TRANSFORMING TABOO: DISCURSIVE AND GENERIC UPTAKE IN SOUTH ASIAN MENTAL HEALTH RECOVERY NARRATIVES

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The mental health crisis in South Asian communities is blatantly real and needs further study. However, developing a culturally relevant approach requires understanding the lived experiences of members of that culture. The mental health recovery narrative genre provides one record of these lived experiences. Although mental health rhetorical research is growing, there has been little research employing rhetoric to understand the specific ways in which the written form of mental health recovery narratives, and by extension, mental illness experiences, are culturally shaped. Thus, this paper investigates the South Asian mental health crisis by utilizing concepts from Rhetorical Genre Studies to analyze samples of the South Asian mental health recovery narrative genre from the online platform Mann Mukti. This paper interprets rhetorical patterns through the South Asian cultural context and argues that the genre transforms the personal need to be heard empathetically and uninterruptedly into a recurrent and shared social exigence.

> *"Our community tends to treat seeking mental healthcare as a confirmation that you are, in fact, crazy, when nothing could be further from the truth."*
>
> "My Mother," par. 6

> *"Some people trip, fall, and are able to get back up and resume walking, then there are those who fall off of mountains and feel each and every centimeter of the rock face on their way down."*
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> "Moving Mountains," par. 2

The epigraphs above, taken from mental health recovery narratives, reflect the current condition of mental health in South Asian communities: urgent, unaddressed, and largely taboo. However, the mental health crisis plaguing South Asian communities is blatantly real. A recent review of literature in medicine and psychology, in fact, underscores that South Asian immigrants of all ages and genders are disproportionately

susceptible to depression, anxiety, insomnia, and eating-related psychopathology (Karasz et al. 7). A UNICEF report revealed that in a "survey across 21 countries, only 41 percent of young people in India said that it is good to seek support for mental health problems, compared to an average of 83 percent for 21 countries" ("UNICEF Report"). Further, one study found that South Asian college students held a more negative attitude toward psychological help-seeking as opposed to Caucasian college students; this was accounted for by both personal stigma and perceived stigma by close others among the South Asian students (Loya et al. 484). According to the National Institute of Mental Health, any mental illness is defined as "a mental, behavioral, or emotional disorder" that can "vary in impact, ranging from no impairment to mild, moderate, and even severe impairment" ("Mental Illness"). This results in many mental illnesses, including depression. Therefore, despite any aversion to the idea, mental illness is an illness, just like any other physical ailment.

Scholars from a variety of disciplines, including rhetoric, have analyzed mental health, physical health, and/or medicine. Medical rhetorician and writing studies scholar Kimberly Emmons draws much-needed attention to rhetoric in the biomedical context, illustrating how various factors "[contribute] to the discursive construction of illness" by generating systems of genres (138). For example, "pharmaceutical development and subsequent advertising," which generate textual genres, "encourage the medicalization of sadness and social disconnection," thereby highlighting how genres influence and reflect the social experience of mental illness (Emmons 138). Furthermore, according to scholars Jingwen Zhang and Huiling Ding, "in medical practices, rhetoric not only functions in doctor-patient communication but also in patients persuading themselves when coping with illnesses" (1416). Building on this, a notable genre referenced in social and anthropological understanding of illness is the illness narrative, which, according to psychiatrist and medical anthropologist Arthur Kleinman, intimately shares and reflects on the "innately human experience of symptoms and suffering" (Kleinman 3). According to rhetorician Huiling Ding, drawing on Kleinman along with sociologist Arthur Frank, illness narratives "enable patients to give order to life experiences and receive support from others" (154). Yet, "local cultural orientations (the patterned ways we have learned to think about and act in our life's worlds and that replicate the social structure of those worlds) organize our conventional common sense about how to understand and treat illness; thus we can say... [illness experiences are] ... always culturally shaped" (Kleinman 5). Further, this means that although there may be similarities in illness experiences, how individuals experience illness is not universal. Due to their unique function to earnestly shed light on an individual's illness experience, illness narratives have been extensively studied, especially in disciplines such as medicine, sociology, anthropology, psychology, ethics, and rhetoric, as well as the intersections of these.

In recent decades, research on illness narratives related to mental health, or mental

health recovery narratives, has been growing. Illness narratives pertaining to mental health are widely recognized as "mental health recovery narratives" in healthcare research, so my identification of this type of illness narrative as a "recovery" narrative follows suit (Rennick-Egglestone et al. 670). A systematic review of publications about mental health recovery narratives from January 2000 to July 2018 defines mental health recovery narratives "as first-person lived experience accounts of recovery from mental health problems, which refer to events or actions over a period of time, and which include elements of adversity or struggle, and also self-defined strengths, successes, or survival" (Llewellyn-Beardsley et al. 6).

Moreover, according to scholar J. Fred Reynolds, pioneer of mental health rhetoric research, rhetorical research on mental health has encompassed a variety of disciplines, including rhetorical genre studies, and has almost always led to questioning the validity of the *Diagnostic and Statistical Manual of Mental Disorders (the DSM)* (Reynolds 3). For example, Reynolds notes that rhetorician Carol Berkenkotter's genre analysis "of documents ranging from asylum-age notes, casebooks, and publications of case histories to today's various assessment instruments" critiqued how "clients' richly descriptive narratives get lost in the rhetorical-linguistic strategies that caregivers are mandated to use to make and lend credence to their diagnoses" (8). Although scholars have used rhetoric to understand how illness experiences are culturally shaped, such as Zhang and Ding's comparative analysis of "how Chinese and American discussion forums rhetorically construct HIV/AIDS illness experiences" (1415), there has been little to no research employing rhetoric to understand the specific ways in which the written form of mental health recovery narratives, and by extension mental illness experiences, are culturally shaped.

Given that the social connotations and understanding of mental illness significantly differ from our perception of physical illness, how do written mental health recovery narratives fulfill their purpose of enabling "patients to give order to life experiences and receive support from others" (Ding 154)? Most importantly, acknowledging that illness experiences are culturally shaped, what can the mental health recovery narrative genre reveal about the mental health crisis within the South Asian community?

In this essay, I investigate the multifaceted role of mental health recovery narratives written by South Asian authors. Within a community where mental health is largely taboo, I am interested in exploring the role of a genre that talks about mental health so candidly and confessionally. To conduct my genre analysis, I collected eight samples of mental health recovery narratives from October 2021 to February 2022 written by young South Asian authors from the online platform Mann Mukti, a US-based storytelling platform "that enables the South Asian diaspora to normalize and discuss mental health issues" founded in May 2017 ("Story"). Notably, Mann Mukti translates to "mental liberation" in Hindi. I chose samples from this platform because it was the only platform available online that had such a

great abundance and diversity of South Asian mental health recovery narratives. All the narratives had no explicit byline, though some authors chose to reveal aspects of their identity within their story, such as name, gender, or geographical background. Although personal narratives are traditionally prose, one of the eight examples also includes poetry. The narratives all focus on depression and anxiety, while one also mentions anorexia. For my analysis, I closely read each narrative multiple times through different lenses, including substantive matters, formal matters, and various genre features.

Based on my analysis, I argue that as a genre, mental health recovery narratives written by South Asian individuals function to empower their narrators to reestablish agency in their lives. By repurposing illness narratives for mental health and for their cultural context, the writers have attempted to mobilize their agency to give a recurring and recognizable voice to other South Asians experiencing mental illness-related distress and to call attention to the dire mental health crisis sweeping South Asian communities. Through twin processes of discursive and generic uptake, this genre has transformed a personal need to be heard empathetically and uninterruptedly into a recurrent social exigence that is recognizable to other South Asians, simultaneously providing a rhetorical resource for addressing this shared social need. Ultimately, it is a hopeful genre that communicates a culturally situated solution for a seemingly intractable problem.

This analysis begins by reviewing relevant rhetorical genre theory as well as key details from the rhetorical situation of the genre. Then, it examines patterns within the substantive matters of the genre—including the gradual regaining of control, nuanced calls to action, and discursive uptakes—and patterns within formative matters of the genre—including *enargia,* or vivid imagery, completeness, and anonymity. Finally, this genre analysis considers how these patterns, when viewed through the lenses of rhetorical genre theory and the surrounding rhetorical situation, mutually construe the need for listeners.

THEORETICAL FRAMEWORK

I ground my analysis in concepts taken from rhetorical genre theory. Put simply, genres are modes of communication, regardless of medium. Initially, genres were analyzed and classified based on their substance and form, though modern genre study has evolved to examine situations, audiences, and concepts such as social action and exigence in addition to substance and form. Considering the numerous features of genre, "a genre is a complex, an amalgam, a constellation of substantive, situational, and stylistic elements" (Campbell and Jamieson 18). Encompassing these ideas, in her landmark essay "Genre As Social Action," scholar Carolyn Miller famously defines genres as "typified rhetorical actions based in recurrent situations" (Miller 159). This definition emphasizes two key concepts of genre: social action and rhetorical situation. Social action is "the action [genre] is used to accomplish" (Miller 151); genre "acquires meaning from the situation and from the social context in which that situation arose" and rhetorical situations

that shape a genre can include the recurring audience (Miller 163). Genres play a key role in connecting the "private with the public" and helping "constitute the substance of our cultural life" (Miller 163).

Traditional rhetorical theory defines the audience as "some individual or collective other whom the rhetor must identify, analyze in psychological and emotional terms… and change in some way so they will adhere to the rhetor's central idea or thesis" (Covino and Jolliffe 13). More advanced genre theory argues against the necessity of a change in the audience and identifies both an "addressed" and "invoked" audience, where the writer must "invoke the interests, knowledge, and needs of a presumed audience" (Covino and Jolliffe 14). The most relevant characteristic of an audience is its bidirectional relationship with the rhetor; although a text is widely considered to influence an audience, in the same way, the audience, whether adressed or invoked, shapes the text equally.

The bidirectional interaction between a genre and its audience, or "interpretant," is defined as "uptake" by scholar Anne Freadman (Freadman 40). Uptake is "what happens when you accept an invitation to a conference, or agree to rewrite a paper for publication...or disagree with, or explore, a proposition in theory" (Freadman 39). Emmons illustrates this concept in the biomedical context: an individual must first take up experiences as potential symptoms, which the doctor takes up as evidence for a diagnosis, and a medical system takes up this diagnosis to provide treatment. However, "the patient must first acquire the habits of mind that comprehend experiences as symptoms, and then take up the genres of medical interaction which lead, ultimately, to the doctor's office and the pharmacist's counter" (Emmons 139). This demonstrates not only genre in our daily lives but also the far-reaching, "embodied" power uptake has on seemingly simple communicative and cultural practices. Therefore, as Emmons states, "if we are to account for the... particularly the intimate, embodied power of uptake, we must redefine uptake... as the disposition of subjects that results from that relation [between two genres]" (Emmons 140). She further categorizes uptake into two types: discursive and generic. Generic uptake "involves the selection and translation of typified forms (e.g., testimony) and social roles (e.g., prosecutor, witness) into new discursive situations" and "can be used to exert power across institutional and social boundaries" (Emmons 142). In the exchange of social ideologies between an audience and a text, generic uptake is often the key interaction. In other words, generic uptake can be the expected response that is reflected by or gives rise to the text. Discursive uptake, the lesser-discussed form, is where "key phrases, rather than patterns of social organization or discursive form, are taken up in new situations" and "work to position individuals within recognizable social systems" (Emmons 143). As Emmons profoundly states, "genres as social actions are powerful only when they direct or forestall human interaction (140)." Uptakes allow us to understand whether and how a genre influences human interaction.

To build on social action and uptake, the idea of exigence further connects a genre with the community and culture it exists in as well as helps elucidate the recurring motivation behind the genre. As defined by Miller, "exigence is a form of social knowledge—a mutual construing of objects, events, interests, and purposes that not only links them but also makes them what they are: an objectified social need" (157). While a rhetorical situation can be understood as characteristics that rhetoric inevitably follows, an exigence is the component of rhetorical situation that makes it rhetorical: "any exigence is an imperfection marked by urgency; it is a defect, an obstacle, something waiting to be done, a thing that is other than it should be" (Bitzer 6). Richard Vatz extends Lloyd Bitzer's formulation of exigence, however, by pointing out that it is not necessarily objective but rather, we "learn of facts and events" that can highlight an exigence "through someone's communicating to us" through rhetoric (156), meaning that the exigence may not necessarily be objective, intrinsic, or apparent in a situation and requires communication. Further, as there is unlimited context that may be conveyed, "any rhetor is involved in the sifting and choosing" of details important to constructing or sharing an exigence, and this simple act renders an exigence salient or present enough to demand attention (Vatz 157). This places utmost moral responsibility on the rhetor, as they have complete freedom in choosing the symbols that "create the reality to which people react" (Vatz 158) and determining whether and to what extent an exigence should be imbued with salience. As genre helps "constitute the substance of our cultural life" (Miller 163), the exigence that a genre reveals is an unignorable aspect of that cultural life. As such, my analysis of the culturally-shaped South Asian mental health recovery narrative genre operates through the lens of rhetorical genre scholarship with an emphasis on social exigence, uptake, and rhetorical situation.

RHETORICAL SITUATION

Of the amalgamation of features that numerous rhetors have pointed to when attempting to define genre, including style, substance, and situation, scholar Sharon Downey argues that situation is the most revealing, as "situation... defines function" (58). Therefore, a genre's rhetorical situation, including its recurring audience, must be considered throughout the entirety of examining that genre, including when analyzing its substance and form, and particularly when attempting to identify the genre's functions. Furthermore, genre "acquires meaning from the situation and from the social context in which that situation arose" (Miller 49). As such, baseline knowledge of the South Asian cultural context, including collectivism, and a general understanding of mental health in South Asian communities is imperative to understanding the South Asian mental health recovery narrative genre.

DEMOGRAPHICS

As mentioned above, my analysis centers on South Asian experiences and intends to address the stigma surrounding mental health

within that community. South Asia is widely acknowledged to encompass the following seven countries: Bhutan, Bangladesh, India, Maldives, Nepal, Pakistan, and Sri Lanka (Berglee 732). Although this region, often also referred to as the Indian subcontinent, is home to immense linguistic, ethnic, and religious diversity as well as political fragmentation, it is united by similar cultural and ethical outlooks. For my analysis, South Asia also refers to the South Asian diaspora, meaning any people with roots in South Asia. The South Asian diasporic population is "estimated to be around 24 million, or about 2% of the South Asian population" including those who migrated during the nineteenth-century colonial wave and the twentieth-century post-independence wave (Rangaswamy 285). The largest population of South Asian diaspora have immigrated in recent decades, with many being first- or second-generation immigrants (Rangaswamy 294). Also, South Asians are not "a homogenous group" and are "segmented by religion, language, and ethnicity, and there are distinctly discernible patterns of geographical concentration for each of the South Asian groups" (Rangaswamy 294). Moreover, "each region has its own cultural traditions, beliefs, and values but the binding force for all the regions is the underlying culture of the Indian subcontinent" (Ibrahim et al. 37).

COLLECTIVISM

One aspect of this underlying culture is collectivism, which "promotes interdependence and co-operation, with the family forming the focal point of this social structure" (Chadda and Deb 299). In contrast, individualism emphasizes "what makes the individual distinct and promotes engagement in competitive tasks" (Chadda and Deb 300). Although individual achievement is valued within collectivist cultures, it is only valued so long as it does not disrupt collectivist social hierarchies (Ibrahim et al. 45-46). Certain beliefs promoted in South Asian culture because of collectivism include "respect for family/filial piety," which includes that "parents are to be honored and revered," and "appropriate respect is given to each family member" (Ibrahim et al. 45). Often, "the community is seen as an extended family, and one has responsibilities to the community" (Ibrahim et al. 45). As a result, South Asian families are also "far more involved in caring of its members, and also suffer greater illness burden than their western counterparts" (Chadda and Deb 299). Additionally, "respect for age" is especially emphasized because "it is assumed that the older a person gets, the more maturity and knowledge" they have (Ibrahim et al. 45) and "the power and control in the family reside with the oldest person, regardless of gender...even when the oldest person in the family is 10,000 miles away" (Ibrahim et al. 40). Overall, for South Asians, education, age, social class, and personal achievements are critical to mediating "the location of each individual" in social relationships (Ibrahim et al. 46). Finally, humility is highly valued and "it is extremely important to not make oneself the center of attention or to discuss one's accomplishments," and often "credit is not given" for personal achievement "because the person did not request the recognition based on the

value of humility" (Ibrahim et al. 45-46). In South Asian immigrant populations, personal achievement is highly valued, as it promotes the reputation of the whole family or group. Therefore, "people work for the future" and are goal-oriented; "focusing on the here and now is a low priority" (Ibrahim et al. 46).

SOCIOCULTURAL CONTEXT OF MENTAL HEALTH

Analyzing the South Asian mental health recovery narrative genre requires not only familiarity with the general sociocultural context but also an understanding of the sociocultural context of mental health specifically. The discussion of collectivism and individualism above is a key factor of mental illness unique to the South Asian community. Moreover, the widespread social and cultural evolution overall has "altered entire lifestyles, interpersonal relationship patterns, power structures and familial relationship arrangements in current times" (Chadda and Deb 301). As a result of changes such as "a shift from joint/extended to nuclear family... migratory movements among the younger generation, and loss of the experience advantage of elderly members in the family," there is increased "stress and pressure" on families, "leading to an increased vulnerability to emotional problems and disorders" (Chadda and Deb 301).

Particularly among South Asian immigrant youth, factors such as acculturative stress, heightened pressure to achieve in extracurriculars and academics, and the load of taking care of family collectively can culminate in mental illness such as depression or anxiety (Karasz 8-9). Besides acculturative stress, these factors are associated with mental illness within South Asia as well. According to *India Today*, as of 2021, one in six youth between 10-19 years old suffer from depression in India and there is one suicide attempt every three seconds in India (Marker). The academic pressure and pursuit of "high-skilled jobs" in South Asian communities can be attributed to a desire for financial stability and respect for the family.

Moreover, within the diaspora, this is heightened by the model minority myth, in which American media has cast Asian Americans, including South Asian Americans, as the "model minority" due to academic and financial achievement (Hartlep, xvi). This "engenders inflated social expectations" as "young people feel obligated to uphold an image that they had no role in creating" due to "pressure from parents, schools, and the surrounding community" (Ghosh 52). Moreover, their "non-scholastic aspirations and accomplishments" are forcefully limited due to the portrayal of South Asian Americans, particularly "ethnic Indians as...super-achievers" (Ghosh 52). The myth conceals that "disturbing numbers of [Asian Americans suffering from] behavior and mental health problems... yet the community does not talk openly about it in fear of breaking the [model minority] stereotype" (Ghosh 52).

In addition to fear of breaking the model minority stereotype, the stigma around mental health is especially furthered by strongly collectivist attitudes. Historically, South Asian communities have always undermined the validity of mental health conditions such

as depression and anxiety and emphasized the importance of a stoic and silent suffering ("Story"). Influenced by the collectivist desire to preserve reputation, South Asian individuals facing mental health challenges are encouraged to limit knowledge of their suffering to within the family ("Story"). Moreover, many family members of sufferers will attribute mental illness to bad parenting or personal weakness and often fail to acknowledge that mental illness, while caused by a diverse array of factors, is ultimately associated with chemical imbalance in the brain ("Story"). This aligns with the finding that in collectivist cultures, "where conformity to norms is highly valued, surveillance is high, and there are dense, multiple connections between people...mental illness is easily perceived as outside of the norm and therefore devalued, rejected and stigmatized" (Papadopoulos et al. 272).

ANALYSIS

My analysis concentrates on recurring rhetorical themes and moves of eight South Asian mental health recovery narratives from Mann Mukti. As genre is often analyzed by its substance and form, the rhetorical moves I examine are either substantive or formal. I analyze these moves, however, with a view of understanding the recurrence of the rhetorical situation these authors attempt to enable. Therefore, I consider the situation throughout the entirety of my analysis. It is important to note that although there are a few recurring elements, each narrative, and consequently each narrator's story, is decidedly unique. While the illness experience is culturally shaped, the South Asian population is incredibly diverse and not every experience is shared or similar. Therefore, my analysis of the narratives does not intend to identify patterns in the factors that may have caused an author's mental health condition. Instead, I examine the ways in which the authors reflect on and respond to these circumstances to understand what mental health recovery narratives can reveal about the mental health crisis within the South Asian community.

SUBSTANTIVE MATTERS

My analysis of the substantive matters of this genre identified three primary patterns. First, through these narratives, writers express a transition from a lack of agency in their lives to regaining that control. Second, both indirectly and directly, each narrative conveys a set of nuanced recurring calls to action to multiple layered audiences. Finally, each narrative frequently employs a rhetorical move known as discursive uptake, where authors reach back to ideas from multiple relevant discourses to create a clear, connected, coherent, and accessible dialogue on mental health in the South Asian community.

GRADUALLY REGAINING CONTROL

A key thematic element of mental health recovery narratives is their representation of the narrators gradually regaining control in their lives, in whatever capacity. This transition is evident because the writers also convey a lack of the agency that they worked to reestablish. This is done in various ways to various extents.

Some narratives simply state that the individuals felt helpless, depressed, or anxious. For instance, one narrative remarks, "I felt like I didn't know what I was doing with myself and needed someone to talk to" ("My mother's was a..." par. 2). Although short and sweet, statements such as this one serve to illustrate that growth was necessary and arguably inevitable in the authors' lives. Often, the narratives pinpoint the specific circumstances that make them feel helpless. For example, one narrator describes that "reasoning with either of [their parents] is like trying to mix oil and water—pointless" ("Living at home," par. 1) and that "not being able to find that solace at home" when they feel depressed, partially due to their familial situation, "is only more upsetting." Through the narrative, the author elaborates on the role their turbulent home environment plays in their mental health. By using "pointless" when describing their efforts to address it, the author exemplifies the lack of control and helplessness they feel in a space that they have established as important to them. Another narrator describes "childhood bullying," "indecisiveness about what to do with [their] life" and "failed relationships with people" as past events that "triggered" their "negative thoughts," depression, and "maddening anxiety" ("Leena…" par. 5). By enumerating so many aspects of her life as factors contributing to their mental distress, the author conveys that there is no area of her life where she feels in control, or where she feels hopeful.

Some narratives offer a particularly elaborate depiction of their lack of agency, vividly detailing their feelings of helplessness or hopelessness. For instance, one author writes: "I am a trainwreck, breaking hearts, shattering friendships, tearing myself down, falling apart and rebuilding on quicksand" ("Dear Baba," par. 9). Metaphors such as "trainwreck" and "falling apart...on quicksand" underline just how deeply ingrained and devastating these feelings of weakness and uncontrol can be. Another particularly powerful nature metaphor employed by one of these narratives is that of falling off a mountain: "Some people trip, fall, and are able to get back up and resume walking, then there are those who fall off of mountains and feel each and every centimeter of the rock face on their way down" ("Moving Mountains par. 2"). In both these examples, "falling," either "falling apart" or "falling down," is recurringly used regarding nature. For these authors, the lack of control is just as unpredictable and life-threatening as disastrous natural forces.

Beyond simply the existence of this genre, this regained control is more specifically revealed both in the hopeful and assertive ways writers address their own lives as well as the reassuring terms they use to address others in similar forms of mental illness-related distress within these narratives. Once again, this is done in various levels of elaboration and emotion. In reference to themselves, some writers establish their new sense of empowerment through straightforward terms, such as "Six [therapy] sessions later, I felt like a new man" ("My mother's was a…" par. 5). Notably, writers demonstrate a nuanced regained agency, that does not rely on "overcoming" mental illness. This is especially important since managing

life with mental illness is not linear and often endless and serves to demonstrate that regardless of how far they are in their recovery journey, growth is possible. For example, one writer simply expresses recognition that "I need to tend to my own needs because I am important" ("Living at home" par. 4). Even coming to this realization requires the narrator's awareness that it is possible for them to tend to their own needs and that doing so has the potential to improve their state of being. Other narratives address their own growth more indirectly, yet still reveal the same newfound control. In reference to the mountain metaphor mentioned above, the narrator states that "There is a certain super minority that falls, but miraculously survives—the very minority that will... crawl its way right back up the mountain-top with utmost conviction… This minority comprises of people like me" ("Moving Mountains" par. 2). In a systematic review of mental health recovery narratives and their impact on recipients, mental health recovery narratives were defined as also including "self-defined strengths, successes, or survival," which this example epitomizes (Rennick-Egglestone 671). The ability to identify these perhaps demonstrates a newfound hopefulness in the narrator. Moreover, the language used by each of the narratives to reassure this audience is certain, leaving no room for doubts, such as the usage of "conviction" in the sample analyzed above.

When addressing members in the audience enduring the same circumstances, in this particular corpus, narrators are hopeful, encouraging, and firm. For example, one author writes, "now, years later, I consider myself immensely happy... And you will, too" ("Depression and Anxiety," par. 9). This sureness and hope, at least as compared to before, reflects the reassurance they perhaps feel about their own situations. Regarding such a delicate topic, it is only possible to reflect and provide advice with this level of intentionality and certainty if the authors sincerely believe the words they are sharing and truly feel that an individual can develop agency in their lives and heal. Both the acts of retelling a story of trauma and leaving sentiments of hope compel individuals to feel in control of their lives, and in this way the genre empowers authors to re-establish the agency in their lives.

NUANCED CALLS TO ACTION

Delving deeper into how narrators addressed their audience, the next prominent substantive pattern I observed in this corpus of mental health recovery narratives was recurring calls to action. Through their nuance, recurrence, and layered audiences, these calls to action exemplify narrators mobilizing their agency to not only provide a voice to other South Asians experiencing mental-illness-related distress but also create some tangible cultural change by calling for greater empathy and decreased stigma from multiple sets of audiences. The multiple audiences addressed by these calls to action include individual family members, usually the parents, the South Asian community at large, and others suffering from similar mental health-related conditions or distress (see Table 1). As the calls to action to these different audiences come together, they illuminate the genre's overarching exigence of transforming

the social need to be heard from personal to shared, and they place this shared need within the framework of collectivist sensibilities. Additionally, the social action or expected generic uptake of this genre to destigmatize mental health equally applies to all audiences, albeit in unique ways. Therefore, the related but discrete calls to action of each audience are unified by and reinforce the genre's intention to normalize mental illness in South Asian communities. Table 1 outlines some of the most notable and frequent calls to action conveyed by the narratives to each audience (see Table 1).

Table 1: Recurring calls to action in South Asian mental health recovery narrative samples

To others suffering from mental health conditions:	To individual family members (usually parents):	To the larger South Asian community:
• Realize that they are not alone • Recognize it is possible to overcome the persistent challenges life presents • Seek professional help and make efforts to improve their situation • Prioritize themselves, their well-being, and their mental health regardless of what it takes • Rely on the support system around them, sometimes family can be more supportive than expected	• Love and accept their child unconditionally • Find their own happiness	• Acknowledge the reality of and prioritize mental health • Dismantle the cultural stigma surrounding mental health and seeking professional help • Look out for warning signs in loved ones

Most notable and frequent calls to action conveyed by the narratives to each of three audiences: individual family members, the larger South Asian community, and others suffering from similar mental health-related distress.

Intuitively, the calls to action exist because they are intended to inspire actions that do not already occur or are not commonplace. Since the genre shares a recurring exigence, the messages themselves aim to convey this mutual social need empathetically, perspicuously, and directly. Particularly when interpreted through relevant aspects of the South Asian cultural context, each call to action and each audience addressed contributes to establishing an overarching call to action or social action of the

genre. Moreover, since the rhetor has complete freedom in choosing the "symbols that create the reality to which people react" (Vatz 157) and in determining whether and to what extent an exigence should be imbued with salience, the fact that the "symbols" or calls to action in these narratives recur make them especially meaningful. For instance, when addressing others with similar mental health experiences, an author writes, "life will continue to present challenges to us...I ask that you never give up...You're capable. I promise" ("It's Incredible How Much..." par. 15). Through this message, the narrator not only directly encourages readers to recognize it is possible to overcome persistent challenges life presents, but also provides a recognizable voice for them, and through providing this voice, the author is reconstruing the personal need to be heard into a shared one.

In messages that ask for family members to love and accept their child unconditionally, authors are often imploring families not to see the individual differently because they have a mental illness. For example, one author painfully addresses her father: "I see the distaste in your eyes. You cannot tolerate this – weakness in your child" ("Dear Baba" par. 13), in which weakness ostensibly refers to the perceived weakness of mental illness. Even if this call to action is complex and not easily achievable, by making the need to be loved, seen, and heard by loved ones salient, the call to action reemphasizes the necessity of destigmatizing mental health to be heard. Additionally, although this call to action was recurring, authors finding often unexpected support among their family members was also recurring, illustrating that South Asian families are not homogenous.

Finally, in addressing the larger South Asian community, many narratives urge the South Asian community to acknowledge the reality of and prioritize mental health, such as the South Asian community's "greatest weakness is that we treat mental health as a non-issue... when nothing could be further from the truth" ("My Mother's Was A..." par. 6). By addressing the community as a whole and appealing to collectivist sensibilities, this call to action once again contributes to the overarching social action of the genre, as recognizing the existence of mental illness is imperative to destigmatizing the discussion around it. These calls to action position readers to speak up and listen, depending on the audience(s) they belong to. Both these actions are necessary to alter the culture of the community and transform taboo. The recurring action of mental illness patients speaking up to seek help, whether professional or from a social support system, combined with family/community members listening and looking out for loved ones as well as speaking out against mental health stigma, together interact to create larger social change.

DISCURSIVE UPTAKES

The final substantive matter I analyze is the recurrence of discursive uptakes within this genre, which helps to ensure that the calls to action are taken up and effective. In this move, the writers reach back to take up terms and ideas from two different discourses, the modern Western medicine and psychology sphere, with terms such as "seeking

help," "depression," and "mental health," and the South Asian social and cultural concepts, including collectivism. By frequently using medical terms to describe mental health on a South Asian platform, the authors are making this act commonplace, providing a recurring and recognizable vocabulary for other South Asians experiencing mental illness-related distress to process their own experiences and express themselves. For example, one author reflects, "I became obsessed with grades, finding what little self-worth I could there; this was the beginning of anxiety," explicitly taking up her "fear of testing...[and] soon...everything" as anxiety ("Depression and Anxiety" par. 5). In this way, using medical terms to describe mental health also legitimizes mental illness struggles as medical ailments that are equally as valid as physical ailments. Moreover, in her article "Uptake and Biomedical Subject," Emmons clarifies that "before deciding to visit a doctor's office, the individuals must take up experiences themselves as potential symptoms" (Emmons 139). By connecting their experiences to mental health conditions, the authors of this genre are normalizing taking up mental and emotional experiences as potential symptoms, demonstrating a "discursive agency" that may hopefully inspire similar discursive uptakes among their readers.

The key function of discursive uptake in these narratives results from simultaneously taking up both psychology and South Asian discourses, positioning the mental health discourse within the South Asian cultural context and enabling connections between the two seemingly disparate spaces. A particularly intuitive example is in the phrase "Depression. Listen Baba, listen to the word" ("Dear Baba," par. 4). Although addressing their father in their native language, as "Baba," may be most natural and intuitive, doing so also represents discursive uptake of cultural family dynamics and language and may position the father to be more receptive to understanding depression. This example also underlines to readers that depression can be discussed in a conversation with South Asian family members, and the two do not have to be mutually exclusive. Another narrative appeals to South Asian collectivist culture by invoking community values while explaining depression: "Oftentimes, depressed people seek to end their pain... It is our job as a community to help them get past that emotional, mental, and physical pain so they can once again feel the warmth of life" ("Leena…" par. 12). In this example, the author is most obviously taking up mental illness discourse when explaining symptoms of depression, including suicidal thoughts as well as the different types of pain, taking up mental illness. At the same time, exemplified by the collective pronoun "our," the author is taking up the collectivist idea that if one person suffers, everyone suffers, and community members share a responsibility to care for each other. In other words, mental health and the need for listeners is transformed from a seemingly individualistic ideal to a shared community need in line with collectivist sensibilities. Thus, this genre attempts to normalize the acts of listening to, acknowledging, and supporting those suffering from mental-health-related distress. Ultimately, by situating mental health

discussion in South Asian contexts, discursive uptakes make South Asian audiences more receptive to the conversation, consequently enabling mental health recovery narratives to dismantle mental health stigma.

FORMAL MATTERS

In addition to the content and substantive matters of the genre, my research examines key elements of the genre's form that allow it to empower its writers, call attention to the unique conditions of the South Asian mental health crisis, and serve as a rhetorical resource for addressing the shared social need to be heard empathetically and uninterruptedly. The elements I found significant include the recurrence of *enargia*, a rhetorical technique aiming at vivid, lively descriptions (Burton); the anonymity of the author; and the completeness of the genre due to its written, story form.

ENARGIA

Mental health recovery narratives commonly depict intense emotion and trauma through *enargia,* a term that describes the powerful rhetorical technique of vivid, lively description (Burton). The term *enargia* comes from the Greek word *enarges*, meaning "visible, palpable, manifest" (Burton). As a result of this technique, the narrators' stories become a palpable reality for the audience, making their pain, and the South Asian mental health crisis at large, unignorable. For example, one author describes "Drops of blood infuse with tears and burn within the wounds [from self-harm]" ("Moving Mountains," par. 1). Another author expresses "this burning sensation in [their] chest" every time she enters their home and pleads for their life to improve: "I pray, pray, and pray that I can find the happiness I've been pining for years" ("Living at home," par. 1, 4). Each of the eight samples I examined display an abundance of desperate, heart-wrenching sentiments like these, and potentially inform readers feeling the same emotions that they are not alone. Language such as the repetition of "I pray" and blood infusing with tears all undoubtedly elicit empathy, sorrow, and concern from the audience, and the narratives can even be difficult to read until the end. In addition to creating shared emotional experiences, the detailed imagery also makes the authors' physical manifestations of mental distress a shared experience, particularly through the recurrence of verbs such as "burn." The vivid depiction of physical pain is particularly meaningful because although mental and emotional distress is neglected by some South Asian audiences, physical pain is largely undisputed. Therefore, the *enargia* minimizes the possibility of readers dismissing or misinterpreting the narrators' experiences with mental illness.

The use of *enargia* also reflects this genre providing uninhibited platforms for self-expression about their mental health. As Miller and her coauthor Dawn Shepherd illustrate in a genre analysis of the weblog, "self expression serves the intrinsic self-disclosure functions of both self clarification and self validation, enhancing self awareness and confirming already-held beliefs" (9). Many of the authors write from contexts where they have had their emotions, thoughts, and beliefs questioned and

re-questioned; openly disclosing the details of their story at last provides a form of self validation and confirmation and may subconsciously motivate the desire to write a mental health recovery narrative. Through *enargia*, the authors are compelled to deeply dissect and understand their journeys, which can only help them move past the trauma that they faced. Also, by allowing them to release pent up emotion and experience the genre may have a cathartic, empowering effect on its rhetors.

Although *enargia* may serve a cathartic purpose for the genre's narrators and invoke empathy from certain audiences, the overt details may produce mixed results for those undergoing similar mental illness experiences. A systematic review on the impact of mental health recovery narratives on recipients found both positive and negative impacts potentially related to the narrator's detailed descriptions of their experiences, such as "the recipient identifies personal behaviors that they wish to reconsider" or "the recipient feels uncomfortable due to recall of difficult memories" (Rennick-Egglestone et al. 674). The fact that the use of *enargia* may have mixed effects on others in similar mental health related distress is a shortcoming of this genre in relation to that audience and may suggest that the authors prioritize other audiences. Specifically, the use of deeply evocative language and description to illustrate painful experiences, despite its potentially triggering nature, may reveal the narrators' investment in being heard by those who typically dismiss their experiences or refuse to acknowledge the severity of them, including specific family members or the broader South Asian community. In the South Asian context, genre's primary priority may be to demonstrate mental illness experiences as valid and requiring attention, establishing the widespread and shared need to be heard.

COMPLETENESS

The depth of these narratives goes beyond *enargia* to also include a complete narrative structure. All the eight samples of the narratives I analyzed included a conflict and resolution as well as a clearly identifiable beginning, middle, and end, indicating their inherent form as stories. Rhetorician Walter Fisher argues that "all forms of human communication need to be seen fundamentally as stories" and that human beings are innately "homo narrans," or storytellers (xiii), potentially proposing that narrative is the most effective form of communication. Within this genre, the conventional beginning-middle-end structure of these narratives is relevant because it functions to make the genre accessible, digestible, and familiar to readers. For example, the narrator in "Moving Mountains" describes feeling as though they are falling down a mountain and addresses themselves as a "failure" earlier in the narrative, but later in the narrative, they reflect on their recovery and describe themself as "unstoppable." The "end" or "resolution" component allows authors to reach a place of closure, recovery, or healing, but only because they are allowed to take their time in reflecting and processing through the beginning and middle of the narrative.

Furthermore, this genre is only able to fulfill its multifaceted functions due to there

being no room for interruption, allowing for a more complete utterance than other discursive interactions. In South Asian communities, "conformity to norms is highly valued...mental illness is easily perceived as outside of the norm," and "it is extremely important to not make oneself the center of attention" (Papadopoulos et al. 272; Ibrahim et al. 45). Therefore, due to the prioritization of group reputation in South Asian communities as well as the emphasis on a silent, stoic suffering, safe spaces where South Asian individuals can candidly process, reflect on, and share their experiences with mental health are scarce, let alone spaces where they can do so without limitations. South Asian mental health recovery narratives serve as one such space due to their written nature, as opposed to other oral genres. Although the writing occasionally contained typos and grammatical errors, this adds to the authenticity of the genre, and each author's voice is apparent and distinct. Due to being free of the limitations common to many writing or storytelling forms, the writers had the freedom and authority to emphasize or spend more space elaborating on certain aspects of their story at their own discretion. There is no hurry to reach a resolution or pressure to oversimplify their reflection, allowing some narratives to focus on hardships and others to focus on recovery in their mental health journey. Unlike many other microblogging genres, there is no space for comments, especially important in a genre where the rhetors are already evidently cognizant of their audiences and the expected responses or generic uptakes. Thus, the genre not only empowers rhetors by allowing them complete agency, but also enables them to mobilize their agency for whichever purpose and in whichever manner they choose.

ANONYMITY

The only genre that can provide a similarly complete space for uninterrupted storytelling outside of a written mental health recovery narrative is potentially a recorded video or oral mental health recovery narrative. The written form, however, allows for anonymity and privacy not afforded by the video or oral genres. This anonymity, in fact, may be imperative for the existence and effectiveness of South Asian mental health recovery narratives. Notably, each of the narratives has no byline, or designated space to include the name of the author. Only one author chose to include his name, and that was within the narrative. There is also no visible screen name, title to the narrative, or other markers of identification. Due to their anonymity, mental health recovery narratives exemplify Miller's observation that genre connects "private with the public" (163). Furthermore, as Laurie McNeill suggests, the imagined barrier of the internet provides the narrator and the reader with "the illusion of anonymity necessary for 'full' self-exposure" (McNeill 27). Although anonymity in this genre may seem counter-intuitive to decreasing stigma surrounding mental health, the reality of the matter is that the topic is still taboo. In such a traditionally confessional genre, the anonymity allows narrators to make their "confessions widely available but still… impersonal, separate from [their] offline lives and identities" (McNeill 27). Thus, the consistent

and recurrent anonymity across samples of this genre only underlines the existing cultural stigma around mental health, and the need to be heard empathetically and uninterruptedly as a recurrent social exigence.

In many storytelling communities, anonymity is said to reduce the content's credibility, however, anonymity may add authenticity to the mental health recovery narratives instead of hindering it in certain South Asian communities. Within these communities, sharing personal stories of pain can be seen as a ploy to attract attention from community members and the stories would consequently be dismissed. In fact, one author describes that "friends, parents, and family members mock [them] with accusations such as 'attention seeker,' 'loner,' and worst of all, 'failure,'" due to their depression ("Moving Mountains" par. 1).The one author who explicitly includes their name self-identifies as a member of the Mann Mukti Board and explicitly clarifies that they "write this testimony not to garner any attention or sympathy" and "hope this doesn't take too many of [their] friends by complete surprise" ("It's Incredible How Much..." par. 1-2). Further, many of the narrators' anonymity seems motivated by saving their parents or family members from "sadness...because [they] felt like [they] had failed" their kids and would "blame themselves" after hearing about their loved ones' mental illness, which they would consider a weakness. ("My Mother's Was A..." par. 2). If they were not anonymous, writers would potentially risk alienation from family and friends for openly speaking out such taboo experiences for ostensibly influencing other community members to "take on" or validate their own mental illness experiences. The lack of other identifying factors in these samples, such as a title, play a similar role in maintaining the authenticity and confessional nature of the genre. Overall, the genre's anonymity, in addition to its use of *enargia* and its completeness, all serve to underscore the genre's generic uptakes as well as identify and explain what enables the genre to be effective in communicating its larger social exigence, the shared need to be heard uninterruptedly and empathetically.

CONCLUSION: MUTUALLY CONSTRUING THE NEED FOR LISTENERS

While understanding substantive and formal patterns in a genre are important, their true value is in helping us understand the people who use the genre, including the rhetors and the recurring audience. Ultimately, the need to be heard uninterruptedly and empathetically serves as the recurrent social exigence of South Asian mental health recovery narratives. A genre's exigence is "a mutual construing of objects, events, interests, and purposes that not only links them but also makes them what they are: an objectified social need" (Miller 157). An exigence is marked by urgency, and "any rhetor is involved in the sifting and choosing" to represent an exigence as salient, or worthy of demanding attention (Vatz 157). Through the recurrence of exigence in each sample of the genre and the recurrence of the genre itself, the exigence has been imbued with salience and has been constructed as a collective motive.

The communication of exigence is made possible by the bidirectionality of uptake. The narrators of this genre take up discourses, meaning that "key phrases…are taken up in new situations" and "work to position individuals within recognizable social systems" (Emmons 143), and the expected response of this genre in order to fulfill the exigence is generic uptake, defined as "the selection and translation of typified forms…and social roles… into new discursive situations," such as South Asian cultural discourses (Emmons 142).

By illustrating a lack of agency, the writers underscore their experiences as hopeless and voiceless. Moreover, in mobilizing their gradually regained agency to uplift and comfort others in similar-mental-health-related distress, they not only fill a widely experienced void of empathy and understanding but demonstrate the salience of this void. Similarly, calls to action, addressed to the multifaceted, layered audiences including others suffering from mental health conditions, individual family members, and the larger South Asian community, demonstrate how this genre provides a voice for those who need it and simultaneously advocates for destigmatizing mental health in order prevent the collective voicelessness and pain altogether, all while remaining sensitive to collectivist attitudes. By taking up mental health psychology terminology and invoking collectivism and community values to situate the mental health discourse in a South Asian cultural context, the narrators are advancing the mental health recovery narrative genre's expected generic uptake from the audience of destigmatizing mental health.

Formal matters further reinforce the recurring social exigence and generic uptake of mental health recovery narratives. In addition to providing a form of catharsis for the genre's narrators and invoking empathy from certain audiences, the use of *enargia*, or vivid description, communicates mental illness as valid and urgently requiring attention. Given that the rhetor is involved in "sifting and choosing" details to construct an exigence, including *enargia* despite its painful language reveals the genre's prioritization of legitimizing mental illness to dismissive audiences and compel the audience to take up the genre and transform taboo. Finally, by providing the narrators with an uninterrupted and anonymous space to share their stories, the unique anonymity and completeness of the genre illustrate the scarcity and necessity of such spaces.

Through the bidirectional functions of generic and discursive uptakes, mental health recovery narratives reveal the embodied power of genre to construe a salient exigence and serve as a culturally sensitive resource for addressing this objectified social need. By situating mental health discourse in the South Asian cultural context, mental health recovery narratives have empowered their narrators to reestablish agency in their lives and mobilize their agency to provide a resonating, recognizable voice for others suffering from mental illness. Through both substantive and formal elements, the genre calls attention to the dire mental health crisis sweeping native and diasporic South Asian communities. Ultimately, I argue that the genre transforms taboo by transforming the stigmatized personal need for listeners into recurrent social exigence to be heard empathetically and uninterruptedly.

Drawing these conclusions is only possible with an adequate understanding of the

sociocultural context and more importantly the awareness that rhetorical "situation...defines function" (Downey 58). Therefore, this genre analysis reinforces the importance of considering rhetorical situation alongside considering substantive, formal, or other matters of a genre, meaning that the rhetorical situation is weaved throughout an analysis rather than as a separate aspect of genre. This is particularly important for genres situated within a specific global context, such as South Asia and the South Asian diaspora.

Building on previous cross-cultural genre analyses, such as scholars Zhang and Ding's comparative analysis of "how Chinese and American discussion forums rhetorically construct HIV/AIDS illness experiences" (Zhang and Ding 1415), my analysis also attempts to advocate for studying rhetoric in diverse cultural contexts, as a window to potentially better understand those contexts. As the written nature of the South Asian mental health recovery narrative genre has lent unique features for analysis, such as the gradual regaining of control and anonymity, this analysis emphasizes the importance of considering writing studies to better understand human health, especially in a field where qualitative research often tends to focus on oral genres. Thus, this genre analysis reinforces Ding's idea that "genre study approaches can explore genre use in context and the emotional, social, and public health implications of genre analysis" (155). Ultimately, understanding the substantive and formal matters as well as the social exigence of the South Asian mental health recovery narrative genre allows for the greatest emotional, social, and public health implication of all: transformed taboo.

ACKNOWLEDGEMENTS

I would like to thank my research advisor Dr. Gwendolynne Reid for her invaluable advice, support, and patience with me through this project. I would also like to thank my *YSW* faculty advisory editor, Dr. Sarah Polo, for her feedback and encouragement during the editing process. Finally, I would like to thank YSW for the opportunity to share this work and amplify the voices behind South Asian mental health recovery narratives.

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APPENDIX: CORPUS

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