

MENTAL HEALTH ADVOCACY THROUGH PERSONAL
NARRATIVE AND EMOTIONS

by

Victoria Lynn Douglas, B.A.

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Committee Members:

Eric Leake, Chair

Rebecca Jackson

Octavio Pimentel

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DEDICATION

To my loving partner Zachary

Who continues to encourage, love, and support me always. You have been my light in the darkest of days and I can't thank you enough for all that you do. You continue to grow with me in every journey we take together. I love you with all that I am, and I always will.

And to my mother

One of the strongest women I know and my biggest cheerleader. Everything I am is because of you, and I wouldn't change it for the world. I love you to the moon and back.

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I. INTRODUCTION

As a child, I didn't understand my mother's mental illness and I never realized how it affected me until I was older. Growing up, family and friends who became aware of my mother's illness would ask me, "How she is doing? Are things better? How are things going?" These are questions that express concern for my mother, but never truly took into consideration my siblings or myself as we had to endure this or the support role we took on. I was a teenager when I was officially told that my mother suffers with bipolar-depression, but unfortunately, it was through a few major events that helped me realize my mother's actions were not normal. As an adult and someone who has access to more knowledge about this mental illness, I can better understand bipolar-depression, but it doesn't give me my childhood back and it continues to cause problems in my adult life. Today, I am fearful when taking chances or letting my guard down because I am constantly thinking of the "what if's?" out of fear that my life will collapse. I have also noticed that my habits and the ways I handle my emotions differ greatly from my friends and family. You could say I mirror my mother in this way. There is always that curiosity that makes me wonder how different things would be if I were properly educated about mental illness at a younger age.

The purpose of this study is to see how two national mental health websites reach their audiences through the rhetorical use of emotions within narratives. Through a focused analysis of the websites, I determine how these rhetorical strategies are being used when educating and providing resources for children concerning mental health. More specifically, I am interested to find out how two major websites produce content that addresses mental health awareness for children, whether or not they are living with a

mental illness or living with a loved one who is. To help determine how these rhetorical strategies are working and why these particular strategies are being used, I did an in-depth rhetorical analysis of the sites and how they promote awareness about mental health issues. The work of the sites is important, as their success could contribute to fewer negative effects for both the mentally ill and their loved ones in the future.

Purpose of Project

There is a lack of attention that is surrounding communication of mental health with children, specifically among those that are supporters of bipolar-depression. The problem is, there is more concern for those who are living with a mental illness and only providing educating/resources for teens and up. People should be paying attention to this because of the current and future effects that could weigh on children and their families. There has been this idea that children shouldn't be part of the conversation because it does not involve them or that they are too young to understand. Unfortunately, children are unwillingly given the role as a supporter, which could come with many responsibilities and internal struggles. The objective of this project is to see how emotions through narratives are currently being used to reach some level of knowledge surrounding mental health with children, if that is what they are doing. Since the two websites I analyze are nationally known, I figured they must be doing something right rhetorically and are great resources to focus on. Both websites seem to have a great child/teen mental health success based on personal testimonies and their strong focus on children. I break down the communication and persuasion process to understand how and why they go about using the rhetorical features to capture the audience.

The purpose of this project is to understand how the communication aspect of

mental health develops, especially when talking to and about children. I focus on the rhetorical strategies of mental illness websites, specifically emotional appeals within story telling. I focus on the websites of the Child Mind Institute and the National Alliance on Mental Illness. Some of the questions that I pursue are:

- How are emotions employed rhetorically in the videos and blogs of the websites? How are emotions features of the personal stories and videos highlighted on the sites? What emotions are shared, by whom, and to what effects?
- How are pain, vulnerability, and regret specifically articulated in the videos and personal stories? How are these emotions performed through the videos? What are the rhetorical possibilities and limitations of these emotions?
- What are the larger implications of these rhetorical strategies for mental health advocacy? Could the rhetorical features analyzed here be enough to change attitudes and behaviors?

I situate myself carefully with this project because of my own biases with the topic surrounding mental health. Because my interest on this topic is based off of my own lived/living experiences with mental health, I exclude myself from the conversation and strictly focus on the rhetorical analysis. I reflect my personal experiences and the concerns and problems I have endured into this project, but my goal is to better understand the emotions in the form of narrative when it comes to sending a messages for mental health.

Following a more qualitative approach, I built a research foundation based upon studies that go into further detail about the rhetorical features, communication aspects,

and rhetoric of mental health when analyzing two nationally known websites (NAMI and CMI). I analyze CMI because it is more child focused, which I believe needs more attention when it comes to mental health communication. Since they are nationally known and have so much research and role models to further attest to what they do and their success, I thought they may be on to something rhetorically that could and should be used on many platforms. I analyze NAMI because as I reviewed other websites, I found that many had links to NAMI as a means to gather more information. After finding that many websites suggest that viewers visit NAMI, I concluded they too must have a success means of rhetoric surrounding mental health.

Due to the large amount of content that both NAMI and CMI have on their websites, I limit myself to a few key pages and videos for analysis. For CMI, I analyze a few videos that are part of a campaign, “MyYoungerSelf.” The people that are represented in the videos are seen as role models such as Kristen Bell, AJ Mendez, and Dan Reynolds. In addition to the campaign, I also analyze a few personal testimony videos that come from children who sought help from CMI. As for NAMI, I analyze two public blog posts, one being “OK2TALK” and “You Are Not Alone.” I analyze these two blog-like pages because they are responses coming from real people, up to date, and allowing others to like and share the blog post. There are hundreds of blog posts, so I limit myself to a few and tried my best to see and understand what they are doing as a whole.

Looking at old and new research and studies relating to my project helped me better understand the rhetoric that goes into the transmission of mental health messages. As I studied and analyzed the rhetoric of mental health messages on the two websites, I

was not entirely sure what my findings would be, but I knew I needed to limit myself to where and what I plan to analyze due to time. To make sure I stayed within a realistic plan of analysis, I focused on personal narratives, campaign videos, and pages that are directly targeted to young children and/or supporters who need/want to know more about mental illnesses. With all the information that I collected, I hope the patterns and rhetorical features I found can build on the issues of mental illness and eventually lead to a concern of support discourse.

Methodology

I will now go into the step by step process in which I have gathered my information and how everything came together for this project. Following Jack Selzer's process in "Rhetorical Analysis: Understanding How Texts Persuade Readers" I will carefully explain my methodology during the course of this project. I consider Selzer's rhetorical analysis method because he believes that in order to have a strong analysis, one must consider both textual and contextual aspects because they will strengthen your message when worked together instead of separate.

When I first started gathering information, I had no idea that I wanted to analyze websites, more specifically videos and blog like posts. I simply sought-after sources that were related to mental health, children, and rhetoric. In the beginning, my process was challenging because I quickly realized that there was not a lot of research that has been done in this area. Yes, there was research done on the rhetoric of mental health, but not specifically targeted towards children and young adults who live with someone who has a mental illness. Instead of giving up on the idea of doing an analysis on children whose guardian have a mental illness, I kept all of my sources and connected them the best I

could to message appeals. Since I had no examples or studies that have considered how mental health is discussed with children, the pros and cons, I referred back to how it is done with older children and adults. This helped me get a clearer idea of how and where I will be heading with my project. Unfortunately, most of the findings were targeted towards children and young adults who have a mental illness themselves, but that is what I had to work with.

Once I found sources that touched on mental health and the rhetorical strategies behind it, I needed a means by which I could analyze how this is being done, even if it is not exactly how I would approach it. Originally, I wanted to attend a public school or a mental health facility and learn how mental health is being taught and discussed with children and young adults. Since I have personal history with mental health, I thought it would be both beneficial for my well-being and for this project to find a location that does some form of therapy or open discussion. I investigated the possibility of attending and researching a support group in person before deciding that was not a doable option for this project for many reasons. While I was searching for an affordable mental health facility, I came across CMI and NAMI. I have never seen or heard of these websites prior to, so I decided to review them and see what they have to offer. Right away I saw that CMI was targeted towards children and based off of other mental health websites they linked viewers to NAMI. I will admit, both websites can feel overwhelming upon first glance because they are packed with so much information. I spent hours reviewing the websites to see what they were saying, how they were saying it, and why. I knew that it would be impossible to analyze an entire website, especially two websites that are filled with so much information. Since part of my concern behind mental health is how it is

being discussed, I decided to focus on tabs and sections of CMI and NAMI that were support based or what people are saying. This didn't necessarily limit what I would soon analyze, but I knew I wanted to find responses from real people. I focused on videos on CMI because I am personally attracted to something I can watch, which could later determine if I want to learn more. I focused on the blog-like posts on NAMI because even though they are anonymously written, anyone who views this website can have access to read the posts. They seemed raw, real, and they were up to date with more people posting on it every day.

I follow Selzer's process by doing both a textual and contextual analysis within the videos and blog-like posts. Firstly, my reason for doing an analysis is because it is, "an effort to understand how people within specific social situations attempt to influence others through language" (Selzer 281), which is what CMI and NAMI are doing and they are doing these things for the better of the people, not necessarily themselves. I did this to better understand how CMI and NAMI are informing their audience about mental health and to see if what I analyze is enough. I use textual analysis to look at how rhetorical concepts are used. Though I do not go into specific detail of ethos, logos, or pathos when I break down my analysis, those concepts become prominently known throughout my project. I focus on these concepts as they relate directly with the current message and I try to break them down and understand them based off of what others have found. My textual analysis is just that, I analyze the text, or multimedia in parts of my project, to get a clearer indication to how the messages are being transmitted. To further break down this process, I also used contextual analysis to look at the big picture of the message. For example, I contextualize a few spokespersons because of their background as actors and I

do the same for the young persons or people posting on the blog posts because of their non famous affiliations. This becomes clearer in my later chapters. In many ways, I blend textual and contextual analysis throughout my project because they work together simultaneously, or as Selzer says, they complement each other.

As my project came along, it was evident that there were many suggestions that I have for future research. I will talk about these suggestions more specifically in my concluding section. Like any rhetorical analysis, I am aware that my project is limiting in a sense that it is looking at the material through a particular lens. Even if my intentions were not meant to be bias and I try to analyze the information in different points of view, for some people, it could be argued that I do not go about this project with many different glasses and my work then becomes partial. I consider Selzer's argument that, "any approach to rhetorical analysis will be very good at teaching people some things about particular communications, but it will also keep them from considering other things" (305). I am aware that my research might blind people to other things that could be of importance, but I hope that my limitations and suggestions could limit those blind spots and allow for more consideration outside of what I have focused on. By exposing limitations and discussing problems that I have faced during this project, I hope it will give voice to those who wish to argue and could add to this research so we can promote more beneficial mental health resources, especially for children who live with a guardian that has a mental illness.

II. LITERATURE REVIEW: NARRATIVE AND EMOTIONS IN STUDIES OF MENTAL HEALTH

To help define my search and findings, I offer here a literature review on the rhetoric of mental health as well as the rhetorical strategies of narratives and emotions. To allow for the material to be clearer, I have separated the literature review from narratives and emotions. The first part of my literature will be focused on narratives.

Rhetoric of Narratives

In an empirical study, “As We Speak: Concurrent Narration and Participation in the Serial Narratives ‘@I_Bombadil’ and Skam.” Tore Rye Anderson and Tanderup Linkis focus on how live or recorded recovery narratives can have an impact on recipient cognition, affect, and behavior. Much of their study contributes to my artifacts (videos/recordings) by their study showing gathered information on how lived experience videos impact the recipient. Anderson and Linkis’s study also challenge my argument by emphasizing that the health recovery material online can have a negative and positive impact when it comes to finding information, feeling supported, experiencing health services, and affecting health behavior (675). Since I will be analyzing videos myself, I plan to find if and how they have an impact on cognition, affect, and behavior, much like Anderson and Linkis’s study. Reflecting on this study will help me further develop how the messages are framed, what the use of a narrative does, and how are emotions evoked, which will be an extension to Anderson and Linkis’s study to help fill in any gaps.

Similarly to Anderson and Linkis, Elizabeth Flood-Grady and Jody Kellas also argue in their article, “Sense-making, Socialization, and Stigma: Exploring Narratives Told in Families About Mental Illness,” that retrospective storytelling, or what I will

refer to as narrative, about mental illness creates both negative and positive effects to the young adults. Their view is that parents sharing horrific events of mental illness as caution, whether it be their own struggle or speaking on another's behalf, tend to leave a negative effect on young adults. The argument that Grady and Kellas make for the positive side of narrative is the emphasis on awareness and understanding that young adults gain. Through awareness young adults have the ability to recognize mental illness and symptoms within themselves and others.

The texts by Flood-Grady and Kellas as well as by Anderson and Linkis touch on the narrative perspective when addressing mental health and will be useful when I start my analysis. They both take a similar approach by discussing how the use of narratives can instill positive and negative effects. I will borrow from their research to analyze the narrative approach and how the messages are being shared. Instead of limiting myself to how narratives and advocacy messages influence behavior, Sally M. Dunlop et al. explores how two message formats influence participants through cognitive and experiential responses in "Pathways to Persuasion: Cognitive and Experiential Responses to Health-Promoting Mass Media Message." Referring to this study when I analyze audio-visual videos and texts will help determine if there is a larger influence from the narrative versus advocacy method. Although Dunlop et al. find minimal difference between the two message approaches, it could be argued that self-referencing, "the process of relating the message to aspects of oneself and one's life" (137) and transportation, "the feeling of being lost or absorbed into a story" (135) will have a much more drastic conclusion. Dunlop et al. might be a contributor to further works I find that relate back to emotions since their way of using different approaches to the mental health

messages seems to touch on or at least consider the emotions of the audience. Borrowing from Dunlop et al. self-referencing and transportation ways of analysis, I will attempt to break down this way of framing and find how this makes a difference in message acceptance or rejection. K. M. Shaffer et al. in “Mindfulness and Coping are Inversely Related to Psychiatric Symptoms in Patients and Informal Caregivers in the Neuroscience ICU: Implications for Clinical” determine if there is a significant difference between patients and informal caregivers on a psychiatric level. The areas focused on were PTSD, anxiety, and depression, and the results found that there was no major difference among the patients and informal caregivers when comparing levels of PTSD, anxiety, and depression. It was also included that when a patient is facing a psychiatric episode, it does affect the informal caregiver. The study found that the informal caregivers do obtain similar psychiatric traits as the patient, but when mindfulness is considered on both parties, then both can reduce suffering and improve overall mind, body, and health. This study will be used to understand how the two websites I plan to analyze will incorporate mindfulness for those living with a mental health condition and those who aren’t, when producing mental health content. By analyzing mindfulness, and by mindfulness I am talking about emotions that are considered in the spread of messages, through videos and text, I will be able to better understand how a larger audience is reached and if this means of communication holds a stronger impact when considering all those effected and not just those who are diagnosed.

Alan D. Oligives et al. in “The Burdens of Informal Caregivers of People with Bipolar Disorder” follow a similar concept of mindfulness but with a focus on the informal caregiver, or in other words, family members, friends, and unpaid professionals

as a whole. Their study focuses on the importance of recognizing and understanding the stress and demands that are arising from being a caregiver. This study will add to my analysis by being a guide or means of confirmation when analyzing videos and text that seem to be targeting the caregivers and not just those who suffer with mental health conditions.

Both K. M. Shaffer et al. and Alan D. Oligives et al. touch on the importance of discussion and awareness of mental health beyond those diagnosed. I will be able to use both works to see how mindfulness (emotions) of both the caregiver and patient are being considered within the video and the texts. I believe it is important to consider this in my analysis because both parties are considered and are part of the conversation. Based off of my quick observation, this could be because everyone must be part of the conversation and process in order for the messages to be accepted and for those to act on it. This is especially the case if children were to have a role in mindfulness, whether they live with mental health conditions or not.

While Tamara D. Afifi et al.'s research study in "Testing the Ideology of Openness: The Comparative Effects of Talking, Writing, and Avoiding a Stressor on Rumination and Health" doesn't touch on any of my key rhetorical focuses yet, it does touch on how couples communicate their stressors, claiming this will lower stress levels when people communicate and reflect. The study proves that when couples openly discussed their stressors with each other, their anxiety levels lowered, but once they were no longer coached to communicate, anxiety levels increased again. This study is similar to two video artifacts that I will analyze because they are getting people who suffer with a mental illness to talk about it (their mental illness) and to get the viewers to reach out to

resources that are available. Afifi et al's. study could contribute to my thesis by looking at the roles of emotion during the communicating process and how it advocates for the communication of mental conditions.

Now that I have touched on the literature surrounding narratives, I will go into the literature that touches on the use emotions as a message appeal. Emotions are inherently intertwined within narratives and are partly what makes a narrative thrive. I put this literature second because I have found that emotions contribute to a large portion of message appeal and are significantly used in narratives, which strengthens the rhetorical strategies.

Before I further explain the concepts of emotion, I first want to briefly go over what emotion is. Instead of giving one basic understanding of what emotion is, Miriam Webster defines emotion in a few different ways. The definitions it gives are, (1) a conscious mental reaction (such as anger or fear) subjectively experienced as strong feeling usually directed toward a specific object and typically accompanied by physiological and behavioral changes in the body (2) a state of feeling and (3) the affective aspect of consciousness. If you google what the definition of emotion is, other websites will give similar but different definitions, why is that? It's because emotion is such a broad concept, it can't be defined into one or even three different definitions. Alison Jaggar also explains this in "Love and Knowledge: Emotion in Feminist Epistemology" by saying, "Race, class, and gender shape every aspect of our lives, and our emotional constitutions is not excluded...Feminist theorists have pointed out that the western tradition has not seen everyone as equally emotional [the] reason has been associated with members of dominant political, social, and cultural groups and emotion

with members of subordinate groups” (157). Jaggar breaks emotions down based on race, class, gender, and culture to further express that emotion can’t be defined as one thing, because if you consider these different social aspects, the definition of emotion or the different understandings of emotions will vary widely. Though we have general concepts and understandings of what emotion is, it is challenging to give a concise definition since it is different in cultures, it’s understood differently psychologically, and the social and personal will/could change the interpretation drastically. Now that we have a rough definition of what emotion is and how it differs among societies, let’s understand why emotions matter.

It is important to understand why emotions matter because they play such a large role in our everyday lives and are impacted based on all surroundings and objects. Our emotions can determine our behaviors, how we cope, and every decision we make, so understanding what emotions are and why they matter could greatly impact our lives. Though, it is helpful for us to understand what emotions are, it is more important to understand what emotions do.

Rhetoric of Affect

Life is filled with moments, moments that we may not realize affect our lives, or moments that are doing something that we haven’t quite processed yet. Like Kathleen Stewart’s, *Ordinary Affects*, people have written short *ordinary* memories that they have personally experienced in NAMI. These experiences are their way of expressing how these ordinary memories or moments have affected their life, whether they are blatant about them or not about the feelings or emotions that were experienced. These ordinary affects, or scenes if you will, are trajectories, “that performs the sensation that something

is happening—something that needs attending to”, this is because, “thought is patchy and material...It does not find magical closure or even seek it, perhaps only because it’s too busy just trying to imagine what’s going on” (5). The posts can be read like a twitter post or blog, which personalizes their moments and gives them a better sense of realness. Some people write in a more formal manner such as separating paragraphs and using particular language while others write with less formality. This too could be worth noting when considering affect. It’s important to note that everything these people write in their posts or talk about in the videos have significance, no matter how strong or minimal it may seem to the reader. There is a reason they felt the need to say this, or mention that, even if they don’t go back to it. The location, the event, the objects near them, what’s going on—they all matter. These supposedly minor or ordinary affects may not carry much importance on the first read or upon the first experience, but they set the scene, and clearly affected these people lives.

Rhetoric of Mental Health

J. Fred Reynolds writes about the rhetoric behind mental health in “A Short History of Mental Health Rhetoric Research (MHRR),” which will come into play either at the beginning or end of my project. Reynolds reviews different research and studies that others have done when it comes to the rhetoric of mental health. I plan to use this as a guide to acknowledge that there is increasing attention in rhetorical studies to the rhetoric of mental health. Reynolds also includes eight observations that are connecting factors to those who write about MHRR. As I continue on with my project, I may use some of the references Reynolds uses in his piece, but if not, this will be a start to my project when discussing past and current rhetoric of mental health and the means of more

work in this area. In his book *The Secret History of Emotion: From Aristotle's Rhetoric to Modern Brain Science*, Daniel Gross argues for greater attention to the rhetorical work of the emotions. In his section on apathy, Gross writes about how this way of emotion relates to those in power. Gross believes that people who have more power have more access to apathy, which could be due to inability to relate, understand, and ignorance, although these descriptions may not always be the case. Since Gross associates' apathy with power, he believes that apathy is used as a tool for control, this can be done through any form of message delivery. While this emotion seems to have more of a negative connotation, it could be possible that the use of apathy can be used as a tool for the better good. Gross' observation about apathy could be correct, but maybe there is a lack of emotion, fear or worry, when a message is transmitted as apathetic. Depending on what the message is, mental health for one, apathy could be used as a form of power and control to get the audience to act on the message without implementing panic or worry.

Rhetoric of Emotions

In a follow-up article, "Defending Humanities with Charles Darwin's *The Expression of the Emotions in Man and Animals* (1872)," Gross goes continues explaining how emotions are a combination of social and biological constructs when determining emotions, but mostly social. Using Darwin's research, Gross writes, "we cannot understand emotional experience by studying only the face, the eyeball, the ear, the brain...we need people in situations" (59). Because mental health is experienced in different shapes and forms, it is worth considering the phenomena behind the social aspects of emotions in messages. This is especially important when considering the sensitivity surrounding mental health, so, putting more effort into the social opposed to

biological could have some sway and more positive response or action from the audience.

Fear, anxiety, and love in Sara Ahmed's book *The Cultural Politics of Emotion* are opposite emotions that work together simultaneously. Ahmed breaks down the difference of fear and anxiety based on the association they have with objects. When a person experiences fear, they are in fear of an object and when a person has anxieties, they have an anxiety that, "becomes an approach to objects" (66), but it is not produced by an object directly. Ahmed then breaks down love and makes it very evident that she does not plan to explain what love is, but rather, how the pull of love of another person can be expressed as an ideal or object. Ahmed breaks down love in two ways, one being *identification* and the other being *idealisation*. Ahmed describes identification as "the desire to take a place where one is not yet...making likeness rather than being alike" (126), and idealisation "is based on a relation of having rather than being", (126). Though a parent/caregiver doesn't intend to take the place of their child, their identification with them is a means to try and understand. In some ways, the parent can identify with the child emotionally because they are both having to adjust to this new normal and learn how to live with a mental health condition. The object that a parent/ caregiver may identify with could be a happy healthy family, or a togetherness, as Ahmed would say. Going back to the information present on the two nationally known websites, parents / caregivers may create this idealization of love because they would rather have their children than not at all, which could be because of an ego surrounding an "ideal family," as Ahmed explains.

Both Ahmed and Gross focus on works of emotions but with different techniques and focus areas that I hope to use when I analyze the texts and videos. Ahmed's sections

on fear, anxiety, and love, will be useful when understanding and making sense to how CMI and NAMI's message transmission is considered. This will be especially important when considering these emotions to parents, guardians, or loved ones of those with mental health conditions, who seem to be the main audience at this point in time. I will use *The Secret History of Emotion* to inform my analysis of the text and videos in NAMI and CMI to see if apathy is used as a tool for control when getting the audience to act on the message. Gross's section on apathy can help me determine how this way of message transmission is or is not more luring to an audience. From "Defending the Humanities," I plan to use Gross's argument as a means to find how, when, where, and what emotional messages are being transmitted when considering the situation of people. This will be useful when I analyze the public blog posts specifically because although those who are writing the posts are the audience, their posts are public for other audiences too.

In Aristotle's *Rhetoric* Book II, a variety of emotions are analyzed, and he explains that orators should be aware of the emotions of their audience, which configures all emotions into a social construct and sets up the orator to a position of power. In *Rhetoric*, Aristotle explains that the orator must recognize three qualities when involving emotions, (1) what the state of mind of (angry) people is (2) who the people are with whom they usually get (angry) and (3) on what grounds they get (angry) with them. In order to carefully analyze these steps and follow them out, one must be socially involved, making the gathering and understanding of emotions a social construct, at least that is the only way Aristotle believes emotions can be grasped and controlled. Although Aristotle believes emotions to be strictly social, Lila Abu-Lughod and Catherine Lutz in "Emotion, Discourse, and the Politics of Everyday Life" argue against this because emotions can't

be properly understood. “The most productive analytical approach to the cross-cultural study of emotion is to examine discourses on emotion and emotional discourses as social practices within diverse ethnographic contexts” (100). Abu-Lughod and Lutz make for a great argument but could agree with Aristotle that the orator could both rouse and control emotions of listeners when emotions are considered. If we don’t consider the many ways emotions are understood and expressed based on all socio and economic grounds, then Aristotle’s justification to humbleness would make sense. He refers to humbleness in part 3 explaining, “Also we feel calm towards those who humble themselves before us and do not gainsay us; we feel that they thus admit themselves our inferiors, and inferiors feel fear, and nobody can slight any one so long as he feels afraid of him”. According to Aristotle, those who are deemed as humble and are humble to you are your inferiors and indicate a sense of fear, which could be understood as you having power over them—hierarchy vs. inferiority. Understanding Aristotle’s views on emotions matter because it helps us understand how emotions can be a tool of power. Abu-Lughod and Lutz help us consider the challenge of power through emotions because of the different social groups.

Similar to Aristotle’s ways of power, Daniel Gross uses apathy in *The Secret History of Emotion: From Aristotle’s Rhetoric to Modern Brain Science* as an example for control. Taking a slightly different take on Aristotle’s three step process to emotions, Gross focusses on apathy and how it could be used as a tool for control, or power if you will. Some believe that apathy is the absence of emotion, but Gross defines it as, “melancholy, indifference, boredom, [and] ennui”, he also counteracts this belief by arguing that apathy is in fact productive and shapes public life (52). Whether it is obvious to us or not, apathy can be seen both socially and politically, but with that comes more

negative connotations because apathy can also be seen as ignorance towards things we can't relate to or understand. Apathy might be produced to obtain a cool, calm, and collected attitude, or that lack of interest to the audience. This is especially seen in politics because apathy could sway an audience more in the orators favor by using emotions as a means of power. To better understand how this is done, take for instance a Republican and Democrat running for office. Someone might try to give you a reason to not care for either running candidate if it benefits them. For example, this someone may say that the Republican candidate said this, and the Democratic candidate said that. You now have negative associations towards both candidates and have enough conflicting information where you think both candidates are terrible and so you won't vote at all. This example might not always work in the real world, but the point is to set up the audience for apathy towards a situation so they can act accordingly. It's important to understand how people use emotions because the choices we make, like not voting, or voting for a specific party, can greatly influence our lives and the lives of others. Some people may use emotions as an intrinsic tool to take advantage of us, which is why we must recognize and understand emotions, but they are also used to help us make decisions in the first place.

Language and Emotions

Aside from emotions being a tool for control or power, emotions have an amazing way of using language through metaphors and terms as a means to describe experiences that others can relate to. In Lisa Barrett's article, "Are You in Despair? That's Good", she describes emotional granulation, not just as, "having a rich vocabulary, [but] it's about experiencing the world, and yourself more precisely". In other words, having a better understanding of your emotions, the ability to pin down those emotions, and knowing or

learning how to regulate your emotions could help you stray away from dangerous vices such as drinking, sex, binge eating, smoking, etc., to cope with stress. Incorporating this concept into your life supposedly prevents further health problems. This will help you live an overall healthier life because you will know, “how to handle the myriad challenges that life throws at you”.

David Robson in “The Untranslatable’ Emotions You Never Knew You Had” goes a little more in depth with emotion granulation by referencing different words and their representations from Tim Lomas’s “Positive Lexicography Project”. The purpose of this is because there are many different vocabularies that give us different ways to see and understand the world. Have you ever loved on an animal so much that you wanted to squeeze it to death, not literally, but this was your way of showing affection towards an adorably cute animal? Or, an animal is so cute that you want to love it so hard? You may have gotten strange looks from people based off of your actions and when you try to explain why you do it, you still get strange looks. This could be because you are not expressing your emotions towards the animal accurately enough for someone else to understand. For Robson, it’s all about exploring other vocabulary that can try to capture those feelings and emotions in ways that best represent them and that can be understood by others. Cute aggression could describe the intense animal love, but Robson brings another term to light, *gigil*, which originates from Tagalog.

George Lakoff in “Language and Emotions” takes a similar approach to emotion granulation but instead on focusing on terms, he brings in the importance of metaphors because it is believed that our, “metaphoric systems are entering our emotional systems” (273). This is because he believes metaphors are, “not just a matter of language”, but

they, “show linguistic [correlations] of embodiment” (270). Lakoff and other researchers believe that metaphors are conceptual and that they are based off of the physiology—the way the living organism or bodily parts function. To help us grasp this, he gives us examples of metaphors in relation to anger, such as boiling mad and letting off steam. The different metaphors are representations of our actual embodied experiences, like when we literally feel ourselves getting warmer because of a change in our physiology. Similar to terms, metaphors are a means of representations but are phrased in different ways to better represent the embodied state. Unlike terms, metaphors go beyond defining a state, and instead, are able fit various stages of emotions, at least this is what Lakoff believes. Since anger was a large part of this reading, let’s use that as an example. From my understanding, I took this as we all experience anger differently depending of what is going on and there are different stages of anger like, “you get angry, your attempt to control it, you lose your control”. Lakoff uses these as examples to show how metaphor can describe these different feelings of anger and can be used to represent a different stage of anger that someone may be in. I can say I’m angry, but without going in deeper, angry is just a word and this word will be understood completely different. If you want others to truly understand where you are coming from, to the best of their ability that is, then metaphors can fill that gap.

The connection I make among all of these reviews is the importance of how advocacy posts send a message by way of narrative, emotions, and mental health and what these concepts seem to be doing to the audience. These rhetorical strategies do not work separately but work together and create a stronger persuading message when all are considered. Though I separate these concepts by way of understanding and grasping the

material, they can all be seen doing work concurrently. I also want to stress the importance of awareness when it comes to narratives, emotions, and mental health in advocacy posts because of the effect they can have on the audience. Based on my reviews, if not done correctly, or if other contradicting factors occur, the advocacy posts could create more damage than good, or they could get little to no attention. I stress the importance of attention to these issues because mental health seems to be a growing problem in America and could be a sensitive topic. Whether it be stigma, triggers, or any other reason for making the discussion challenging, these issues need to be addressed. I connect these strategies because during my rhetorical analysis, I found how they work together in action when sending a mental health message. I believe that is where the rhetoric of narratives and emotions can contribute positively to changing how we talk about mental health, especially to younger people.

III. PERSONAL STORIES AS EMOTIONAL EVIDENCE IN ADVOCACY WORK

Young adults, especially children, are not always diagnosed with bipolar or depression early on because of the lack of education surrounding this topic, and how the messages are being transmitted. By analyzing artifacts through the Child Mind Institute's (CMI) campaign What I Would Tell #MyYoungerSelf and personal testimonies (PT) on their website, I am interested finding how successful the campaign is at persuading children, young adults, and their guardians to get help through this organization and breaking stigma.

As with the videos from the #MyYoungerSelf campaign, my analysis focuses on the work of the Child Mind Institute. CMI was founded in 2009 by Dr. Harold S. Koplewicz one of the nation's leading child and adolescent psychiatrists. CMI is an independent and national nonprofit organization that is helping transform the lives of children and families that suffer from mental illnesses and learning disorders. This organization recognizes that mental illness and learning disorders occur within children before the age of 14 and affect more children than suffer with cancer, diabetes, and AIDS. Koplewicz, researchers, and coworkers of CMI create new and innovative ways to educate the public about children mental health; this is done through their website, partners, and national public education campaigns. The CMI website has PTs publicly available of those who share their stories and experience with the organization. These videos follow a motivational slant because they are informative and can be seen as evidence, which seems to target guardians. Another persuasive approach the organization takes is the What I Would Tell #MyYoungerSelf campaign videos. These videos take a

more emotional slant and have a more raw and authentic appeal that seems to target young adults. While these videos could follow a successfully persuasive approach, there are limitations. Some of these limitations include lack of easy access to what is being said about these videos, a lack of platforms for parents and children to respond in correlation to these videos or discussion relating to mental health through a blog or other forums on CMI, and all persuasive approaches could be seen as self-advertisement opposed to geared to getting children help. I will further discuss these limitations later in my conclusion.

Personal Testimonies

CMI has PTs that are used as a persuasive tool to capture the attention of guardians with children's stories that could be seen as evidence. Hannah, who is diagnosed with anxiety and depression, says in her PT, "When I was around 13, it went from sometimes to always. It was hard for me to go to sleep, it's hard for me to get up in the morning." To further add to the persuasive perspective, Hannah's mom is also part of the conversation and says, "She was really having a hard time functioning in her daily life," adding to the motherly viewpoint of having a parent be part of the concern and be aware of the struggles her daughter was facing. Hannah's mother talks about how it would take hours to get Hannah to do anything and the results "would be hysterics, it would be crying, it would be panic attacks." Hannah and her mother even mention a time when they were driving, and Hannah attempted to jump out of the vehicle while in a four-lane highway, which emphasizes the concern of what Hannah was going through at the time. Hannah then goes on about a past experience with a therapist and how that was ineffective. As the PT continues, Hannah shares how problems were resolved after

seeking help through CMI. She says that, “It was less of a venting session and more of a teaching me how I am supposed to be living my life in like a healthy way.” Hannah’s PT is both her and her mother’s truth and they speak openly about their experiences with anxiety and depression and can serve to prompt other people suffering from mental illness to get help sooner.



Fig. 1 Still from Hannah, “Child Mind Institute Stories” (0:50, 0:51, 0:52).

Aside from the narrative itself, I believe it is important to understand the setting and reactions of both Hannah and her mother to imagine how these effects could be working for or against the message of seeking help. I bring up the setting and reactions of both Hannah and her mom because this ties back to Zheng Wang et al.’s. empirical study where they argue that message sensations significantly contribute to message acceptance and help the audience act on those messages. Wang et al. explain that, “message sensation values are defined not only by emotional content features but also production features” such as sound effects and camera changes (109). Right away there is music

playing to add more of an emotional appeal. It is slow and gentle and continues to stay this way as Hannah tells her story. It is not until Hannah talks about how CMI has helped her that the music becomes more uplifting. Hannah and her mother seem to be in a professional recording setting because there is a blank screen behind them, and the camera and audio are of high quality too—it is almost as if you are watching a documentary. Adding to the professional recording, the video has many cuts, which indicate that it took them a few clips to get the video exactly the way they wanted. Though Hannah stutters a few times, it could be assumed that the recording was semi-scripted or rehearsed. Also, Hannah and her mother seem well put together: makeup, hair done, nice outfits, and jewelry. When watching Hannah's PT, I thought it was significant to mention that she smirks or is trying not to laugh in one part of the video. Her and her mother's narrative could be a strong reinforcer for legitimacy, but her smirking could lose all persuasive appeals because it seems as though she is not taking the interview seriously, which might make people question the severity of her anxiety and depression. But this could be argued in another way. At the time of this recording, Hannah was still in high school, a child, immature, and still learning to understand and handle her mental health. If we are to consider these aspects, then she might not lose all validity and could be seen simply as smirking because she is uncomfortable, nervous, or embarrassed. Keeping part of her reactions, such as smirking and stuttering, might bring back the authenticity of her mental health and could give the video a less scripted and real effect. While there were some parts of the video that I did not include in this analysis, it can be determined based off of Wang et al's. study that features of message sensation and the sensation level that the audiences may be looking for in a message can greatly determine

how the message is accepted and interpreted.

Much like Hannah, Jackie is another young person who shares a PT about how she suffers from separation anxiety. She speaks about the struggles she faced with this mental illness and claims that the CMI doctors provided more success than any other experience previously. While we do not know the details, she tells us about the time when she lost her dad, signifying that it was his death that completely changed her life, including her mental health. Jackie describes her experience of separation anxiety by allowing us to visually imagine it (show) and informing us of what happened (tell). Jackie says she was at school when she texted her mom to see how she was doing, but when her mom never replied, she panicked and said, “I don’t know but something went off in my head and I ran out and went to the bathroom and started calling her and calling her.” She tells us that she was not breathing and how she was pacing around the bathroom as she was trying to get in contact with her mom. Jackie also talks a lot about not having the ability to breathe when she has these episodes. She even tells us that there are times when she must lie on her back just so she can catch her breath. Jackie then tells us that, “the Child Mind Institute gave me my life back. I felt that I was like finally in control again, and you know, I haven’t felt that way in a long time.” What is worth noting in Jackie’s PT opposed to Hannah’s is the different reaction they both have when anxiety takes over and how the situations in their lives contribute to that. Jackie is her own person with her own experiences with anxiety and her narrative already has major differences compared to Hannah. The reason this bit of information is important is because it follows Marie Moeller’s study in “Pushing Boundaries of Normalcy: Employing Critical Disability Studies in Analyzing Medical Advocacy Websites.” Moeller argues that “the

more individuals become involved, the more trust builds on behalf of the organization” (59). One might have more trust for CMI when they can find how this organization has made a difference in others’ lives, especially when they are “normal” like us. Jackie’s narrative is the first step to gaining audience trust. By her telling her narrative she is proving her own trust and success that she gained with the help of CMI. In addition to telling her narrative, Jackie’s experiences and expressions differ from Hannah’s, which could strengthen the trustworthiness because not everyone experiences anxiety or any other mental illness in the same way. It is not just her story that needs to be believable, it is her narrative that gives CMI the ability to prove to the audience that this organization is trustworthy and can help you. Adding to this trust, Jackie seems to be “promoting early detection and prevention” (Moeller 66) for the audience when it comes to mental health. Those experiences that she talks about, difficulty breathing, pacing, constantly sending texts or calling someone because you have not heard back, were her signs that something was wrong. Because everyone experiences mental health differently, it is important to notice difference in behavior, especially if there has been a major change in your life.

To better appreciate the visuals of Jackie’s video, I will also describe the setting and the reactions, because this too could have an effect on her narrative. Jackie is first seen sitting down in front of a grayish white screen. Aside from the screen being a slightly different shade, Jackie’s video is recorded in a similar fashion as Hannah’s and she too looks well put together. Not surprising, there is also slow music playing as she tells her story. As she gets to the more uplifting parts, the music becomes more upbeat. There are parts of the video where the camera is significantly close to her face, like when she is talking about the time her dad died, so we can get a good look at her reaction when

telling the story. Jackie does not seem to be sad or have the reaction some of us would expect when speaking openly about private events, but that could be because her emotional reactions are private, and she is not open about that. Jackie is seen looking to the corner of her shoulder or to the ceiling as she thinks to tell the next part of her story. Her facial expressions allow us to see that she is having to think back to what she wants to say or trying to remember the experience so she can tell it right. she does this throughout the entire video. Jackie's smirking/smiling is slightly different than Hannah's because it seems more obviously to be a nervous laugh or means of being in an awkward situation. There is more that could be said about the emotional qualities of this PT and others in their presentation, but I will discuss such features in greater detail in the next chapter.



Fig. 2 Still from Jackie, “Child Mind Institute Stories” (0:05, 1:24, 1:50, 1:58).

Hannah and Jackie briefly talk about their past experiences with mental illness and how CMI has created a better experience and provided results. After careful analysis,

both PTs carry strong emotional appeals that end in a motivational slant that strengthen their stories. First, fear and shock stems from the children not finding a doctor or therapist that helped them improve their mental health. This is a concern that many parents might worry about because their child's health is their priority and knowing that they have had no success for multiple years can result in fear and shock. To put this fear and shock to ease, the PTs then take a motivational slant, reaffirming that Hannah and Jackie are currently at their best by giving thanks to CMI and all the doctors. This sends a more inviting message and could be a reinforcer as to why CMI is the best place to help one's child, urging parents to seek child mental health as soon as they can. While the PTs are great tactics and offer agency to parents seeking help for their children, it is possible that they follow the approach Kelley King Heyworth identifies in "What to Do If You Think Your Child Could Have a Mental Health Disorder" by explaining that it is a parent's responsibility to notice child behavioral differences earlier on. This puts less responsibility on the PTs to urge agency and more on the parents since they will be in direct contact with their child and hopefully the ones to start the process. The PTs could strengthen the emotional effects for parents, which is why their attitude, beliefs, and behaviors may change after watching the videos.

There are many personal testimonies that the everyday child and young adult share based on their personal experience with CMI. In a CMI interview, Hannah speaks openly about her depression and anxiety and that going to a therapist worked for a while, but she spent most of her time venting about problems instead of learning how to handle the problems when they occurred. This all changed when she received help from CMI, and the problems were being resolved instead of just talking about them. Jackie also

suffers from anxiety and used to feel weird and embarrassed about it, but she says CMI doctors provided more success than other therapies because Jackie finally obtained control of her life. These stories help the targeted audience by offering first-hand accounts to the effects that the organization has made in helping children with mental health issues. This can be further argued based upon the work of Fabienne T. Cadet and Ryall Carroll, who look at narratives based on the relational theory of risk as a means to communicate to your audience. The organization is faced with risks because the topic of mental health is a sensitive area, which could potentially harm the organization or the audience if the content and messages are not carefully communicated. My analysis builds on this research by emphasizing that campaigning and producing material that is based on mental health is a risk but communicating this through personal stories as a means to push the audience to change their attitudes, intentions, and beliefs allows the change to be easier.

In addition to the PTs, the two campaign videos I analyzed for their personal narratives are from Kristen Bell, an actor known for her role in *Frozen* as Anna, and AJ Mendez, an author and professional wrestler for WWE. Bell's video focuses on anxiety and depression by taking a more assertive approach by using "I" statements when it comes to the ownership of her feelings and behaviors while considering the needs of others. Mendez takes a slightly different approach with her #MyYoungerSelf video by saying your (her) bipolar disorder will give you a sense of community and empowerment and how you can become your own hero, not in spite of your disorder but because of it. Both differ in their narratives based off of the emotional appeals and contrast on the different approaches they take when addressing mental illness. A close examination of

these videos and theories will help determine how the personal testimony and celebrity video strategies are persuasive.

Upon careful analysis, the campaign videos seem to create diary-like messages that speak truths on what the speakers wished they would have told themselves or known when they were younger. Because these messages are diary-like and are being viewed and heard as if someone is telling a story, transportation can result if the individual can relate. Transportation generally can be understood as a means to psychologically transport or immerse someone into a story where the audience can create images of the event(s) and figuratively play these circumstances in their mind. Taking a similar approach but diving deeper into the mental abilities, transportation is also a means of “lifting people from their ordinary tendency to mentally argue with positions they oppose, can lead to more openness to alternative points of view, perhaps increasing tolerance for different perspectives” (Perloff 344-345). In fact, after decades of research and studies, findings show that narratives that transport individuals to different psychological places can influence affect, beliefs, and attitudes about a variety of issues (345). Even if an individual who comes across the campaign and PTs are not the target audience, it can be assumed that transportation can still lead to people having an open mind and position of acceptance to the message. This is because in addition to transportation, the audience could use the self-transcendent approach, which follows Mary Beth Oliver et al’s. study, “Self-Transcendent Media Experiences: Taking Meaningful Media to a Higher Level,” in which self-in-other and other-in-self contribute to the affect. Since the narratives I analyzed are media based, this follows Oliver et al’s. argument that meaningful media experiences reflect self-transcendence: “Experiences

pertaining to universality and connectedness, moral virtue, and spirituality [and] how media may function as not only a means for self-focused well-being, but also as a catalyst for greater appreciation of other-oriented connectedness, virtue, and actions” (381). Additionally, the message is being disbursed as a narrative through a diary-like approach. This is the teller’s story and is not intended to change attitudes or beliefs but can enlighten or trouble an audience. While it is possible for transportation to influence affect, beliefs, and attitudes, if the audience cannot identify with the message personally, then the persuasive use of narrative will be ineffective.

The campaign videos take on a much more personal and rawer story with an emotional appeal that slightly touches on motivation. A child or adolescent who views the speakers as possible peers might be more interested in what they have to say opposed to a random person confessing their experiences. Again, since the message is framed as a diary and touches on relatable issues like “Everyone feeling yucky on the inside, sometimes” (Bell 00:32-00:35) or “You know all those comic books your mom keeps getting you to throw out? You hang on to those. You’re going to be into it forever and they will be super worth money someday” (Mendez 00:13-00:20), children and adolescents could relate and be more affected. This brings me to the framing behind PTs and how the use of fear and shock can be a motivator for parents and guardians. The PTs are dryer than What I Would Tell #MyYoungerSelf, but instead of being well known actors, these spokespersons are ordinary children that tell their own story.

Speed and competency become major factors when reaching a target audience and could make or break the child mental health message. Mendez, Bell, Hannah, and Jackie demonstrate a much slower speed when sending a message because of this idea that they

are conveying communicator concern, empathy, and goodwill (Perloff 354). This claim is supported because the topic is focused on child mental health. While the PTs and campaign videos take different approaches to reaching their target audiences, they do express these emotions because they are advocating an audience member seek help or that a loved one helps a child to seek help. It could be argued that Hannah and Jackie have slower speech because they are not competent or confident. However, it is important to remember that they are not speaking on behalf of professionals but on their own experiences and what has worked for them. In fact, slower speech could be used to emphasize the emotional appeal that is being used at the beginning of the videos.

As for Mendez, she talks with a much faster speed in comparison to the other relating videos. There could be many possibilities to why Mendez decided to have a faster speech which includes a more positive outlook when talking about mental illness and expressing competency on the topic. In fact, speaking quickly could propose that the speaker is credible, knowledgeable, and has more expertise in the message that are communicating. Additionally, moderately fast speakers are seen as more intelligent, confident, and effective than their slower-speaking counterparts (Perloff 352). Mendez's speed does not weaken the credibility of the other speakers but provides a different appeal. While "slow speech may convey communicator concern, empathy, and goodwill" (354), this is Mendez's narrative, and her speed is able to capture her audience in other ways. When considering Mendez's speed of speech, it is important to understand the different issues of speech rate, which could be found in communication accommodation theory. This theory "is guided by the insight that communicators sometimes adapt their behavior toward others, as when a speaker slows down when talking to an older person"

(355). Mendez uses language intensity to her advantage by using specific words such as “superpowers” and “superhero” and phrasing words that sound like they come from a comic book or fictional story. These words could reduce negative attitudes towards mental illnesses because instead of looking at bipolar disorder as a disability, it is metaphorically described as a superpower. Mendez’s use of metaphors through powerful speech could be effective because “they help people efficiently structure message arguments, in turn strengthening interconnections” (362). It can be assumed that Mendez intends for her message to be shared or heard by a younger audience, and to create connection or even get a younger person’s attention, she has chosen to speak at a much faster pace and with more enthusiasm.

Facial emotions of a spokespersons can be a contributing factor for resonating with the public. Hannah’s video is pre-recorded and her target audience at that time was an interviewer from CMI, but her facial expressions, much like her language, are ways in which she can still resonate with an audience beyond the interviewer. Hannah starts off by having minimal smirks or no smiles at all, with constant eye movement, specifically looking down or to the side, and very little body movement, appearing almost stiff and uncomfortable. The body language could resonate with someone who is dealing with a mental illness or a guardian could recognize similar attributes in their own child. As the video continues, Hannah smiles more, has more direct eye contact with the audience (interviewer) and her body movement expresses enthusiasm and confidence. Bell is more serious with deep eye contact, and the camera is close up to her face, allowing viewers to really see her seriousness and concern. The focus on facial expression adds to the emotional appeal and dramatization that could strengthen the message and make it more

convincing and resonant with an audience.

Emotional Transportation and Evidence in Personal Stories

Personal stories are a key resource in CMI's campaign because they allow the audience to share a speaker's emotion, but this comes with challenges and risks. In Steffan Rennick-Egglestone et al.'s empirical study, they focus on how live or recorded recovery narratives can have an impact on recipient cognition, affect, and behavior due to triggers. One of the ways that Rennick-Egglestone et al. has found narratives to be effective is "through empathy to the narrator, including emotions perceived as positive (hopefulness, gratitude for life) and others that are more distressing" (676). Referring back to my analysis of all four videos, this is carefully done, but I especially see this in Jackie's PT. Because mental health is a sensitive topic and could easily trigger some people, how mental health is discussed must be taken into account. Jackie informs us that losing her dad was hard and was fast because "he was in the hospital on a Monday and passed on a Thursday." We are not told any specifics and as she continues to tell her narrative, we still lack information, but that could be a means to avoid triggers and create less of a shock or fear but more of a concern to get help. I personally have not experienced the death of a parent, so my interpretation and analysis of this could be argued.

When the audience views the organization's content through the What I Would Tell #MyYoungerSelf campaign and PTs, it can be assumed that the viewer will either put themselves in the shoes of another person, think of their own situation related to the message, or remain neutral. Instead of focusing on how narrative and advocacy messages influence behavior, Sally M. Dunlop et al. explore how these two message formats

influence participants through cognitive and experiential responses. Although Dunlop et al. find minimal difference between the two dominant message approaches, it could be argued that self-referencing, “the process of relating the message to aspects of oneself and one’s life” (137) and transportation, “the feeling of being lost or absorbed into a story” (135), will have a much more significant outcomes. Another technique to consider beyond the self-referencing is the self-transcendent media experience. While this notion can be more subjective rather than objective, Oliver et al. argues that theoretical concepts convey an audience to engage with a message that goes beyond their personal ego. When an audience observes CMI’s videos, the content provided is measured by self-in-other and other-in-self affect. For example, when watching and listening to Mendez, we may relate ourselves to her, even if it is as small as noticing she has action figures and funkopops (small vinyl figures that look like characters from different franchises like Marvel characters) decorated on a shelf behind her. It could be more self-in-other if we find ourselves relating more on a personal level with Mendez like when she talks about questioning her mental health and connecting it back to superheroes, which could be something the audience might connect with and relate to. Then there is the other-in-self where we might not realize we have questions about our mental health because we do not cry all the time, or we look well put together. When Mendez is on camera, her hair and makeup are subtle, but done, she seems very positive and optimistic, but lives with bipolar disorder. We then might recognize that we share some of her attributes and have that other-in-self experience. Oliver et al. found that “self-transcendent media experiences are those in which content helps viewers, readers, and players resonate with the world in a universal sense, stimulating renewed feelings of, appreciation for, and

motivation to cultivate interconnectedness, human virtue, altruism, and spirituality” (386). This altruistic method can occur by watching the “#MyYoungerSelf videos, reading and watching personal stories, and analyzing the website to gather information in order to focus on the other. It would be ideal for the audience to incorporate the self-referencing and self-transcendence when viewing and messages, because the goal is to encourage one’s behaviors to seek and approach ways to improve mental health.

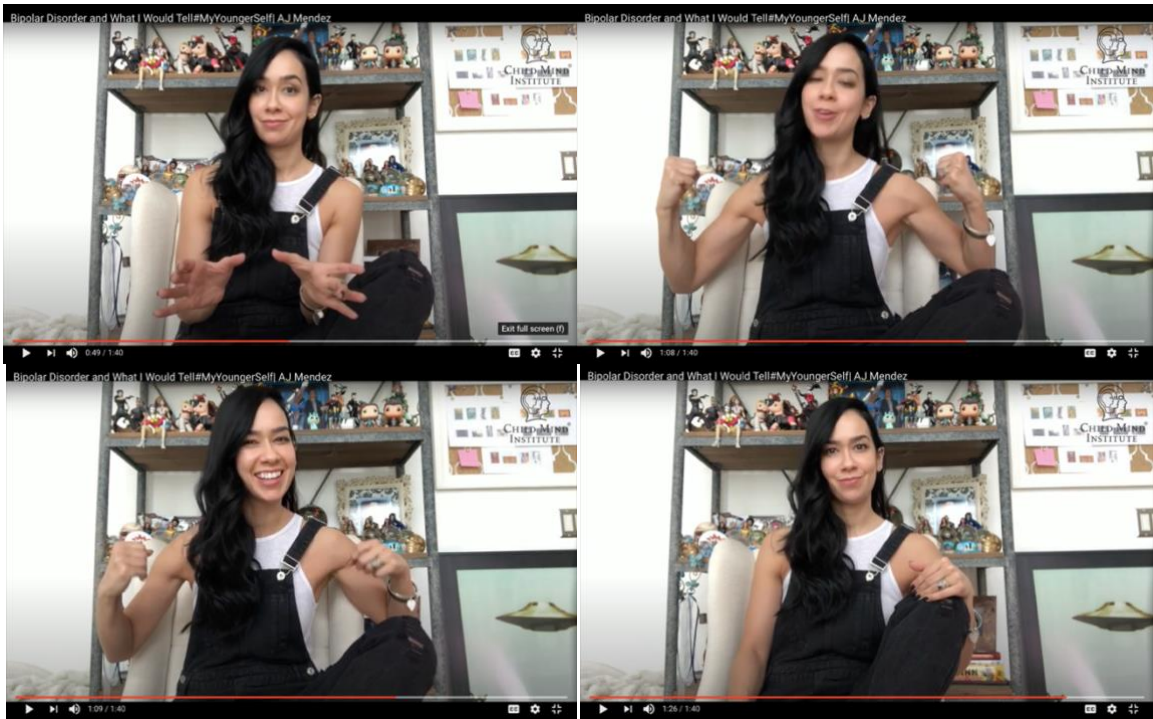


Fig. 3 Still from Mendez, “Bipolar Disorder and What I Would Tell My Younger Self” (0:49, 1:08, 1:09, 1:26).

It could be argued that the campaign and PT narratives are evidence-based because they are the spokespersons own truth and experiences, which are being shared to spread awareness. Evidence consists of factual assertions, quantitative information, eyewitness statements, testimonials, or opinions advanced by credible sources (Perloff 338). Knowing that evidence can be acquired through different applications, who is to say that Mendez or Hannah’s stories are not sufficient evidence? Instead of the heavy use

of statistics, evidence through narrative can be a stronger advantage when changing attitudes because the persuader is the evidence, more specifically, the persuader's experience is evidence. When Mendez gives her younger self a pep-talk, she tells herself to hang in there because the feelings of darkness and anxiousness will soon be answered and diagnosed as bipolar disorder and within the diagnosis, community will be found. Mendez speaks about how things will get better and how finding a diagnosis for these internal feelings will create a better atmosphere for oneself. Similar to an autoethnography, the personal story approach speaks volumes and is harder to argue against because the story is the speaker's own experiences and truths. As long as Mendez is deemed as a credible source, or can prove to be credible, the use of evidence can be expected to produce more attitude change than the use of no evidence (340). The story Mendez shares can be seen as credible and could further the persuasive approach when getting an audience to see truth in her message because her experience is the evidence. This could get the audience to change behaviors, or the very least, reason with the message.

IV. AN ANALYSIS OF PAIN, REGRET, AND VULNERABILITY IN MENTAL HEALTH ADVOCACY POSTS

We experience emotions every second of every day, and though we don't necessarily analyze them, we feel them none the less. No matter where we are, who we are with, or what we experience, there are always emotions within us, and they are here to stay. Even if we can't pinpoint the exact emotion we are feeling, this affect that we experience is still something that will eventually lead to an emotion once it is understood. In this section I discuss the importance of emotions and how they work within CMI and NAMI. To help focus my analysis, I have limited myself to three key emotions: pain, vulnerability, and regret. It is through these emotions that I will analyze how they are working within the text because of the extraordinary effect they have on us due to the social constructions within them.

To better understand why emotions matter, I first refer to an array of journals that touch on social construction, power, affect, relating to others, and language that argues for the importance of emotions. I focus on pain to understand how and what this emotion does to affect people's lives. To see how pain is experienced, I analyzed a website, National Alliance of Mental Illness (NAMI), more specifically, a blog-like page that allows anyone to post anything that is on their mind anonymously and publicly on this site. By doing more research to further define pain and to understand how it is expressed via blog posts and advocacy videos, I hope to strengthen people's understanding of the meaning and significance of pain, especially when it comes to mental illness. With this, I theorize that the expression of emotions, specifically pain in mental health platforms, could rhetorically promote better understandings of mental illnesses and form

connections with others to seek professional help.

Though specific feelings and emotions are not openly represented in the ordinary affect posts and videos, some of the writers and influencers seem to follow Sara Ahmed's concept of predetermined happiness and the affected alien. In Ahmed's, "Happy Objects", she explains that, "what is apt to cause pleasure is already judged to be good" (41). Some of the memoirs/ moments they write and talk about are deemed as happy objects, whether they are predetermined by society, or a reaction to happiness out of habit (40). They even incorporate Ahmed's "affected alien" (39) because there were moments where they may have felt alienated and attributed negative affects because of the object of happiness towards the object disrupted what is considered a common experience. I will explain this more in depth with an analysis of a post who represents this perfectly. The writers of the posts and the influencers in the videos seem to follow Stewart's writing technique and surprisingly touch on Ahmed's theory of happy objects without being fully aware of it. By analyzing the affect of pain through posts and videos of two mental health websites, I hope to break down their experiences as a means for those who may not understand why or how their happiness or set of feelings and emotions are to an object. Their stories might not have the exact reaction that most people would expect, or maybe their reactions are very much expected, no matter the case, they are theirs.

How Others Define Pain

To further define pain, Chryssoula Lascaratou does this in her chapter, "The Language of Pain: Expression or Description?" by referring to how terms and expressions are used by patients and medical staff when measuring and assessing pain. As Lascaratou does this, the concept of pain starts to become more complex because of the internal and

external attributes of pain. Because of the complexity of pain, Lascaratou refers to the currently accepted definition of pain from the International Association for the Study of Pain (IASP) who define pain as, “An unpleasant sensory and emotional experience associated with actual and potential tissue damage, or described in terms of such damage” (15). What’s noteworthy about this is how this definition allows pain to be subjective and allows for different interpretations. In addition to (IASP), Lascaratou also agrees with McAffery’s (1972) definition that, “pain is whatever the experiencing person says it is, existing wherever he says it does” (16). Though the power of language is a great way for people to describe their pain, Lascaratou, argues that language is just as vital when understanding pain as it is a limitation—this is when use of expression and description come into play. Description of one’s pain is other-oriented and informative while expression is self-oriented (25). The problem with descriptions of pain is that people are raised with particular words to use with their subjective painful experiences. Because of this, the terms might not correctly reflect the exact pain the person is going through or the person who is trying to understand someone else’s pain may attach the meaning of pain to their own experiences. In this case, expressions can be cries, groans, screams, or whatever reaction one might do when going through their version of pain. This requires no need to explain the pain because your reactions can speak volumes and are your response to the pain. Needless to say, the power of language still holds some limitations when describing pain, but Lascaratou believes the definitions from IASP and McAffery’s use careful enough words to define pain, but still allow it to be subjective to the person experiencing pain. Because pain is subjective, the definition needs to be too, which also makes for a more challenging way to understand someone else’s pain, even if we try our

best to emphasize with the other person.

Analyzing Pain through the NAMI Posts

With a more clear, or maybe not so clear definition as to what pain is and how to understand it, I analyzed a blog-like post called “You’re Not Alone” on the National Alliance of Mental Illness (NAMI) website to see how pain is defined on these personal, yet public, posts. Because of the countless amount of posts, I limited myself to an in-depth analysis of only a few, with the exception of briefly reviewing how pain is being expressed or defined among other posts. What is interesting is that the writers of the blog-like posts, whether they intended to or not, seem to follow the argument that Sara Ahmed makes in *The Cultural Politics of Emotion* which is, “the reader is presumed to be moved...the reader's feelings are the one that are addressed...[and allow] the reader to enter into a relationship with the other” (21) through the framing of the letter, or in this case, blog post. When considering this type of framing, this allows the emotions of the reader, not the emotions of the actual subjects or writer, to become the focus, or only focus. Since analyzing the blog-like posts, this becomes especially important because even though the posts may be for the writer, they are also intended for the reader(s).

One post that quickly caught my attention was My Journey to Mental Health Stability because it was enriched with so much information, seemed carefully thought through, and the writer did their best to describe their painful experiences. Even though it was pain that was analyzed through this post, the writer doesn’t explicitly use the word pain to express or define the pain that was experienced. In the first paragraph, the writer quickly informs the reader that there was “emotional distress” in her life, her “parents...expressed little affection” growing up, and as a Hmong female, she “struggles

with self-identity”. It’s clear that this information is to help understand where the reader is coming from—emotional distress, lack of affection, and struggling with self-identity seem to be commonly shared traits for those who struggle with mental health. With that in mind, this could easily be a way for the readers to connect and relate to the writer through self-reflection. Though self-reflection might take away from fully understanding pain through the writer’s eyes, it could be the best way to understand pain in this perspective. It seems as though the writer has surpassed the affect moment because she is able to address and pinpoint the specific problems that have contributed to her mental health. As the post continues on, the writer goes back to emotional distress and further identifies her mental health to her reserving her emotions and not seeking any form of help when it came to understand them, more specifically, comfort and support of others. What is worth noting is that the writer doesn’t quite express pain but does a wonderful job at describing it. In the writer’s defense, she openly admitted that she struggles with her own emotions, so this was to be expected. During this analysis, I also argue that the writer uses positive terms that are representations of pain. She concludes her post with terms such as resiliency, confident, purpose, meaningfulness, content, and humble. All terms that we normally wouldn’t associate with pain, but it can be argued that it was her understanding and experience with pain that had led her these different terms that now represent her life.

What I found particularly fascinating with this post was the fact that the writer has discovered for herself that understanding her emotions and learning how to express them have proven to benefit her mental stability. As much as this writer describes her experience with pain through mental health, I don’t know enough about her to grasp how,

who, or where she gathered the concept of realizing that emotions greatly impact her overall mental health. Whether this writer is aware of it or not, she is proof to Lisa Barrett, David Robson, George Lakoff, etc. that understanding emotions on a much deeper level can impact one's life and help bring more understanding to those emotions. Furthermore, having the ability to connect and relate to readers, though that may have not been the intention here, also brings the writer and audience together. Following a somewhat similar concept of power from Aristotle and emotional granulation might not directly influence the readers, but this indirect method could be a resourceful method when rhetorically reaching out to people who may or may not live with mental illness and are seeking more information and guidance.

The next post I analyzed was Struggle to Acceptance *Trigger Warning*, which took a similar, yet different approach to addressing pain. Much like the post before, this writer seemed to have their thoughts well drawn out before writing because everything transitioned well and seems to flow. This is important to consider, because this could mean that the writer has already experienced the affective moments and has now targeted those feelings and emotions. This writer refers to pain directly, but then uses other words such as “suffering” and “scars and flashbacks” to further define pain, or at least to give a better representation of what she means by pain when it comes to bipolar disorder. In the second paragraph, pain isn't described as a tangible object that causes direct discomfort, but it's more of learning to engage in a better relationship to bipolar disorder, the nontangible object that causes the pain. The writers wrote, “I rejected it...completely repulsed by its very being. It was as though bipolar disorder had scorned me in some way...We had a lot to overcome and work through to have the relationship we have

today.” This writer uses certain terms to describe the pain of bipolar disorder, but this writer also refers to their bipolar disorder as a living, breathing object. George Lakoff argues for the use of metaphors when understanding and describing emotions, and though this writer doesn’t do that per se, they have turned this nonliving and nontangible object into something that causes pain, something we would normally expect from something we can imagine with our different senses. The writer does an amazing job at bringing bipolar disorder alive, so that the reader could envision this difficult relationship, one that you might experience with an actual person.

To further understand pain, or for the sake of this post, bipolar disorder, the writer does a great job at expressing pain. Instead of describing pain through the different terms or experiences, the writer is able to describe how they express or have expressed pain. For instance, in the third paragraph, the writer explains that they have accepted, “the uncontrollable tears, sleepless nights aching in anxiety, and thoughts racing a mile a minute.” As readers, we can now imagine how pain contributes to bipolar disorder. We may not physically witness these experiences, but the writer allows us to envision them from their perspective, not just create thoughts and feelings of our own. Much like the other post, self-reflection could still be at play here, but could help allow the reader to empathize with the writer if they are able to put themselves in their shoes, or maybe these expressions to pain are much more relatable and personal to the reader where they can quickly envision themselves.

Adding to pain through expression, the writer of Dandelions *Trigger Warning* also does this, but through metaphor. The writer explains that they were told during treatment and recovery that they are a, “dandelion in a field of orchids [because] orchids

wilt after the slightest amount of negligence, or disruption, but dandelions are strong...they keep growing no matter the conditions they have". Considering George Lakoff's argument for metaphors, it could be that they do in fact make a contribution to emotions, especially among mental health. The writer was greatly impacted by this phrase and continues to live by it, so much so that they too refer to this saying for anyone who may come across their post. The writer believes that we control how we react to our feelings, just like a dandelion is in control to survive, but they can't survive alone. Taking a different twist on this the metaphor that was shared with them, they then add that, "No dandelion grows by itself...it needs to fight to get water, sunlight, and nutrients from the soil." This metaphor seems to coincide with Lakoff's argument on metaphors that they are physiology because the way of comparing dandelions to humans through an embodied experience such as growth.

From what I have gathered analyzing these posts on NAMI, I have come to realize that many of these writers take on a persona of an affective alien. The term affective alien is not overtly used, but many of the writers seem to express a sense of alienation or have an indifferent feeling towards pain, which some people may find strange. An example of this comes from Struggle to Acceptance post where the writer explains, "I say often I love my disorder and I think that confuses some." Taking a slightly different approach from Sara Ahmed's "Happy Objects", this writer has attributed positive affects towards their disorder, which normally attributes negative affects, and by doing this, they disrupt the common experience of what is expected from society. In another post, Stuck with Mother and Horrible Feelings, the writer describes being stuck at home with their mother who is affected by borderline personality disorder.

In addition to their mother living with this disorder, COVID-19 has had further plans for them living under the same roof for the time being. If considering the current situation, which is the pandemic, many people wish they were with their family because of the uncertainty. If we consider the pandemic, being with family would be deemed as the happy object, but for the writer, they still have a negative affect towards their mother because her disorder causes too much emotional pain. These feelings and emotions that the writer has towards their mother could be alienating because other people would rather endure family drama than being alone because our circumstances have left so many people jobless, people have lost their life to the battle of COVID, and mental stability has significantly increased for many.

Based off of these posts, it is possible that not every reader will be able to connect to these posts, but it could be argued that people who view this site and read the posts are trying to connect with others or see what others are doing or have gone through. One of the ways that this has been seen is through emotion, particularly the expression of description of emotion. With that in mind, a post such as these could spark more connections to readers than we might expect. It is possible based off of my analysis that emotion is the reason behind people talking about their experiences, reading about other experiences, and commenting on these experiences. Regardless if they are in the stage of affect or if they are able understanding their emotions, it is how emotions are being represented by expression and description that is seen among all the posts.

Vulnerability and Regret Analyzed

To better understand Child Mind Institute's (CMI) rhetorical strategies through emotion, I analyzed a few of their campaign/influencer videos which they refer to as,

“#MyYoungerSelf”. I decided to analyze the video of Kristen Bell, who is known for her acting, I also analyzed her video based on narratives in my earlier chapter. To get a better understanding of how emotions are used rhetorically, I wanted to make the analysis fair by analyzing a second video which includes Dan Reynolds, singer from Imagine Dragons. There are many other videos that I could have chosen, but I specifically chose these two people because of their impact and popularity with younger crowds. Kristen Bell is currently known for her role as Ana in *Frozen* and it seems as though many kids love to sing along to “Thunder,” by Imagine Dragons. Besides choosing these videos based on popularity with the younger people, there was no other reasons for me to pick these videos among the rest. When analyzing these videos, I focus on how regret and vulnerability are used to send a message and what impact these emotions have on the audience.

How Vulnerability Functions

Though regret plays an important role when sending a message and has undergone many studies that prove its value in positively impacting lives, it is having the ability to be vulnerable both sending a message and accepting it that becomes the core of emotional appeal in mental health messages. Much like regret, people associate vulnerability with negative experiences and consider it more of a weakness. Richard Marback explains in “A Mediation on Vulnerability in Rhetoric” how vulnerability could be represented as negative or as a weakness rhetorically but argues that it obtains more positive contributions when used in strong rhetoric. It’s important to first understand how vulnerability could be associated with mere rhetoric which Marback defines as “a rhetor’s desire to deceive [because it is] too persuasive, or at least so powerfully persuasive we

cannot adequately resist them except through considerable conscious effort” (1), opposed to strong rhetoric. This is because, “in its welcome of the influence of others—[strong rhetoric] does not deny our vulnerability to being duped” instead, this means that this way of rhetoric doesn’t deny or hide the fact that the use of vulnerability could be used to deceive (3). More simply put, mere rhetoric uses vulnerability to manipulate in a sly manner and is used to purposefully deceive the audience. Strong rhetoric on the other hand does not hide the fact that the use of vulnerability could sway an audience in their favor. They are not hiding the fact that their way of rhetoric is used to influence other’s, but their use of vulnerability still allows the audience to easily resist the persuasive message if they pleased. No one is coerced or manipulated, but the message could come off as strong suggestions or ways to emotionally connect to the audience. To understand how vulnerability is portrayed in the videos that I will later discuss, we must consider how it is constructive through message appeal. To be vulnerable means to have an openness with yourself and possibly with others and to “require an acceptance of emotions” (10). While vulnerability could be seen for its other attributes, in the case of my analysis, I have found that it is a form of resilience which allows for connection and legitimacy between speaker and audience.

How Vulnerability is Performed in Dan Reynolds’s Video

The ways in which Dan Reynolds shows his vulnerability is through video recording, clothing attire, room and esthetics, and body language. As soon as the video starts it’s clear that someone else is recording him with a low-quality camera, maybe a cellphone, because the lens seems cloudy. In addition to a low-quality camera, Reynolds is seen wearing a plain grey t-shirt in what looks to be a basic living room. It could be

that these features were carefully chosen in order to relate to the audience, at least physically. No one is recording him professionally, he is dressed predominately casual, and as far as financial class goes, the room he is recording in looks average and has no furniture or accessories to make it look lavish. While this may or may not be Reynolds's intentions, this gives off a "I'm just like you" experience and takes him away from the popular performer that we know him for. What was particularly fascinating about Reynolds's video is his body language. He is seen slightly twisting his body from side to side which shows discomfort and is a physical reaction to exposing parts of his personal life—mental illness. All of these qualities that are represented in the video are acts of vulnerability. In Renuka's article, she explains that by inviting the listeners into our experiences vividly, as Reynolds does, he is able to capture the audience (167). While everything I have previously mentioned rings true, I believe it is his body language that gives him more, "credibility through the rhetorical stance of deep exposure" (166). He can dress the part, lay out a scene, and talk the talk, but it is in fact his bodily movements that are proof of this vulnerable message. It is Reynolds's, "thoughts, emotions, and behaviors that accompany [his] disability, [and] clearly seeks to establish the legitimacy" (168). By Reynolds being open about his depression saying, "I've dealt with depression for a long time--it started in middle school", he follows Marback's argument that, "What we gain in acknowledgement and accepting our vulnerability to the appeals of others is an awareness of ourselves in our responsiveness to others" (12). Not only is Reynolds putting his depression on the line, but he also is learning how to talk about and respond to his vulnerabilities by speaking about them and by slightly separating himself from the fame scene. Even with Reynolds being a singer of a popular pop band, he still suffers

with depression, but acknowledges that it's nothing to be ashamed of. No matter who you are or what you do, mental illness does not discriminate, and Reynolds proves this by informing us of his fame but expresses his vulnerabilities that separate him from the famous Imagine Dragons singer we know him as by admitting his experience with depression. Without putting it into words, he explains and shows that he is not perfect and continues to live with his depression, shamelessly. By understanding vulnerability and how Reynolds uses it in the mental health video, this could help bring more resilience to others who may be suffering from a similar mental illness. While these are ways that Reynolds uses vulnerability in his video, it further argues that this isn't being used to deceive the audience but could be a means to also give the audience resilience to speak up and get the help they need.



Fig. 4 Still from Reynolds, “Depressions and What I Would Tell My Younger Self” (0:23, 0:25).

How Vulnerability is Performed in Kristen Bell's Video

As soon as you play Kristen Bell's video, she immediately allows herself to be vulnerable through a quick disclosure of her mental illness. She starts off by admitting that she has suffered with depression and anxiety since she was 18 years old. As a well-known actress, she discloses her mental illness, even if it means putting her career at risk. Uthappa Renuka explains that deep disclosure could leave the ethos of vulnerability damaged, but "vulnerability can be beneficial in instances when it moves the speaker closer to the audience's ability to embrace or reject his plea for acceptance" (165).



Fig. 5 Still from Bell, "Anxiety, Depression and What I Would Tell My Younger Self" (0:29).

In addition to Bell speaking openly about her mental illness, she is also seen without makeup, using what seems to be a cellphone to record the video, is recording herself up close, and is standing in front of a blank wall, and lighting. By not wearing makeup, she is not only ridding the mask of perfection, but it is also a representation of those days when she feels "yucky" because of her depression and anxiety. The audience is able to get an up close and personal look at Bell and all her expressions during the

video because of how close she keeps the camera on her face. It is also important to consider how she is recording herself. Instead of using high tech cameras or having someone else record this video for her, it seems as though Bell is using a cellphone or a personal recording device of her own because of the angle and movement of the camera. As she records herself, she stands in front of a blank wall where lots of natural light covers of her face. The blank wall could be a way for her to keep some of her personal life separate as you see no pictures, shelves, furniture, or anything that could let us know more about her. On the other hand, the large amounts of natural light that covers her face exposes her entirely and allows her audience to see her completely. Renuka writes about how Michael J. Fox exposed his Parkinson's disease by not taking his medication and how this allowed him to get on a level of message control and get his audience to consider which persona is "normal" (168). While Bell's physical approach to vulnerability isn't as extreme as Fox, she is still able to physically express her vulnerability that disrupts normalcy that is the Bell the media portrays and instead presents the Bell that she wants people to meet and understand. She says, "People seem like they don't have any problems, but everyone is human. Everyone has problems", because no matter who you are, mental illnesses can affect anyone. Since Bell is a celebrity and could be easily deemed as perfect, whether it's her financial status, looks, mental health, privilege, etc., she still has problems and is making her imperfection known, which makes her vulnerable. All of these are ways in which Bell expresses her vulnerability to portray herself as honest as she can, so her audience could see her as credible and could form a connection. Even if the connection is sparse because of her role as a celebrity, she is using her privilege to send this message which is to make it known

that that mental health of children is a problem and is trying to emphasize urgency of this matter by using her own experiences and vulnerability.

How Vulnerability Functions with a Child

I thought it was important to also mention that at the end of Kristen Bell's video, there is a young boy that concludes the videos with a message--in fact, many of the #MyYoungerSelf video ends with this young boy. I first want to address his physical appearance. We don't know the exact age of this boy, but he looks to be between the age of six and eight. What's also significant about this child is his hair. While different haircuts and designs are in, it's clear that the way this boy's hair was cut was due to a procedure. There are three strips on the right side of his head that look like it could have been done for an edgy look, but they are uneven and don't fade like haircuts that follow this design. In addition to the stripes, the front of his head has a large patch of hair missing and though it looks to be growing back, it's growing back patchy. Another noteworthy analysis of this boys' features is he has a light skin complexion and has light eyes that look to be a blueish gray. Generally, this is associated with someone being white, while we don't know what his ethnicity is, it's important to recognize this because he could have been sought out specifically according to sickness and physical condition. Since it is the boy that is ending this message and is now the rhetor, he follows Marback's argument that we supposedly can trust him because, "ethical preparation (and our own common sense) prevents the rhetor from taking advantage of us" (4). Since Child Mind Institute is known nationally, we can assume or do some research that what they say, what they do, and who they use to end these messages are legit. While we know little to nothing about this boy, his physical appearance tells us so much. Also, when a

message is coming from a child who people generally associate with innocence, we give them the benefit of the doubt by trusting and believe what they say—even taking it a step further and become part of the change they ask of us.

In addition to this boy's physical appearance, I must also touch on the message he is sharing with the audience. While the message holds importance, it's possible that it is the guilt that audience holds for boy, which could turn into regret. This boy says that kids who struggle with mental illness or learning disabilities need a place to turn, that place being the Child Mind Institute. In order for these kids to get the help they need he asks the audience to donate to CMI so, "they can help more kids like me". This use of strong rhetoric is interesting because this child's vulnerability and innocence could be deemed as a means to make the audience susceptible. Marback argues for a similar position that the boy is doing in order to persuade by stating, "vulnerabilities that attend to forgiveness or guilt or loyalty are instead necessary for success of rhetoric" (10). While it may seem as though this video follows mere rhetoric by trying to deceive and manipulate the audience by using a young child who looks to have once been sick or has undergone surgery, it is the guilt that comes from the audience that could give the rhetor the success—for the video would be the donations. In this case, the child and his appearance are used to send the message to gain success. While this was one of the many tactics being used, there was no deceit and forced manipulation used to convince or guilt the audience to donate. Other than the child's physically appearance, the message he shared, and relating the message back to himself, we know very little about this child. There was no sob story, we don't know his name, age, why he is part of CMI, or anything else to get us to connect and or relate to him more. While engaging in a strong rhetoric, the rhetor is

able to get the audience to feel guilt, which could lead to regret due to his physically appearance and expressing his need for CMI. The audience is able to have a sense of self when watching this clip, by this I mean that it is possible that no guilt or regret from the use of vulnerability could come from this because the intentions of this video were not meant to deceive, if it were, it's possible that more emotions would have been targeted and it would have felt more coerced.

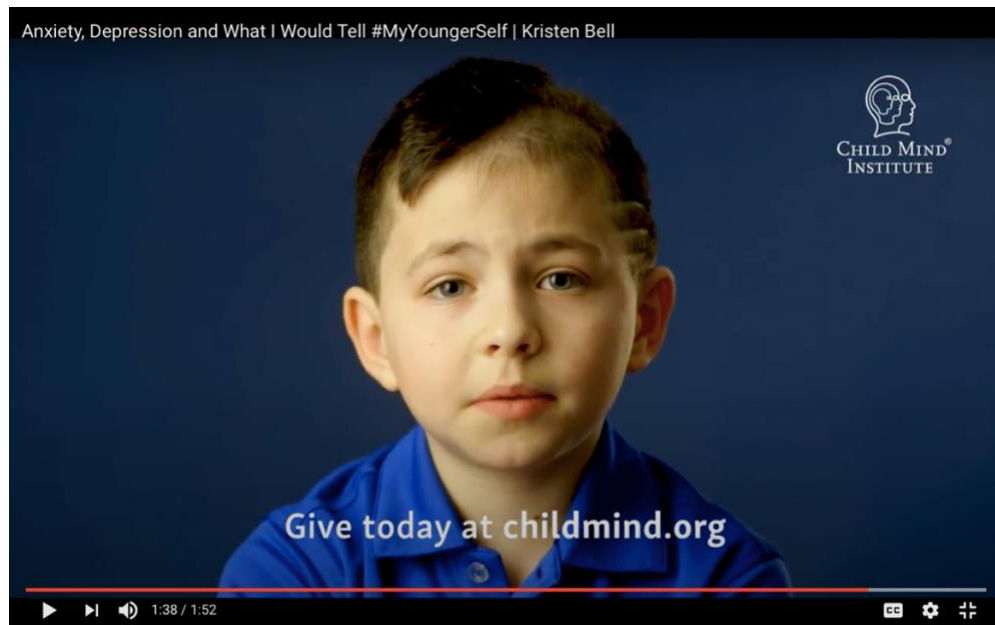


Fig. 6 Still of boy, “Anxiety, Depression and What I Would Tell My Younger Self” who is asking for donations for Child Mind Institute (1:38).

How Regret Functions

What are your first thoughts when experiencing regret? Is it a feeling of sadness or disappointment? Maybe it's a time you wished you would have taken that risk, or maybe wished you risked less. No matter what you associate regret with, it seems to have this strong effect on us. Many people associate regret with negativity, but regret has shown to have more of a positive impact. Melanie Greenberg wrote “The Psychology of Regret: Should We Really Aim to Live Our Lives with No Regrets?” in *Psychology*

Today explaining regret is a negative cognitive emotion that involves blame, loss, sorrow, and wishing to undo choices. Though Greenberg describes regret for the negative experiences, she also admits that this emotion can be helpful for young people. She explains that regret can be helpful because “pain of regret can result in refocusing and taking corrective action or pursuing a new path.” This type of motivational correction in action seems to be specific for young people, a research focus from Neal Roese. Gretchen Rubin also refers to Roese’s work in “Can a Negative Emotion Like Regret Help Make You Happier? I Think So” by referring to his point that people tend to have regrets when they still have opportunities to act. What Roese means is that, “when there is still a chance to make a difference, regret persists.” This is because Roese found that among young people, regret has helped five functions, those being: making sense of the world, avoiding future negative behaviors, gaining insight, achieving social harmony, and improving ability to approach desired opportunities. With this in mind, regret is much more than those negatives thoughts; in fact, it is those negative thoughts that could help you live a better and happier life, even if you don’t realize it.

How Regret is Performed in Dan Reynolds’s Video

Much like Kristen Bell, Dan Reynolds uses regret as a means to get the audience to make better decisions than himself. Reynolds said, “I would have told my younger self to see a therapist earlier. Don’t wait. It does not make you weak, you are not broken. It is incredibly wise.” While Reynolds is not advising what others should do, the message is intended for younger people to take his advice, so they don’t struggle like he did at a young age. It is through Reynolds’s video that he is using both anticipated and retrospective regret when sending his message. In their article “Behavior-Goal

Consistency and the Role of Anticipated and Retrospective Regret in Self-Regulation,” Timothy Valshtein and Catherine E. Seta study how anticipated and retrospective regret in correlation to self-regulation are used when being goal oriented. Though their research was more focused on academic success and regrets, they found that, “when students anticipated regret, they also reported studying better” (47). Reynolds uses his own experience as someone not getting the professional help he needed sooner as a means for the audience to anticipate what they could regret. The retrospective regret is Reynolds as an adult openly expressing how he wished he would have sought help earlier and didn’t wait until his adult years. By sending a message to his younger self, Reynolds is still allowing the audience to make their own self-regulations to their future goals without manipulating how they should respond to the message. Reynolds also follows Robin M. Kowalski and Annie McCord’s concepts of counterfactual thinking and self-discrepancy theory in “If I Knew What I know Now: Advice to My Younger Self.” By sharing what he would tell his younger self, Reynolds “should inspire change and corrective action, but only if it was followed,” and this “would close the discrepancy between one’s actual self, one’s ideal self, and one’s ought self” (2). What’s significant about Reynolds using regret when talking to his younger self is that this means of message transmutability could be a way for the audience to consult themselves if they offered their younger selves’ advice. While Reynolds’s own experience is a way to put things into perspective, it is how he uses regret to his younger self that could also be a way for the audience to understand their mental health and think through ways that they could best act on these situations. It’s important to consider that the audience should accept the message and legitimacy of the speaker. If they do not, then the use of regret will have little to no impact.

How Regret is Performed in Kristen Bell's Video

Kristen Bell doesn't refer to the word regret specifically but talks about what she would tell her younger self. Bell starts by saying, "What I would say to my younger self is, don't be fooled by this game of perfection that humans play. Instagram, and magazines, and TV shows, they strive for a certain aesthetic and everything looks so beautiful and people seem like they don't have any problems, but everyone's human." The regret that Bell seems to be addressing is this overwhelming sense of perfection that she thought existed and that she thought she should live up to. She is talking to the audience as though she were addressing her younger self by informing herself (the audience) that there is no such thing as perfection, no matter how much media tries to manipulate the truth. This is when Bell follows the similar concept of anticipated regret to the audience as Reynolds did. By talking about her reflective regret from the anxieties she had with perfection, the audience could anticipate these regrets when they are unaware of the realities off screen or away from the media. Colleen Saffrey, Amy Summerville, and Neal Roese in "Praise for Regret: People Value Regret Above Other Negative Emotions" write about how this means of message appeal that Bell takes is a way to express regret to one's own transgression and how this has a significant impact on impressions and forgiveness. Kristen Bell talks about her own struggles with mental health and shares her regret based off of her past and current knowledge to help "guide future behavior[s] aimed to achieving desired outcomes" (46) for the audience. What is noteworthy is instead of talking to the audience directly, the message is shared more like a video diary and seems to follow Saffrey et al.'s idea about counterfactual inference through regret. By this, Saffrey et al. mean that by identifying the problem, this will help

the person make sense of negative experiences. Bell does this by admitting she has suffered with bipolar and or anxiety since she was 18 years old and then goes on talking about how no one is perfect and we all struggle, no matter how perfect it may seem. She addresses that one of the roots to her mental illness is due to believing media and the expectations of society. The counterfactual thinking that Bell is trying to share is don't be susceptible to everything you see and hear within social media because that's not reality. Though Bell's video may be more targeted towards her own experiences, the intentions of regret is used to help the audience make better choices and make more sense of their world, so they don't experience similar or worse situations. About midway to the end of her video, Bell says, "You have an obligation to take care of yourself from the inside out because that's how you will truly feel beautiful...never feel ashamed or embarrassed about the uniqueness that is you". While this video seems to be addressed to her younger self, she is also phrasing it in such a way that makes the audience responsible for taking care of themselves, whatever that might mean for an individual. When the audience is able to make sense of Bell's experience and or message, or even find ways to relate to them, this then becomes a mental health awareness platform that is urging those to have the willingness to seek help and be responsible for maintain your mental health.

Based off of my analysis of vulnerability and regret from two Child Mind Institute (CMI) videos from the #MyYoungerSelf campaign, I found that both of these emotions are used together to make for a strong rhetorical strategy when sending a mental health message. Vulnerability and regret are normally perceived as negative or obtain a weakness when it comes to emotions. My analysis has found that these emotions are used to do the opposite. In both Kristen Bell and Dan Reynolds videos, vulnerability was used

to level down with the audience to form connections or relatability. It was also used to destigmatize mental health and show that even the “perfect”, famous, and rich can suffer from this because in the end, we are all human and there is nothing to be ashamed of. In both videos regret builds on the audience’s anticipation and retrospective of their regret. Even though the videos are based on Bell and Reynolds’ experiences, it is their anticipated and retrospective regret that could get the audience thinking of how this has or could affect them. To get a better understanding of the impact these emotions have on the audience, more research must go into the way the message is being presented—the speakers addressing the message to their younger self and not directly the audience.

V. CONCLUSION: SUGGESTIONS FOR FUTURE RESEARCH SURROUNDING MENTAL HEALTH

I now conclude with my final findings from this project and suggest changes that could be done for future research. I will start by focusing on the limitations of narrative advocacy strategies evident in video campaigns as one-way communications. While the use of narrative and framing theory as a form can positively contribute to a persuasive message in combination with emotional appeals, there are barriers amongst the videos. When watching the PTs, it is hard to determine if these videos are or have been helpful to anyone who has come across them. Other than being able to see how many views the videos have, there is no way to know how much of an effect they have had or that they have been guiding points to change attitudes, behaviors, or to engage the topic of child mental health. Some could argue that the amount of views that the PTs have could strengthen their effectiveness, but more analysis and research would need to be done here to better determine this. The comment function is disabled for Hannah and Jackie's PTs on YouTube. When I first started my analysis, the #MyYoungerSelf videos on YouTube had no comments visible but now comments are available. Now that the comments can be read by the public, it is easier to see the effectiveness of the videos based off of what people are saying. To better improve their success and ability to persuade viewers to seek help and break child mental health stigma, CMI could encourage real patients to speak on behalf of the campaign, not just those who they included in PT videos. This could include a blog system or people commenting on these videos with their own success stories as reinforcers. Another option could be a publicly available qualitative and quantitative study to determine the success of the campaigns.

This leads me to the absence of social platforms where parents and children can ask questions or respond to others going through similar mental health problems. For CMI being so heavily involved in furthering research, partnering with celebrities, and sharing PTs that express the success gained from CMI, it is concerning that there is no other way to see what people are saying. Although there is a Facebook page dedicated to CMI, the conversations are generally based on studies that CMI shares and not personal stories or experiences from the organization.

The PTs and campaign artifacts seem to have more positive than negative appeals when persuading a target audience, but there is a concern as to what the spokespersons are not saying within their messages. The videos seem like they are intended to be fairly short so that they can capture the attention of others without dragging on, but this could cause problems in other areas. There is this vagueness with all artifacts that leave you with questions. This is seen with Jackie's PT because she explains how CMI "gave me my life back," but she doesn't go into detail as to how they helped her. A parent or adolescent may be curious as to how CMI helped Jackie, so they can know what to expect or how things are done. To give an audience input as to what CMI could do, Jackie could give a brief example of how CMI made her life better. The brief explanation would limit the vagueness and hopefully provide better insight.

Narratives are not always effective because they can lack identification with the audience and might not be considered sufficient evidence. It is possible that people who come into contact with the campaign and PT videos will not identify with them personally, and that is okay. Although the videos are publicly available on YouTube and on the CMI website, a viewer might not come into contact with the videos unless

purposely seeking them out based on child mental health knowledge and concern, or if they are curious to know more about the campaign or CMI success. Some audiences may argue that the videos do not hold enough evidence to persuade or assist those considering professional help.

Another concern worth acknowledging is the blurriness between advocacy and self-promotion. This is not to say that CMI is only looking for self-promotion, but that the artifacts that I chose to analyze just so happen to give the ideas that this could be possible. The reason for this conclusion is because there is lack on further evidence or discussion surrounding the videos that are publicly available. The organization is still very young and was founded only in 2009, which could mean that they are still trying to gain support. The other concern is the lack of PTs that are available. There are only four videos total that have adolescents speaking about their experience with CMI, but they all date back to 2016. Unfortunately, there are no PTs that are more current. This could speak to a lack of success in their strategy and CMI's eventual abandonment of the PT video series.

Now that I have discussed the limitations surrounding video narrative campaigns, I want to consider the limitations of emotions as strategies for advocacy. During this project, I have found that there are a few limitations when analyzing pain through the blog-like posts and videos on the NAMI website. One of the limitations goes back to Chryssoula Lascaratou's chapter on communicating pain where she further emphasizes philosopher Ludwig Wittgenstein's discussion surrounding the contradictions of language. Lascaratou writes that Wittgenstein, "wonders how we can be certain that we all attach the same meaning to the word 'pain', since everyone knows what it means only

from his own experience.” (23) Though Lascaratou does not disregard the power of language, she does explain the challenges behind pairing it with pain because pain is subjective. Not only is pain subjective, but the terms we were raised to use when describing pain does not always accurately define it. Even if we were to use other terms that pinpoint the pain we feel at that moment, that term might not be understood or comprehensible to someone you are explaining this to. The other challenge is when someone else is expressing or describing their pain to us, we might refer to our or pain or refer to a time we may have felt like that. The person who is going through pain might be able to define and understand it, but it becomes increasingly more challenging to describe this to others. This may be even more challenging when trying to communicate pain associated with mental illness. My suggestion is to talk about our different interpretations of emotions and make it known that language could also be a contributing factor. Whether it be on the mental health websites or how we discuss emotions in our everyday lives, this needs further emphasis, so hopefully emotions could be better understood or at least empathized with.

As I have mentioned throughout this project, mental health is a sensitive topic, as are the associated emotions. Similar to the barrier surrounding pain, regret and vulnerability can also be challenging emotions to comprehend based on our own experience and understanding of these terms. Though I talk about the positive attributes these emotions have, many people associate these terms with bad experiences, or none if they cannot relate. One possibility for future research is the inclusion of empathy into this type of work, so even those who understand these terms differently can try to comprehend them by putting themselves in the shoes as others. The videos may work in

part through inviting viewers to empathize with the speakers or by trying to demonstrate the speakers' potential to empathize with the viewers. Overall, emotions are a powerful tool, but because we experience things differently, there is a lot of variable in people's emotional experiences and associations, which can make rhetorical strategies of emotional appeals more challenging. People require different emotional tactics when being persuaded, and though CMI and NAMI have an array of videos and blog posts to touch on these different emotions, the success of these strategies also depend upon the audience's current emotional situation when viewing the videos, and those emotional responses could change if they viewed the same material a different time. My suggestion to this would be to study people at their different emotional state when reviewing mental health material at different points in time. Although the websites will not be able to personalize the material to the viewers emotional state at that time, hopefully researchers can understand the different processes that take place so they can be sure to include messages that can capture the attention of others based on these altered states.

Finally, I want to address other concerns to the advocacy campaigns that I found during my analysis. This includes lack of inclusivity in economic status and age and minimal public outreach for CMI and NAMI. Unfortunately, CMI seems to lack in inclusivity when it comes to the PTs and their #MyYoungerSelf campaign, even if it was not their intension. Upon reviewing the PTs that are available, only five of them are children in a video speaking out about their experience surrounding mental health. Though CMI seemingly tries and include speakers of diverse races, ages, and genders, there has been no new PTs since 2016. I mention this because as time goes on, CMI is becoming more experienced in their research, message strategies, and purpose, but there

is a lack of new videos that allow children to speak about their experiences. Though CMI seems to be inclusive, every child that they have incorporated in their PTs seem to have a family that is financially well off, or at least not on the financially disadvantaged side of the spectrum. I say this mainly because of how they are dressed. If CMI truly wanted to be inclusive, they would include families from different financial backgrounds, too. If they were to include families of lower economic status within their PTs, I believe that would help others realize that mental health issues are concerns at all economic levels and that help is possible and affordable. Because no one ever touches on the financial aspect of CMI, this could easily sway people from getting help here because it could be deemed as expensive.

When it comes to CMI's campaign videos, they seem to be extremely inclusive in terms of race and gender, but most of their spokespersons look to be over the age of 18, which could be because of legal reasons. This might not seem to be a big issue since CMI shows age inclusivity elsewhere, but it is an issue that could factor into how children and younger adults respond. If it can be legally done, I suggest younger role models that children are familiar with also be advocates and spokespersons for mental health. In addition to CMI, I tried to consider areas where NAMI may have been more or less exclusive, but since I only focused on the blog posts, it was more challenging to confirm how the writers identify. Some of the blog posters did include identifying information such as their gender (female), their religion, and their family culture, if it was a factor in their mental health. As of now, I currently don't have suggestions for inclusivity for the NAMI blog posts, other than having a section where younger people can have their own space to talk, but that could come with legal issues that I have not looked into.

Unless you are purposefully searching for mental health guidance, support, or knowledge, you may not come across CMI and NAMI. They do not have as much public outreach. I personally have never seen ads, commercials, friends, family, or role models speak on behalf of CMI until I started researching for this project. It is concerning that it takes someone to actively search for a facility to help a child with a mental illness when such health concerns can manifest below another's radar. It was not until COVID19 struck that NAMI began airing commercials suggesting people to seek help during the mental health pressures of the pandemic. NAMI has been around for years, but it took a pandemic for it to finally become more public. I mention the concern around lack of public outreach because mental health should be a priority. I strongly suggest that both websites do more to create public outreach so people can become aware of their existence. Not everyone that needs help is actively searching for help and guidance from mental health facilitates, so it is up to them to do the work and put themselves out there.

Although my rhetorical analysis and resources are necessarily limited, I have found that the careful use of narratives and emotions when sending a mental health message could provide a positive means of addressing mental illness. Though not everyone who needs help will act on the message right away, or at all, I believe one of the first steps is changing the audience's attitudes. Before we can make changes to how people respond to mental health messages, the messages must be produced in a way that can capture an audience on personal levels to be relatable and trustworthy. I truly believe that the use of narratives and emotions can make a positive difference in audience attitudes and will eventually lead to reducing stigmas and a change in audience behaviors. In order to affirm my arguments, there is more research that needs to be done surrounding

children and mental health. Since there is still a lack of communication of mental health with children, specifically children who do not have a mental illness themselves but live with a loved one who does, it is hard to say if my arguments work in this specific manner. Even though more research will need to be done to understand the best rhetorical means of mental health advocacy, I believe that narratives and emotions will be strong and important guiding factors when sending these messages. I hope that my research will contribute to further work on this area so more resources can be readily available for those who need them, especially children.

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