysis. We should remark, however, that these reflective moves cannot be read as strictly distinguished categories to which each individual student can be allocated. In their reports, students often combine different reflective moves and display instances of both critical and less critical attitudes towards the cultural construction of 'mental health problems'.

The other as rhetorical

As a first reflective move, we identified how students use Burke's rhetorical concepts to analyse the different ways in which Ellen (as a character in the novel) tries to make sense of herself and her world after being diagnosed with 'bipolar disorder'. Interestingly, students display different orientations towards Ellen's meaning constructions and approach them from more or from less critical positions. We have characterized the students' analytical movements towards Ellen as either 'Rhetorical Othering' or 'Rhetorical Listening'.

Rhetorical othering

In some reports, Burke's concepts of terministic screen and trained incapacity are applied exclusively to Ellen. Students generally argue that Ellen approaches the world from two different terministic screens, the manic and the depressive one, and that these screens lead to her incapacity to develop a balanced life or to accept that she needs help. For example, one of the students writes:

> You could think about it as wearing black glasses during a depressive episode and pink glasses during a manic episode. During the former it is difficult to focus on the positive aspects of your life, and during the latter you only see the positive things and the benefits, which might lead to high risk behaviour. *(Student 33)*

In these cases, only Ellen is considered rhetorical. Rhetoric, difference, and subjectivity are attributed to the Other: there is something different in Ellen's meaning making and in the way she looks at the world because of her 'bipolar disorder'. Students who focus their analysis exclusively on Ellen's rhetoric typically do not question the label and the concept of 'bipolar disorder':

> Being diagnosed with bipolar disorder was actually a purely symbolic act: Ellen of course already has this disorder before she was diagnosed. Yet, we can still see a change in the way she interprets her symptoms: pre-diagnose she attributes them to her artistic personality, after the diagnose she thinks of herself as a 'crazy artist'. *(Student 9)*

Moreover, when Ellen interprets her behaviour and emotions from terministic screens other than the bipolar one, this is considered to illustrate 'a lack of insight into her illness' *(Student 16)*. In these instances, 'mental health problems' are not analysed as culturally constructed, but are instead approached as objective, biological realities.

Another, perhaps more subtle form of Rhetorical Othering was identified in students' interpretations of the relationship between 'bipolar disorder' and creativity. In their attempt to counterbalance dominant terministic screens on 'mental health problems' as a deficit or weakness, some students propose to focus on Ellen's strengths, such as her creative potential:

> Do we really have to think about a 'deviation' from the 'normal' in the human psyche as a disorder? Could we not think of it as an example of having a different outlook on the world and as something that makes a person unique and can result in so many beautiful things? *(Student 6)*

Although the screen of 'bipolar people as creative people' might indeed challenge traditional conceptions of 'mental health problems', it also runs the risk of creating new heroism-based stereotypes (Mitchell and Snyder 2001) and of 'over-romanticizing psychosis or mental vulnerability' (*Student 39*).

Rhetorical listening

Instances of Rhetorical Listening differ from Rhetorical Othering in their emphasis on the active process of interpretation on the part of the audience, which requires commitment and care towards the terministic screens of the other (Ratcliffe 2005). Furthermore, Rhetorical Listening implies that everyone (and not just the Other/Ellen) is rhetorical. Accordingly, various students include in their reports an analysis of the rhetoric of Ellen's therapist.

One particular theme from the novel often returns in the reflective accounts that we characterized as Rhetorical Listening, namely Ellen's hesitance to accept medication as part of her treatment. Several students rhetorically analyse the terministic screens of both Ellen and the therapist to illustrate how their conflict of opinion regarding the value of psycho-pharmaceuticals is grounded in different terministic screens and cultural logics:

> Ellen considers herself as a member of the 'Club van Gogh': a group of successful bipolar artists that see creativity and bipolarity as intertwined. Bipolarity is understood as a complex personality and the fuel of a creative motor. This contrasts with

> the perspective of Ellen's therapist to whom bipolarity is a life-threatening disease. There, Ellen is defined as a patient with a mental disorder and her behaviour is considered as corresponding to a cluster of symptoms that constitute 'bipolar disorder' in the DSM. (*Student 20*)

Developing a sensitivity towards different cultural logics at play might clarify a lot of 'troubled identifications' (Ratcliffe 2005) between Ellen and her therapist. This is indeed what the previous student does after her analysis of Ellen's and the therapist's differing logics:

> From the therapist's perspective, taking medication is a necessary form of self-care to stabilize the symptoms of the bipolar disorder and to avoid risky behaviour from the patient. From an evidence-based framework, this is the most efficient solution to optimize her patient's functioning. From Ellen's perspective, taking medication is an attack on her complex personality. As an eccentric artist, she believes that medication will destroy her creative potential. (*Student 20*)

Taking a stance of Rhetorical Listening might shed a different light on instances in which Ellen could be quickly dismissed as a 'difficult' or 'dishonest' patient (e.g. when she resists a medical treatment or hides from her therapist that she regularly smokes weed). According to one student:

> We too often place ourselves in an ivory tower and act as pedantic masters: 'we know that this is best for you'. This statement not only makes patients slaves of therapeutic protocols, but also scares them or makes them feel guilty when they have reservations about our solutions. But hey, 'they don't listen to what is best for them, so they want to stay sick, no?'. The real reason is often far more nuanced. (*Student 47*)

More fundamentally, rhetorically uncovering Ellen's story as ambiguous and as open to multiple interpretations leads some students to propose 'not to lose ourselves in fights for truth' (*Student 32*) when it comes to the difference of 'mental health problems', but to think about what is useful and meaningful for this patient, in this particular context, under these societal circumstances. From this perspective, some students even question the usefulness of providing Ellen with the diagnosis of 'bipolar disorder' at it is 'a signifier she actually did not ask for' *(Student 43)*.

The self as rhetorical

Several students broaden the scope of their analysis to include their own terministic screens and trained incapacities. Indeed, a symbol-wise approach to 'mental health problems' demands that we reflexively engage with the knowledge, values, and socio-cultural positions that affect our own orientations towards 'mental health problems' (Rutten et al. 2012). The self-reflexive moves of the students generally focus on their *disciplinary* trained incapacities, emphasizing both the enabling and incapacitating features of the psychological perspective.

For example, many students examine what characterizes the terministic screen of the clinical psychologist by contrasting it with the psychiatric screen. Students generally argue the latter focuses on the biomedical or neurological origins of 'mental health problems', while they, as psychologists, engage with 'mental health problems' as the result of a complex interplay between biological, psychological, and social factors. In addition, different therapeutic orientations (e.g. the cognitive, behavioural, systemic, psychoanalytic… approach) are analysed as terministic screens: each of them approaches 'mental health problems' drawing on its own theoretical frameworks and terminologies, and, in doing so, directs attention to certain aspects of 'mental health problems' while leaving other aspects out.

When students contrast the psychological with the psychiatric screen, they mainly do so to emphasize the value (i.e. the enabling aspects) of the psychological perspective. However, some students also take on the challenge of reflecting on the trained incapacities of the psychological screen. In the example below, a student reflects on her own trained incapacities while also invoking another Burkean rhetorical term, 'entelechy', which refers to following a specific terministic screen 'to the end of the line' or 'in its ultimate implications':

From my own, psychological, terministic screen, it is rather easy to detect the blind spots that come with the trained incapacity of the psychiatric terministic screen. During my education, I was taught to take a critical attitude towards the DSM and a purely biomedical discourse (…) and to approach psychological problems as the result of a complex interplay of biological, social, and psychological factors. It's a more difficult but intriguing exercise to face my own blind spots, resulting from my own trained incapacities. For example, I think it is important not to perfect my critical attitude into an entelechy, whereby I completely write off the biomedical perspective. Some people experiencing psychological problems do benefit from a medical treatment, just like Ellen. (*Student 35*)

Confronting their psychological screen with Ellen's own perspective on her diagnosis as well, prompts students to reflect on the incapacities or the blind spots of the psychological screen:

In the end, Ellen illustrates how she approaches her 'disease' from two different screens: both as a painful curse and as a source of inspiration and part of her creative personality. (…) This confronted me with my own blind spots regarding bipolar disorder. (…) I'm inclined to only see it as a problem that requires treatment. The novel reminded me that clients can also draw strength from the history they carry with them. (*Student 13*)

Burke's oxymoron trained incapacity quite aptly captures the students' reflexive movements, which could be summarized as negotiating between having incapacities (recognizing the psychological approach as a specific

screen, seeing one's blind spots and allowing clients to talk back) and being trained (recognizing the value of the psychological point of view and talking back to clients).

Society as rhetorical

In some of the reflective reports, students' rhetorical analysis extends from the graphic novel to our society in order to understand how constructions of 'mental health problems' both influence and are influenced by wider societal assumptions or cultural logics about what constitutes 'mental health (problems)' and 'mental health knowledge'.

Rhetoric in public discourse & popular culture

Students apply the rhetorical perspective to illustrate how Ellen's and the therapist's screens function within wider dominant discourses about what constitutes 'mental health problems', but also 'normality'.

With regard to 'mental health problems', our 'neurological era' is often considered to set the scene for the therapist's interpretations of Ellen's situation. Her almost exclusive focus on a medical treatment is framed as part of a society that tries to make sense of the complexity of illness, health, and the human being more generally from the conviction that 'we are our brains' (*Student 6*). A second example is provided by students identifying capitalist or performance-oriented logics as influencing the attitudes Ellen develops towards her diagnosis:

> The scene is a society that focuses not so much on your abilities, but on what you do with them. People are judged based on their individual performances and Ellen feels that she is held accountable for who she is and for her behaviour. From this perspective, a diagnosis might function as an insightful clarification and might take away the guilt from Ellen. (*Student 39*)

In addition, students situate Ellen's attitudes towards the label of 'bipolar disorder' within societal conceptions of 'normality'. For example, Ellen's identification as a 'crazy artist' and a 'member of the Club Van Gogh' might be related to the fact that:

> Our society is much more tolerant towards manic episodes if they are combined with the terministic screen of the 'crazy artist'. Artists can be crazy. Their craziness is considered normal, while non-creative persons would be considered 'just crazy'. (*Student 30*)

Students' reports also demonstrate attention to stigma and taboo about 'mental health problems' and to the role of popular culture in creating both stereotypes and counter-representations. Students describe popular culture as particularly powerful in influencing how people think about 'mental health problems':

> Our frames of interpretation are the ones we are often confronted with, so society will look at bipolar disorder based on what they learned about it from other media. A lot of movies and TV series represent a bipolar person as someone crazy and incurable. Popular media often exaggerate stereotypical ideas and create wrong ideas about what bipolar disorder actually is. (*Student 17*)

In contrast to such stereotypical and disabling representations of 'mental health problems', the graphic novel of Ellen Forney is considered a counter narrative, an alternative terministic screen on 'bipolar disorder' that allows for more complex ways to think about 'mental health problems'. In their analyses, students pay ample attention to the ways in which Ellen's rhetorical identifications (e.g. with other artists experiencing mental distress) can be interpreted as a search for more affirmative and useful perspectives on 'bipolar disorder'. One student suggests that her graphic novel might do the same for other people:

> Forney talks about the importance of autobiographies of artists during her battle against depression. She describes these authors as company. That made me think that, just like these authors, she tells her story to be company for people with experiences similar to hers. (*Student 13*)

Rhetoric in their discipline and education

We already illustrated that students recognize their own, psychological perspective as a terministic screen. In addition, students analyse how the psychological (or psychiatric or professional) screen on 'mental health problems' operates in wider society.

They specifically note that the scientific character of their discipline provides it with the power to present its conceptions of 'mental health problems' as more true and legitimate than others, since we live in a society that 'regards scientific evidence as having the highest value' (*Student 31*). This has consequences for the interpersonal interactions between therapists and clients as well. A student notes:

> Scientific knowledge and a scientific education are the 'agency' of the psychiatrist, that is consequently considered the expert in the therapeutic space. (*Student 10*)

Students remark that higher education programs for psychology students are rhetorical as well. The DSM, for example, is a quite controversial topic:

> The DSM in particular is a controversial topic. Some people call it 'the psychiatry Bible' because either you believe in it or you don't. (…) As psychology students, we are very clearly confronted with this straddle across our different courses. (*Student 10*)

Students also point to the rhetorical incapacities in their training, including the absence of the screens of alternative or creative therapy or of alternative forms of knowledge about 'mental health problems' more fundamentally. In

this regard, it is suggested that personal narratives, such as Forney's graphic novel, might function as a different source of knowledge about 'mental health problems':

Narratives can teach students to juxtapose scientific knowledge with subjective experiences in their future clinical practice. (*Student 20*)

Finally, in a sort of meta-reflective move, students reflect on how their training confronts them with a diversity of –sometimes opposing- screens on 'mental health problems' and on how they try to engage with this confrontation in critical and thoughtful ways:

> Every teacher pleas for their own theoretical orientation and as such partly devalues -intentionally or unintentionally- other orientations. (…) As a student, we are encouraged to take a critical stanc and some sort of meta-position towards the diversity of knowledge and viewpoints we are presented with. (*Student 34*)

Concluding reflections

In our study, we introduced students in a master's program in clinical psychology in the field of rhetorical studies as a way to disrupt their trained incapacities with regard to 'mental health problems'. Raising the idea that the issue of 'mental health problems' can be seen as a symbolic construct and a cultural trope, we asked the students to critically reflect on cultural constructions of 'mental health problems' in Ellen Forney's *Marbles* by using rhetorical concepts as analytical tools. Students' reports demonstrated both 'symbol-wise' and 'symbol-foolish' (Burke 1969) attitudes towards 'mental health problems'.

Some of the reports reflected reductionist or essentialist conceptions of 'mental health problems', for example when students resorted to naturalizing discourses ('mental health problems as naturalized impairments') or stereotypical representations ('people with mental health problems as heroes'), thereby excluding the possibility to understand 'mental health problems' from multiple, ambiguous, and potentially conflicting perspectives. Furthermore, students at times ascribed rhetorical meaning making and subjectivity exclusively to the Other, leaving their own as well as their discipline's terministic screens and cultural logics unquestioned.

In contrast, a symbol-wise attitude assumes that the experience of 'mental health problems' can be understood as influenced by a complex interplay of the symbolic actions of the self, the other and (a disabling) society. Rhetoric reminds us of the cultural construction of 'the abnormal', but also of the ableist norms against which we are expected to judge ourselves. As Cherney (2011, para. 31) argues: 'recognizing in oneself motives behind actions previously ascribed solely to the Other generates far more pressure to examine and explain those motives than when they can be quickly dismissed as somebody else's problem'. A critical perspective towards 'mental

health problems' therefore necessarily involves a self-critical or reflexive dimension (Selznick 2015). Interestingly, while students were often reflexive about their psychological point of view, they did not explicitly engage with socio-cultural positions as potentially influencing their orientations towards 'mental health (problems)'. Apart from rather vague references to one's 'preferences' or 'own stereotypes', tropes such as gender, socio-economic position, race, age, and –maybe most surprisingly- (dis)ability, were largely absent from the students' reports. Given our aim to find out what kinds of reflective moves the rhetorical perspective would inspire in students, we left the precise object of their rhetorical reflections open in the assignment. Based on this finding, however, future educational projects might have to incorporate the need to engage socio-cultural and political positions in the reflective process in a more explicit manner. Although we believe that Burke's and especially Ratcliffe's rhetorical frameworks provide various tools to inform such a 'politics of location' (Rich 2003), we also consider it necessary that students are introduced to critical theories about the intersection of gender, race, class… with the experience of 'mental distress' and with the way mental health care is provided and received. Engaging experiential knowledge and Mad Studies frameworks in one's curriculum and pedagogies might prove especially valuable in this regard (Snyder et al. 2019).

In some of the reports, students additionally related cultural constructions of 'mental health problems' to, for example, (neuro-)biomedical cultural logics grounded in empiricist and objectivist ontologies and epistemologies or neoliberal cultural logics considering the healthy citizen as the employable/performing citizen. According to Ratcliffe (2005), broadening the scope of the rhetorical analysis from personal claims to the political, i.e. to the wider cultural logics in which constructions of 'mental health problems' and 'mental health knowledge' are grounded, is essential to expose our troubled identifications and to locate productive strategies to negotiate them. Such a move corresponds to the argument made by survivor and Mad Studies, namely that part of the critical potential of experiential knowledge lies in collectivizing individual experiences and in building on this collective knowledge to critically reflect on the structural power dynamics and exclusionary practices operating in dominant 'mental health knowledge systems' (Rose 2017; Sweeney 2016). In this regard, the field of 'mental health rhetoric research', which until now predominantly turned to (critical) disability studies to analyse 'mental health (problems)' as a cultural trope (on this, see Reynolds 2018), might fruitfully explore its connections and potential contributions to the fields of survivor and Mad Studies as well, given that rhetoric 'enables readers to analyse both interpretations and systems of interpretation' (George 2018, 221).

Nevertheless, we need to keep in mind that a critical cultural disability perspective also entails that the difference of 'mental health problems' cannot

be understood *exclusively* as a cultural/discursive construct. Critical disability scholars have invited us to 'take seriously the real, material and ontological realities of impairment' (Goodley 2001, 116). We argue that rhetoric's focus on the performative and socializing power of the symbolic realm is particularly valuable to teach students about how cultural and disciplinary constructions of 'mental health problems' become embodied, performed and materialized in our (professional) courses of action. In her influential work *Rethinking Rhetoric through Mental Disabilities*, Lewiecki-Wilson (2003, 158) argues that 'like disability, language is material and embodied, as well as culturally made'. For critical cultural disability theorists, it is exactly this complex entanglement that is vital.

In conclusion, we argue that rhetoric might contribute to a 'critical mental health education', because it requires from students a meta-awareness of the various cultural logics -and their ramifications- in which constructions of 'mental health problems' are grounded. With regard to the discipline of psychology specifically, it could be argued that rhetoric offers a way of taking the 'multi'-nature of clinical psychology (Goertzen 2010) into account. The current pluralism of clinical psychological science as well as its contingency on societal factors, impacts substantially on the skills and attitudes that students as well as clinical psychologists need. In this regard, a rhetorical perspective enables students to deal with the inherently heterogeneous and ambiguous nature of their discipline and with the fact that there are always multiple psychologies at play when it comes to 'mental health'. According to Goodley and Lawthom (2006), it is precisely at the need to reflexively account for the different epistemological, ontological, and cultural constructions of individual and society embedded in research and practice that the fields of psychology, critical disability studies -and we now add *rhetorical studies*- intersect.

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