

# Neurotic Loops and the Limits of Awareness

## Toward New Apertures for Activist-Oriented RHM Work

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Given the state of the globe in recent years, it's difficult for many of us to keep negative thoughts at bay. At times, pessimistic thoughts can also be intensified by unkind orientations *toward* them.

Maybe you can relate:

You feel anxious and hopeless, and then you feel angry at yourself for wallowing . . . “Why can’t I snap myself *out* of this?!” you think. That self-directed anger exacerbates the anxiety and dread and generally compounds the misery. This pattern can be described as a “neurotic loop.” As clinical psychologist Gregg Henriques (2018) defined them, neurotic loops are “negative reactions to negative feelings,” wherein persons with “negative emotions that idle on high” also tend to “battle with themselves by developing negative reactions to their negative feelings”—a pattern that, Henriques argued, is the “root of long-term suffering” (p. 49).

This neurotic loop theory, aside from being generally useful and usable in clinical mental health work and self-help contexts, opens space to think through how negative thoughts and emotions can reinforce one another. Further, the “looping” indicates an inertia that impedes forward movement

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and growth. Looping—feeling stuck repeating the same pattern over and over where advancing is never a possibility—links with notions of neuroticism. Psychologists Thomas Widiger and Joshua Oltmanns (2017) described neuroticism as the tendency to “experience negative affects, including anger, anxiety, self-consciousness, irritability, emotional instability, and depression” (p. 144). They acknowledge that persons labeled neurotic “respond poorly to environmental stress, interpret ordinary situations as threatening” and “experience minor frustrations as hopelessly overwhelming” (2017, p. 144). Neurotic looping, then, is at once an example of a troubling thought pattern and a richly illustrative metaphor for how a person stuck in psychic distress may be unable to nudge themselves out of that pattern without some help. We see a connection between this stuckness and what sometimes can happen in bodies of scholarship when they get caught in their own versions of neurotic loops; making such connections is very much in the spirit of the *Rhetoric of Health & Medicine (RHM)* editors' introductions.

For instance, the “call for critical reflexivity into the practices of RHM” (Scott et al., 2021, p. 285) invoked in the introduction to volume 4, issue 3 of the journal has been a long-range project of the editors' introductions series. Each introduction that Blake Scott and Lisa Melonçon offered from the outset of the journal took on the formidable work of outlining not only the stakes and parameters of the journal, but of the field itself—a task made more challenging in the context of “the expansiveness” of the rhetoric of health and medicine (RHM) and the “range of topics explored,” which can lead RHM publications to “sometimes seem disconnected from one another, even when they draw on previous work” (Scott & Melonçon, 2020, p. viii). In this introduction, we continue Blake's and Lisa's important work by considering how the concept of neurotic loops may be useful for finding commonalities among the various streams of research in the field and discovering potential avenues for more expansion and growth.

As we compose this editors' introduction to the final issue of 2022, it is difficult to think of anyone we know who has not been pushed by the challenges of the last two years to the point of “negative emotions that idle on high” and who cannot somewhat identify with the idea of neurotic loops. We two editors recently texted each other that we've both been prone to a bit of staring-off-into-space as a coping mechanism, and we know we are not alone (and if you are doing the same, neither are you). Metaphorically, neurotic loops are powerful in that they are richly demonstrative as well as relevant for many of us. There is an insinuation in this theory that the way

you are thinking about things is causing you some harm, that you feel bad, and then worse, and then bad all over again—yet there is also the promise of breaking out of such loops.

The Oxford English Dictionary defines “loop” in a variety of ways; in one noun form, it’s a “doubling or return into itself” of something so as to “leave an *aperture* between the parts.”

In clinical use, noticing and naming neurotic loops helps psychological and psychiatric clients recognize the thought patterns that are reinforcing their misery; by feeling awful about how anxious they feel, they inevitably feel more anxious and, hence, more awful. It also helps them to identify opportunities to shift their inner lives and to heal. Finding ways to break out of negative thought patterns such that negative emotions (such as anxiety) can be viewed, as Henrique (2018) and others have suggested, with compassion and curiosity has the capacity to lead to relief. In the same way, when bodies of literature in RHM and beyond start “looping” in on themselves, reinforcing the already-known at the expense of something new, they risk fetishizing the same message over and over again. We want, instead, to harness the opportunity the loops’ apertures create to open space for new arguments, alignments, and perspectives.

One neurotic loop we notice when examining how issues of inequities in health and medicine play out over time is the perpetual call for “awareness.” The supposition is that if people become more aware of a problem, progress toward a solution will become clear, various publics will be appropriately mobilized, and the problem can begin to dissipate. Yet perhaps nowhere is the inertia of calls for awareness more apparent than in how stagnating unfair health and medical realities are. Awareness campaigns have long existed for mental health stigma mitigation, yet stigma against those with mental health diagnoses chugs along relatively unscathed. Similarly, while racial inequities are extremely well-documented in transdisciplinary literature, most contributions trickle down to the popular media as mere calls for awareness. Take, for example, the provocative study of patients’ electronic health records that appeared recently in *Health Affairs*. Michael Sun, Tomasz Oliwa, Monica E. Peek, and Elizabeth L. Tung (2022) examined electronic health records using machine reading and found that Black patients have 2.54 times the odds of having negative descriptors in their charts. In Roni Caryn Rabin’s *New York Times* essay that followed, readers are warned of the long-term consequences of this stigmatization, but there are no suggestions for amelioration. Readers are made aware of a problem

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that is sadly unsurprising. In some ways, we see the existence of RHM work and of this field as always in the business of moving out of neurotic loops in health and medical discourses. RHM has developed into a field out of the desire, in part, to move beyond recognizing that persistent problems in health and medicine writ large exist. The field instead moves to exploit the apertures in the neurotic loops that these discourses form and to offer novel ways to engage and to move toward action—and here we mean “action” both in the sense of scholarly attention to “doing” (as opposed to “knowing”) and to activist moves.

Kelly Pender's (2021) recent persuasion brief serves as an example: she argued that medical controversies cannot be dealt with only at the level of what is known, asserting that we've “prioritized knowing for too long, and in order to better address serious tensions in medicine, it's time to focus on doing” (p. 362).

While this recent contribution of Pender's exemplifies the field's enduring attention to moving into dynamic theoretical spaces—an important part of moving out of loops—other work deals in concrete and practical suggestions for immediate use. In the volume 3, issue 4 special section on ethics in research, RHM scholars weighed in with specific advice for how to navigate ethical conundrums in research practice, such as the suggestion that an RHM databank be formed to house existing datasets and, thus, to reduce data waste (Bivens & Welhausen, 2020); the consideration that advocating for vulnerable research participants requires additional care (Reed, 2020); and the suggestion that reflexive journaling, participant input into recruitment practices, and considerations of the dynamic nature of communication on and offline might contribute to practice-level guidelines for researching online communities (Carrion, 2020).

The operative part of a neurotic loop, importantly, is that the person is not intending to do themselves any harm. To the contrary, the negative feelings that irrupt in response to anxiety, sadness, or overwhelmingness are likely the mind's attempts to drag the self out of the negativity. Rather than lament such loops, we want to suggest that their very status as loops and not closed circles indicate space in the interstices, the apertures, for opening up and moving on—of hope.

The other productive element of neurotic loops is that the metaphor is not an accusation of shoddy work. Just as the emotions that lead to neurotic loops are powerful, potent, and consequential, so is the work that can form

loops. It's important work that is necessary, yet it is also imperative to exploit the interstices they create to open space for new contributions that nudge the field forward. This is precisely what Blake and Lisa suggested in their many calls for richer diversity and more meaningful inclusion in our work and in our community.

RHM work in particular has shown a remarkable capacity to find and exploit those apertures within neurotic loops in bodies of knowledge and to continually push beyond calls for awareness and toward calls for action. In addition to our editorial work helping authors shape their contributions so they engage deeply with the impressive work already out there, we are also calling on emerging RHM voices to work within the apertures of existing loops in RHM bodies of knowledge and to move beyond "awareness" as an end and turn toward action. Some of the work that does just that can be found in this issue.

## Overview of the Issue

One area of RHM scholarship that has developed and created loops with apertures for further work is the rhetoric of reproduction. Several rhetoricians, including Kim, have used rhetoric to demonstrate various ways medical interventions into the natural processes of pregnancy and birthing often lead to more interventions and to a variety of negative consequences. We've had to pass on work that takes us back over that same loop, which we see as covered for now. However, in the aperture that loop has created, scholarship that braids reproductive rhetoric scholarship with reproductive justice has led to an advancement from awareness of problems to more action-oriented solutions. We are, thus, very pleased to include a dialogue wherein lead authors Maria Novotny and Lori Beth DeHertogh converse with Lora Arduser, Mark Hannah, Kimberly Harper, Stacey Pigg, Sheri Rysdam, Barbi Smyser-Fauble, Melissa Stone, and Shui-yin Sharon Yam on the generative and timely topic of how rhetorics of reproductive justice should take up more space in RHM. With a goal of "forging a space" for reproductive justice within RHM, the dialogue is a beautifully curated conversation among eight scholars who see their work as amplifying rhetorics of reproductive justice within RHM contexts and as creating critical space in the field for such work. The authors' explicit emphasis on social justice, community outreach, and engaged activism take a stance that

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relies on other scholars' firm establishment of the issues and problems in medicalized pregnancy and birth, yet this social justice emphasis also pushes the conversation toward a broader engagement with a myriad of activist issues and topics that are natural next steps in the progression of work in the field.

Also in this issue, readers will find Kari Campeau's excellent examination of COVID-19 vaccine trial participation and social media vaccine communication. Sharing the case of COVID-19 vaccine clinical trial participants, Campeau identifies a new and innovative form of vaccine communication. The essay offers three notable insights on vaccine decision-making and communication: (1) vaccine refusal, confidence, and hesitancy are increasingly informed by individuals' personal assessments of vulnerability and risk; (2) expressed vaccine hesitancy is characterized by openness to persuasion; and (3) this impressionable vaccine hesitancy can be productively addressed in spaces that bridge lived experience and medical expertise. Using the insights that emerged in her case study as a guide, Campeau outlines strategies for meaningful and participatory online communication about vaccination.

Next, readers will find Jacob Justice's disability studies-focused critique of the Centers for Disease Control and Prevention's multimedia anti-smoking campaign, "Tips from Former Smokers." While acknowledging that the campaign is an effective public health measure, Justice critiques its invocation of corporeal anxiety—an emotion that emerges from societal aversion to disability. In a sharp insight, Justice shows how these appeals to corporeal anxiety operate as enthymemes by relying upon an unstated premise: that avoiding disability is exactly why a person should consider quitting smoking and that having a disability is an awful fate. Through its insistence that disability is tragic and defective, Justice concludes that the success of the campaign comes at the expense of perpetuating stigma against people with disabilities.

Finally, we're happy to include a review essay that puts several recent RHM books into context. Stephanie Larson and Cody Januszko synthesize the contributions of three excellent and formidable RHM books: Heidi Yoston Lawrence's 2020 *Vaccine Rhetorics*; Kelly Pender's 2018 *Being at Genetic Risk: Toward a Rhetoric of Care*; and Allison Rowland's 2020 *Zoetropes and The Politics of Humanhood*. Their essay celebrates these accomplished scholars and shares what issues future work will need to take up.

## Resources

- Bivens, Kristin Marie & Welhausen, Candice A. (2020). Pivoting toward rhetorical ethics by sharing and using existing data and creating an RHM database: An ethical research practice for the rhetoric of health and medicine. *Rhetoric of Health & Medicine*, 3(4).
- Carrion, Melissa. (2020). Negotiating the ethics of representation in RHM research. *Rhetoric of Health & Medicine*, 3(4).
- Henriques, Gregg. (2018). The root of suffering: How to fight the neurotic loop of negative reactions to negative feelings. *Psychology Today*. pp. 48–51.
- Pender, Kelly. (2021). It's not just in their heads: Risk, sexism, and overtreatment in the contralateral prophylactic mastectomy controversy. *Rhetoric of Health & Medicine*, 4(3).
- Rabin, Roni Caryn. (2022). U.S. minorities experienced high rates of Covid-related discrimination, a study finds. *New York Times*. <https://www.nytimes.com/2022/02/25/health/covid-racial-ethnic-discrimination.html>
- Reed, Amy R. (2020). Conflicting obligations: Considering the downstream effects of human subjects' research protections. *Rhetoric of Health & Medicine*, 3(4).
- Scott, J. Blake, Molloy, Cathryn & Melonçon, Lisa. (2021). Introduction: Examining evidence in RHM. *Rhetoric of Health & Medicine*, 4(3).
- Scott, J. Blake & Melonçon, Lisa. (2020). Introduction: Editorial reflections. *Rhetoric of Health & Medicine*, 3(1).
- Sun, Michael, Oliwa, Tomasz, Peek, Monica E. & Tung, Elizabeth L. (2022). Negative patient descriptors: Documenting racial bias in the electronic health record. *Health Affairs*, 41(2): <https://doi.org/10.1377/hlthaff.2021.01423>.
- Widiger, Thomas A. & Oltmanns, Joshua. (2017). Neuroticism is a fundamental domain of personality with enormous public health implications. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 16(2), 144-145 DOI:10.1002/wps.20411.