

TALES IN LANGUAGE, CONFIDENCE, AND LEARNING ENVIRONMENTS: EXPLORING STUDENTS' MENTAL HEALTH THROUGH LITERACY NARRATIVES

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Existing literature specific to student mental health is predominantly based in health studies. This positionality does not sufficiently consider the role of the classroom in the lives of students facing mental health challenges. This project sought to advocate the bridging of scholarship concerning mental health within health studies with the field of rhetoric and composition in order to open a dialogue for subsequent case studies. Specifically, this project looked at three commonplaces across two literacy narratives from the Digital Archive of Literacy Narratives (DALN) to consider how the “literacy myth” (Graff) challenges, extends, and reveals the ways in which academic and mental health literate practices are rooted in learning environments. This project also considered the constraints of said learning environments and, further, the role of confidence when accessing mental health literate practices. Originally arguing that literacy narratives are a key component in student mental health efforts, this study ultimately calls for more inclusive research of mental health discourse within the field of rhetoric and composition. In this way, mental health discourse is positioned to expand beyond one-dimensional, prescriptive boundaries into better availability for all students.

INTRODUCTION

I began noticing the trend of syllabi mapping out campus mental health resources during my junior year of undergraduate studies. Perhaps I simply hadn't noticed these resources before, or perhaps I was becoming more aware of a need for them. Either way, it was interesting to me how these resources were being promoted within the upper-level English classrooms in ways I hadn't noticed throughout my lower-division studies. I decided to do as each syllabus suggested and browse the school

mental health website for clarity on available resources for students. The programs and resources on the website appeared so impressive to me. I was even more impressed with my university's commitment to having these resources in place. Still, I felt a personal disconnect between the prescriptive and hyper-organized nature of the resources. For me, it seemed that the stereotypical “key mental health terms” put forth—such as “depression” and “anxiety”—could start a conversation about mental health struggles but were superficial at best. Without an individual rhetorical context, these terms

seemed one-dimensional and far removed from real students' experiences. More importantly, students should be afforded the opportunity to acknowledge these real experiences on their own terms if such conversations are to advance beyond the superficial. Put simply: the campus resources, while established with the best intentions, did not seem capable of meeting what I felt I might need in terms of intervention and I became convinced that I was not alone in my assessment of these resources.

Continuing to question the effectiveness of the campus mental health resources, I reviewed various case studies looking for ways that academic-based mental health resources impacted academic successes. Through this study, the reality of multiple and distinct literacies became prevalent. Conversely, I began to notice that when academic and mental health literacy, in particular, are better aligned, treatment of mental health issues becomes more available. Such alignment relied greatly on moments of confidence, moments by which the study participants took the initiative to tell their own stories.

While scholars in rhetoric, composition, and literacy studies have investigated a range of literacies and their definitions, one area that remains underexplored is mental health literacy. Social and natural scientists such as scholars Melissa D. Pinto-Foltz et al. have begun studying mental health literacy in these fields. This article aims to investigate a more rhetorical approach to mental health literacy—to bridge health studies scholarship of mental health literacy with rhetorical understandings of mental health literacy. Especially for college students,

issues with mental health, at any level, can be amplified or minimized by their learning environments. As scholars such as Pinto-Foltz et al. have noted, medical interventions can be less successful because of stigma and limited mental health literacy. This article suggests that with more expansive research within the field of rhetoric, composition, and literacy studies, universities can promote ways of talking about mental health with a more relevant discourse.

In what follows, I first review the literature to situate this study within the fields of both literacy studies and mental health rhetoric and literacy. Next, I introduce my methodology, which involved a rhetorical analysis of two mental health literacy narratives to explore the ways in which academia might better support mental health literacy in terms of narrative discourse. In this analysis, I ask three pertinent questions: In what ways can academic literacy be identified as separate from mental health literacy, and vice versa? How do these two literacies coincide, agree, or disagree with one another? And finally, what role does confidence play in the formation of a student's sense of identity? Through this work, I identify three commonplaces that bridge academic and mental health literacies. With special attention to David Barton's understanding of literacy as the mediator of our internal and external experiences, I examine the "turning points"—moments of confidence—that each of the narratives offers. These turning points reveal the role of learning environments within the alignment of academic and mental health literacy. This article seeks to recognize the alignment of academic and mental health literacies through

special attention to these turning points. Ultimately, this article challenges scholars in rhetoric, composition, and literacy studies to pay more attention to narrative discourse in terms of both academic literacy and mental health literacy for a better understanding of relevant mental health discourse.

LITERATURE REVIEW

RETHINKING LITERACY

Replacing a traditional, skill-based concept of literacy, David Barton, in *Literacy: An Introduction to the Ecology of Written Language*, offers an expansive definition of literacy that goes beyond its traditional academic denotation. Barton argues that “human activity always takes place within a context” (97), which means that academic literacy is not confined to the classroom. Rather, literacy is developed and molded throughout the varying learning environments individuals participate in. As Barton suggests, literacy becomes associated with the aspects of these varying learning environments. He considers how literacy is part of the learning process more broadly, both inside and outside of classrooms. All learning environments exhibit a similar role in aligning an individual with their own literacy. Essentially, engagement with these environments solicits a manner of learning and the way individuals think about the way they learn. This nuanced way to understand literacy is important for two reasons: first, literacy must be recognized outside of one-dimensional academic successes and failures, and second, literacy becomes the way in which individuals gain and perpetuate

an agency to articulate their experiences with learning.

Mental health literacy narratives rely on a nuanced way of understanding literacy in order to articulate experiences with learning. Such articulation becomes the catalyst for making meaning of individual experiences, more generally, as mental health literacy develops. Rather than compartmentalizing the multi-faceted literacies that each person develops, these literacies demand alignment. Building on Barton’s work, rhetoric, composition, and literacy scholars recognize that students are not only students; they are, at once, students, sons and daughters, employees, caregivers, parents, activists, etc., who are participating in varying learning environments. For example, while one student faces an abusive home life with overbearing expectations from a parent, another finds solace at home but derision in the classroom. In each situation, a portion of each student’s learning environment becomes defined by negative experiences with literacy. Literacy, in these moments, is not categorized as either academic or mental health. So, here we can recognize a call for the articulation of all experiences since such experiences cross the supposed boundaries of the varying learning environments.

In seeking to bridge the gap between mental health literacy and academic literacy, we must first understand the myth that aligns academic literacy, in particular, with success. As defined by Harvey J. Graff, “the literacy myth” relegates literacy to a formulaic characterization that brings about societal, economic, and cultural success. In the same light, literacy

maintains its symbolic status as it “assumes the status of [a] superior term” (Graff 639). By this understanding, literacy works as the independent variable that at once reveals a problem and then prescribes the remedy. We can understand this in terms of academic literacy by thinking about common definitions of successful and unsuccessful learning. Under the terms of mental health literacy, such a “symbolic status” takes on the role of creating a means by which conversations can produce diagnoses and then work to determine treatment. Still, Graff asserts, “literacy’s power and influence [are] seldom independent of other determining and mediating factors” (642). So, one-dimensional understandings of the symbolic status of literacy, presumably, cannot keep the conversation moving toward an effective treatment. Conversations must be individualized; they rely on the alignment of multi-literacies.

It would be difficult to seek the joining together of mental health and academic literacies without these ideas from both Barton and Graff. What’s more, as scholar and co-founder of the Digital Archive of Literacy Narratives (DALN), Cynthia Selfe, stresses “the articulation of self [...] is resolved only temporarily at the moment of utterance,” in accord with the “fluidity and multiplicity of identities/selves” (Selfe and the DALN Consortium). As students live out their multiple real-world, day-to-day roles, there is an obvious call to also acknowledge the fluidity of circumstances and, thus, learning environments. Shying away from the usage of literacy in the binary terms of existing versus non-existing propels the fluidity of day-to-day engagement with literacy practices. If we believe, as Barton does, that

activity always “takes place within a context,” we must take seriously the idea that mental health and academic literacy are co-occurring and should be studied together.

UNDERSTANDING STUDENT MENTAL HEALTH LITERACY

Current research in adolescent-aged student mental health investigates how communities respond to both mental health literacy and stigma. Pinto-Foltz et al.’s study, for instance, interrogates the process of improving mental health literacy among adolescent girls via *In Our Own Voice*, a “knowledge-contact intervention... [to facilitate] intergroup contact with persons with mental illness as a means to reduce mental illness stigma” (Pinto-Foltz et al. 2011). This study looked to the long-term effectiveness of the intervention, which ultimately relied on the incorporation of “narrative storytelling, discussion, and a video presentation” to promote mental health literacy (Pinto-Foltz et al. 2012). Essentially, the study further concluded that while mental illness stigma did not improve at the 4 and 8 weeks follow-ups, mental health literacy did improve. So, while there was no change in the way mental illness is considered holistically among its participants, the avenue through which participants could discuss individual experiences became more accessible.

With an eye on university communities, in particular, it is ultimately common that students challenged with “mental illness fear the discovery of their mental illness by their peers, school personnel, and others in their social network” (Pinto-Foltz et al. 2011). In short,

an understanding of oneself through storytelling expands to an understanding of one's community using the same methods. Again, the pervasiveness of the learning environment is evidenced and the "knowledge-contact," defined by Pinto-Foltz et al. as the "approach that involves providing knowledge about mental health in conjunction with intergroup contact (or social interaction) with individuals from different groups" (2012), is clearly important. If students facing mental health challenges can break the confinement of the "literacy myth" within their learning environments, the next step is understanding their own agency within these environments. As Pinto-Foltz et al.'s study showed, students begin to recognize this agency as they acknowledge the functionality of their individual literacy.

Extending research by Pinto-Foltz et al. and others, scholars in rhetoric, composition, and literacy studies are also investigating the subject of mental health and its attendant literacies. J. Fred Reynolds, in "A Short History of Mental Health Rhetoric Research (MHRR)," suggests that "the discourse around [depression, mental illness] has fostered rhetorical forms to identify those whom it has affected, and it is unusually vulnerable to the means of its own articulation" (9). This idea emphasizes the importance of mental health experiences being expressed and navigated on an individual and personal basis because of mental health's susceptibility to ineffective treatment. Terms like "depression" and "anxiety" typically ground mental health literacy discourse, but it is often not constricted there. With varying levels of symptom severity, maturation

of symptoms, and overall experience with/of symptoms, these two basic terms cannot adequately encompass the reality of living with the issue itself. In this way, the experience must then be individualized past the point of commonplace—reinforced and persuasive—assumptions in mental health discourse. Such individualization considers the finer details of what it means to live with mental health issues, and thus, how living with these issues informs literacy practices and acquisition. That is, articulation of the experience must replace the recital of symptoms. Building academic literacy alongside such a progressive means of talking about mental health experiences becomes the point of connection between health studies and rhetoric, composition, and literacy studies.

The task of articulating experience, in terms of mental health literacy, suggests the need for understanding how ambiguous diagnostic symptoms limit mental health discourse. Cathryn Molloy et al. speak of this need in terms of defining what exactly is meant by deeming a mental health-related diagnosis as an "illness" (Molloy et al. v). "Mental health conditions," they speculate, "have much in common with the complicated rhetorical lives of other contested diagnoses and chronic conditions" because sufferers ultimately seek alleviation of symptoms (Molloy et al. iv-v). As they suggest, adequate investigation into the "complicated rhetorical lives" of mental health issues promotes ways of looking at mental health outside of symptom and treatment diagnoses. In what follows, then, I will demonstrate how rhetorically-focused analyses

of genres such as literacy narratives offer examples of everyday engagement with symptoms and treatment. This approach relieves prescribed and targeted treatments, medications, and procedural literacies that exist for the sole purpose of exposing the issue and then repairing it. Instead, using the tools of rhetorical analysis to examine literacy narratives reveals opportunities for agency within complicated issues that may not be curable. As such, treatments of mental health issues constantly progress to better fit the real and individual needs of those experiencing them.

METHODS

To investigate narratives that discuss mental health issues and academic literacy, I explored the Digital Archive of Literacy Narratives (DALN). This archive, co-sponsored by The Ohio State University and Georgia State University, is an online community that makes contributed narratives publicly available in order to “provide a historical record of the literacy practices and values of contributors, as those practices and values change” (“About DALN”). Contributors are not limited on the number of submissions to the archive they can make, and contributions cover a range of topics, which allowed me to find narratives that discussed both academic and mental health literacy.

I ran preliminary keyword searches with what I considered to be basic mental health key terms: “anxiety,” “depression,” and “mental health.” This search found a wide range of narratives that were too disparate to analyze collectively. Since I was especially interested in how mental health is implicated in learning

environments, I added the terms “confidence,” “frustration,” and “fear” to my search. This generated four narratives. I read each of the narratives multiple times and analyzed them through an iterative process. My focus, then, was how each author actually used the key terms within the narrative rather than how each narrative was categorized within DALN.

Ultimately, I chose to further analyze two narratives: “Fear and Trembling in Literacy” (hereafter referred to as Narrative A) by an anonymous author (hereafter referred to as Anonymous) and “Depression, Anxiety, and Literacy” (Narrative B) by Tommy Vassallo. Narrative A focuses on the author’s early disdain for academic literacy practices, which eventually grew into a self-described “passion” for learning. Along with describing experiences of literacy as inaccessible, Anonymous also details the challenges of living with an abusive father, drug and alcohol addiction, and resulting depression. The author’s resulting interest in literacy runs parallel with efforts to resolve these challenges. On the other hand, Narrative B deals explicitly with the effects of depression and “not fitting in.” Both bullying within this author’s learning environment and hereditary depression are explained as causes for the detailed experiences with depression. This narrative differs from Narrative A in that Vassallo begins with academic success but goes on to find difficulty in identifying with it. Together, the micro-level details of these narratives highlight the connections between mental health issues and academic literacy development. Perhaps most revealing, these two narratives work together to index the connections between

academic and mental health literacy. Through this work, we can better track the “turning points” of each author’s progression into literacy—both mental health and academic—improvement and the role that confidence plays here. Recognizing the starting points of literacy and identity as well as tracking their turning points further reveals the relationship between agency, success, failure, and confidence, which are unique to each author. From here, the allying of academic literacy and mental health literacy becomes possible.

CASE STUDY: ACADEMIC AND MENTAL HEALTH LITERACIES IN THE DALN

Both Narrative A and Narrative B offer personal accounts of each author’s experiences with academic literacy alongside depression, anxiety, and confidence. These terms help to guide an analysis of three commonplaces: literacy as an ability to learn, the ebb and flow of confidence, and the importance of learning environments. Moving beyond the current literature, this analysis seeks to maintain each author’s individual perspective while opening up the conversation of mental health literacy for a better understanding of relevant mental health discourse.

FITTING THE MOLD: EXPECTATIONS OF LITERACY

Across the field of rhetoric, composition, and literacy studies, literacy has been “defined in various ways,” but ultimately focuses on “imprecise, yet progressively grander conceptions and expectations of what it means to read and

write” (Graff 639). Expectations for quickly acquiring academic literacy, which is thought to be a simple, foundational, fundamental skill, can be much more complicated due to mental health issues. Further drawing on Graff’s conception of the “literacy myth”—the formulaic characterization burdening literacy with a particular idea of success—both narratives immediately define literacy as an ability to learn. In the first sentence, Anonymous recalls “doing poorly in the areas of reading and spelling.” Immediately, we see the author’s expectation that academic literacy is singularly focused on tangible skills (such as “reading” and “spelling”). The admittance of “doing poorly” by Anonymous suggests a preconceived idea of what academic success should be—and that it is not being achieved. Anonymous goes on to remember the ability to become academically literate as strained by personal circumstances and mental health challenges. Anonymous describes an abusive home life, with a father who helped with homework but “would come home, tired and angry about his life.” The author’s identity of being a “poor student” stems from this experience of crying “to the point of being incapable of continuing with the lesson.” From the beginning, it is clear that academic and mental health literacy are concurrently developing and impact one another significantly.

Narrative B also has moments indicative of literacy-based identity. Early on in the narrative, the author notes that he was a “good student [...] ahead in writing and reading.” The author first identifies as a “good student,” defined by success with reading and writing. Again, at this point in the narrative, being a

“good” student equates to being “enthusiastic about learning,” giving “all the effort” possible to assignments, and then reaping the benefits rather than the socio-political things that support or suppress literacy development. Thus, Vassallo’s literacy was expected to provoke a success that did not question interest or stifle success.

A “great divide” exists between capable and incapable students, perpetuated by the students themselves (Graff 645). How each author defines “good” and “poor” in terms of academic strength is indicative of this divide. As each author offers similar agreements to Graff’s ideas, we can see that the linear and formulaic understanding of literacy has been internalized to the point of becoming an identity. The role of the student centers on learning, an uncontroversial assumption in and of itself. Looking to connect this idea with mental health initiatives, we can interrogate the importance of where both authors begin their narrative. In this way, we can reason with Barton considering how the ecology of literacy then takes on the form of discourse through the application of varying forms of language and understanding (73). Discourses consistently repurpose “existing components of language” to adapt to changing attitudes and, for the purpose of this study, to changing expectations (Barton 75). As I show in the next section, for each author, the issue of confidence is also necessary for explaining how their expectations for their literacy development challenged their ability to learn and succeed. My analysis reveals that how each author views learning is equally as important as why they feel a need to learn in the first place.

TURNING POINTS: THE EBB AND FLOW OF LITERACY CONFIDENCE

Each narrative offers moments of confidence that hold significant merit to the authors’ understanding of academic literacy. As noted by Cynthia Selfe, these moments indicate “turning points,” by which “individuals realize they can be literate agents [and] define their relationship to reading and composing meaning on their own terms” (Selfe and the DALN Consortium). To add, the narratives in focus for this study also suggest “turning points” as moments by which the author tracks the evolution of their expectations of literacy.

Five turning points appear in Narrative A. The first comes with the realization that the author could “lie about [...] assignments and do acceptably well on my own”—that is, without the help of an abusive father. As Anonymous breaks from the cycle of abusive experiences with learning, a more positive view becomes available at the discovery of being able to do “well enough without reading.” In this view, literacy is doing what it is expected to do. Still, there is a disconnect between the author and the experience being discussed—a lack of confidence. Taking ownership of this lack of confidence becomes an opportunity to interrogate the call for aligning academic and mental health literacy.

Turning point two in Narrative A comes from the superficiality of Anonymous’ expectations of literacy. When doing “well enough without reading” wasn’t available, it became reasonable to simply not “care about doing poorly.” So, at this turning point, Anonymous is experiencing a nuanced approach wherein

confidence is called upon to make meaning of experience. This call seeks to bridge the “great divide” within the expectation of literacy. In taking ownership of why each experience is worth noting, Anonymous evokes an agency that seemingly did not exist before. There may be, still, no definable academic success, but, consciously or not, it is now the author’s choice. Confidence, at this moment, supersedes literacy development and success.

At turning point three, Anonymous, once again evoking agency, chooses to begin reading Bhagavad Gita. An interest in reading, at this point, comes as an attempt to “escape the depression.” Anonymous attributes this depression to the onset of drug and alcohol abuse, with the implication that being content with “doing poorly” academically was no longer an accurate self-assessment:

In an attempt to escape the depression[,] I started reading the Bhagavad-Gita, which addressed the right questions but didn’t give me the answers I wanted. I continued looking for answers in other books, exploring philosophy and various other religions.

Moreover, Anonymous finds it to be a “challenge to understand some of the words [of the readings] and comprehending the meaning.” A persistent seeking of answers brings about turning point four, in which Anonymous has “better” success with understanding and comprehending the reading, eventually finding a “passion” in doing so. Still, Anonymous continues to grapple with drug and alcohol abuse issues, the effects of depression, and a second

DUI leading to Alcoholics Anonymous; this begins turning point five. Anonymous seems to find, at least in part, the answers sought through the readings of Bhagavad Gita within the text of the “Big Book” of Alcoholics Anonymous.” The “Big Book” ultimately promotes literacy reconciliation, and from this reconciliation, Anonymous experiences the confidence to once again pursue academic literacy. At this final turning point (hereafter termed as the “resulting turning point”), the direct connection of confidence with the agency of literacy—both mental health and academic—becomes available. Armed with academic and mental health literacy, the author is able to formulate a relevant mental health discourse.

We see both similarities and contrasts of these moments within Narrative B. The author here offers three distinct turning points. As noted previously, Vassallo begins with an expectation of academic literacy that ultimately shapes any resulting experiences with it. The starting point of identifying as a “good student” determines the beginning of turning point one. There is a clear assumption of the role of learning and how it should work. As this turning point progresses, Vassallo cannot identify with this assumption and therefore determines any preceding “literacy [to be] non-existent.” This determination comes from the admittance that Vassallo “never read, [and] only wrote when it was absolutely necessary.” In a more detailed explanation, Vassallo “couldn’t read through a book; it was too much work. [...] couldn’t write good papers; [and] procrastinated them until it was too late to start.” Essentially, the author’s literacy is no

longer “good.” Notice that the author explicitly illustrates a lack of confidence here that replaces a previous identity in “good” literacy and is defined by negatively connotated terms/phrases: “never,” “couldn’t,” “too much,” and “too late.” Vassallo further situates this first turning point in the wake of an official diagnosis of depression and anxiety that follows experiences of bullying. About the diagnosis, Vassallo writes:

School was hard for me because of how I was treated. I stayed on top of my school work regardless of how my peers treated me, but it came to a point where it started to affect my academics. I was diagnosed with depression and anxiety early on in middle school, I was told it was permanent and irreversible.

Along with calling an official diagnosis into focus came a shift in the way Vassallo made meaning of things—all things. Ultimately, we see a lack of interest surpassing an initial interest in academic success because the idea of “successful” learning was no longer engaging, and Vassallo was no longer confident in it.

Turning point two comes about as Vassallo begins to seek “help from [peers to begin to] understand how to cope.” Understanding the term “cope” here is two-fold. First, it is evident that Vassallo is experiencing an uptick in confidence by way of identifying a need for help. Secondly, much like the confidence that Anonymous in Narrative A exhibited by seeking answers to philosophical questions and “escape depression,” Vassallo pursues a reconciliation of academic literacy by way of seeking new

ways to “cope” with depression. Such coping can be thought of, again, in terms of reassessing the function of literacy. By acknowledging an issue and then seeking to resolve it, both narratives agree with the initiative of confidence, thus, increasing agency within mental health literacy.

The resulting turning point in this narrative—number three—illustrates Vassallo’s actualization of this agency. “[Regaining] motivation” after treatment for mental health issues, Vassallo began to see the issues as propellants for academic success rather than as deterrents. Writing papers and composing music became an outlet for expressing thoughts and feelings. Vassallo’s teachers and friends “loved” and “supported” these papers and music. Feeling “fully literate again,” for Vassallo, was confirmed by a reconciliation with success. Again, at this resulting turning point, we can clearly reason the connection of confidence with both mental health literacy and academic literacy in individualized terms.

As we listen to each author track the progression of their resulting turning point with both academic literacy and mental health literacy, two key points are clear. First, Selfe’s idea of storytelling as a means of diagnosis supports a certain appropriation of language in recalling experiences. Such appropriation should be understood with sensitivity to the moment, as each new moment offers the author a new way of making meaning. Thus, the applicability of the “fluidity and multiplicity of identities/selves” proves to be imperative in uniting—or reuniting—each author with the confidence to pursue literacy (Selfe and the DALN

Consortium). Secondly, we begin to interrogate the role of “knowledge-contact” as it relates to each turning point. Each author makes meaning of their issues on the individual and internal level as confidence ebbs and flows, but the effects of their learning environments are equally as prevalent in how meaning is made.

THE GOOD, THE BAD, AND THE UGLY: SUCCESS AND FAILURE IN LEARNING ENVIRONMENTS

At this point in the study, we must underscore the importance of how each author classified and placed their turning points within their narratives. We can see moments of failure as moments that the author is trying to get away from and, conversely, moments of success as ones that they are trying to get to. However, it is apparent that one moment cannot exist without the other—each relying on the other for confirmation. Still, it is necessary to acknowledge the reality that how each author is interacting with others within their learning environments directly affects how they explain their own turning points (Pinto-Foltz et al.).

We see this as Vassallo explicitly contributes the struggle within the predominant learning environment to bullying: “School was hard for me because of how I was treated.” Experiences of “failure,” which had previously been “success,” are confirmed by interactions with peers. Similarly, Anonymous begins with “failure,” made known by an abusive father and home life. In both cases, “failure” is doing poorly in terms of academic literacy and becomes the point at which they recognize that issues exist.

Moreover, responses from others within their learning environments perpetuate the livelihood of such failure—determining whether failure continues to shape their learning experiences or not.

Both narratives explicitly note “learning,” “writing,” “reading,” and “literacy” as a way of indicating either success or failure. For Narrative A, “struggling [through] assigned reading and weekly spelling words” is a first indicator of failure. Anonymous’s father’s reaction of anger and abuse confirms this failure. So, while the learning environment may not be a direct cause, we can see how it sustained and perpetuated this way of identifying with failure. Beginning to wrestle with feelings of depression and eventual drug and alcohol use, Anonymous confesses neglect of “literacy practices” to the point that “success” became unavailable. However, as we saw from Narrative A’s third turning point, pursuing individualized success—by reading what was personally interesting—Anonymous eventually initiated a self-described “passion” for both reading and learning. Though issues of mental health and substance abuse persisted, Anonymous seemingly found a way of navigating the diagnosis by engaging with it. That is, Anonymous found that confidence was not dependent on success or failure alone, but rather on the two combined.

Narrative B exercises similar assumptions of success and failure. The onset of bullying brought failure into awareness for Vassallo, who had at first experienced success with learning. Again, the leading indicator of failure for this author is the lack of enthusiasm

for reading and writing. “I couldn’t care less about my grades or my literacy,” Vassallo says after recalling the first time failing a once successfully completed class. The resulting lack of motivation caused Vassallo to accept that there was “no hope to do [any] homework or read or write.” Again, we can infer the implied role of the learning environment. Contrary to Narrative A, Vassallo does initially attribute these sudden academic failures with the onset of bullying. Still, if we continue to follow the turning points, we can reason that the learning environment here plays a very similar role to the abusive home life discussed in Narrative A. That is, the learning environment’s core function is to sustain the identity of the author. Bullying first brought failure into existence for Vassallo. However, navigating this circumstance as well as an official diagnosis of depression led to a balance that ultimately brought about understanding confidence. After “regain[ing] motivation” by learning to manage and cope with the diagnosis, Vassallo found a way to “create pieces of literature that nobody could have ever done without [such] circumstances.” Echoing the study by Pinto-Foltz et al., the author’s circumstances did not change but the interaction with them did. In terms of academic and mental health literacy, understanding confidence as independent from circumstance disrupts the expectations of literacy and, again, sets the stage for cultivating relevant and appropriate discourse in mental health.

As Reynolds notes in another study, “mental illness as rhetorical disability” stems from

the idea that a diagnosis of mental illness is often thought of as a “permanent identity” (10). So, the way that each author expresses experiences with their diagnoses proves crucial here. It is interesting to contrast the ideas of “rhetorical disability” and “permanent identity” within this case study because we can so clearly find moments that agree and moments that disagree. What can be assumed in terms of rhetorical disability is the lack of explanation for certain moments that led to a turning point. For example, how exactly did Anonymous in Narrative A shed direct interaction with an abusive father? Conversely, how did Vassallo in Narrative B go about recognizing a need for intervention? The lack of details in such moments as these suggests two significant points. First, learning environments are internalized by each individual student. Whether it is a formal classroom or at home, the student is taking in both literacy practice and the temperament of the environment. In this way, the two are not independent of one another. Contempt for the environment is likely to lead to contempt for learning, more generally, and vice versa. Herein lies the opportunity for agency: that the student can choose to call his or her experiences into being and, when necessary, seek help. Grappling with the notion of tracking confidence leads to the second point, which divulges the notion of “permanent identity.” Without this call on expressing experiences, recognizing a need for help becomes more difficult.

MOVING FORWARD: ALLYING MENTAL HEALTH LITERACY AND ACADEMIC LITERACY WITHIN AND BEYOND THE UNIVERSITY

This case study argues the prevailing role that confidence has within each of the three noted commonplaces. These three commonplaces rely on the progression of academic literacy alongside mental health literacy. As Graff reminds us about “literacy myths,” which are “rooted in culture and ideology, institutions and policies, and expectations” (640), we must also remember that academic literacy is not isolated to traditional means of learning. Therefore, it is important to remember that the role of confidence within the realm of narrative is not isolated to academic literacy. From this case study, we can conclude the interdependence of confidence and telling stories of experience. What’s more, in giving special attention to the “turning points” of confidence within the examined narratives, we can notice the progression of both academic literacy and mental health literacy. As students recall their expectations for academic learning and their successes and failures, they begin to find new ways to talk about their experiences with issues of mental health. However, in only looking to academic-focused narrative archives, we are still limited in understanding how the aligning of mental health literacy and academic literacy reacts in day-to-day experiences. Much like the study by Pinto-Foltz et al., mental health literacy stands to improve by way of access to opportunities to tell their stories.

If we resolve that the ability to identify and speak of experiences with both mental health

and academia relies on the confidence to talk about them, then it is not unreasonable to consider that more conversation might be available outside of academic-focused archives. As Graff himself writes, “There is no single road to developing literacy” (640), and scholars must continue to study the multiple, intersecting paths that students take to develop academic and mental health literacy—within and beyond the DALN archive. Despite the goal of the DALN to provide the openness for multiple narrative submissions as literacy values change, this archive remains limited to the overarching genre of academic-centered narrative. Further research must seek opportunities outside of this archive for a circumnavigational approach to such an alignment of literacies. Ultimately, in seeking to align mental health discourse, the field of rhetoric, composition, and literacy studies must continue to adapt to the changing forms of narrative presentation. For example, exploring social media usage of the varying narrative formats—photography, video, audio, text—that the DALN support, a more real-time modality becomes available. What would then be required is a special focus on literacy within the context of activity, as called for by Barton. Exploring mental health discourse in this way will, ideally, help to explicate this call in terms of learning by way of understanding day-to-day experience. This exploration further satisfies the concern of ineffective, hyper-targeted treatments by replacing abstract symptoms with more representational terms in mental health discourse.

While this study identified first the commonplace of expectations in literacy, further research might seek better ways of helping

students to understand changes in these expectations. This expansion leads to the second identified commonplace of confidence turning points. Are these turning points only available within the narratives of the DALN, or is it possible to extend our study samples to include other forms of narratives? With the prevalence of social media for today's students, is it feasible to suggest that a rhetorical analysis of social media posts might yield similar conclusions

on meaning-making? Finally, in what ways do friends and followers on social media help to bolster an ever-connected learning community, and how might that shift the nature of any future research done on this subject? Questions such as these are central for twenty-first-century scholars who seek to extend Graff, Barton, and others' work on literacy to better understand its connections to mental health.

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