

THE EFFICACY OF EMOTIONAL APPEALS IN SOCIAL CHANGE ADVOCACY: HOW
NON-PROFIT ORGANIZATIONS RECONSTITUTE COMMUNITY IN THE WAKE OF
THE AFFORDABLE CARE ACT

by

Sally J. Spalding

(Under the Direction of Celeste M. Condit)

ABSTRACT

In this dissertation, I employ a biosymbolic pathos method in order to answer a series of questions about the political efficacy of non-governmental organization's appeals to emotions in response to substantial policy shifts. In each case study, I begin with an analysis of how key provisions of the Affordable Care Act—the Individual Mandate, the Pre-Existing Conditions Clause, and the Essential Health Benefits clause—and the Obama Administration's justifications for each provision require or enable certain constituencies to interact with the insurance industry and the federal government in new ways. This assessment of the effects of each provision on particular groups is followed by an examination of the strategies used by those constituents' representative organizations to respond to those changes. Through my analyses, I find that successful advocacy campaigns, first, match the affective tenor and volume of the public debate their campaign seeks to influence and, second, premise the type and form of the emotional appeal used on the affiliations and action tendencies that each emotion encourages. Furthermore, I argue that rhetorical critics analyzing and advocates constructing these campaigns would benefit from performing a method of pathos criticism that integrates rhetorical theories of emotion with social scientific studies of specific emotions, especially with regard to a given emotion's cognitive appraisals and a given emotion's action tendencies. Such an approach

enhances the likelihood of effectively discerning the affective tenor of the rhetorical situation they aim to enter as well as the type and form of potentially effective emotional response to that situation.

INDEX WORDS: Affect, Emotion, Pathos, Rhetorical Criticism, Social Change, Advocacy, Affordable Care Act, Affiliations, Action Tendencies

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Introduction

On March 23, 2010, the Affordable Care Act (ACA), colloquially known as “Obamacare,” was signed into law.¹ In addition to overcoming what many pundits saw as an insurmountable legislative roadblock, the Obama Administration’s landmark healthcare reform bill dramatically changed the health care system in the U.S. and brought with it concomitant changes in which individuals could access insurance, how they could access that insurance, and what those insurance plans would cover. Despite the Administration’s successful passage of the law, the launch of the ACA’s various measures has been fraught with conflict, challenges and confusion.

Now entering its seventh year and faced with the possibility of its complete or partial repeal, the ACA remains a large cloud of confusion and misunderstanding over the heads of millions of U.S. citizens. With the initial failure of the 2014 launch of healthcare.gov and echoes of “death panels,” people dying while waiting in long lines for healthcare, and soaring premiums and healthcare costs still lingering in the public forum, it comes as no surprise that the public approval rating for the ACA has never risen above fifty percent.² Despite this low approval rating for the Act overall, approval ratings for some of the key components of the law—the pre-existing conditions clause, extending children’s coverage under their parent’s plan until age 26, and employer mandated health insurance for medium to large sized companies—remain relatively high; 82%, 61%, and 72% respectively.³ But while the ultimate fate of the ACA remains unknown the passage of the law in 2010 and the seven years of implementation and

contestation which followed, offer an opportunity for rhetorical critics to explore a number of questions about the relationship between federal policy and social change advocacy. Namely, how did the law shift the relationships among individuals, communities, federal government, and private industry? How did representatives of effected communities respond to these shifts? Which of those responses was most persuasive and what can their success or failure tell us about the possibilities for negotiating identity within and in response to shifts in public policy?

In order to answer these questions and offer insight into the efficacy of emotional appeals within larger campaigns for social change, I engage in a rhetorical critique of pathos to investigate how specific non-profit organizations responded to the changes imposed by the ACA on their communities. I turn to an analysis of organizations' responses to key provisions of the ACA because, in each instance, those provisions recalibrated the relationship among citizens, federal and state governments, and private insurance industries to such a degree that responses from the leaders of those communities most affected were vital to the maintenance of group identity and collective action.

Because ongoing debates about the legislation and its impacts on specific communities is simultaneously and intricately tied to how individuals understand their own biology and their relationship to others, and because the law is justified and resisted through differing deployments of emotional appeals, I necessarily take up a form of pathos criticism that allows me to attend to the ways that contexts—including physiological and biological conditions—predispose individuals to particular emotional appeals, the forms of rhetoric that comprise those appeals, and the socially constructed emotion codes that influence affiliations and action tendencies in response to those appeals. In other words, using pathos criticism as a method of rhetorical critique allows me to account for the relationship between the bodily feelings, social codes of

emotion, and public deliberations that are affected by and a response to key provisions of the ACA. Through my analysis of how advocacy organizations respond to these provisions, I find that successful advocacy campaigns, first, match the affective tenor and volume of the public debate their campaign seeks to influence and, second, premise the type and form of the emotional appeal used on the affiliations and action tendencies that each emotion encourages. Furthermore, I argue that rhetorical critics analyzing and advocates constructing these campaigns would benefit from performing a method of pathos criticism that integrates rhetorical theories of emotion with social scientific studies of specific emotions, especially with regard to a given emotion's cognitive appraisals and a given emotion's action tendencies. Such an approach enhances the likelihood of effectively discerning the affective tenor of the rhetorical situation they aim to enter as well as the type and form of potentially effective emotional response to that situation.

To explicate these findings and situate their contributions to the fields of rhetorical criticism and social change advocacy, in the remaining pages of this introduction I first overview the literature on affect, emotion, and pathos and their relationship to social change advocacy that undergirds my analyses of advocacy campaigns. Next, I offer a detailed explanation of the method of pathos criticism I use to draw conclusions in each case study. Lastly, I offer an overview of each case study including the ACA provision it addresses, the community the provision affects, and the specific texts I analyze to draw conclusions on the efficacy of each community leader's emotional appeal to constituents. Although many provisions of the Act could provide a point of focus, three provisions are particularly informative: the individual mandate (IM), the pre-existing conditions clause (PECC), and the essential health benefits clause (EHB). I have selected these provisions as the starting point for each case study because, in their

own way, each offer new benefits to or mandates for specific communities that necessitate responses by representatives of those communities.

Affect, Emotion, and Pathos

The definitions for affect are as numerous as the theorists who write about it. For this dissertation, affect can be defined as pre-symbolic feeling. Feeling is here defined as bodily sensations. In other words, affect is a bodily feeling that has yet to be coded into a symbol system and therefore able to be communicated symbolically to others. I draw the basis for my understanding of affect and how it functions at the level of the individual and the social primarily from three theorists: Teresa Brennan, Sara Ahmed, and Christian Lundberg.

Although affect is not communicated symbolically, it does not follow that it is located solely within the individual or that affect is the sensational manifestation of an internal, stable subject. Rather, while felt at the level of the body, affect is also inherently social as bodily feelings are the result of external stimuli that may be interpreted based on existing symbolic systems. In other words, while the bodily feelings or sensations that comprise affect are pre-symbolic, the stimuli that instigate affective responses are often pre-coded within symbol systems.

Several theorists have attempted to account for the relationship between pre-symbolic feeling and the stimuli that serve as its catalyst; or, put differently, how affect—that which exists outside of symbolic exchange—can be shared, extended, or felt by others.⁴ Ahmed describes affect in terms of an economy of feeling arguing that affect is that which circulates between bodies and, in its circulation between bodies, attaches to some bodies and objects and marks them as the cause of feelings while simultaneously constructing the individual as the subject who

feels.⁵ It is this “stickiness” of certain objects—objects include other subjects—that dictates the flow of affect around and between objects and establishes social relations.⁶ While I agree with Ahmed’s argument that affect circulates and it is that circulation that produces subjects and their relationship with others, Ahmed’s theory of “stickiness” fails to account for what makes some objects “stickier” than others or how affect is circulated between bodies without the use of symbols.

Teresa Brennan takes Ahmed’s argument further to show how affect is literally circulated between bodies based on subconscious readings of others hormonal shifts.⁷ She argues that when standing closely with others our subconscious sends our olfactory senses to work to investigate changes in the hormones of our counterparts. For Brennan, this subconscious exchange and assessment of others’ bodies is the grounds for affective exchange. In other words, while we cannot communicate affect symbolically, our bodies share information about our affective states and instigate response to others at the level of biological response. While Brennan’s attention to olfactory senses is likely exaggerated and must be supplemented with additional senses like sight and touch, she does offer insight into how affect is exchanged at the level of the body.

The question remains, however, as to what causes some objects to function as stimuli for affect over others. Or, in Ahmed’s terms, why some objects are “stickier” than others. In a similar turn to an economic understanding of affect, Christian Lundberg argues that affect functions as a topological economy to explain why some subjects and publics are drawn to particular objects and discourses.⁸ Turning to Lacan, Lundberg shows how the circulation of affect and the “stickiness” of objects are not random, but function topological through metonymy and metaphor. In this “topological economy,” affective investment in particular objects and discourses is the result of metonymic displacement where the object of affect, that

which serves as instigating stimuli, is constantly deferred in a process of substitution until it is ultimately, but temporarily, condensed to an object that serves as a metaphor for the subject or public's *objet a*, that which can fix the subject's identity within the social. In other words, it is not the object itself which dictates affective investment, which makes it sticky, it is the metonymic deferment of identifying the object which "causes" affective response and the eventual metaphoric condensation onto an object in order to temporarily suture the subject to its identity. This, Lundberg explains, is why certain groups or subjects are drawn to some objects as sites of investment over others. It is through the incorporation of these distinct voices and theories of affect that I draw my own definition for the term as pre-symbolic feeling that is felt at the level of the individual body and communicated among bodies through the biological senses in response to external, symbolic or pre-symbolic stimuli and promotes the (re)subjectivation of the subject. Thus, affect has both individual and social features.

If affect is pre-symbolic feeling then emotion is the biosymbolic interpretation of bodily feeling. The term biosymbolic marks the inclusion of both subconscious biological responses to external stimuli and symbolic components which regulate how that emotion is understood by and communicated to self and others.⁹ Put simply, emotion is the socially constructed labeling of physiological sensation that responds to external stimuli that is also already understood through the lens of culture. This distinction between emotion as symbolic and affect as presymbolic is key because it necessarily marks the divide between the material reality of affect and its equally material, but symbolic interpretation as emotion. In other words, by distinguishing between affect and emotion I aim to highlight the role of symbolism as a primary form of interpreting and directing affective energy. While affect might have negative or positive valences, that valence

can enter into symbol systems as emotion in a number of ways and as a number of different emotions.

While there are several theories as to how emotions can be distinguished from one another and the effects of individual emotions on the behavior of individuals and collectives can be understood, I draw my method for distinguishing between emotions and their potential impact on individual cognition and collective action from the field of social science. Within social science, emotions are distinguished from one another based on four key components: cognitive appraisal, physiology, subjective feeling, and action tendencies.¹⁰ For instance, anger includes a cognitive assessment of the stimulating situation as negative and caused by something or someone external to the subject.¹¹ This is distinct from shame's cognitive appraisal that something is negative, but the cause of that negative event is an inherent failure within one's self.¹² Anger manifests physiologically through physical responses such as the tightening of muscles and a rise in body temperature, which inspires approach. This inclination to confront or approach the object of one's anger is the primary action tendency—the behaviors that particular emotions encourage—of anger.¹³ While these components are the “standard” elements of anger, subjective feeling acknowledges that the anger experienced by individual subjects exists on a spectrum of responses and is open to alternatives depending on cultural context.

While the social scientific coding of different emotions is theorized at the level of the individual—the differences between emotions are explained by the different thoughts, feelings, and action orientations of an individual—both social scientists and rhetorical theorists note the centrality of emotion in an individual's relationships with others. Celeste M. Condit reminds us that, at its core, emotion is a means of communicating and establishing relationships between self and others.¹⁴ These effects on relationships with others are best understood by attending to the

cognitive appraisals of a given emotion—Was this person purposeful in wronging me? Did this person deserve their poor fortune?—and the actions individual emotions encourage. For instance, crying tends to mark distress and encourages others to either comfort or distance themselves from the crying person. On a larger scale, emotions like anger or fear can establish affiliations based on how subjects cognitively appraise the source of the anger or fear—I am angry at that person, I want to yell at them or we are both scared of the same thing, let’s join forces. When coupled with the action tendencies of a given emotion, these appraisals can be used to enact some policies and dissuade others.¹⁵ For this reason, emotion is a key component of any deliberative forum.

It is because emotion has such sway over how we understand and interact with self and others that the deployment of emotion in the public forum has been met with a necessary dose of skepticism within the humanities. Lauren Berlant argues that the use of emotion to depoliticize the citizenry began during the Reagan Administration when sentimental feelings for self and others, instead of public activism for the benefit of self and others, became the key mode of civic participation. In such a condition, emotions depoliticize the citizenry.¹⁶ Marita Sturken offers an updated account of Berlant’s sentimental politics with the theory of comfort culture.¹⁷ According to Sturken, citizens are encouraged to seek comfort through consumption of memorial objects and rote rituals of public grief rather than reflect on the causes of modern conflict and deliberate about future solutions. Dana Cloud puts the recent critique of emotional appeals most succinctly, “Since September 11, 2001, this rhetoric of national therapy has reemerged with a vengeance, defining an American public in terms of emotional support and consolation rather than political deliberation, debate, or weighing of alternatives to war based on in-depth knowledge and critical thinking.”¹⁸

Despite these necessary interventions, other theorists take a more ambivalent position on the role of emotion in public discourse, offering ways to analyze emotional appeals for their ethicality and efficacy. For instance, several theorists have offered insight into how emotional appeals are achieved through public discourse and theories for how they might be employed ethically.¹⁹ Still others have made inroads in the field of rhetorical criticism by offering methods for analyzing the relationship between emotional appeals and ideology,²⁰ emotion and public memory,²¹ and emotion and the circulation of affect in the public sphere.²²

Most relevant to this study, however, is the theoretical work that addresses the possibilities for emotional appeals to foment social change, be it creating new grounds for identification across groups, engendering coalitional politics, influencing the nature of public policy and sentiment towards policy and peoples, or instigating overt protests against perceived injustice. Rhetorical theorists and critics have long offered insight on the ways in which communication can and does influence social change. Building from the foundational work of several prominent scholars in the 1970s,²³ contemporary scholars have used rhetorical theories and methods to analyze the efficacy and nuances of numerous social movement and advocacy campaigns—LGBTQ and intersex advocacy,²⁴ anti-racism and ethnocentrism civil rights protests,²⁵ women’s rights movements,²⁶ and more recently environmentalism,²⁷ animal rights,²⁸ and contemporary labor movements like Occupy Wall Street.²⁹ These theorists have not only analyzed how movements deploy rhetoric to promote their advocacy agendas, but also how they use rhetoric as grounds for coalition across movements.³⁰

Several of these rhetorical studies scholars are joined by social scientists to narrow their investigative scope to the role of emotion within social movements and social change advocacy. Like those inquiries into rhetorical practices of social change advocacy more broadly, these

analyses run the gamut of research foci. Some theorists focus on how emotion—experienced at the level of the individual—is communicated to a sufficient extent between individuals to stimulate social advocacy and social movements.³¹ Others look at the role of emotion in strengthening solidarity within White Nationalist communities,³² anti-immigration campaigns,³³ labor reform movements,³⁴ LGBTQ advocacy,³⁵ historical and contemporary women’s rights movements,³⁶ and the environmental justice movement.³⁷ Still more look at the ability of particular emotions—most notably, anger,³⁸ shame,³⁹ disgust,⁴⁰ pride,⁴¹ compassion,⁴² and fear⁴³—to encourage social change advocacy and public deliberation.

It is my hope that by analyzing the emotional appeals used by advocacy organizations in response to the ACA through the lens of biosymbolism, which employs both social scientific and humanistic studies of emotion, I can strengthen the rhetorical study of affect and emotion within social movement and social change advocacy. While the existing literature on the subject is extensive, to better illustrate the potential contributions of this approach to existing research on affect and emotion in social change advocacy, I recount the approaches of three exemplary analyses in the field of rhetoric, the contributions of those analyses, and how they might be enhanced by a reading of emotion through the lens of biosymbolism. I have selected these three readings because, each article, published in prominent rhetorical studies journals, focuses on a different social movement, theorizes the relationship between affect, emotion, and public deliberation in different ways, and are all written by well-respected and oft-cited scholars in the field of rhetorical studies particularly in regards to affect and emotion. As such, these works represent key approaches to studying affect and emotion through rhetorical criticism.

In my response to each article, I show how attention to the appraisal conditions and action tendencies of a given emotion would enhance the author’s arguments about the

relationship between emotional appeals and social change advocacy. In my response to Lester C. Olson's 2011 criticism of Audre Lorde's keynote address at the National Women's Studies Association Conference, published in the *Quarterly Journal of Speech*,⁴⁴ I suggest that by remaining focused on the racist affective economy that circulated around and within NWSA prior to and during Lorde's speech, rather than turning back to his founding assumption that Lorde's speech is an example of anger, Olson might better account for how Lorde's "shifting subjectivity" offers an exemplar for how non-dominant groups can speak back against their exclusion. Specifically, I argue that Lorde's efficacy resides, not in her performance of anger per se, but rather in her ability to challenge the existing appraisal conditions that constrain Black women's performance of anger and that encourage White women to respond to that anger with guilt or anger. In response to Erin J. Rand's 2012 *Quarterly Journal of Speech* article, written as part of a series of responses commemorating the 25th anniversary of AIDS Coalition to Unleash Power (ACT UP) and its long-term affective implications for LGBTQ advocacy,⁴⁵ I show how an attentiveness to the action tendencies of a given emotion could clarify the heretofore ambiguous relationship between pride and shame in the gay rights movement. Lastly, I respond to the 2015 *Rhetoric Society Quarterly* essay written by Dana L. Cloud and Kathleen Eaton Feyh.⁴⁶ Returning my focus to the role of appraisal conditions in assessing emotional appeals, I argue that Cloud and Feyh's method for assessing emotional appeals is limited by its fixation on ideology and could be improved by attending to the appraisal conditions that foment emotional responses. These three cases thus illustrate that there is additional understanding to be gained by attending to the appraisal cues and action tendencies of public emotions.

First, I turn to Olson's essay. In this piece, Olson analyzes Audre Lorde's thematic use of anger throughout her advocacy endeavors, but with particular attention to Lorde's 1981 keynote

address at the National Women's Studies Association conference. Through his analysis, Olson strengthened existing scholarship on anger by looking to how anger could be used by non-dominant groups as a tool against their own oppression, rather than how anger has been used by dominant groups in response to a loss in status.⁴⁷ Olson's analysis is also exemplary in its theorization of shifting subjectivities:

A powerful communication technique...[through which] an advocate articulates a shift in the second persona of an address, wherein auditors or readers occupy one kind of role initially and then, drawing on what is remembered or learned from the position, are repositioned subsequently into a different role that is harder for them to recognize or occupy, but that might possess some transforming power.⁴⁸

It is through this technique that, Olson argues, Lorde attempts to encourage White women within the women's right movement to confront their own racism towards Women of Color (particularly Black women) in the movement. Specifically, Olson argues that Lorde's keynote address seeks to teach White women how to hear Black women's anger, not as the precursor to violence, but as a powerful tool for activism.

I agree that Lorde's keynote does, in fact, encourage White women to hear Black women's anger differently by contradicting the racism in existing emotion codes that position Black women's anger as either irrational or dangerous. However, I fear that Olson's presumption that Lorde's *lesson* on anger is necessarily a *performance* of anger, as well as his assumption that anger as an emotion is "precarious" and "volatile," shifts attention away from Lorde's larger contribution to rhetorical theory; namely, how rhetors can intervene in racist affective economies. To demonstrate how Olson's analysis moves from anger as a topic to anger as the

presumed emotional appeal of the speaker, I offer a representative paragraph of Olson's analysis.

I quote him at length:

In her keynote, Lorde's central point was that the white woman could deal with Black women's feelings in ways that ultimately deflected attention from systemic arrangements of racial power. The white women at the NWSA conference may have endured feelings and diminished ethos, but they would have lost little, if any, of their organizationally ensconced privilege and power. In this respect, they were perhaps not so different with regard to race from men with regard to sex. While listening to Lorde's angry voice, what listeners may be tempted to dismiss as hyperbolic, sweeping, and simplistic generalizations—whether it concerns men's misogyny or white women's racism—could signal a need to adjust listening practices to situation the advocacy as commentary on systems, not individuals, and the recognize generalizations as having exceptions and complexities.⁴⁹

As the first sentence in the quote suggests, Olson believes, as I do, that Lorde's primary concern resides in the structures of feeling—or affective economies—that enable White women to “deal” with Black women's anger in ways that draw attention away from the racism inherent in that “dealing with” Black women's emotions. This read is supported by Olson's substantial account of “emotionology,” or the ““norms that describe and to some extent regulate emotions such as anger,””⁵⁰ that Lorde had to contend with when speaking at the NWSA conference. Olson's reference to “emotionology” suggest his interest in the ways in which the expectations of emotional expression—who can express which emotions, in what way, in what context, to whom—can constrain the emotional expression of non-dominant groups. Further, his theory of “shifting subjectivities” is offered as one rhetorical strategy Lorde used to teach White women

new ways of understanding, or appraising, Black women's anger. Olson's next several sentences highlight the role of Lorde's "shifting subjectivities" in exposing White women to the nature of their own racism, by comparing her experiences, as a Black woman, with White women's experiences with men. In the same way that men disparage women's expression of anger over injustice as hyperbolic so to, according to Lorde's several examples, do White women disparage Black women's expressions of anger.

This initial read might suggest that Olson will ultimately suggest that Lorde's work functions at the level of "emotionology" or affective economies, rather than at the level of emotional appeal. However, this focus on the "emotionology" of anger—including which appraisal conditions must be met for one to experience anger and how Lorde's speech argues against those appraisals, ends in the next sentence as Olson assumes that Lorde *expresses* anger because she *discusses* anger. This assumption is implied in Olson's slippage between anger as Lorde's topic and anger as Lorde's emotional feeling and expression in the phrase "while listening to Lorde's angry voice." Through this simple phrase, Olson shifts the focus from how Lorde encourages White women to hear Black women's anger differently through "shifting subjectivities" as an argumentative strategy, to the assumption that she persuades through "shifting subjectivities" *and* an "angry" voice. This collusion of Lorde's discussion of anger with an expression of anger necessarily weakens Olson's argument by drawing attention away from the larger "emotionological" structure Lorde addresses, in favor of offering opening and closing meditations on how anger—an "politically precarious" and "volatile" emotion—can and should be used in anti-racist advocacy.⁵¹

This shift in focus would be less likely to occur, and less likely to draw attention away from the role of "shifting subjectivities" in redressing systemic racist responses, if one were to

analyze Lorde's speech from a biosymbolic approach. Specifically, biosymbolic analysis of anger would account for the social scientific literature on anger, which argues that individuals must undergo a fairly consistent series of cognitive appraisals in order to experience anger.⁵² These appraisals then encourage specific actions towards or against others. Therefore, it is not the *physiological experience* of anger itself that makes anger so politically precarious; rather, it that appeals to anger can be constructed in vastly different ways such that certain groups are seen as the guilty party and certain actions are presented as the ideal response. In other words, the high variability of affiliations and actions that could stem from appeals to anger, not the physical experience of anger, is what warrants continued concern by rhetoricians and advocates.

As a result of this new assessment, rather than question whether or not Lorde should have used anger and if there is a way for anger to be used productively despite its volatility, scholars can understand Lorde's keynote as a clear explanation of how racism has been written into existing "emotionology" or affective economies. In turn, Lorde's keynote becomes an example of how rhetors can attempt to shift these affective economies by teaching dominant groups new methods for appraising the emotional expression of non-dominant groups. It is through this teaching of new emotion appraisals—a key facet of which is "shifting subjectivities"—that a marginalized group's anger can become a productive source of coalition and growth rather than divisiveness and guilt. In other words, Lorde's contribution to anger in social movements is not limited to how anger is used by one Black woman to communicate to a group of White women, but how non-dominant groups can teach new appraisal conditions for anger to dominant groups such that the privileged can better hear the grievances of the oppressed as political demands rather than personal accusations.

The second illustrative example is Erin J. Rand's essay. Rand notes the complicated relationship between the dual movements of pride and shame as grounds for LGBTQ activism. Rand notes how the Gay Shame movement was a response to Gay Pride's incorporation into homonationalism, an incorporation that drew boundaries around the appropriate way to be queer and what types of queer performances warranted pride. As such, Rand queries, "Does the celebration of 'queer shame' require a catachrestic version of 'gay pride' that disavows the very ambivalence and rhetorical excess of affect which might be glimpsed in ACT UP's affective history?"⁵³ Rand concludes stating that her assessment of gay pride and gay shame simply highlights "the capricious nature of deploying affect as a political tactic. Shame's 'radical uncertainty' and 'volatility' is its productive potential for activism, to be sure, but also its peril."⁵⁴

Read through my own rhetorical method, I emphatically agree with Rand's first statement and disagree with the second. This divorce in response to what seems to be fairly similar assertions, stems from a disagreement in definitions—not so much in the content of those definitions, but their application in Rand's analysis. Rand's definition of affect and emotion mirror my own. She writes:

Affect is thus best understood in terms of 'potential' or 'not-yet-qualified intensities;' not consciously felt emotions but rather the 'nonconscious, noncognitive, nonlinguistic, noncoherent, nonrational, and unpredetermined' sources of human motivation that are available for linguistic interpretation and reinterpretation. The rhetorical process of naming the inchoate intensities of affect, of marshaling them in the name and direction of a particular emotion—and thus, toward the goals of a particular movement or cause—might be understood as the principle challenge of any activism.⁵⁵

However, it is in her application of these terms that our strategies for emotion criticism, and thus our research findings on the role of affect in social change, diverge.

While Rand's definition of affect and emotion are clearly distinct, the lines between them blur almost immediately after they are made. The sentence immediately following Rand's definitions reads, "The more powerful the affect, the more transformative potentiality it may be able to produce, so shame's depth and power make it especially ripe for reinscription. Sally Munt argues that the 'peculiar, latent potential' of shame 'lends itself toward creative and critical exploration' and that it 'acts as a solvent or catalyst for transformation.'"⁵⁶ Here, Rand's definitions overlap. Affect is here full of potential, in that it is prelinguistic, yet to be coded. In the very next clause, that same potential is attributed to an emotion—shame—and its action tendencies—"creative and critical exploration" and "transformation." This slippage between affective potential and the action tendencies of a specific emotion, implies that shame—an emotion with specific cognitive appraisals and action tendencies that limit the scope of its deployment—holds the same radical potential as affect—a not-yet-coded energy that can be transformed into any series of emotions depending on the ways it is articulated to language. This collusion of affect with shame allows Rand to conclude her essay with a continued ambivalence toward the "capriciousness" of shame.

Reading the relationship between pride and shame through the lens of biosymbolism would lead to an answer of "yes" to Rand's opening questions about the catachrestic relationship between pride and shame in the years since the founding of ACT UP. As I have argued elsewhere, with the aid of social scientific literature on the nuances of shame, the expression of one's shame to another experiencing similar feelings of shame can be grounds for affiliation:

Left to themselves, those who experience shame are likely to internalize the emotion and attribute the cause of that shame to their own failings (Declerck et al.; Matheson and Anisman; Pivetti et al.). However, when experiences of shame are shared and communicated with similarly shamed others, they are more easily externalized and used as ground for coalition (Frischherz; Hammers)...When the cause of shame is understood not as the fault of the self, but as the fault of another person or object's attempt to discipline or shame—it can quickly turn into anger and encourage action against the shaming person, object, or belief (Pivetti et al.).⁵⁷

In other words, shame is felt when an individual has perceived a criticism or problem to be the result of some intrinsic failing of the self—I am bad because I am queer, I am bad because I don't practice my queerness correctly. The action tendency of shame is withdrawal and isolation. But, when one communicates one's shame to another who shares that sense of shame, the shamed can begin to understand that their failings are not inherent to them, but caused by something external to their character—transphobia, homophobia, cissexism, sexism, etc. When shame is communicated and the cause is shifted from an internal to external cause, then the very grounds for feeling shame—an inherent failing—are undermined and new emotions—anger or pride—may emerge.

Rand addresses the process of internalized shame and its eventual externalization into pride and compassion. She recounts

Shame played a significant role in the early years of the AIDS crisis: mainstream discourses shamed gay men for their sexual practices and claimed that HIV/AIDS resulted directly from homosexuality. These homophobic responses to HIV/AIDS were

all the more injurious because they ‘tapped into feelings of guilt and shame about homosexuality and anxiety about social rejection that already were present within the lesbian and gay affective landscape.’ Yet accompanying this underlying shame were nascent feelings of pride and a critical antipathy toward homophobic society, which developed into a powerful ethos of caretaking during the AIDS crisis. Gay communities rallied to support those who were ill or dying, to refute antigay stereotypes, and to develop preventative measures such as safe sex practices and education.⁵⁸

In this passage, Rand notes that existing homophobic discourses enabled some gay men to experience shame about their homosexuality. However, this shame was soon externalized and used to rally support, care for others, and encourage safe sex and education through an appeal to pride.

While these advances were important to safeguarding members of the gay community during the AIDS epidemic, Rand also notes that this discourse of pride was necessarily dependent on a politics of respectability that excluded and disavowed “some gay sexual practices and cultures.”⁵⁹ This exclusion meant that “while some found ACT UP to be a space of shared values and validation, others felt left out and that their needs were not being met.”⁶⁰ It was “what some felt were the neoliberal, assimilationist politics and corporate selling-out of Gay Pride” that led to the Gay Shame movement.⁶¹ The Gay Shame movement attempted to “affirm those who feel shamed by heteronormative and homonormative discourses of identity and pride. What is cast as shameful and alienating about particular bodies, identities, and practices can instead be figured as the source of a collective resistance to normativity.”⁶² On this, again, Rand I agree.

However this agreement ends as Rand follows her assertion of shame's potential with the lamentation that shame, as an activist tactic, is necessarily limited because it leads to the practice of shaming others, a practice that usurps the affective energy from the movement. A biosymbolic approach does not yield the same conclusions. As previously noted the action tendency of shame is internalization of blame and withdrawal from others. In communicating feelings of shame, however, shame as an emotion is necessarily transformed from shame into another emotion. As a result, it is not the experience of shame that leads to the shaming of others. Rather, it is some other emotion—pride or anger—that directs the members of Gay Shame to shame (as an act) those individuals, groups, or beliefs that once shamed (as an act) them and made them feel shame (as an emotion). Thus, just because Gay Shame used shame as a motivation for connection, does not mean that the actions of that collective are generated by shame, as an emotion. Instead, when Gay Shame externalizes shame, and attributes the cause of their shame to the politics of respectability adopted by Gay Pride, they remain Gay Shame (as the proper noun for their collective), but are no longer motivated to action by shame.

In this way, Gay Shame is a misnomer for gay pride, in that the practices of Gay Shame encourage its constituents to feel pride in their performances of queerness. In other words, Gay Pride and Gay Shame both use shame as grounds for resistance to oppression and the development of pride in one's productions of queerness. However, the nature of that oppression—homophobia versus homonormativity—and the nature of the valued productions of queerness—homonormative versus “queer-radical, anti-assimilationist, anticorporate, antiglobalization, pro-sex”⁶³—are fundamentally different. This reading of Gay Pride and Gay Shame, I argue maintains “the affective tension that continues to define the relationship between pride and shame” while simultaneously offering a concrete conceptualization of how activists

can deploy shame with no more fear of its “capricious” “volatility” than one might have of any other rhetorical resource.⁶⁴

The last exemplary text I draw on for comparison is Cloud and Feyh’s advocacy of “emotional fidelity” as the proper methodology for discerning “good” uses of emotional appeals from “bad” uses of emotional appeals. The guiding premise of Cloud and Feyh’s analysis is that emotional appeals can only be reasonable—read, devoid of ideological manipulations—when they retain “fidelity” between the cognitive appraisals they encourage and the lived experience of the audience to whom they appeal. In other words, emotional appeals that do not accurately reflect the living conditions of the proletariat are manipulative, unreasonable, and therefore deleterious to the agenda of the social movement. Combining Walter Fisher’s narrative paradigm with John Protevi’s body politic and Maurice Charland’s constitutive rhetoric, Cloud and Feyh argue that emotional appeals are cognitive appraisals that allow individuals to make sense of their situation, establish the value of themselves and their community, and encourage specific actions.⁶⁵ However, it is only when the cognitive appraisals, values, and actions of a given appeal match with the lived experience of those to be constituted into a movement that an emotional appeal can be “reasonable” and therefore “trustworthy.”

To advocate for this method of criticism, Cloud and Feyh analyze several deployments of the socialist anthem, “Internationale,” for how the deployments unified workers through compelling emotion and thereby fomenting and strengthening labor movements throughout history. In this portion of their analysis, Cloud and Feyh offer an exemplary account of how the lyrics and music of the “Internationale” might encourage affiliations between workers against their exploitation. Of note is their clear criticism of how the rhythm and melodic structure and range of the “Internationale” align with the lyrics of the song in such a way that the bodies of

workers are physically moved by the music towards the narrative trajectory of the song. And while the authors fail to account for what *type* of emotion the song encourages or how that emotion, through the song, engenders the constitution of a collective, their account of how the song was taken up in several labor movements in several places over more than 100 years, implies the song's general efficacy as a rallying point for labor movements.

It is when Cloud and Feyh offer a counter-example of an emotional appeal that loses fidelity as it succumbs to the desire for universality, that the method's ability to account for the efficacy and implications of emotional appeals comes into question. In the latter half of their essay, the authors argue that Billy Bragg's 1980s reinterpretation and rewrite of the "Internationale" highlights the inefficacy of emotional appeals that lack fidelity to the lived experience of those it seeks to constitute into a movement. Cloud and Feyh note that, in his rewrite, "Bragg replaced the language of class with more universal signifiers of a generalized humanity."⁶⁶ In doing so, Bragg usurps the political potential of the song to unite workers in a pursuit of material redress. Rather, "the world is united not in fight, but in song. We don't have a final struggle; we have a final 'drama.'"⁶⁷ Unfortunately, this is where Cloud and Feyh's assessment of Bragg's reinterpretation ends. There is no indication of whether or not Bragg's revision was taken up by a social movement or, if it was, what type of action it inspired, whether progressive or regressive. The implication of the piece, then, is that Bragg's reinterpretation fails to foment collective action because it has lost its connection with the lived experiences of the working class.

An analysis of Bragg's rendition of the "Internationale" from a biosymbolic approach would better account for why such an appeal failed to encourage collective action. Unlike the previous iterations of the "Internationale" that compelled negative affect through song, directed

that energy into anger with lyrics that presented the ruling class as willfully exploiting the working class, and provided action tendencies for redressing those wrongs, Bragg's piece failed to compel anger and offered no approach options or even a clear target for approach. As Cloud and Feyh note, "in contrast to the original versions, the center of the son became remarkably agent-less: 'Let racist ignorance be ended/For respect makes the empires fall!/Freedom is merely privilege extended/Unless enjoyed by one and all.' Rather than rallying those with nothing to demand material redress, he asked listeners to give up their possessions implying an audience comprised of people who already hold them."⁶⁸ I agree with Cloud and Feyh that Bragg's version does fail to establish a clear subject, but more than that, it fails to establish the necessary appraisal conditions for an audience to be constituted through anger. There is no clear group that has willfully caused the audience's victimage; rather, the offered solutions—give up your possessions, end your own racist ignorance, respect others—are all actions to be performed by an individual. There is no need for collective action. This biosymbolic read implies that, if Bragg's version failed to elicit a public response, it is not because this version has lost "fidelity" with the "way things really are," it is because it fails to meet the appraisal conditions for anger that made previous iterations so persuasive.

These three examples of existing literature on affect and emotion in social change campaigns, though far from offering a comprehensive assessment of the field, offer representative accounts of how a biosymbolic approach to the rhetorical criticism of appeals to emotion could contribute to the field of rhetorical studies. To that end, my method of pathos criticism couples Aristotle's theory of rhetoric and pathos with contemporary research from both the humanities and social science on the nature of individual emotions' physiology, subjective feelings, cognitive appraisals and action tendencies to theorize how public address crafts and

affects the experience of public emotion. In what follows I offer a more thorough account of the literature that informs this method and the steps taken to complete an analysis through this method.

Biosymbolic Pathos Criticism

In *Rhetoric*, Aristotle articulates three artistic proofs rhetors can use to persuade the audience. Pathos, one of the three, is defined as the “persuasion [that] may come through the hearers, when the speech stirs their emotions. Our judgments when we are pleased and friendly are not the same as when we are pained and hostile.”⁶⁹ He elucidates the implications of this statement when he argues that, “each man is predisposed, by the emotion now controlling him, to his own particular anger.”⁷⁰ If I am sick then I am angered by the disregard of my illness, if I am poor I am angered by the disregard of my poverty, etc.⁷¹ Aristotle’s inclusion of these states of being—poverty and illness—within his list of elements which predispose subjects to particular emotional responses reveals the necessary attention critics must pay to listener’s physical and biological disposition in order to anticipate or explain the resulting affiliations and actions. Thus, Aristotle’s theory of pathos can be used to attend to both the biological and symbolic components of a given emotion and theorize their effects on a particular audience.

A method of rhetorical criticism of pathos attends to the ways in which rhetoric encourages emotional response and the ways in which that response motivates or discourages particular affiliations and action tendencies. Such a method looks at a number of aspects of a discourse in order to determine its rhetorical function. The method begins by attending to the discourse or text’s use of grammar, diction, emotion-specific responses (visual or descriptive) and the immediate emotional response of the critic. This immediate emotional response would

suggest the nature of bodily feeling and emotion codes inspired by the image. Next, the critic's initial response would then be corroborated and/or refined by secondary sources such as audience response to the text or an analysis of to whom and how the text was circulated. Lastly, the critic would use social scientific findings of the given emotions appraisal conditions and action tendencies and rhetorical theory on how rhetoric may inspire specific appraisals, to interpret how the emotion might encourage particular affiliations and actions from the audience.

Chapter Summaries

Each of the three case studies for this dissertation will match one of the policies—IM, PECC, or EHB—to a community of individuals whose relationship to the medical industry or the federal government was dramatically effected by that policy. In order to discern how the provision in question modifies the community's relationships with government and medicine, each case study begins with an analysis of how the Obama Administration advocates for each provision. Through an analysis of White House press releases, Presidential and Vice Presidential public remarks, Presidential Proclamations, press briefings by the Administration's Press Secretaries, and individual blog posts to the White House Blog by various White House staff, I ascertain how the Obama Administration justifies and advocates for each provision and how the Administration's advocacy creates new possibilities and mandates for a community's interaction with health care agencies and the federal government.⁷² However, before I delve into the nuances of each chapter, I begin with a brief overview of the IM, PECC, and EHB and their relationship to one another.

The pre-existing conditions clause (PECC) was perhaps the most widely accepted aspect of the ACA legislation. The clause stipulated that insurance companies could no longer deny

individuals insurance if they have a pre-existing condition.⁷³ Previous to the passage of the ACA, those individuals who could not access insurance through their employer would have to apply for individual plans. Should the individual have what constitutes a “pre-existing condition” such as heart disease, depression, breast cancer, diabetes, etc. the insurance company had the right to deny them coverage or to charge higher premiums to the individual for the same coverage as those without pre-existing conditions. This left many individuals with pre-existing conditions either uninsured or underinsured. With the PECC, those who were denied coverage and access to medical treatment because of their pre-existing conditions were more likely to be able to access insurance coverage and by extension more medical care.

Knowing that the passage of the ACA and the PECC would increase the number of sick people in the insurance pool and thereby increase premiums across the country, the writers of the ACA included the Individual Mandate. Perhaps the most contentious aspect of the legislation, the IM requires every U.S. citizen to purchase insurance from a private insurance company through a state or federal insurance exchange or face a tax penalty.⁷⁴ The tax penalty increases over time. The individual mandate was so contentious that it was put before the Supreme Court to test legality on the grounds that it unconstitutionally compelled commerce by taxing inaction. On June 28, 2012, the Supreme Court determined the IM constitutional and it was put into practice beginning in 2014.

Lastly, the EHB insures that everyone has the same basic coverage regardless of their policy plan. The EHB is a list, established by the federal government, of services that all insurance plans must cover in order to enter any insurance marketplace.⁷⁵ While each state is given the option to modify their state’s EHB beyond those stipulated by the federal government, the EHB are mandated as covered by all plans. Most notable, among the federal EHB is parity

coverage for mental health care as well as preventative mental health care in the form of depression and mental health screenings for adolescents and adults.⁷⁶ This focus on mental health screening is notable as access to mental health resources even with the aid of insurance has been limited due to cost for most of the population.⁷⁷

In my first case study, I analyze the Obama Administration's characterization of the IM, the effects this characterization had on the performance of "good, healthy citizenship," and the responses to that re-characterization by one of the IM's most vocal critics, The Heritage Foundation (HF). Because both automatic enrollment and a competitive public option were eliminated from the Act prior to its passage, the Obama Administration was tasked with finding a way to compel young, middle and upper class, "healthy" individuals not insured through their employers to purchase insurance in order to offset the premium increase incurred from the PECC. The Administration argued for both the constitutionality of the IM and encouraged enrollment by redefining "healthy" citizens into the "not-yet-sick." Through this re-characterization of each individual as a body destined to require some sort of medical intervention, the Obama Administration incorporated the practice of purchasing insurance as a crucial act of "good citizenship." In other words, the Administration argued that because everyone will get sick, and because they cannot be denied healthcare, purchasing insurance in advance of one's inevitable need was an act of responsible citizenship.

This redefinition of "good, healthy citizenship" effected a relatively small population—comprised primarily of middle and upper class individuals in their late 20s or 30s with no existing chronic mental or physical ailments, employed in low-risk jobs, yet not insured already through that employer. In addition to changing the expectations for this group's performance of "good citizenship," the IM also extended a new degree of government surveillance and

intervention into the lives of those less accustomed to government intervention. The result was a contingent of anxious, harried citizens concerned over the increased encroachment of government control on individual freedoms.

This contingent found a ready advocate against this affront to civil liberties in The Heritage Foundation. One of the IM's most vocal critics, the HF served as the source of many a clarion call against the Obama Administration and its health care law. Through an analysis of the HF's response to the Obama Administration and the IM, I show how advocacy organizations can harness the power of anger as an emotional appeal to rectify slights on the organization's character and thereby reconstitute communities and the social standing of a besmirched organization in the midst of contentious political debate. Additionally, I show how the form of pathos criticism advocated by the dissertation as a whole can strengthen analysis of advocacy campaigns by pinpointing and explicating a second form of emotional appeal, a discourse of triumph, that runs alongside this appeal to anger and effectively quells the HF's constituent's anxiety and directs collective action in tenable, productive trajectories.

In my second case study, I analyze the Obama Administration's coverage of the PECC, the impact of the PECC on trans individuals' ability to access health care, and the ways in which The National Center for Transgender Equality (NCTE) attempted to explicate the benefits of the Act to their trans constituents without overselling those benefits to the detriment of future advocacy.⁷⁸ This careful balancing act between excitement and reticence over the Act was the direct result of the ways in which the Act allowed more trans individuals to qualify for insurance and therefore more affordable health care, but failed to guarantee that those plans would necessarily meet the needs of trans-related health care concerns. Specifically, while the PECC meant that insurance companies could no longer deny trans individuals coverage because of their

trans status (often considered by insurance to be a pre-existing condition), it did not mandate that insurance policies cover transition related care. In other words, the PECC allowed more trans people to purchase insurance, but it did not guarantee that they would receive the same level of care or access to medically necessary care that their non-trans compatriots could expect from the same policies.

In addition to this balancing act between excitement and concern, the NCTE was also faced with a dearth of Administrative notices and directives on what the legislation could mean for trans people. Rather, the Administration's coverage of the PECC focused on the new protections it would offer to sick children, cisgendered women, and individuals with chronic conditions like diabetes and cancer. As a result of this lack of coverage information, the NCTE was faced with not only setting the tone of the relationship between the ACA and the trans community, but informing their constituents that there was, in fact, a relationship at all.

In this case study, I argue that the NCTE engages in an appeal to calmness in order to quell the anxieties of their constituents while simultaneously generating continued trust in the organization that would bolster their subsequent advocacy campaigns for transition related health care. This assessment draws from Aristotle's definition of calmness as the antithetical appeal to anger as well as Cicero's conception of appeals to ethos as more muted appeals to emotion. Drawing from the work of both classic rhetoricians, I show how the form, content, and frequency of the NCTE's response to the ACA encourages affiliations between constituents and the organization and directs constituents towards a renewed faith in the efficacy and strength of the NCTE as an advocacy organization ready to battle for trans right in the both the long and short term.

In my final case study, I analyze how the Obama Administration justifies their inclusion of mental health care preventative and parity coverage as an EHB in the health care law, how that coverage effects individuals with mental illness's ability and willingness to purchase insurance, and how the National Alliance on Mental Illness (NAMI) responds to those changes. While the inclusion of preventative and parity coverage in the final iteration of the Act might signal an improvement to the care of the oft-disenfranchised mentally ill, the spate of mass shootings between the passage of the Act and the start of open enrollment at the end of 2013, and the consistent accusation that mental illness was a, if not the, primary motive in each instance, necessarily complicated NAMI's constituents desire to purchase insurance. Rather, the frequent connection between mental illness and gun control led to an increase in the stigma attached to mental illness and discouraged engagement with mental health care as the push for a "database" of the mentally ill as a check against continued violence gained steam on both sides of the aisle.

It is within this context of political party animosity over gun control measures, increased anxiety about the mentally ill and their supposed propensity to violence, and lack of clarity on just how much, if any, information the government might collect on those seeking mental health care, that NAMI attempted to intervene. Through an analysis of the organization's response to the ACA and the public coverage of mental health issues in the time between the passage of the Act and the start of open enrollment at the end of 2013, I highlight the deleterious consequences that attend those appeals to emotion that fail to account for and match the affective tenor and volume of the public debate they aim to enter nor take seriously the affiliations and action tendencies their specific emotional appeals encourage. Specifically, I show that NAMI's appeal to irritation, a muted form of an appeal to anger, fails to encourage cross-party deliberation. Rather, the muted appeal is amplified by constituents in such a way that party lines are bolstered,

affiliations between NAMI and some of its more conservative constituents are broken, and the anxieties of the mentally ill are magnified.

In the conclusion of this dissertation, I outline the key findings of these case studies and highlight the possibilities they have for improving rhetorical criticism and production of advocacy campaigns by applying them to the failed case of NAMI's advocacy campaign. Through the application of my findings in the conclusion, I hypothesize two ways in which NAMI might have been more successful in either their goal to encourage inter-party collaboration on gun control and mental health care legislation or in their pursuit of stronger policies to protect the wellbeing of their mentally ill constituents. In addition to these hypothetical applications, I discuss the limitations of my analyses and the implications these findings have on the field of rhetorical criticism and social scientific studies of emotion.

¹ The full title of the Obama Administration's act is "The Patient Protection and Affordable Care Act." However, the full title is often abbreviated to the Affordable Care Act of the ACA. Colloquially, the act is referred to as "ObamaCare." Each of the iterations of the name serves different purposes for various factions within the debate on the Act and its comprising policies' viability. To attempt to side step the emotional resonances of the different names, unless made relevant through the texts analyzed, I have chosen to refer to the act by the acronym ACA except when labeled otherwise by a text.

² RealClear Politics is a non-partisan curator of up-to-date news related to domestic and international politics. As part of their coverage of the Affordable Care Act, RCP has compiled the results from polls carried about by a number of different partisan and non-partisan organizations from 2009 to the present. "Public Approval of Health Care Law," *RealClear Politics*, accessed February 15, 2017, /epolls/other/obama_and_democrats_health_care_plan-1130.html.

³ Patricia Zengerle, "Most Americans Oppose Health Law but Like Provisions," *Reuters*, June 24, 2012, U.S. edition, <http://www.reuters.com/article/2012/06/25/us-usa-campaign-healthcare-idUSBRE85N01M20120625>. See also, Julie Kliegman, "Obamacare 'Has Never Been Favored by a Majority of Americans,' Gingrich Says," *@politifact*, September 26, 2013, <http://www.politifact.com/truth-o-meter/statements/2013/sep/26/newt-gingrich/obamacare-has-never-been-favored-majority-american/>; Greg Sargent, "Republicans Support Obama's Health Reforms — As Long As His Name Isn't On Them," *Washington Post*, June 25, 2012,

https://www.washingtonpost.com/blogs/plum-line/post/republicans-support-obamas-health-reforms--as-long-as-his-name-isnt-on-them/2012/06/25/gJQAq7E51V_blog.html.

⁴ Brian Massumi is considered a leading voice in the theorization of affect and its potential as a catalyst for change. His conception of affect as intensities that pre-exist culture and language, that could be temporarily and only ever partially captured through language as emotion, was a precursor to the work on affective economies. Further, his argument that affect could never be fully captured spoke to affect's potential to undermine ideology, a theory central to several subsequent theorists' arguments about the political potential of affect. Brian Massumi, *Parables for the Virtual: Movement, Affect, Sensation* (Durham, NC: Duke University Press, 2002).

⁵ Sara Ahmed, *The Cultural Politics of Emotion* (New York: Routledge, 2012), 5–12.

⁶ *Ibid.*, 89–92.

⁷ Teresa Brennan, *The Transmission of Affect* (Ithaca: Cornell University Press, 2004).

⁸ Christian Lundberg, “Enjoying God’s Death: ‘The Passion of the Christ’ and the Practices of an Evangelical Public,” *Quarterly Journal of Speech* 95, no. 4 (2009): 387–411.

⁹ Celeste M. Condit and L. Bruce Railsback offer an extensive accounting of the theory and methodologies of transilience—of which biosymbolism is a part. By using biosymbolic, instead of transilience, I aim to mark here the key features within the theory of transilience that inform my understanding of emotion. Namely, that emotion is a phenomenon that functions at the biological—as distinct from physical, mechanistic (p. 9)—level of being where they “not only reach to environments, but act to change their environments in accord with their own functional needs” (p. 12), as well as the symbolic level of being—“the world of words and numbers, language and icons, theories and theologies, fashion and fantasies” (p. 12). Celeste Michelle Condit and L. Bruce Railsback, *How to Understand Everything (Even Human Beings)* (Athens, GA: University of Georgia, 2005), <http://www.gly.uga.edu/railsback/Transilience/TransilienceBookDownload.html>.

¹⁰ Elaine Fox, *Emotion Science: Cognitive and Neuroscientific Approaches to Understanding Human Emotions* (New York: Palgrave Macmillan, 2008), 43.

¹¹ Eddie M.W. Tong, Deborah H. Tan, and Yan Lin Tan, “Can Implicit Appraisal Concepts Produce Emotion-Specific Effects? A Focus on Unfairness and Anger,” *Consciousness and Cognition* 22, no. 2 (2013): 449.

¹² Dahee Han, Adam Duhachek, and Nidhi Agrawal, “Emotions Shape Decisions through Construal Level: The Case of Guilt and Shame,” *Journal of Consumer Research* 41, no. 4 (2014): 1049.

¹³ Charles S. Carver and Eddie Harmon-Jones, “Anger Is an Approach-Related Affect: Evidence and Implications,” *Psychological Bulletin* 135, no. 2 (2009): 183–204; Nico H. Frijda, Peter

Kuipers, and Elisabeth ter Schure, "Relations Among Emotion, Appraisal, and Emotional Action Readiness," *Journal of Personality and Social Psychology* 57, no. 2 (1989): 212–28.

¹⁴ Celeste M. Condit, "Pathos in Criticism: Edwin Black's Communism-As-Cancer Metaphor," *Quarterly Journal of Speech* 99, no. 1 (2013): 6.

¹⁵ Mario Gollwitzer et al., "Why and When Justice Sensitivity Leads to pro- and Antisocial Behavior," *Journal of Research in Personality* 43, no. 6 (2009): 999–1005; Eran Halperin and James J. Gross, "Emotion Regulation in Violent Conflict: Reappraisal, Hope, and Support for Humanitarian Aid to the Opponent in Wartime," *Cognition and Emotion* 25, no. 7 (2011): 1228–36; Mark Konty, Duell Blythe, and Jeff Joireman, "Scared Selfish: A Culture of Fear's Values in the Age of Terrorism," *The American Sociologist* 35, no. 2 (2004): 93–109; Michael Bang Petersen et al., "Who Deserves Help? Evolutionary Psychology, Social Emotions, and Public Opinion about Welfare," *Political Psychology* 33, no. 3 (2012): 395–418; Linda J. Skitka et al., "Confrontational and Preventative Policy Responses to Terrorism: Anger Wants a Fight and Fear Wants 'Them' to Go Away," *Basic & Applied Social Psychology* 28, no. 4 (2006): 375–84; Craig Waddell, "The Role of Pathos in the Decision-Making Process: A Study in the Rhetoric of Science Policy," *Quarterly Journal of Speech* 76, no. 4 (1990): 381–400.

¹⁶ Lauren Berlant, *The Queen of America Goes to Washington City: Essays on Sex and Citizenship* (Durham, NC: Duke University Press, 1997).

¹⁷ Marita Sturken, "Comfort, Irony, and Trivialization: The Mediation of Torture," *International Journal of Cultural Studies* 14, no. 4 (2011): 423–40.

¹⁸ Dana L. Cloud, "Therapy, Silence, and War: Consolation and the End of Deliberation in the 'Affected' Public," *Poroi* 2, no. 1 (2003): 127.

¹⁹ Barbara A. Biesecker, "No Time for Mourning: The Rhetorical Production of the Melancholic Citizen-Subject in the War on Terror," *Philosophy and Rhetoric* 40, no. 1 (2007): 147–69; Susanna Kelly Engbers, "With Great Sympathy: Elizabeth Cady Stanton's Innovative Appeals to Emotion," *Rhetoric Society Quarterly* 37, no. 3 (2007): 307–32; Alan G. Gross, "Lincoln's Use of Constitutive Metaphors," *Rhetoric & Public Affairs* 7, no. 2 (2004): 173–89; Leslie A. Hahner, "The National Committee of Patriotic Societies and the Aesthetics of Propaganda," *Rhetoric & Public Affairs* 17, no. 1 (2014): 35–65; Robert Hariman and John Louis Lucaites, "Dissent and Emotional Management in a Liberal-Democratic Society: The Kent State Iconic Photograph," *Rhetoric Society Quarterly* 31, no. 3 (2001): 4–31; Jerry L. Miller and Raymie E. McKerrow, "Political Argument and Emotion: An Analysis of 2000 Presidential Campaign Discourse," *Contemporary Argumentation & Debate* 22 (2001): 43–58; John M. Murphy, "'A Time of Shame and Sorrow': Robert F. Kennedy and the American Jeremiad," *Quarterly Journal of Speech* 76, no. 4 (1990): 401–14; Erin J. Rand, "An Inflammatory Fag and a Queer Form: Larry Kramer, Polemics, and Rhetorical Agency," *Quarterly Journal of Speech* 94, no. 3 (2008): 297–319; Kenneth S. Zagacki and Patrick Boleun-Fitzegard, "Rhetoric and Anger," *Philosophy and Rhetoric* 39, no. 4 (2006): 290–309.

²⁰ Ahmed, *The Cultural Politics of Emotion*; Cloud, “Therapy, Silence, and War”; Dana L. Cloud, “‘To Veil the Threat of Terror’: Afghan Women and the (clash of Civilizations) in the Imagery of the U.S. War on Terrorism,” *Quarterly Journal of Speech* 90, no. 3 (2004): 285–306; Mary M. Garrett, “Pathos Reconsidered from the Perspective of Classical Chinese Rhetorical Theories,” *Quarterly Journal of Speech* 79, no. 1 (1993): 19–39; Davi Johnson Thornton, “Neuroscience, Affect, and the Entrepreneurialization of Motherhood,” *Communication and Critical/Cultural Studies* 8, no. 4 (2011): 399–424.

²¹ Greg Dickinson, “Memories for Sale: Nostalgia and the Construction of Identity in Old Pasadena,” *Quarterly Journal of Speech* 83, no. 1 (1997): 1–27; Cheryl R. Jorgensen-Earp and Lori A. Lanzilotti, “Public Memory and Private Grief: The Construction of Shrines at the Sites of Public Tragedy,” *Quarterly Journal of Speech* 84, no. 2 (1998): 150–70; Shawn J. Parry-Giles and Trevor Parry-Giles, “Collective Memory, Political Nostalgia, and the Rhetorical Presidency: Bill Clinton’s Commemoration of the March on Washington, August 28, 1998,” *Quarterly Journal of Speech* 86, no. 4 (2000): 417–37; Trevor Parry-Giles and Shawn J. Parry-Giles, “Political Scopophilia, Presidential Campaigning, and the Intimacy of American Politics,” *Communication Studies* 47, no. 3 (1996): 191–205.

²² Catherine Chaput, “Rhetorical Circulation in Late Capitalism: Neoliberalism and the Overdetermination of Affective Energy,” *Philosophy and Rhetoric* 43, no. 1 (2010): 1–25; Joshua Gunn, “Hystericizing Huey: Emotional Appeals, Desire, and the Psychodynamics of Demagoguery,” *Western Journal of Communication* 71, no. 1 (2007): 1–27; Joshua Gunn, “On Speech and Public Release,” *Rhetoric & Public Affairs* 13, no. 2 (2010): 1–42; Robert Hariman and John Louis Lucaites, “Visual Tropes and Late-Modern Emotion in U.S. Public Culture,” *Poroi* 5, no. 2 (2008): 47–93; Lundberg, “Enjoying God’s Death: ‘The Passion of the Christ’ and the Practices of an Evangelical Public”; Massumi, *Parables for the Virtual*; Craig R. Smith and Michael J. Hyde, “Rethinking ‘The Public’: The Role of Emotion in Being-With-Others,” *Quarterly Journal of Speech* 77, no. 4 (1991): 446–66.

²³ An abbreviated list of foundational texts on the rhetorical traditions of social movements include: Karlyn Kohrs Campbell, “The Rhetoric of Women’s Liberation: An Oxymoron,” *Quarterly Journal of Speech* 29, no. 1 (1973): 74–86; Martin N. Freedman, “Social Movements: Rhetorical Acts and Strategies,” *Communication* 6, no. 2 (1977): 57–67; Richard B. Gregg, “The Ego-Function of the Rhetoric of Protest,” *Philosophy & Rhetoric* 4, no. 2 (1971): 71–91; Leland M. Griffin, “The Rhetoric of Historical Movements,” *Quarterly Journal of Speech* 38 (1952): 184–88; Michael C. McGee, “In Search of ‘The People’: A Rhetorical Alternative,” *Quarterly Journal of Speech* 61, no. 3 (1975): 235–49.

²⁴ Karma R. Chávez, “Border (In)Securities: Normative and Differential Belonging in LGBTQ and Immigrant Rights Discourse,” *Communication and Critical/Cultural Studies* 7, no. 2 (2010): 136–55; Karma R. Chávez, “Counter-Public Enclaves and Understanding the Function of Rhetoric in Social Movement Coalition-Building,” *Communication Quarterly* 59, no. 1 (2011): 1–18; Kevin Michael DeLuca, “Unruly Arguments: The Body Rhetoric of Earth First!, ACT UP, and Queer Nation,” *Argumentation and Advocacy* 36, no. 1 (1999): 9–21; Maura Kelly and Amy Lubitow, “Pride at Work: Organizing at the Intersection of the Labor and LGBT Movements.”

Labor Studies Journal 39, no. 4 (2014): 257–77; Stephanie S. Turner, “Intersex Identities: Locating New Intersections of Sex and Gender,” *Gender and Society* 13, no. 4 (1999): 457–79.

²⁵ Josue David Cisneros, “Reclaiming the Rhetoric of Reies López Tijerina: Border Identity and Agency in ‘The Land Grant Question’,” *Communication Quarterly* 60, no. 5 (2012): 561–87; Richard J. Jensen and Cara J. Abeyta, “The Minority in the Middle: Asian-American Dissent in the 1960s and 1970s,” *Western Journal of Speech Communication* 51, no. 4 (1987): 402–16; Charles J. Stewart, “The Evolution of a Revolution: Stokely Carmichael and the Rhetoric of Black Power,” *Quarterly Journal of Speech* 83, no. 4 (1997): 429–46; Davi Johnson Thornton, “The Rhetoric of Civil Rights Photographs: James Meredith’s March Against Fear,” *Rhetoric & Public Affairs* 16, no. 3 (2013): 457–87.

²⁶ Kristy Maddux, “When Patriots Protest: The Anti-Suffrage Discursive Transformation of 1917,” *Rhetoric & Public Affairs* 7, no. 3 (2004): 283–310; Angela G. Ray and Cindy Koenig Richards, “Inventing Citizens, Imagining Gender Justice: The Suffrage Rhetoric of Virginia and Francis Minor,” *Quarterly Journal of Speech* 93, no. 4 (2007): 375–402; Belinda A. Stillion Southard, *Militant Citizenship: Rhetorical Strategies of the National Woman’s Party, 1913-1920*, Presidential Rhetoric and Political Communication (College Station: Texas A&M University Press, 2011); Susan Zaeske, “Signatures of Citizenship: The Rhetoric of Women’s Antislavery Petitions,” *Quarterly Journal of Speech* 88, no. 2 (2002): 147–68.

²⁷ Kevin Michael Deluca, *Image Politics: The New Rhetoric of Environmental Activism* (New York: Guilford Press, 1999); Phaedra C. Pezzullo, “Contextualizing Boycotts and Buycotts: The Impure Politics of Consumer-Based Advocacy in an Age of Global Ecological Crises,” *Communication and Critical/Cultural Studies* 8, no. 2 (2011): 124–45.

²⁸ Wendy Atkins-Sayre, “Articulating Identity: People for the Ethical Treatment of Animals and the Animal/Human Divide,” *Western Journal of Communication* 74, no. 3 (2010): 309–28.

²⁹ Ronald Walter Greene and Kevin Douglas Kuswa, “‘From the Arab Spring to Athens, from Occupy Wall Street to Moscow’: Regional Accents and the Rhetorical Cartography of Power,” *Rhetoric Society Quarterly* 42, no. 3 (2012): 271–88; Kelly E. Happe, “Parrhēsia, Biopolitics, and Occupy,” *Philosophy and Rhetoric* 48, no. 2 (2015): 211–23.

³⁰ Darrel Enck-Wanzer, “Trashing the System: Social Movement, Intersectional Rhetoric, and Collective Agency in the Young Lords Organization’s Garbage Offensive,” *Quarterly Journal of Speech* 92, no. 2 (2006): 174–201; Chávez, “Border (In)Securities”; Chávez, “Counter-Public Enclaves”; Kelly and Lubitow, “Pride at Work”; Isaac West, “PISSAR’s Critically Queer and Disabled Politics,” *Communication & Critical/Cultural Studies* 7, no. 2 (2010): 156–75.

³¹ Ahmed, *The Cultural Politics of Emotion*; Tim Hallett, “Emotional Feedback and Amplification in Social Interaction,” *Sociological Quarterly* 44, no. 4 (2003): 705–26; Lori Kido Lopez, “Blogging While Angry: The Sustainability of Emotional Labor in the Asian American Blogosphere,” *Media, Culture & Society* 36, no. 4 (2014): 421–36; Donileen Loseke, “Examining Emotion as Discourse: Emotion Codes and Presidential Speeches Justifying War,”

The Sociological Quarterly 50 (2009): 497–524; George F. McHendry et al., “Rhetorical Critic(ism)’s Body: Affect and Fieldwork on a Plane of Immanence.,” *Southern Communication Journal* 79, no. 4 (2014): 293–310; Deana A. Rohlinger, “Political Shocks and Social Movements,” *American Behavioral Scientist* 53, no. 1 (2009): 3–9; Guobin Yang, “Achieving Emotions in Collective Action: Emotional Processes and Movement Mobilization in the 1989 Chinese Student Movement,” *The Sociological Quarterly* 41, no. 4 (2000): 593–614.

³² Mitch Berbrier, “‘Half the Battle’: Cultural Resonance, Framing Processes, and Ethnic Affections in Contemporary White Separatist Rhetoric,” *Social Problems* 45, no. 4 (1998): 431–50; Robert Futrell, Pete Simi, and Simon Gottschalk, “Understanding Music in Movements: The White Power Music Scene,” *Sociological Quarterly* 47, no. 2 (May 2006): 275–304; Ellen W. Gorsevski, “A Rhetorical Climate: The Power of Hope in Big Sky Country,” *Journal of Communication & Religion* 22, no. 2 (1999): 124–89.

³³ Jonathan Charteris-Black, “Britain as a Container: Immigration Metaphors in the 2005 Election Campaign.,” *Discourse & Society* 17, no. 5 (2006): 563–81.

³⁴ Dana L. Cloud and Kathleen Eaton Feyh, “Reason in Revolt: Emotional Fidelity and Working Class Standpoint in the ‘Internationale’,” *Rhetoric Society Quarterly* 45, no. 4 (2015): 300–323.

³⁵ Lauren Berlant and Michael Warner, “Sex in Public,” *Critical Inquiry* 24 (1998): 547–66; Craig Gingrich-Philbrook, “ACT UP as a Structure of Feeling,” *Quarterly Journal of Speech* 98, no. 1 (2012): 81–88; Matthew Houdek, “‘Once an Eagle, Always an Eagle?’: Symbolic Divestment, Recuperative Critique, and in-House Protests against the Anti-Gay BSA,” *Communication & Critical/Cultural Studies* 14, no. 1 (2017): 48–65.

³⁶ Engbers, “With Great Sympathy”; Emily Winderman, “S(anger) Goes Postal in The Woman Rebel: Angry Rhetoric as a Collectivizing Moral Emotion,” *Rhetoric & Public Affairs* 17, no. 3 (2014): 381–420.

³⁷ Melissa K. Merry, “Emotional Appeals in Environmental Group Communications,” *American Politics Research* 38, no. 5 (2010): 862–89.

³⁸ Carver and Harmon-Jones, “Anger Is an Approach-Related Affect”; Krista De Castella and Craig McGarty, “Two Leaders, Two Wars: A Psychological Analysis of Fear and Anger Content in Political Rhetoric About Terrorism,” *Analyses of Social Issues and Public Policy* 11, no. 1 (2011): 180–200; Rachel Alicia Griffin, “I AM an Angry Black Woman: Black Feminist Autoethnography, Voice, and Resistance,” *Women’s Studies in Communication* 35, no. 2 (2012): 138–57; Elanor Kamans et al., “Communicating the Right Emotion Makes Violence Seem Less Wrong: Power-Congruent Emotions Lead Outsiders to Legitimize Violence of Powerless and Powerful Groups in Intractable Conflict,” *Group Processes & Intergroup Relations* 17, no. 3 (2014): 286–305; Kimberly Matheson and Hymie Anisman, “Anger and Shame Elicited by Discrimination: Moderating Role of Coping on Action Endorsements and Salivary Cortisol,” *European Journal of Social Psychology* 39, no. 2 (2009): 163–85; Ella Miron-Spektor et al., “Others’ Anger Makes People Work Harder Not Smarter: The Effect of Observing Anger and Sarcasm on Creative and Analytic Thinking,” *Journal of Applied Psychology* 96, no. 5 (2011):

1065–75; Lester C. Olson, “Anger among Allies: Audre Lorde’s 1981 Keynote Admonishing the National Women’s Studies Association,” *Quarterly Journal of Speech* 97, no. 3 (2011): 283–308; Petersen et al., “Who Deserves Help?”; Rand, “An Inflammatory Fag”; Skitka et al., “Confrontational and Preventative Policy”; Winderman, “S(anger) Goes Postal”; Zagacki and Boleun-Fitzegard, “Rhetoric and Anger.”

³⁹ Eli Clare, “Body Shame, Body Pride. Lessons from the Disability Rights Movement,” in *The Transgender Studies Reader 2*, ed. Susan Stryker and Aren Z. Aizura (New York: Routledge, 2013); Danielle Every, “‘Shame on You’: The Language, Practice and Consequences of Shame and Shaming in Asylum Seeker Advocacy,” *Discourse & Society* 24, no. 6 (2013): 667–86; Michaela Frischherz, “Affective Agency and Transformative Shame: The Voices Behind The Great Wall of Vagina,” *Women’s Studies in Communication* 38, no. 3 (2015): 251–72; Matheson and Anisman, “Anger and Shame”; Murphy, “‘A Time of Shame and Sorrow’”; Parry-Giles and Parry-Giles, “Political Scopophilia”; Sally J. Spalding, “Airport Outings: The Coalitional Possibilities of Affective Rupture,” *Women’s Studies in Communication* 39, no. 4 (2016): 460–80; West, “PISSAR’s Critically Queer and Disabled Politics.”

⁴⁰ Emily Dianne Cram, “‘Angie Was Our Sister’: Witnessing the Trans-Formation of Disgust in the Citizenry of Photography,” *Quarterly Journal of Speech* 98, no. 4 (2012): 411–38; Harold A. Herzog and Lauren L. Golden, “Moral Emotions and Social Activism: The Case of Animal Rights,” *Journal of Social Issues* 65, no. 3 (2009): 485–98; Emily Winderman and Celeste M. Condit, “From Trope to Pathos in Health Scholarship: Sharing Disgust in the Kermit Gosnell Case,” *Communication Quarterly* 63, no. 5 (2015): 516–21.

⁴¹ Berbrier, “‘Half the Battle’”; Clare, “Body Shame, Body Pride”; Futrell, Simi, and Gottschalk, “Understanding Music in Movements”; Carolyn Kitch, “‘Mourning in America’: Ritual, Redemption, and Recovery in News Narrative after September 11,” *Journalism Studies* 4, no. 2 (2003): 213–224; Benjamin Lamb-Books, “Abolitionists and the Eloquence of Abuse: Revisiting Status and Rhetoric in Social Movements,” *Social Movement Studies* 15, no. 2 (2016): 125–45; Erin J. Rand, “Gay Pride and Its Queer Discontents: ACT UP and the Political Deployment of Affect,” *Quarterly Journal of Speech* 98, no. 1 (2012): 75–80.

⁴² Marta Baberini et al., “Examining the Effects of Photographic Attributes on Sympathy, Emotions, and Donation Behavior,” *Visual Communication Quarterly* 22, no. 2 (2015): 118–28; Lauren Berlant, “Introduction: Compassion (and Withholding),” in *Compassion: The Culture and Politics of an Emotion*, ed. Lauren Berlant (New York: Routledge, 2004), 1–13; Jennifer L. Goetz, Dacher Keltner, and Emiliana Simon-Thomas, “Compassion: An Evolutionary Analysis and Empirical Review,” *Psychological Bulletin* 136, no. 3 (2010): 351–74; Robert Hariman, “Cultivating Compassion as a Way of Seeing,” *Communication & Critical/Cultural Studies* 6, no. 2 (2009): 199–203; Birgitta Höijer, “The Discourse of Global Compassion: The Audience and Media Reporting of Human Suffering,” *Media, Culture & Society* 26, no. 4 (2004): 513–31; Leonie Huddy, Jeffrey M. Jones, and Richard E. Chard, “Compassionate Politics: Support for Old-Age Programs Among the Non-Elderly,” *Political Psychology* 22, no. 3 (2001): 443–71; Donileen R. Loseke, “‘The Whole Spirit of Modern Philanthropy’: The Construction of the Idea of Charity, 1912–1992,” *Social Problems* 44, no. 4 (1997): 425–44; Petersen et al., “Who

Deserves Help?"; Jennifer E. Stellar et al., "Class and Compassion: Socioeconomic Factors Predict Responses to Suffering," *Emotion* 12, no. 3 (2012): 449–59; Gerben A. van Kleef et al., "Power, Distress, and Compassion: Turning a Blind Eye to the Suffering of Others," *Psychological Science* 19, no. 12 (2008): 1315–22; Karen Wells, "The Melodrama of Being a Child: NGO Representations of Poverty," *Visual Communication* 12, no. 3 (2013): 277–93; Engbers, "With Great Sympathy"; Kamans et al., "Communicating the Right Emotion"; Sara DeTurk, "Intercultural Empathy: Myth, Competency, or Possibility for Alliance Building?," *Communication Education* 50, no. 4 (2001): 374–84; Adam W. Fingerhut, "Straight Allies: What Predicts Heterosexuals' Alliance With the LGBT Community?," *Journal of Applied Social Psychology* 41, no. 9 (2011): 2230–48; Tasha A. Menaker and Audrey K. Miller, "Culpability Attributions towards Juvenile Female Prostitutes," *Child Abuse Review* 22, no. 3 (2013): 169–181; Donna Webster Nelson and Roger Baumgarte, "Cross-Cultural Misunderstandings Reduce Empathic Responding," *Journal of Applied Social Psychology* 34, no. 2 (2004): 391–401; Lijiang Shen, "Mitigating Psychological Reactance: The Role of Message-Induced Empathy in Persuasion," *Human Communication Research* 36, no. 3 (2010): 397–422; Xinyue Zhou et al., "Nostalgia: The Gift That Keeps on Giving," *Journal of Consumer Research* 39, no. 1 (2012): 39–50.

⁴³ Charteris-Black, "Britain as a Container"; Celeste M. Condit, "Insufficient Fear of the 'Superflu'? The World Health Organization's Global Decision-Making for Health.," *Poro* 10, no. 1 (2014): 1–31; De Castella and McGarty, "Two Leaders, Two Wars"; G. Thomas Goodnight, "The Metapolitics of the 2002 Iraq Debate: Public Policy and the Network Imaginary," *Rhetoric and Public Affairs* 13, no. 1 (2010): 65–94; Halperin and Gross, "Emotion Regulation"; Kamans et al., "Communicating the Right Emotion"; Douglas Kellner, "Media Spectacle, Fear, and Terrorism," *Media Development* 54, no. 3 (2007): 11–14; Konty, Blythe, and Joireman, "Scared Selfish"; Elena Oliete-Aldea, "Fear and Nostalgia in Times of Crisis: The Paradoxes of Globalization in Oliver Stone's *Money Never Sleeps* (2010)," *Culture Unbound: Journal of Current Cultural Research* 4, no. 3 (2012): 347–66; Michael William Pfau, "Who's Afraid of Fear Appeals? Contingency, Courage, and Deliberation in Rhetorical Theory and Practice," *Philosophy and Rhetoric* 40, no. 2 (2007): 216–37; Skitka et al., "Confrontational and Preventative Policy"; Jie Zhuang et al., "Environmental Stigma," *American Behavioral Scientist* 60, no. 11 (2016): 1322–41.

⁴⁴ Olson, "Anger among Allies."

⁴⁵ Rand, "Gay Pride and Its Queer Discontents."

⁴⁶ Cloud and Feyh, "Reason in Revolt."

⁴⁷ *Ibid.*, 286.

⁴⁸ *Ibid.*, 284.

⁴⁹ *Ibid.*, 300.

⁵⁰ Olson takes his definition of “emotionology” from Carol Zisowitz Stearns and Peter N. Stearns, *Anger* (Chicago: University of Chicago Press, 1986).

⁵¹ Olson, “Anger among Allies,” 284.

⁵² A more thorough account of anger, its cognitive appraisals, and action tendencies is offered in the first case study of this dissertation.

⁵³ *Ibid.*, 76.

⁵⁴ *Ibid.*, 79.

⁵⁵ *Ibid.*, 77.

⁵⁶ *Ibid.*

⁵⁷ Spalding, “Airport Outings,” 472.

⁵⁸ Rand, “Gay Pride and Its Queer Discontents,” 76.

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*, 77.

⁶¹ *Ibid.*

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ *Ibid.*, 79.

⁶⁵ Cloud and Feyh, “Reason in Revolt,” 304.

⁶⁶ *Ibid.*, 311.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ Aristotle, *Rhetoric*, trans. W. Rhys Roberts, Penn State Electronic Classics Series (Pennsylvania State University: Penn State Electronic Classics, 2010), 9.

⁷⁰ *Ibid.*, 78.

⁷¹ Ibid.

⁷² Immediately following the 2017 Presidential Inauguration, all of the data from the White House website was relocated to Obama’s presidential archive, obamawhitehouse.archives.gov. While many of the texts I analyze in this dissertation can be found in the archives, several—particularly White House blog posts—were removed in the transition. Whenever possible, however, I will include the archive’s url for the text in the endnote citations.

⁷³ U.S. Centers for Medicare & Medicaid Services, “Health Coverage Rights and Protections: Coverage for Pre-Existing Conditions,” <https://www.healthcare.gov/health-care-law-protections/pre-existing-conditions/>.

⁷⁴ U.S. Centers for Medicare & Medicaid Services, “Fees & Exemptions: The Fee You Pay if You Don’t Have Health Coverage,” <https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/>

⁷⁵ U.S. Centers for Medicare & Medicaid Services, “Glossary: Essential Health Benefits,” <https://www.healthcare.gov/glossary/essential-health-benefits/>

⁷⁶ U.S. Department of Health and Human Services, “Get Your Teen Screened for Depression,” <http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-your-teen-screened-for-depression>; U.S. Department of Health and Human Services, “Talk with Your Doctor about Depression,” <http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/talk-with-your-doctor-about-depression>

⁷⁷ Robyn L. Golden and Matthew R. Vail, “The Implications of the Affordable Care Act for Mental Health Care,” *American Society on Aging*, December 11, 2014, <http://www.asaging.org/blog/implications-affordable-care-act-mental-health-care>; Substance Abuse and Mental Health Services Administration, “Health Financing,” *Samhsa.gov*, n.d., <http://www.samhsa.gov/health-financing>; Kathleen Rowan, Donna D. McAlpine, and Lynn A. Blewett, “Access and Cost Barriers to Mental Health Care, By Insurance Status, 1999-2010,” *Health Affairs* 32, no. 10 (2013): 1723–30.

⁷⁸ In this dissertation, “trans” is meant as an umbrella term to cover a full spectrum of gender performances that deviate from normative gender/sex binaries including transgender, transsexual, androgynous, genderqueer, genderfluid, and queer bodies. “Trans” is used to mark the fact that these bodies transgress, intentionally or not, the binaries which align maleness and male anatomy with masculinity and femaleness and female anatomy with femininity.

Case Study One

Ensuring Liberty's Victory: The Heritage Foundation's Appeal to Anger and Discourse of Triumph in Response to the Affordable Care Act's Individual Mandate

“The concept that people should be required to buy health coverage was fleshed out more than two decades ago by a number of conservative economists, embraced by scholars at conservative research groups, including the Heritage Foundation and the American Enterprise Institute, and championed, for a time, by Republicans in the Senate” – Michael Cooper, The New York Times, February 15, 2012¹

“With this legislation, Congress has effectively defined an uninsured 18-year-old-man in Richmond as an interstate problem like a polluting factory. It is an assertion of federal power that is inherently at odds with the original vision of the Framers.” Robert E. Moffit, Senior Fellow in The Heritage Foundation's Center for Health Policy Studies, January 18, 2011²

In the months and years following the passage of the Affordable Care Act there was a bevy of criticisms levied at many of its provisions, none more so than the Individual Responsibility Provision, colloquially called the Individual Mandate (IM).³ In fact, the IM, which required all individual citizens to purchase insurance from private industry or face a penalty from the federal government,⁴ required a number of rhetorical ploys by the Obama Administration, and later its representatives before the Supreme Court, to solidify its constitutionality on June 28, 2012 and later its implementation in 2014. But as the above excerpts note, the IM's most avid critics were the very ones lauded, in several news sources, for its invention in the first place. Citing a Heritage Foundation proposal from 1989 that proposed an individual mandate with tax credits for those who purchased insurance, the Obama Administration, along with reporters from a number of news organizations—including *The Washington Post*,⁵ *The Guardian*,⁶ *The New York Times*,⁷ *The New York Post*,⁸ and *USA Today*,⁹

positioned the Foundation as negating its own history and turning its back on its own policy for political gain.

This connection between conservative politicians and policies and the IM were further exacerbated as Mitt Romney became the forerunner in the race for the 2012 Republican Presidential Candidate nomination. During his time as governor of Massachusetts, Romney passed the Massachusetts health care law which included, among many provisions adopted by the ACA, an individual mandate. While the HF's coverage of Romney's healthcare law consistently noted the individual mandate as a provision of the law that future lawmakers should take pains to avoid—especially if the law also required essential health benefits that would limit competition between plans,¹⁰ as the presidential primaries picked up steam, several news sources and the Administration collapsed the HF's past praise of Romney's healthcare reform as a whole with the HF's support of the IM as a viable reform provision. As a result, the HF not only had to counter a policy report written in 1989, but it had to mitigate its role in devising Romney's 2006 health care law.

Though the historical relationship between the IM and the HF is considerably more antagonistic than implied by the Administration, the characterization of the HF as architect of the IM substantially weakened the HF's position against the provision and merited a response. Unfortunately for them, this question of credibility was not the only constraint the HF faced in its battle against the IM. Even if the IM was not an idea formerly espoused by the HF, in the interim between the passage of the law and the 2012 Supreme Court case deciding the constitutionality of the IM, those most resistant to the purchase of insurance compelled by the provision had few, if any, ways to act on or mitigate their anxiety. Rather, the agency to overturn the IM remained squarely in the hands of state and federal judiciaries. Those faced with the choice between

purchasing insurance or paying a penalty had only to wait and see. Therefore, the HF was faced with a complex set of circumstances in which they had to not only contest the constitutionality of the IM itself and attempt to regain their status as conservative leader despite evidence of their complicity in the IM's conception, but also motivate its constituents to action despite considerable constraints on that action.

It is this complexity of circumstances—one of both credibility and limited agency—that makes the HF emotional appeals against the IM an exemplary case study. Not only does an investigation of the HF's response to the IM offer insight into how an organization contests new health policies, but how an organization does so through a combination of rhetorical appeals to emotion. In this chapter, I show how the HF levied a successful campaign not only against the supposition they were responsible for the provision, but the very idea of the IM's constitutionality. These appeals, I argue, not only redeemed the credibility of the HF and helped resuture a community in disrepair, but effectively directed constituents' energy and action when the options for action were severely constrained. Specifically, I demonstrate how the HF used an appeal to anger to reconstitute their ethos as a trusted leader for the conservative community and developed a discourse of triumph—itsself comprised of appeals to threat and admiration—to direct its constituents' affective energy toward productive action. While several studies have analyzed appeals to anger in isolation or compared its effect on policy to other emotions like fear or empathy,¹¹ this analysis offers insight into how anger worked along with a second emotional appeal to support a specific advocacy agenda. As such, this analysis offers insight into how advocates can construct appeals to anger and appeals to threat and admiration as well as how these separate emotional appeals work in tandem to achieve a campaign goal.

In order to highlight how the HF constructs its appeal to anger and discourse of triumph in ways that effectively reconstitute its community and direct its energy for the benefit of the Foundation, I begin with an overview of existing literature on anger, its cognitive appraisals, and its action tendencies as well as an explanation of why, given the literature on anger and the constraints of the HF's rhetorical situation, a second form of appeal was necessary to achieve the HF's campaign goals. Next, I offer an overview of the IM's legislative history and the Obama Administration's primary arguments for the IM's constitutionality as well as their strategies for encouraging individuals to comply with the mandate. I also explain how these arguments and strategies redefined what it meant to practice "good, healthy citizenship" and how this redefinition spurs a negative response among some constituents.¹² In the final sections, I analyze the HF's appeal to anger and the ways in which that appeal served to reconstitute their ethos and bring their community together against a common foe. I next show how the HF necessarily supplements their appeal to anger with a discourse of triumph to more productively direct their community unified by, but unable to act on, its anger.

Anger's Political Potential and Its Limits

The HF's turn to anger in response to the public accusations of their own culpability in the creation of the IM is not surprising were one to take into account the cognitive appraisals that anticipate an angry response; most notably, that another has willfully besmirched one's status.¹³ In his explanation of anger, Aristotle argues, "Anger may be defined as an impulse, accompanied by pain, to a conspicuous revenge for a conspicuous slight directed without justification towards what concerns oneself or towards what concerns one's friends."¹⁴ In other words, for Aristotle, anger is necessarily a response to a devaluation of one's status.

Aristotle reveals one of the primary action tendencies of anger as he continues his meditation on the emotion. He states that anger is also “attended by a certain pleasure—that which arises from the expectation of revenge. For since nobody aims at what he thinks he cannot attain, the angry man is aiming at what he can attain.”¹⁵ Contemporary research on the physiological responses of anger extends Aristotle’s claims to account for how anger motivates action. According to Eran Halperin and James J. Gross:

A wide range of emotions are relevant to intergroup conflict. However, anger is one of the most powerful and prevalent (Bar-Tal 2007; Halperin and Gross forthcoming). According to appraisal theories of emotion (Roseman 1984; Scherer, Schorr, and Johnstone 2001), anger is elicited when the out-group’s actions are perceived as unjust and as deviating from acceptable norms. According to these theories, people who feel angry believe that urgent action is needed to correct the perceived wrongdoing and may believe that their group is capable of initiating such corrective action (Mackie, Devos, and Smith 2000). This often leads to a tendency to confront (Berkowitz 1993; Mackie, Devos, and Smith 2000), hit, kill, or attack the anger-evoking target (Roseman, Wiest, and Swartz 1994).¹⁶

The nuances of anger as an emotion do not end with its action tendency to approach. Specifically, it is not just that anger motivates an approach towards the object of anger, but that the action against that object allows for relief from that anger. Aristotle argues that a failure to address the slight and reclaim one’s status through an act of revenge causes “angry people [to] suffer extreme pain.”¹⁷ As a result, to compel anger yet offer no modes for acting on that anger might result either in a redirection of that anger towards alternative affiliations or a painful frustration at one’s inability to act to reclaim one’s injured status.

It is perhaps because anger is a highly motivating approach emotion that it is used frequently as a tool in fomenting and directing public deliberation. Several social scientists have noted the ways in which priming a person with anger reduces their ability to accurately assess risks and the accuracy of arguments as well as motivates them to support or justify violence against others.¹⁸ That is not to say that anger is always destructive. In fact, several theorists note that it is anger's ability to assess and rectify willful wrongs perpetrated against oneself or one's community that some theorists code anger as an inherently "moral" emotion.¹⁹ It is this ability to either reinscribe or alter social norms of right and wrong behavior that makes anger an instructive tool for communicating grievances and encouraging collective action against injustice.²⁰

Prior research has focused primarily on how appeals to anger motivate audiences and individuals in the moments during and immediately following the appeal or has looked to how those immediate responses compare to the immediate responses encourage by other emotions. However, this study shows how, when anger's approach is thwarted, organizations can couple anger with other emotional appeals to direct constituents' behavior and energy. Because the HF and its constituents cannot actually physically attack the ACA—and must simply wait for the courts to act—the primary attack orientation of anger cannot be fulfilled. A supplement is thus required. The efficacy of such supplemental appeals, I argue, hinges on the types of affiliations those appeals support—does it strengthen the affiliations of the appeal to anger?—and the action tendencies those appeals encourage—can it direct constituent action in ways anger could not?

In the case of the HF, their discourse of triumph takes up the mantle of action where their appeals to anger dissipated, thereby re-directing constituents' energy towards productive ends; namely, admiration and celebration for the state legislatures fighting back against the IM in the

courts. This creation of a discourse of triumph to accompany the HF's discourse of anger highlights the benefits of the proposed form of pathos criticism because the approach reveals the nuances of the HF appeal to anger and directs the critic towards its second, though less immediately apparent, but equally persuasive emotional appeal. Before turning to an explanation of how the HF constructs its appeal to anger and its discourse of triumph, however, I offer a more comprehensive account of the IM, the Obama Administration's justification for it, and the ways in which that justification reimagined what it was to be a "good, healthy citizen." This redefinition, I argue, triggered an anxious response from HF constituents that necessitated a response from the organization; a response that both regained the HF's credibility and calmed the anxiety of its readers.

The History of the IM and Its Effect on Citizenship

When the debate over the Obama Administration's health care law began in 2009, the inclusion of an individual mandate in the ACA was far from a given. Rather, the final version of the IM was only one of many options for facilitating the purchase of insurance and stymying the exponential rise of health care spending in the US. The most notable alternatives to the IM were a single-payer option—also known as universal healthcare—where citizens would be automatically enrolled in government-funded health care simply as a result of their citizenship, and a public option where citizens had the option to purchase insurance through the government rather than the private insurance industry. While both alternatives were positioned by conservative voices as an unjustifiable overreach of the federal government that would further jeopardize the US economy by eliminating the competition necessary to reduce costs, the reality is that, for many citizens, the government has long been the primary insurer for medical care. Since the passage of the Medicaid/Medicare Act in 1945, certain groups were granted, as a result

of their identity grouping—elderly, below the poverty line, veteran—insurance through state and federal government spending.

The justification for such coverage was largely one of cultural benevolence. The elderly were citizens who, through no fault of their own, could no longer pay for all or some of their medical care. As such, it was the compassionate choice to fund healthcare for the elderly through federally run insurance programs.²¹ Similarly, veterans, who risked their lives for the country often to the detriment of their mental and physical wellbeing, warranted care via state sponsorship.²² Those believed to be within the “deserving poor,” a group that given enough time, might pull themselves up from poverty, were similarly offered federal support for healthcare on the grounds that it would help them get “back on their feet.”²³ Therefore, the interventions of government into the health care industry as insurance provider were not new. Despite this precedent, as the debate over the final version of the ACA progressed, both the single-payer system and the public option were dropped, much to the chagrin of Democrats and to the jubilation of Republican in Congress.

The elimination of both the public option and automatic enrollment into a single-payer system from the bill jeopardized its financial feasibility. Because the Administration advocated for a pre-existing conditions clause (PECC)—a policy which garnered wide support across political parties—that prohibited insurance companies from denying insurance to individuals with pre-existing conditions, they needed healthier, younger individuals to purchase insurance to offset the premium increases that would be wrought by the inclusion of sicker individuals into the marketplace. Because they lacked automatic enrollment and an incentivized public option, all that remained was an individual mandate for all individuals to purchase insurance from private insurance companies. Therefore, while government intervention into health care was not new,

what was new was a government mandate to enter into an economic exchange with a private industry or face a penalty. It was this novelty—the extension of government regulation on what many perceived as inaction—that elicited concern from both legal scholars and individual citizens. To offset this constitutional and social conundrum and justify both the constitutionality of the mandate and promote the enrollment of those formerly seen as “healthy,” the Administration offered a two pronged advocacy campaign that attempted to redefine what it is to be a “good, healthy” citizen.

The first approach occurred primarily between the passage of the ACA in March of 2010 and the Supreme Court decision on its constitutionality in June 2012 and focused on the constitutional right of Congress to mandate the purchase of insurance. In order to argue for the IM’s constitutionality, the Administration and its legal team had to argue that the mandate fell under the purview of the Commerce Clause, which allows Congress to impose federal taxes to facilitate economic enterprise. The Administration advocated for the constitutionality of the IM by arguing that healthcare was an exceptional case for government intervention into commerce. The series of arguments are as follows:

1. By nature, every human is inherently vulnerable to illness and accidents.²⁴
2. Within the United States, if a person is ill or hurt and in need of emergency care, federally funded emergency care facilities cannot turn those citizens away.²⁵
3. The services received by individuals through routine or emergency care must be paid for.²⁶
4. These services, broadly conceived to include both emergency care and routine care in nursing homes, community health centers, pharmacies, etc., comprise a significant portion of the US economy.²⁷

5. Because these services are crucial to the national economy's past, present, and future it is within the scope of the federal government to regulate health care related commerce; in particular, its power to impose taxes on commerce.²⁸
6. Therefore, in the case of health care, because humans will get sick and require medical care and because they cannot be denied that care, decisions to refuse to purchase insurance to fund that care is an economic action that has a direct impact on the national economy and thereby can be taxed by federal government.²⁹

While the Administration's arguments for the IM's constitutionality reframed citizenship through the redefinition of formerly "healthy" bodies, the repercussions of the IM on the definition of citizenship did not end in the court house. Rather, the Administration had to undertake a second prong of advocacy in order to compel those affected by the IM to choose the purchase of insurance over the penalty for failure to purchase. To do so, the Administration reframed "good" citizenship as an act of caring for one's self, taking responsibility for one's role in the economy, and showing compassion for the less fortunate through the purchase of insurance. In other words, the Administration argued that not only will everyone eventually require medical care, but that a "good" citizen recognizes this eventuality and takes personal responsibility for their own health care costs by proactively purchasing insurance. Further, by purchasing insurance, even though they are "not-yet-sick," "good" citizens prevent offsetting emergency care costs to other citizens and help lower the premiums that previously prevented fellow citizens with pre-existing conditions from accessing health care. As such, both the arguments for the IM's constitutionality and the advocacy for the purchase of insurance rather than the penalty stipulated by the IM fundamentally reframe what it is to be a "healthy," "good" citizen. Not only are the previously unsurveilled reconceived as "not-yet-sick," their

unwillingness to acquiesce to that frame is positioned as, at best, irresponsible, and at worst, selfish, “bad” citizenship.

The IM, Surveillance, and Anxiety

While the argument for the IM’s constitutionality and its success—the IM was ultimately deemed constitutional under the Commerce Clause—set a new precedent for government intervention into the economic (in)activity of individual citizens, its direct impact—through a penalty—was ultimately felt by a small, demographically narrow, portion of the population. This small number is due in large part to other key provisions of the Act. The PECC insured that those who wanted, but were denied, insurance were now able to access it. This meant that individuals with chronic health conditions or disabilities who wanted, but could not afford or were denied insurance due to their condition or disability, were taken out of the pool affected by the IM.³⁰ Similarly, Medicaid and Medicare plans qualified as sufficient coverage to avoid the penalty. As a result, the elderly, pregnant women and women with young children, and veterans were removed from the pool of individuals compelled, rather than enabled, to purchase insurance through the ACA. Government subsidies and exemptions for those who wanted, but could not afford, insurance meant that those in low income communities who might have faced the penalty due to inability to pay monthly premiums, were either able to afford insurance or granted an exemption from the penalty. The provision that allowed children to stay on their parent’s insurance plan until age 26 meant that the bulk of recent high school and college graduates entering the job market for the first time would not be subject to the penalty. Similarly, individuals who aged out of foster care at age 18 could receive coverage under Medicaid until age 26.

As a result of these provisions, the individuals most likely to be impacted by the IM were able-bodied, middle and upper class individuals over the age of 26 with no existing chronic mental or physical health conditions employed in occupations with little risk to their physical safety. This group's number was even further reduced by the portion of this population already insured through their employer. Assuming that their employer's plan met the standards for coverage set by the Administration in anticipation of open enrollment, the IM represented little to no change in their insurance coverage. Assessing the efficacy of these provisions in increasing the total number of insured citizens, the Congressional Budget Office (CBO) reported that the estimated number of people left uninsured in 2016 would total 30 million. Of that 30 million, 23 million would qualify for an exemption from the mandate. Of the remaining 7 million, 3 million would receive hardship exemptions leaving approximately 4 million people subject to the IM's choice of purchasing insurance or paying a penalty. Furthermore, the CBO speculates that "households with lower income will pay the flat dollar penalty (with adjustments to account for the lower penalty for children and the overall cap on family payments), and households with higher income will pay a percentage of their income. In 2016, households with income that exceeds 400 percent of the federal poverty guidelines are estimated to constitute about one-third of people paying penalties and to account for about three-fifths of total penalty payments."³¹ In other words, those with the highest adjusted gross income comprise one third of all penalty payments and those payments will be considerably higher than the remaining two thirds with lower incomes—who retain the possibility for additional fee reductions based on price caps and number of children.

As a result of these additional provisions and exceptions, those most negatively affected by the IM were middle to upper class, early adulthood, able-bodied, and predominantly male. It

is perhaps because the IM was a *new*, highly visible, frequently publicized impingement on the invisibility of this specific, privileged population that the imposition of government recognition and oversight was particularly jarring.³² Several scholars have explained how, when confronted with state surveillance through new public policies, normative populations tend to respond with anxiety and/or anger.³³ For instance, Lauren Berlant chronicles the phenomenon of “ex-privilege” in which public policies encourage “formerly iconic citizens who used to feel undefensive and unfettered [to]...feel anxious about their value to themselves, their families, their publics, and their nation. They sense that they now have identities, when it used to be just other people who had them.”³⁴ Theorists in the social sciences make similar claims about the stress and anxiety high-status individuals exhibit when shifts in status hierarchies—where social characteristics determine the allocation of resources, expectations, and values—result in a perceived loss in status. Understood as “the subjective experience of a decreased professional regard [or the]...perceived evaluation of status diminution,”³⁵ status loss occurs when an individual perceives a shift in policy, values, or allocation of resources that results in the devaluation of one or more of their identity characteristics.

In the case of the ACA and the IM, those previously unaddressed by the medical industry due to youth, wealth, good health, etc. are now re-evaluated as the “not-yet-sick” and, potentially, irresponsible if they choose not to buy insurance. While it is far too reductive to imply that the backlash against the IM is purely a response to this new visibility of the normative body to institutional surveillance, it is crucial to mark the ways in which public policy works at the level of the body—changing not only how bodies are understood and monitored by the state, but how public policy affects how individuals understand and monitor themselves. Put simply, regardless of whether or not individuals accepted the Administration’s premise that they were

“not-yet-sick” and therefore subject to medical intervention and oversight through the mandated purchase of insurance, they were confronted with the redefinition of their body from “healthy” and autonomous to “not-yet-sick” and a threat to the collective.

The Heritage Foundation’s Emotional Response

Because my interest is in how advocacy organizations confront these shifts in policy and their effects on their constituents, I analyze the HF’s coverage of the IM during the period between the ACA’s passage in March 2010 and the Supreme Court decision upholding the constitutionality of the IM in July 2012. The HF is an apt choice for analysis for several reasons in addition to their integrity being challenged in ongoing debates about the IM. First, the Foundation is a self-described advocate for conservative values of individual freedom and limited government. As such, the HF that holds substantial sway on policy debates as a premiere conservative think tank with visibility in the DC area.

The second reason for turning to an analysis of the HF is that, while the Foundation itself is very old, the face and voices of the Foundation in ongoing debates about the Act are young. With the exception of key fellows in their 50s and 60s, the bulk of the writers of the HF’s response to the IM, are young, White men and women in their mid-20s to 30s. This group of people is most likely both the population most directly and negatively affected by the mandate and the target population for the Administration’s redefinition of good citizenship as one who takes responsibility for one’s own health by preemptively signing up for health insurance. As such, their publications on the HF’s website and blogs, *The Foundry* and *The Daily Signal*, are representative of a critical segment of the target group’s concerned response to the IM. It is within these responses, penned largely by those most negatively affected by the provision, that

the HF's appeal to anger and discourse of triumph emerge. I now turn to an analysis of the HF's appeal to anger.

Don't Quote Us on This: Logic, Anger, and Accountability

In the intervening two years between the ACA's passage and the Supreme Court decision on the IM's constitutionality, the HF posted three direct responses to the public claims that they were responsible for and the original supporters of the IM. In the first two responses, published in May and September 2011 respectively, Rory Cooper—Director of Strategic Communication—and Mike Gonzalez—Senior Fellow—both willfully concede that the policy report advocating for an individual mandate exists; however, they argue that the Administration's assertion that it remains the position of the HF is wildly disingenuous. Specifically, they claim that using the 1989 report as evidence of their support is “like arguing that a medical researcher who expressed qualified support for one therapy 21 years ago should naturally favor a broader application of that therapy today, even if his own and other research has disproved the assumptions that supported the original approach.”³⁶ This simile works not only to position the Administration as willfully deceitful for political gain—thereby undermining the veracity of its claims against the HF—but it presents the HF as a healer who takes pains to ensure that their mode of treatment is thoroughly modern and cutting-edge despite what such changes might do to their pride. And while Cooper's post ignores the looming cloud of Romney's health care plan on the HF's credibility, Gonzalez's continues, “As for the comparisons between Gov. Romney's health care plan, on which our analysts provided technical assistance on creation of a market-based health insurance exchange...it is disingenuous for the White House or anyone else to pretend that Obamacare is one and the same.”³⁷ Through the construction of the healer versus the liar narrative, the HF effectively presents the Administration

as willfully manipulative thereby undermining the Administration's credibility and positioning the HF as a benevolent organization willing to take political risks on behalf of US citizens.

In addition to restoring the credibility of the HF and resuturing its relationship with its constituents through its appeals to anger, the HF uses the action tendencies implicit in experiences of anger to redirect ire towards the Administration and encourage their readers to engage with the HF by linking to the publications that represent the HF's true position on the IM and their plan to restore control of health care to individual citizens. After highlighting the blatant mischaracterization of the Administration, both Cooper and Gonzalez end their respective reports with the declaration that "Obamacare is an abomination that must be repealed" and replaced with the HF "plan to fix America's debt, Saving the America Dream, which [HF] released this year."³⁸ In both instances, the writers offer a hyperlink that directs readers to the *Saving the America Dream* plan. Through the organization of these reports, the authors effectively instigate the anger of their public, redirect it to the Administration, and then offer them an action—going to the hyperlinked plan—to help follow through with the action tendency to confront or approach associated with anger.

Examining their constituents' responses to these pieces of advocacy shows that the HF's appeals to anger were effective in redirecting ire from the HF to the Administration. Commenter Chuck Lanza writes, "The Heritage Foundation has boldly taken the proper action in amending their previous research findings of twenty years ago to encompass new assumptions based on empirical data. Unlike the government's argument that is based on old data and political expediency, the Heritage Foundation admitted the data did not support their original assumptions and corrected them. The government's argument is neither accurate nor persuasive."³⁹

Commenter Zephyr adds,

Kudos to you, HF, for having the courage to admit an error in judgment and for filing this brief. The Obama administration and Obamacare go too far in trying to impose huge government control over our once free country. This administration would have us all be RULED as Cuba, Venezuela, Syria and Iran are, to name a few of the dictatorships that the USA is starting to resemble. Our Constitution is what made us great and with advocates like the HF we will regain the freedoms that we have sadly lost. Thank you for fighting for all of us who have no voice. God Bless America!”⁴⁰

While both Cooper and Gonzalez’s use of anger effectively redirect audience response, the same cannot be said for the final contestation of the HF to the Administration’s claims. The third response to the circulating claims of HF’s culpability in the creation of the IM was authored by Stuart Butler, the writer of the oft cited 1989 report, himself.⁴¹ In his response, originally posted in full at *USA Today*, but only in part on the HF’s website, Butler diverged from the narrative provided in Cooper and Gonzalez’s posts in two primary ways.⁴² First, the argument focused on how the original IM was different from that written into the ACA. Rather than admitting some culpability in the construction of the IM, Butler argues that the idea of the individual mandate was a conservative one that preceded the HF report and that, even if his was the original iteration, it still was not similar to the ACA’s IM in several ways. In the extended version, which the HF includes in a hyperlink but did not post in full, Butler goes on to explain why he no longer supports individual mandates at all, even the one he advocated for in 1989. As such, Butler eventually adopts some of the arguments made by Cooper and Gonzalez in 2011 in the second portion of his post on *USA Today*. However, those concessions are not made in the HF’s recounting of Butler’s arguments.

The second deviation Butler makes from Cooper and Gonzalez's argument is that Butler makes no direct attacks on the Administration; rather, he positions *The Washington Post*, MSNBC's Chris Matthews, and Nancy Pelosi as the primary force in the mischaracterization of the HF's position. Therefore, for readers of the HF's posting, Butler's argument, first, begins and ends with the claim that the HF's IM is substantially different from the ACA's IM, but not that it was a mistake in policy that the Foundation has since corrected, and, second, the mischaracterization of the HF's position is largely the result of the media, not the Administration.

It comes as no surprise then that the commenters' responses to Butler's post are a far cry from the enthusiastic and supportive responses to Cooper and Gonzalez's posts. Of the seventeen responses, only one accepts Butler's premise that HF's IM was not the precedent of the ACA's IM.⁴³ Rather, the majority critique what they see as an ineffective attempt to distance itself from its well-documented history. Commenter ArtGr claims that Butler's "3 key rally points are just contorted speech to try and push any negativity on Obama and not that this mandate actually had roots from somewhere else."⁴⁴ Doug McClean makes a similar claim when he adds, "Your three differences seem pretty thin gruel."⁴⁵ Bradley argues, "Well the initial flaw was that even Heritage bought into the liberal idea that the govt should be involved in healthcare in the first place."⁴⁶ Perhaps the best indication of the HF's general constituency's response to Butler's post comes from Brent Hudson, "Since when do conservatives support unconstitutional ideas because it seems to have good intentions. That's the big govt liberals' job. Many argue that FDR's policies were done with good intentions but that is not an excuse for usurping the supreme law of the land. God bless the work of the Heritage Foundation but at least admit when your [sic] wrong."⁴⁷ To be sure, some of the comments come from those who do not identify as

conservatives.⁴⁸ Dave B remarks, “Conservatives just can’t handle the truth I guess...”⁴⁹ and JD75 adds, “funny how conservatives run away from their platform when their political foes advocate the same thing.”⁵⁰

The discrepancies between the enthusiastic and affirming responses to Cooper and Gonzalez’s posts and the critical and often snarky responses to Butler’s piece highlight the efficacy of appeals to anger in HF’s attempts to reclaim credibility and direct focus of public ire towards the Administration instead of the HF for the implications of the IM. It is when Butler fails to place blame on the Administration, that has come to stand in as the root cause of the ACA’s machinations, and fails to position HF as an honorable, trustworthy institution that the emotional response that undergirds the support for Cooper and Gonzalez’s posts falters. It is in this discrepancy that scholars can understand the importance of following existing emotional scripts for anger in public deliberation. Without assigning blame to the source of the status loss—the Administration—and without offering constituents a likeable alternative—the healers of HF—the appeal flounders.

Join the Winning Team: Triumph, Affiliation, and Attitude as Action

The HF writers do not rely solely on appeals to anger to restore the affiliations disrupted by the ACA and mitigate the anxiety caused by the IM. To do so would ultimately exacerbate, rather than resolve, the anxious affective energy that circulated among the HF’s constituents. This is due primarily to the second constraint of the HF’s response; namely, that their constituents in the general public had little to no agency to actively work against the IM. Thus, any anger compelled by the HF would fail to offer a satisfactory object for their constituents to approach. In other words, if the HF’s primary strategy for reconstituting community and

alleviating anxiety was anger, it might temporarily resuture the community against a common enemy, but it ultimately would fail to quell the anxious energy to approach that is fundamental to angry responses.

Given these constraints, the HF supplements its appeals to anger with a discourse of triumph, which includes appeals to admiration for those who are currently working to overturn the IM. This discourse of triumph allows constituents to see themselves as members of a winning army or sports team whose primary function is to stand at the sidelines and cheer on its heroes. There are important barriers, however, that must be overcome in order to successfully construct this appeal. In the context of having just lost the legislative battle, there is a risk that the battle and sports metaphors, that drive the discourse's appeals to admiration, would feel overly optimistic rather than justified. Further, presenting the potential for success of the Obamacare bill in the courts as too great of a threat would be likely to invite fear. And the action tendency of fear is individualized withdrawal or retreat rather than collectivized action.⁵¹

To overcome these two challenging conditions, the authors deploy a strategic organization that moves their audience from new information, worst case scenario, to historical precedents that assure that the source of threat—the overreach of Congress through the IM—is ultimately for naught. This repetition of news report, worst case scenario, assurances of happy ending offer singular opportunities for readers to understand the high stakes and importance of the HF's "battle" without giving into the retreat that is fear's predominant action tendency. Several posts are illustrative of this pattern. For instance, four separate posts begin by recounting a recent event related to the debate over the IM's constitutionality: on March 26, 2010 Julia Shaw introduces the Virginia Attorney General's filing of a case against the IM's constitutionality,⁵² on July 20, 2010 Conn Carroll addresses President Obama's concession that

the IM is a tax,⁵³ on February 24, 2011 Kathryn Nix discusses the House Judiciary Committee meeting on the IM's constitutionality,⁵⁴ and August 15, 2011 Mike Brownfield revealed that the Eleventh Circuit Court of Appeals ruled the IM unconstitutional.⁵⁵ These separate posts reveal that, despite the changes in author, the first part of the overall HF appeal to admiration remains consistent.

After each post recounts the most recent development in the debate, the authors dramatize the threat of governmental overreach into individual freedoms by highlighting the worst case scenarios should the IM be upheld by the Supreme Court. For example, in her July 7, 2010 follow up post about Attorney General Ken Cuccinelli's case against the IM in Virginia, Kathryn Nix quotes Cuccinelli as saying,

“I don't think in my lifetime we've seen one statute that so erodes liberty than this health care bill. Certainly, we view our lawsuit as being not merely about health care. That's actually secondary to the real important aspect of the case, and that is to protect the Constitution as we essentially define the outer limits of federal power. If we lose, it's very much the end of federalism as we've known it for over 220 years.”⁵⁶

In his July 20, 2010 account of Obama's claims for the IM's constitutionality under the Commerce Clause, Conn Carroll writes, “If the Supreme Court allows the Obamacare individual mandate to stand, the Congress could do anything it wanted. They could: require us to buy a new Chevy Impala each year to support the government-supported auto industry; require us to buy war bonds to pay for the Iraq and Afghan wars; or force us to eat our vegetables.”⁵⁷ Nix echoes Carroll's claim about the limitless power of Congress should the IM be deemed constitutional in

her February 2011 post.⁵⁸ And, in August of 2011, Mike Brownfield highlights the disastrous consequences the ACA would have on the US economy.⁵⁹

It is possible that, when confronted with such a profound threat and the existing narrative allocating blame to the Obama Administration, the audience might respond with anger at the Administration rather than fear of governmental intervention. Both fear and anger are negatively valenced emotions that stem from the presence of a threat.⁶⁰ The difference between the two emotions lies in the cognitive appraisal of remediation. In other words, if the threat is presented as something the “target” can change or remedy, it is likely that the “target” will react with anger and approach the stimulus of that anger.⁶¹ If, however, the “target” perceives the stimulus of anger to be beyond its control, it will likely react in fear and encourage a withdrawal or retreat from the stimulus.⁶² Because each of these passages account for the threat of government overreach, but offer no outlet for that anger—there is no call to action or advice on how to control or remedy the situation, it is more likely to induce fear, rather than anger.

Having raised a potentially fear-inducing scenario to the audience’s attention, the authors guide their audience toward feelings of assurance by recounting judicial history and the court’s historic reticence to grant the executive branch such extended powers. For instance, Nix concedes that, the IM, “would not only fundamentally alter the nature of the relationship between the federal government, the states, and U.S. citizens, but it is, as Barnett reminds us, ‘a proposition that has always been rejected by the Supreme Court.’”⁶³ Brownfield assures his readers, “When Congress passed Obamacare and the President signed it into law, they crossed a constitutional line in the sand. Fortunately, the courts are holding that line, and now it is up to the U.S. Supreme Court to make it final.”⁶⁴ Taken together the movement of each post from reporting to invoking fear to offering assurances that assuage fear, encourages readers to

anticipate their inevitable victory over the IM and temporarily exorcizes their anxiety over the ongoing debate over its illegality.

This presentation of threat, which hinges on the potential of Congressional intervention into the daily life of citizens, necessarily pits Congress—exemplified as comprised predominantly of Democrats—against normal citizens. This anti-affiliation is clearly taken up in reader responses. In response to Nix’s July 2010 post, Casey Peacock Marysv states:

Federal government mandating that a citizen buy anything or be punished with fines should be made unconstitutional if it’s not already. Furthermore, I think we need another constitutional amendment requiring that Congress shall make no law that applies to the citizens of the Unites States that does not apply equally to the Senators and/or Representatives; and, Congress shall make no law that applies to the Senators and/or Representatives that does not apply equally to citizens of the United States.⁶⁵

This sentiment is echoed in janetta_d’s response to Carroll’s post, she states “Thank you Heritage Foundation, for continuing to blow through and expose the lies and immense danger of this current administration and their lackeys in Congress!”⁶⁶ In response to Brownfield’s post, which chronicles the first “win” against the IM, several commenters reflect the confidence in the HF’s claims of the IM’s ultimate overthrow. D. White’s opening comment enthuses, “Finally a court who recognizes when the Constitution is being trampled on. May the Supreme court be as wise. Hopefully this is the beginning of repealing of the Obama-Axelrod socialistic agenda and a return to constitutional based government.”⁶⁷ However, that hope is qualified by the fear of the “liberal Supreme Court.” Jim Delaney states:

Very honestly, leaving the matter of “resolving the fate” of the individual mandate to the Supreme Court does not give me any comfort at all. I trust these nine imperious, unelected and unaccountable black-robed oligarchs who more often than not champion judicial supremacy over constitutional supremacy as much as I trust a rattlesnake or a Marxist...⁶⁸

These responses show that the threat raised in several of the HF’s posts help reaffirm the affiliations between authors and readers against an Administration, Congress, and potentially the Supreme Court. However, the attempts to reassure readers in the face of those anxieties do not always hit the mark. Although the threat followed by the assurances do not fully mitigate the audience’s anxiety, the elevation of stakes makes the inevitable win more appealing and the idea of being a part of the winning team more desirable, and the divide between those teams more apparent.

The third strategy in the HF’s discourse of triumph is encouraging shared admiration of the forerunners of their inevitably winning team. While anger helped reclaim the credibility of the HF, and the threat appeals help expand the emotional stakes of the public policy debate, the appeals to admiration offered readers a way to act on their emotions and channel anxiety. The primary mode for appealing to the audience’s sense of admiration is through an interchange between didactic and celebratory tone. Arguments for the unconstitutionality of the IM based on historic precedents are described in a relatively formal didactic manner that effuses dominance over the rational component of the debate. These arguments are then coupled with exclamatory headlines and introductory and summary remarks that celebrate legislators who argue against the IM. This combination of “proof” with “celebration” works to position the HF’s arguments as both credible and ultimately victorious.

In the very first post after the passage of the ACA, Julia Shaw introduced both the primary claim against the IM’s constitutionality—that Congress cannot compel citizens to purchase a good or service—and the didactic tone used by subsequent writers when describing the actual content of the debate. As such, the first strategy in the HF’s appeals to admiration is the careful recounting and discrediting of claims made to justify the IM’s constitutionality. This didactic tone is developed in several ways; primarily through the frequent use of hyperlinks and the a strong declarative sentence structure. For instance, in the closing statements of Shaw’s post she states:

In contrast to the Second Militia Act, the health care legislation lacks any constitutional basis or legal precedent to support its requirement that every living person in America purchase health care insurance. Some have suggested the Commerce Clause to be [sic] basis for the individual mandate. But this is wrong. [The Commerce Clause does not empower Congress to impose a duty on individuals as members of society to purchase a specific service that would be heavily regulated by the federal government.](#) To be clear, [neither the original meaning of the clause nor even the most expansive court interpretation of the commerce clause authorizes the individual mandate.](#)”⁶⁹

Providing numerous hyperlinks to additional sources, which always appear as a bright blue in contrast to the black print of the text and the white background of the website, Shaw and other HF writers craft posts that appear to have substantial and easily accessible bibliographies and confirmation of claims. Additionally, the structure of the statements with strong verbs and phrasing—“does not empower Congress” and “to be clear”—works to assure its friendly readership that there can be little disagreement with what appears to be a clearly stated, corroborated legal claim. A similar tactic is used by Mike Brownfield as he speculates on the

long term economic impact of the ACA. To emphasize the declarative statements, hyperlinks, and concrete evidence, which I argue comprises the HF’s didactic tone, I quote Brownfield at length:

“Obamacare has far-reaching consequences for all corners of American society, the economy chief among them. In addition to the unconstitutional individual mandate, Obamacare [includes](#) more than \$500 billion in new taxes, burdensome new paperwork for business owners, and penalties for companies with more than 50 workers that do not provide employees with a mandated level of health coverage. And with the added costs Obamacare brings, the nation’s publicly held debt will be [\\$753 billion](#) higher at the end of 2020.

Heritage’s Kathryn Nix [writes](#), “[Heritage’s Center for Data Analysis](#) simulated the overall effects of the new law on the economy and found that Obamacare would result in reduced investment in the U.S. economy and a loss of 670,000 job opportunities every year.” With 9.1 percent unemployment and an average duration of unemployment hitting a record high of 40 weeks, the last thing the U.S. economy needs is another anchor weighing it down. As [Heritage analyst Curtis Dubay explains](#), the law “will slow economic growth, reduce employment, and suppress wages. These economy-slowng policies could not come at a worse time. [Obamacare] tax increases will impede an already staggering recovery.”⁷⁰

The combination of frequent hyperlinks, quotes by experts—though both revert readers back to HF documents and staff—and concrete statistics, presents Brownfield’s findings as well corroborated and clear.

While the didactic tone helps promote the inevitability of the HF's success, it doesn't direct its audience's attention and action. Therefore, the didactic tone is coupled with a celebratory one, comprised of war and sports metaphors and exclamatory headlines, which positions the HF and its compatriots as the inevitable winners of a battle against a power-hungry Administration. The metaphors are used in two distinct phases. In the months between the passage and the Supreme Court's announcement that it will hear arguments on the constitutionality of the ACA and the IM, the HF adopts war metaphors that position state legislatures as the leaders of an army against the tyrannical and undemocratic Administration. Later, after the Supreme Court has agreed to hear arguments on the case, the metaphor shifts from war to sports, positioning the lead up to the Supreme Court arguments as the lead up to the World Series: a national spectacle where each day of court proceedings is an inning in a baseball game.

In these metaphors, whether pre or post Supreme Court announcement, the legislators working against the IM are presented as enigmatic VIPs of the battle/play for personal liberty. In her post entitled, "States Fighting Back Against Obamacare: Virginia," Kathryn Nix heralds Attorney General Ken Cuccinelli as "one of the first to arrive on the battlefield against the President's health bill."⁷¹ In his August 4, 2010 post, entitled "Obamacare Loses Big in Missouri; Voters Reject Individual Mandate," Rob Bluey notes:

Missouri voters dealt Obamacare a significant setback yesterday, approving a statewide ballot measure with an overwhelming 71 percent of the vote. The vote was the first time citizens had an opportunity to cast a ballot on the unpopular health care law. Missouri's measure prohibits the federal government's enforcement of the individual mandate to buy

health insurance. The victory sends a strong message about Obamacare in a bellwether state.⁷²

Again in October 2010, Corn Carroll contends in his post, “A Legal Victory on the Road to Repeal,” that:

The American people are fed up with the arrogance of politicians like Speaker Pelosi and President Obama who casually dismiss the limits placed on their power by the U.S. Constitution. The 20 States and the NFIB [National Federation of Independent Business] will now have the opportunity to continue the fight against this Intolerable Act at a trial beginning December 16. But the courts are just one weapon the American people have at their disposal to keep Washington in check. Whether it is the states, in Congress, in the courts or at the ballot box, the American people are fighting back. And they will win.⁷³

These passages show the ways in which the HF celebrates the tenacity of attorneys and the Everyman American in facing off against the careless and manipulative Administration. The successive and celebratory headlines of Obamacare’s losses and the HF’s victories validate the certainty found at the conclusion of fear appeals and in the didactic tone of the authors’ reports.

This celebratory tone does more than direct the audience’s toward an angry, affiliative, active orientation rather than a fear-based individualistic retreat. In addition, through its appeal to admiration for the attorneys and states combatting the IM and its implicit government control, the HF directs the audiences affective energy into the limited form of agency left to them, celebration and affirmation. In their study on emotion sharing—a phenomenon in which a narrator and an audience experience the same emotional response to the same social target and at least the audience realizes that they are sharing this experience—Peters and Kashima found that, when narrators express admiration for some social target—an other that is neither the narrator or

audience—the audience is more likely to approach and support that social target if they effectively share emotions with the narrator.⁷⁴ In other words, if I express admiration for Kerry when I tell you a story about Kerry doing something nice for Jamie and you understand my admiration and in turn share my feeling of admiration for Kerry through my telling of the story, you are more likely to either approach Kerry with affirmation or adopt a positive and admiring attitude toward Kerry. Not only does this sharing of emotion strengthen your relationship with me, but it also inspires you to act—either through approach or through a change in perception—towards the social target, Kerry.

When applied to the HF's appeal to admiration, this phenomenon indicates that readers who share admiration for attorneys and state constituents fighting against the IM with the HF are not only more likely to identify with the HF, but are also more likely to approach the social target with words and acts of affirmation. This drive to affirm syncs with the use of war and sports metaphors in that, when one is on the sidelines of a battle or a game the appropriate action is to cheer, to send support—material and emotional, and to share your admiration with others. In the time between the passage of the ACA and the Supreme Court decision, the HF's audience had little agency to act on their frustrations and anxiety. But, by positioning their cause as the inevitable winner and praising the continued success of the team VIPs, the HF alleviated that anxiety and offered their audience a way to contest the new definition of citizenship imposed by the IM.

Conclusion

Through this analysis of the HF's response to the IM, I have shown how appeals to anger can be used in tandem with other emotional appeals so that advocacy campaigns can successfully match the affective tenor of ongoing public debate as well as meet the demands for collective

action when the grounds for action remain constrained. Specifically, I have argued that the HF, through the simultaneous deployment of an appeal to anger and the construction of a discourse of triumph, was able to redirect their constituents' ire back to the Obama Administration and alleviate those constituents' anxieties about the IM by offering them the opportunity to celebrate and cheer for those who could act out against the mandate. This reading necessarily complicates previous work on anger as a tool within advocacy campaigns by showing how anger can work hand in hand with, rather than as an alternative to, other emotions in the pursuit of driving collective action for social change. It is this combination of two distinct appeals, deployed simultaneously, that allowed the HF to produce content that matched the emotional appeals of the opposition in intensity and volume and used the affiliations and action tendencies encouraged by specific emotions to direct their constituents' actions.

The case of the HF and the IM also offers a prelude to the problems that attend those campaigns that, in an effort to respond successfully to a given situation, place their organizations in precarious political territory for future campaigns. While the HF did successfully rebuild their ethos through anger, and reconstitute their community through triumph, the degree of the emotional appeals used makes the fall from the heights all the more painful. On June 28, 2012 the Supreme Court affirmed the IM as constitutional and it has since gone into effect beginning in 2014. In the aftermath of the ruling, the HF was again beset with the same constraints of ethos—they talked a big game only to be defeated—and there was little that they or their constituents could do but make the final decision to pay a penalty or pay for insurance. It showed in their subsequent coverage. Individual posts vacillated between anger and fear, giving audiences no clear direction for action or group to turn to. In the following chapter, I turn to an analysis of the PECC and the National Center for Transgender Equality for insight into how

advocacy campaigns can use emotional appeals to both respond to the present and plan for the future.

¹ Michael Cooper, “Conservatives Sowed Idea of Health Care Mandate, Only to Spurn It Later,” *The New York Times*, February 15, 2012, Late-Final edition, sec. A.

² Robert E. Moffit, “Obamacare and the Individual Mandate: Violating Personal Liberty and Federalism,” *The Heritage Foundation*, January 18, 2011, <http://www.heritage.org/research/reports/2011/01/obamacare-and-the-individual-mandate-violating-personal-liberty-and-federalism>.

³ While the Individual Responsibility Provision is the provision’s formal name, the provision is known by the general public and most often discussed using the label “Individual Mandate.” In order to avoid confusion, and the emotive language of its formal label, I have selected to call the Individual Responsibility Provision the Individual Mandate or IM for short.

⁴ There are several populations exempted from the IM; these include the incarcerated, those for whom poverty makes the purchase of insurance cost prohibitive, and those covered through federal plans like Medicaid and Medicare, or already insured through their employer. The effects on these exemptions on the HF’s appeals against it as well as their effect on what constitutes “good citizenship” and “healthy citizenship” are the subject of this case study.

⁵ N.C. Aizenman, “Provision at Center of Debate Was a Republican Idea,” *The Washington Post*, March 26, 2012, Regional edition, sec. A; Ezra Klein, “Obama Revealed: A Moderate Republican,” *The Washington Post*, April 25, 2011, Suburban edition, sec. A.

⁶ Sahil Kapur, “Mitt Romney’s Healthcare Conundrum,” *The Guardian*, April 9, 2010, sec. Opinion, <https://www.theguardian.com/commentisfree/cifamerica/2010/apr/09/mitt-romney-healthcare>.

⁷ Cooper, “Conservatives Sowed Idea.”

⁸ Geoffe Earle, “The Gloves Come Off Mitt and Perry Go Toe to Toe,” *The New York Post*, October 19, 2011, sec. Sports+Late.

⁹ Richard Wolf, “Health Care Role Model Was Born in Mass.; Obama, Romney Laws Are Similar, but Differences Include Their Costs and Scope,” *USA Today*, June 23, 2011, Final edition, sec. News.

¹⁰ Stuart M. Butler, “Coverage Issues in Health Reform,” *The Heritage Foundation*, May 6, 2009, <http://www.heritage.org/research/testimony/coverage-issues-in-health-reform>; Conn Carroll, “Morning Bell: They Left Out the Socialized Medicine Part,” *The Daily Signal*, October 29, 2008, <http://dailysignal.com/2008/10/29/morning-bell-they-left-out-the-socialized-medicine-part/>; Conn Carroll, “Morning Bell: Better Ideas to Avoid Our Health Care Nightmare,” *The*

Daily Signal, June 2, 2009, <http://dailysignal.com/2009/06/02/morning-bell-better-ideas-to-avoid-our-health-care-nightmare/>; Robert E. Moffit, “Obama’s Dubious Health-Care Claims,” *The Heritage Foundation*, May 27, 2009, <http://www.heritage.org/research/commentary/2009/05/obamas-dubious-health-care-claims>.

¹¹ An overview of this literature can be found in the following section of this chapter.

¹² While many scholars have theorized what constitutes “citizenship,” Ong’s theory of “cultural citizenship” serves as the grounds for theorizing how these provisions influence individual and group behavior by recognizing citizenship as a set of practices. Ong argues, “I use ‘cultural citizenship’ to refer to the cultural practices and beliefs produced out of negotiating the often ambivalent and contested relations with the state and its hegemonic forms that establish the criteria of belonging with a national population and territory.” With the introduction and eventual implementation of the ACA, the cultural practices—both those enforced through law or encouraged through social interactions—that signaled not only one’s citizenship, but one’s “good” citizenship changed. Aihwa Ong et al., “Cultural Citizenship as Subject-Making: Immigrants Negotiate Racial and Cultural Boundaries in the United States [and Comments and Reply],” *Current Anthropology* 37, no. 5 (1996): 738.

¹³ Charles S. Carver and Eddie Harmon-Jones, “Anger Is an Approach-Related Affect: Evidence and Implications,” *Psychological Bulletin* 135, no. 2 (2009): 183–204.

¹⁴ Aristotle, *Rhetoric*, trans. W. Rhys Roberts, Penn State Electronic Classics Series (Pennsylvania State University: Penn State Electronic Classics, 2010), 76.

¹⁵ *Ibid.*

¹⁶ Eran Halperin et al., “Anger, Hatred, and the Quest for Peace: Anger Can Be Constructive in the Absence of Hatred,” *Journal of Conflict Resolution* 55, no. 2 (2011): 275.

¹⁷ Aristotle, *Rhetoric*, 56.

¹⁸ Krista De Castella and Craig McGarty, “Two Leaders, Two Wars: A Psychological Analysis of Fear and Anger Content in Political Rhetoric About Terrorism,” *Analyses of Social Issues and Public Policy* 11, no. 1 (2011): 180–200; Nitika Garg, J. Jeffrey Inman, and Vikas Mittal, “Incidental and Task-Related Affect: A Re-Inquiry and Extension of the Influence of Affect on Choice,” *Journal of Consumer Research* 32, no. 1 (2005): 154–59; Elanor Kamans et al., “Communicating the Right Emotion Makes Violence Seem Less Wrong: Power-Congruent Emotions Lead Outsiders to Legitimize Violence of Powerless and Powerful Groups in Intractable Conflict,” *Group Processes & Intergroup Relations* 17, no. 3 (2014): 286–305; Jennifer S. Lerner and Dacher Keltner, “Fear, Anger, and Risk,” *Journal of Personality and Social Psychology* 81, no. 1 (2001): 146–59; Linda J. Skitka et al., “Confrontational and Preventative Policy Responses to Terrorism: Anger Wants a Fight and Fear Wants ‘Them’ to Go Away,” *Basic & Applied Social Psychology* 28, no. 4 (2006): 375–84; Nicholas A. Valentino et al., “Is a Worried Citizen a Good Citizen? Emotions, Political Information Seeking, and Learning Via the Internet,” *Political Psychology* 29, no. 2 (2008): 247–73.

¹⁹ David Boromisza-Habashi, *Speaking Hatefully: Culture, Communication, and Political Action in Hungary* (University Park, PA: Pennsylvania State University Press, 2013); Michael Bang Petersen, “Distinct Emotions, Distinct Domains: Anger, Anxiety and Perceptions of Intentionality,” *The Journal of Politics* 72, no. 2 (2010): 357–65.

²⁰ Rachel Alicia Griffin, “I AM an Angry Black Woman: Black Feminist Autoethnography, Voice, and Resistance.,” *Women’s Studies in Communication* 35, no. 2 (2012): 138–57; Colin Wayne Leach, Aarti Iyer, and Anne Pedersen, “Anger and Guilt about Ingroup Advantage Explain the Willingness for Political Action,” *Personality and Social Psychology Bulletin* 32, no. 9 (2006): 1232–45; Lester C. Olson, “Anger among Allies: Audre Lorde’s 1981 Keynote Admonishing the National Women’s Studies Association,” *Quarterly Journal of Speech* 97, no. 3 (2011): 283–308; Emily Winderman, “S(anger) Goes Postal in The Woman Rebel: Angry Rhetoric as a Collectivizing Moral Emotion,” *Rhetoric & Public Affairs* 17, no. 3 (2014): 381–420.

²¹ Colleen Grogan and Eric Patashnik, “Between Welfare Medicine and Mainstream Entitlement: Medicaid at the Political Crossroads.,” *Journal Of Health Politics, Policy And Law* 28, no. 5 (2003): 821–58; Leonie Huddy, Jeffrey M. Jones, and Richard E. Chard, “Compassionate Politics: Support for Old-Age Programs Among the Non-Elderly.,” *Political Psychology* 22, no. 3 (2001): 443–71; Robert Y. Shapiro and John T. Young, “The Polls: Medical Care in the United States.,” *Public Opinion Quarterly* 50, no. 3 (1986): 418–28.

²² Federal funding of health care for active military and veterans began as early as the Revolutionary War. The care of veterans was formalized into a federal administration by President Hoover in 1930. The Veterans Health Administration, a component of The Department of Veterans Affairs, emerged in response to President Lincoln’s creation of the National Home for Disabled Volunteer Soldiers. Department of Veterans Affairs, “History - VA History - About VA,” *Va.gov*, accessed January 28, 2017, https://www.va.gov/about_va/vahistory.asp; Scott Bronstein and Drew Griffin, “A Fatal Wait: Veterans Languish and Die on a VA Hospital’s Secret List - CNN.com,” *CNN*, April 23, 2014, <http://www.cnn.com/2014/04/23/health/veterans-dying-health-care-delays/index.html>.

²³ Lisa M. Gring-Pemble, “‘Are We Going to Now Govern By Anecdote?’: Rhetorical Constructions of Welfare Recipients in Congressional Hearings, Debates, and Legislation, 1992-1996,” *Quarterly Journal of Speech* 87, no. 4 (2001): 341–65; Shapiro and Young, “The Polls.”

²⁴ Stephanie Cutter, “A Key Legal Victory for Health Care,” *Whitehouse.gov*, June 29, 2011, <https://obamawhitehouse.archives.gov/blog/2011/06/29/key-legal-victory-health-care-0>; Stephanie Cutter, “Another Health Care Court Victory,” *Whitehouse.gov*, November 30, 2010; Eric H. Holder and Kathleen Sebelius, “Op-Ed by Attorney General Eric Holder and Health and Human Services Secretary Kathleen Sebelius,” *Whitehouse.gov*, December 14, 2010, <https://obamawhitehouse.archives.gov/the-press-office/2010/12/14/op-ed-attorney-general-eric-holder-and-heath-and-human-services-secretar>.

²⁵ Cutter, “A Key Legal Victory”; Stephanie Cutter, “Health Reform Wins Another Round in Court,” *Whitehouse.gov*, December 8, 2010,

<https://obamawhitehouse.archives.gov/blog/2010/12/08/health-reform-wins-another-round-court>; Cutter, “Another Health Care Court Victory.”

²⁶ Stephanie Cutter, “Today’s Health Care Court Cases,” *Whitehouse.gov*, May 10, 2011; Stephanie Cutter, “Today’s Health Care Court Ruling,” *Whitehouse.gov*, December 13, 2010; Barack Obama, “President Obama’s Primetime Press Conference on Health Reform,” July 22, 2009, <https://obamawhitehouse.archives.gov/video/President-Obamas-Primetime-Press-Conference-on-Health-Reform>.

²⁷ Cutter, “Another Health Care Court Victory”; Cutter, “Today’s Health Care Court Ruling”; Stephanie Cutter, “What They Are Saying: The Affordable Care Act and the Courts,” *Whitehouse.gov*, December 15, 2010; Obama, “President Obama’s Primetime Press Conference.”

²⁸ Cutter, “A Key Legal Victory”; Cutter, “What They Are Saying”; Office of the Press Secretary, “Briefing by White House Press Secretary Robert Gibbs, 3/22/10,” *Whitehouse.gov*, March 22, 2010, <https://obamawhitehouse.archives.gov/the-press-office/briefing-white-house-press-secretary-robert-gibbs-32210>.

²⁹ Cutter, “A Key Legal Victory”; Cutter, “Another Health Care Court Victory”; Stephanie Cutter, “Another Legal Victory for Health Reform,” *Whitehouse.gov*, November 8, 2011; Cutter, “What They Are Saying”; Office of the Press Secretary, “Briefing by White House Press Secretary Robert Gibbs, 3/22/10.”

³⁰ To be clear, this population was still subject to the mandate; however, because the purchase on insurance was desirable, they were less likely to view the mandate as onerous.

³¹ Congressional Budget Office, “Payments of Penalties for Being Uninsured Under the Affordable Care Act: 2014 Update,” *Cbo.gov*, June 5, 2014, <https://www.cbo.gov/publication/45397>.

³² While all citizens, residents, and immigrants in the U.S. are subject to some form of surveillance—airport security, identification documents, taxes. I argue that the extension of the requisite performance of “healthy citizenship” to include willful adherence to the ACA’s IM introduced a new form of state intervention into the lives of those whose bodies are deemed normative and thereby less worthy of surveillance and suspicion. A similar affective response by largely able-bodied, gender normative, and White populations occurred in response to the Transportation Security Administration’s (TSA) introduction of Advanced Imaging Technology (AITs), colloquially called “body scanners,” and enhanced pat-downs into routine airport security. Research into public responses to the new protocols notes a similar surge in anxiety within and resistance from predominantly White, able-bodied, cisgender men. Rachel Hall argues that this anxiety is a response to larger security discourses that have upped the ante for what constitutes the performance of good, “transparent citizenship.” See Rachel Hall, *The Transparent Traveler: The Performance and Culture of Airport Security* (Durham: Duke University Press, 2015).

³³ Lauren Berlant, *The Queen of America Goes to Washington City: Essays on Sex and Citizenship* (Durham, NC: Duke University Press, 1997); Amy L. Brandzel, *Against Citizenship: The Violence of the Normative*, Dissident Feminisms (Urbana, IL: University of Illinois Press, 2016).

³⁴ Berlant, *The Queen of America*, 2.

³⁵ Tsedal B. Neeley, "Language Matters: Status Loss and Achieved Status Distinctions in Global Organizations," *Organization Science* 24, no. 2 (2013): 476.

³⁶ Rory Cooper, "Morning Bell: Heritage Files Brief Opposing Obamacare's Individual Mandate," *The Daily Signal*, May 12, 2011, <http://dailysignal.com/2011/05/12/morning-bell-heritage-files-brief-opposing-obamacares-individual-mandate/>; Mike Gonzalez, "Mr. Carney, Stop Misrepresenting Heritage's Position," *The Daily Signal*, September 30, 2011, <http://dailysignal.com/2011/09/30/mr-carney-stop-misrepresenting-heritages-position/>.

³⁷ Gonzalez, "Mr. Carney."

³⁸ Cooper, "Morning Bell"; Gonzalez, "Mr. Carney."

³⁹ Chuck Lanza, May 12, 2011 (6:27am), comment on Cooper, "Morning Bell."

⁴⁰ Zephyr, May 12, 2011 (9:30am), comment on Cooper, "Morning Bell."

⁴¹ Stuart Butler, "Don't Blame Heritage for ObamaCare Mandate," *The Daily Signal*, February 6, 2012, <http://dailysignal.com/2012/02/06/dont-blame-heritage-for-obamacare-mandate>.

⁴² Stuart Butler, "Column: Don't Blame Heritage for ObamaCare Mandate," *USATODAY.COM*, February 6, 2012, <http://www.usatoday.com/news/opinion/forum/story/2012-02-03/health-individual-mandate-reform-heritage/52951140/1>.

⁴³ Lloyd Scallan, February 7, 2012 (12:37pm), comment on Butler, "Don't Blame Heritage."

⁴⁴ ArtGR, June 29, 2012 (5:16pm), comment on Butler, "Don't Blame Heritage."

⁴⁵ Doug McClean, April 12, 2012 (7:04pm), comment on Butler, "Don't Blame Heritage."

⁴⁶ Bradley, February 7, 2012 (2:18pm), comment on Butler, "Don't Blame Heritage."

⁴⁷ brent hudson, February 6, 2012 (9:26pm), comment on Butler, "Don't Blame Heritage."

⁴⁸ While the initial assumption might be that these commentators are being redirect from the *USA Today* article to the HF website, *USA Today* does not include a link to the HF's reposting of Butler's piece on the HF website. Thus, those who respond are either regular readers of the HF website or actively sought out the reposting on the HF website.

⁴⁹ Dave B, June 26, 2012 (5:45pm), comment on Butler, “Don’t Blame Heritage.”

⁵⁰ JD75, October 12, 2012 (4:48pm), comment on Butler, “Don’t Blame Heritage.”

⁵¹ Violet Cheung-Blunden and Bill Blunden, “The Emotional Construal of War: Anger, Fear, and Other Negative Emotions,” *Peace and Conflict: Journal of Peace Psychology* 14, no. 2 (2008): 123–50; Wesley G. Moons, Naomi I. Eisenberger, and Taylor, Shelley E., “Anger and Fear Responses to Stress Have Different Biological Profiles,” *Brain, Behavior, and Immunity* 24 (2010): 215–19; Michael Potegal and Gerhard Stemmler, “Cross-Disciplinary Views of Anger: Consensus and Controversy,” in *International Handbook of Anger: Constituent and Concomitant Biological, Psychological, and Social Processes*, ed. Michael Potegal, Gerhard Stemmler, and Charles Spielberger (New York: Springer Science+Business Media, LLC, 2010), 3–8.

⁵² Julia Shaw, “The Use and Abuse of the Founders: The Individual Mandate Is Still Unprecedented and Unconstitutional,” *The Daily Signal*, March 26, 2010, <http://dailysignal.com/2010/03/26/the-use-and-abuse-of-the-founders-the-individual-mandate-is-still-unprecedented-and-unconstitutional/>.

⁵³ Conn Carroll, “Morning Bell: White House Admits Obamacare’s Individual Mandate Is a Tax,” *The Daily Signal*, July 20, 2010, <http://dailysignal.com/2010/07/20/morning-bell-white-house-admits-obamacares-individual-mandate-is-a-tax/>.

⁵⁴ Kathryn Nix, “House Hearing: Could the Individual Mandate Create a National Police Power?,” *The Daily Signal*, February 24, 2011, <http://dailysignal.com/2011/02/24/house-hearing-could-the-individual-mandate-create-a-national-police-power/>.

⁵⁵ Mike Brownfield, “Morning Bell: A Devastating Blow to Obamacare,” *The Daily Signal*, August 15, 2011, <http://dailysignal.com/2011/08/15/morning-bell-a-devastating-blow-to-obamacare/>.

⁵⁶ Kathryn Nix, “States Fighting Back Against Obamacare: Virginia,” *The Daily Signal*, July 7, 2010, <http://dailysignal.com/2010/07/07/states-fighting-back-against-obamacare-virginia/>.

⁵⁷ Carroll, “Morning Bell: White House Admits.”

⁵⁸ Nix, “House Hearing.”

⁵⁹ Brownfield, “Morning Bell.”

⁶⁰ De Castella and McGarty, “Two Leaders, Two Wars”; Skitka et al., “Confrontational and Preventative Policy.”

⁶¹ De Castella and McGarty, “Two Leaders, Two Wars”; Kamans et al., “Communicating the Right Emotion”; Skitka et al., “Confrontational and Preventative Policy.”

⁶² De Castella and McGarty, “Two Leaders, Two Wars”; Kamans et al., “Communicating the Right Emotion”; Mark Konty, Duell Blythe, and Jeff Joireman, “Scared Selfish: A Culture of Fear’s Values in the Age of Terrorism,” *The American Sociologist* 35, no. 2 (2004): 93–109; Skitka et al., “Confrontational and Preventative Policy.”

⁶³ Nix, “House Hearing.”

⁶⁴ Brownfield, “Morning Bell.”

⁶⁵ Nix, “States Fighting Back.”

⁶⁶ Carroll, “Morning Bell: White House Admits.”

⁶⁷ Brownfield, “Morning Bell.”

⁶⁸ Ibid.

⁶⁹ Shaw, “The Use and Abuse of the Founders.”

⁷⁰ Brownfield, “Morning Bell.”

⁷¹ Nix, “States Fighting Back.”

⁷² Rob Bluey, “Obamacare Loses Big in Missouri; Voters Reject Individual Mandate,” *The Daily Signal*, August 4, 2010, <http://dailysignal.com/2010/08/04/obamacare-loses-big-in-missouri-voters-reject-individual-mandate/>.

⁷³ Conn Carroll, “Morning Bell: A Legal Victory on the Road to Repeal,” *The Daily Signal*, October 15, 2010, <http://dailysignal.com/2010/10/15/morning-bell-a-legal-victory-on-the-road-to-repeal/>.

⁷⁴ Kim Peters and Yoshihisa Kashima, “From Social Talk to Social Action: Shaping the Social Triad with Emotion Sharing,” *Journal of Personality and Social Psychology* 93, no. 5 (2007): 780–97.

Case Study Two

Trans Health Care in the Margins: The Pre-Existing Conditions Clause, the Case of the Less-than-Ideal Victims, and the National Center for Transgender Equality's Appeal to Calmness

During the year long debate about the final iteration of health care reform, the inclusion of a pre-existing conditions clause (PECC) that would prohibit insurance companies from denying individuals insurance coverage because of pre-existing conditions—like diabetes, heart disease, or cancer—went largely unquestioned.¹ Rather, the debate centered on when and how such a provision would go into effect. It is largely because of this seemingly unanimous support that the PECC served as a powerful political tool in the Administration's social battles over the ACA as a whole, and legal battles over the IM in particular.² Most notably, the PECC allowed the Administration to position itself and the ACA as the protectors of the nation's most vulnerable populations and those who tried to repeal the law as selfish, profit-driven, corporate lackeys more concerned about politics and profits than people. Similarly, by highlighting the life-saving potential of the PECC, the Administration worked to position the IM, which provided the financial backing for the PECC, as the necessary means for a more just and compassionate end. Thus, the Obama Administration's goal in their PECC campaign was not the clause's justification, but the maintenance of its popularity and the elevation of its compassionate and judicious nature to supplement and justify some of the ACA's less popular features.

Despite the Administration's focus on how the PECC would benefit women, children, and those suffering from chronic medical conditions—the effects of this provision extended far beyond that publicized by the Administration. Specifically, the PECC, barred insurance companies from using gender or pre-existing conditions—like being transgender—as grounds for excluding coverage and setting premium prices. Therefore, the PECC enabled trans people who wanted, but could not afford insurance, to access it for the first time. And while the PECC was rightfully heralded as progress for the trans population by members of the trans community, the Administration's lack of explicit coverage addressing the ACA's effects on LGBT populations coupled with the limited efficacy of the ACA to change *how* trans people were treated and what they could be treated for, left many trans citizens ignorant of their new coverage options, confused by what they could purchase, or anxious about the implications of the Act on their social and legal standing.

This attempt to raise awareness of the Act and its benefits was additionally hindered by what the Act failed to remedy for trans individuals; namely, equal access to transition-related care. While the Act did mandate some essential benefits—mental health screenings, emergency care, and annual wellness checkups—coverage for transition-related care was not mandated. As a result, state governments could decide whether or not they would require insurance companies in their state to include transition-related care in their benefits.³ During the time period under analysis only five states required insurance companies to cover transition-related care.⁴ In other words, while the Act made it illegal for insurers to deny coverage to trans people and in some cases made insurance more affordable for trans people, it did not mean that those plans would cover all transition-related care like gender affirming surgeries or hormone replacement therapies

nor did it address the fact that many doctors have little to no training on trans specific medical care.

It is within this context, where opportunities for trans people to access insurance were expanding, but poorly understood or publicized, that trans rights advocacy groups worked to inform trans people of the Act's potential benefits. Furthermore, trans advocacy organizations had to be careful to encourage enrollment—after all it would enable greater access to preventative care—without undermining the ongoing battle for the end of insurance exclusions for transition related care. In this chapter, I show how one trans advocacy organization, the National Center for Transgender Equality (NCTE), used emotional appeals to help their trans constituents understand and navigate the changes brought about by the passage of the ACA. In particular, I show how the NCTE appealed to a sense of calmness in their coverage of the ACA. This appeal to calmness functioned to alleviate their constituents' anxieties, mitigate their confusion, and encourage their participation in the insurance marketplace at the end of 2013. This appeal to calmness also encouraged constituents to trust the advocacy strategies of the NCTE and thereby motivate their continued support and participation with the NCTE's future advocacy campaigns to end exclusions for transition related care.

To highlight how NCTE deployed an appeal to calmness and the effects that appeal had in directing its constituents' often negatively valenced affective energy towards more productive and engaged behavior, this chapter proceeds as follows. First, I outline the key components of an appeal to calmness, its relationship to Cicero's conception of ethos and social scientific studies of trust as an emotion. Second, I outline the key components of the PECC and the implications the Obama Administration's advocacy of it had on trans populations. Third, I describe the structure of the NCTE and how the organization deployed an appeal to calmness through its

adoption of an objective educator persona. Finally, I highlight how that appeal to calmness builds a feeling of trust within their constituents that serves as foundation for NCTE's future advocacy campaigns for more expansive trans health care.

Aristotle's Calmness, Cicero's Ethos, and Social Scientists' Trust

To better understand how the NCTE constructs their appeal to calmness, why it is effective, and what its implications are for future advocacy, I extend my theory of emotion to include another classical rhetorician, Cicero. To his credit, Aristotle advances his own theory of calmness.⁵ His assessment of appeals to calmness, like his analysis of other emotions, attends carefully to the cognitive appraisals, action tendencies, and subjective feelings that facilitate and attend such an appeal. However, Aristotle's appeal to calmness does not effectively account for the NCTE's appeal to calmness for two reasons. First, the appraisal conditions that ground Aristotle's theory of calmness do not map onto the context of NCTE's rhetorical situation; namely, that appeals to calmness are a "settling down or quieting of anger."⁶ According to Aristotle, for an audience to be moved by an appeal to calmness, they must first be in a state of anger. While undoubtedly, some of NCTE's constituents were angry about the ACA, the vast majority, as will be discussed below, were either confused or anxious about the act, rather than angry.

The second reason to attend to Cicero in addition to Aristotle is that Aristotle's bifurcation of ethos and pathos fails to account for the ways in which emotions, on occasion, mediate some audiences' assessment of a speaker's credibility. For Aristotle, ethos is an appeal premised on an objective assessment of the speaker's character and good will towards the audience based solely on the content of their argument.⁷ However, recent scholarship on the

nature of trustworthiness and trust between two actors troubles an easy bifurcation between ethos and pathos.⁸ According to Blaine G. Robbins, while trust between two actors may be premised solely on assessments of one actor's instrumental value to the other—we share the same goal, I recognize you are motivated and capable of helping me achieve this goal, so I trust you—feelings of trust become stronger when mediated by other-praising emotions like gratitude and admiration—I perceive your motivations to be an investment in me or a third party as an end rather than a means, I feel gratitude and/or admiration for you, I trust you more.⁹ In this way, trust, and I argue by extension, ethos, while not always grounded in emotion, are at times amplified by emotion. Therefore, to accurately assess the NCTE's appeals to emotion, we must shift the boundaries of what constitutes an emotional appeal to extend, in some ways, into an analysis of ethos.

To attend to those appeals to emotion that inform audience's perception of speaker's ethos, and better discern their effects on the relationship between the NCTE and its constituents, I turn to a more Cicerian understanding of emotion, which recognizes ethos and pathos, not as separate forms of persuasive reasoning, but the two extreme ends on a spectrum of emotional appeals. As Gary Remer explains:

Although Cicero uses *conciliare*—a relatively mild verb—when speaking of ethos and pathos, he usually employs more forceful verbs to describe the orator's appeals to pathos, such as *premove* (excite, affect with violent emotion), *impellere* (compel, constrain), *incitare* (arouse), *capere* (seize), *excitare* (stir up), and *movere* and *commovere* (move and arouse) (*On the Ideal Orator*, 2.185-87, 2.211-15). This use of powerful verbs suggests the main difference between the types of emotions contained in *ethos* and

pathos. For Cicero, *pathos* is an appeal to the vehement emotions, whereas *ethos* elicits the more gentle emotions (Cicero, *Orator*, 128-129).¹⁰

In other words, while Aristotle divorces ethos from questions of emotion, Cicero recognizes the role that “feelings” and emotions have in the development and maintenance of ethos.

Unsurprisingly, the emotional appeals employed by the NCTE in response to the ACA and the confusion, anxiety, and frustration it brought, map onto Cicero’s theory of ethos as a more subdued, but no less effective, emotional appeal.¹¹ Specifically, Cicero argues, “the qualities that attract favour to the orator are a soft tone of voice, a countenance expressive of modesty, a mild manner of speaking; so that if he attacks any one with severity, he may seem to do so unwillingly and from compulsion.”¹² I argue that, through their adoption of an objective educator persona, NCTE adopts the soft tone of voice that effectively calms their audience, encourages gratitude and affirmation and, in turn, lays the ground work for continued trust in the NCTE’s advocacy agenda. However, before I discuss how the NCTE crafts their appeal to calmness, I turn to a more comprehensive overview of the PECC and the Obama Administration’s coverage of it that ultimately necessitated a response from the NCTE.

The PECC and All Its Parts

While common knowledge understands the PECC as that which prevents the more egregious insurance provider practices like denial of coverage for pre-existing conditions, dropping individuals from their plans when they become ill, or raising premiums to the point that coverage is cost prohibitive, in actuality the ACA protects against these practices through a series of provisions under Part I—Health Insurance Market Reforms of Title 1—Quality, Health Insurance Coverage for All Americans of the ACA. These provisions include the Prohibition of

Preexisting Condition Exclusions or Other Discrimination Based on Health Status, Fair Health Insurance Premiums, Guaranteed Availability of Coverage, and Guaranteed Renewability of Coverage. Taken together, these ensure the benefits understood colloquially as the product of the PECC. In other words, while technically the PECC is a colloquialism for four separate provisions of the ACA, both the Obama Administration's publicity about the Act and the public commentary on the act collapse these elements under the PECC label. Therefore, in my analysis I use PECC to signify the conglomeration of these four provisions. However, for the sake of clarity, I offer an explanation of each provision's content.

The actual PECC, technically labeled "Prohibition of Preexisting Condition Exclusions or Other Discrimination Based on Health Status," states that "a group health plan and a health insurance issuer offering group or individual health insurance coverage may not impose any preexisting condition exclusion with respect to such coverage."¹³ In other words, insurance providers cannot refuse to cover expenses acquired as a result of medical conditions that pre-existed the insurance policy. In the past, when an individual applied for insurance, they had to include their medical history and their history of insurance coverage. Based on the information the applicant provided, the insurance company could either refuse to offer coverage or offer coverage with a set premium price that may either exclude coverage for a pre-existing condition or stipulate a waiting period between the start of coverage and when the insurance company would begin covering treatment related to a pre-existing condition. With this provision, the insurance company could no longer exclude pre-existing conditions from your insurance coverage or apply waiting periods for coverage of those conditions. Like all of the components of the PECC, this provision went into effect for children under the age of 19 on or before

September 23, 2010 and for all adults with insurance plans beginning on or after January 1, 2014.

The Fair Health Insurance Premiums provision limits the criteria insurance companies can use to determine the premium price individuals pay for insurance. The criteria insurance companies could use to set premium prices under the law was limited to: “(i) whether such plan or coverage covers an individual or family; (ii) rating area, as established in accordance with paragraph (2); (iii) age, except that such rate shall not vary by more than 3 to 1 for adults (consistent with section 2707(c)); and (iv) tobacco use, except that such rate shall not vary by more than 1.5 to 1.”¹⁴ In other words, the only information that insurance companies can use to determine how much an individual will pay for insurance is how many individuals the policy will cover, where the policy holder lives, how old the holder is, and whether or not they use tobacco products. Further, the increase cost based on age and tobacco usage is capped by ratios to the lowest price. For instance, if a single, non-tobacco using young person pays \$100 per month for coverage, a single non-tobacco using senior living in the same area and receiving the same level of coverage cannot be charged more than \$300. A similar ratio is put in place for tobacco users. If a single non-tobacco user pays \$100 per month then a single tobacco user of the same age in the same area with the same level of coverage cannot be charged more than \$150 per month. This provision prevents insurance companies from using information on pre-existing conditions, occupation, race, gender, etc. when determining the cost of insurance coverage. As a result, those with costly pre-existing conditions for whom premiums were cost prohibitive could now more readily access affordable insurance coverage.

The Guaranteed Availability of Coverage provision requires that “each health insurance issuer that offers health insurance coverage in the individual or group market in a State must

accept every employer and individual in the State that applies for such coverage.”¹⁵ In other words, if you apply for an insurance policy during an open enrollment period or a special enrollment period, the insurance company must provide you coverage. In the past, insurance companies were free to deny individuals based on a number of factors including pre-existing conditions. Similarly, the Guaranteed Renewability of Coverage provision stipulated that should an individual or employer opt to keep their insurance plan, the provider “must renew or continue in force such coverage.”¹⁶

Together, these provisions ensured that, come January 1, 2014, anyone who applied for insurance would: be accepted for the plan they applied for, have a premium that did not take into account preexisting conditions, gender, race, or ability status, not have their coverage modified as a result of preexisting conditions, and could not be dropped from their insurance were they to become ill. In the meantime, children were to automatically receive these benefits by the end of September 2010 and adults with pre-existing conditions could, in the meantime, turn to the PCIP.

The Administration’s Appeal to Compassion and the Ideal Victim

With the continued criticism of the IM, threats of its unconstitutionality, and general lack of public support for the Act as a whole, the Obama Administration was charged with putting a positive spin on the ACA, a campaign that could successfully rally support for the Act and weather the political storm it wrought. The Administration found its political masthead in the PECC. One of the provisions with the strongest support out of the wide swath of policy initiatives contained in the final legislation,¹⁷ the PECC offered the Administration a lifeboat in their ongoing campaign for public support of the ACA. In order to harness the political capital of this provision, the Administration launched a campaign which focused on the PECC as the

compassionate response of the Administration to the plight of the nation's most vulnerable. Crafting a persona as protector and frequently using the narratives of vulnerable women and children to support the veracity of their claims of compassion, the Administration argued for the holistic benefits of the Act and admonished those who would see it overturned. Through this campaign, the Administration positioned women—specifically mothers, children, and seniors—as those innocents victimized by the previous health care system and for whom the greater public should rally through the support for the ACA's legislative compassion.

The primary way in which the Administration encouraged the perception of the ACA as a compassionate response to vulnerable populations victimized by a greedy insurance industry and ideologically driven ACA opponents is the frequent use of personal narratives of those most aided by the PECC. Of the 108 individual blog posts, press briefings, and presidential remarks that included reference to the PECC, 35—approximately a third of all posts, included a personal narrative of a person aided by either the PECC, the removal of lifetime limits for medical care, the ability of young adults to stay on their parents insurance until the age of 26, or a combination of those three provisions. Within those 35 posts, there were 30 different personal narratives—some of which were repeated in a number of posts amounting to 43 separate references to personal narratives in total. Taken together these personal narratives function as a frequent reminder of the stakes in the debate over healthcare reform. Most notably, these narratives attempt to place the stories of vulnerable people—young and old—at the forefront of the debate as a means of undermining detractors' more theoretical arguments about the Act's economic impacts, extension of government into the daily decisions of individuals, and the expansion of federal bureaucracy.

If the Administration was to draw attention away from debates over the IM or to reframe those debates as the ongoing struggle between the selfish and the compassionate effectively, they had to first carefully craft an argument about the “ideal” victim. As a result, these narratives not only humanize the health care debate, but also serve as the foundation for the Administration’s appeal to compassion that ground its arguments for the maintenance of the Act as a whole. By selectively promoting stories of worried mothers, struggling breast cancer patients, and ideal active citizens struck down by misfortune, the Administration meets the appraisal conditions for a compassionate response from the general public. Goetz, Keltner, and Simon-Thomas argue that, for an individual or group to experience compassion there are certain appraisal conditions that should be met: there should be an appraisal that, first, something bad has happened, second, to someone other than yourself, third, that does not serve the goals or desires of yourself, fourth, was not deserved by the target of the negative experience, and, fifth, that you have the resources to cope or help in response to the bad thing that has happened.¹⁸ If these appraisal conditions are met, then an individual may experience compassion.

Through the use of personal narratives, the Administration ensures a path through this series of appraisals that would facilitate a compassionate response from the public. First, through the narratives the Administration makes clear that something has gone wrong with the healthcare system in that insurance companies are making profits by denying coverage to those most in need or dropping coverage for those with insurance on trumped up charges of application incompleteness. For instance, in November 2010, the White House blog released a statement entitled, “\$86.2 Million,” which highlighted the vast amount of money large insurance companies spent “to preserve their ability to discriminate” despite the benefits the reform was doing for individuals like Dawn Josephson whose son was finally able to access insurance

despite his pre-existing condition or Jennifer Restemayer whose daughter's treatment for a rare disease was no longer dependent on whether or not the care might exceed the lifetime coverage limit of their health insurance.¹⁹ By juxtaposing these narratives about sick children and worried mothers with the amount of money companies had spent to maintain the ability to deny those children insurance coverage, the Administration makes clear the contrast between the vulnerable and mistreated and the greedy and powerful insurance industry that thrives on that vulnerability. This, coupled with the arguments about personal responsibility as a form of "good citizenship" addressed in the first case study, ensures that, regardless of whether you might personally benefit from the PECC, the acceptance of reform and its guarantee to protect those who are positioned as vulnerable is in line with, rather than counter to, your personal goals and desires.

Perhaps the most important appraisal element for facilitating a compassionate response is to have a target or victim that is deemed "worthy" of such a sympathetic response. The Administration's careful selection of exemplary narratives ensures that the audience will access them as victims worthy of compassion. Of the 30 distinct personal narratives included in the Administration's posts about the PECC, several were accounts of parents—six mothers and one father—who were granted "comfort" and "security" knowing that their young children—suffering from conditions like hemophilia, strabismus and its requisite eye surgeries, cardiac arrest, autism, developmental delays, blindness, deafness, and leukemia—could no longer be denied insurance because of pre-existing conditions or denied care because of lifetime limits.²⁰ An additional seven narratives account for mothers and young adult children who were grateful for the provision allowing young adults with pre-existing conditions the opportunity to stay on their parents insurance through the age of 26.²¹ Sixteen narratives chronicled the struggles of adults—thirteen women and three men—trying to access insurance and healthcare while dealing

with a number of pre-existing conditions—including lymphoma, brain injuries, heart disease, breast cancer, and diabetes—and their relief upon enrollment in the Pre-Existing Condition Insurance Pool.²² Each of these narratives stress the feeling of “insecurity” and “anxiety” parents and patients felt when confronted with the limited choices and high prices of health care for themselves and their children and the “security,” “relief,” and “comfort” they felt after the passage of the ACA.

Taken as a whole then, the Administration constructed an argument for the Act through appeals to compassion for those vulnerable populations who might be most benefitted by the PECC. In particular, the Administration used personal narratives to highlight the types of “ideal victims” the Act aimed to protect from the abuses of an out-of-control insurance industry. This argument for a vulnerable population worthy of compassion was the necessary supplement of the Administration’s effect on citizenship in their arguments for the IM. Namely, if “good citizenship” for the “not-yet-sick” was to take responsibility for one’s future illness and facilitate care for the vulnerable, then the Administration’s coverage of the PECC offered very real reminders of the very existence of those vulnerable, yet worthy, populations for whom we must take responsibility.

The Less-Than-Ideal Victim: LGBT in the Margins

The inverse effect of the Administration’s focus on ideal victims made precarious by the greed and apathy of others, but worthy of recognition by all, was the (intentional or not) exclusion of less “ideal” vulnerable populations from its ranks. Put more succinctly, while the Administration rightfully and loudly heralded the PECC as a boon for women, children, seniors, the chronically ill, and the disabled, it took a decidedly less vocal stance on the equally dramatic

impact it might have on LGBT populations. While for many members of vulnerable populations insurance was often granted but not affordable, for LGBT people coverage was outright denied. A lack of non-discrimination legislation prior to the passage of the Act and recognition of same-sex partnerships in employer-based health insurance plans allowed insurance companies to outright deny coverage to LGBT peoples.²³ In the case of the non-normatively gendered, gender identity could be grounds for denial of coverage for a number of reasons. One particularly nefarious means of denying trans people insurance coverage was denial of coverage due to a pre-existing condition, gender dysphoria.²⁴ This practice is particularly egregious given that many insurance companies require such a diagnosis before they consider covering any transition-related care. Therefore, while the ACA helped women access insurance at a lower cost, it helped those who had long been excluded from the insurance marketplace due to sexuality and gender-based discrimination find a place at the table.

Despite the potential benefits of the PECC for the trans population, its potentialities went unacknowledged by the Administration for over three years post-passage. Rather, in the three years following the Act's passage, the Administration consistently associates gender and the legislation's advances in relation to it in terms of its effect on women. Thus, the advances the Act makes for gender becomes synonymous with the advances it makes for women, leaving those who face gender based discrimination because of cissexism out of the conversation all together. Between March 2010 and March 2013, gender was explicitly mentioned in the context of the PECC six times. In every instance, gender was immediately tied to its effects for women's access to insurance. For instance, three of the six address women in their titles: "Eliminating Obstacles to the Care Women Need,"²⁵ "Ensuring Women Get the Care They Need and Deserve,"²⁶ and "Breaking it Down: The Health Care Law and Women."²⁷ Of the three that do

not include women in the title of the article, all address women directly in the same moment they mention gender. For instance, in the blog post, “For Victims of Domestic Violence, Health Care is a Lifeline,”²⁸ the author connects domestic violence to the experience of women and women to gender. The article summary states, “As a result of health reform, women who are victims of domestic violence will have better access to health care and will no longer face pre-existing condition discrimination.” In this summary, women are positioned as the primary focus of the article. As a result, when the author concludes, “All across the country, this bill will help domestic violence victims get the health care they need. They will not face gender discrimination or lifetime caps on benefits. They will not face the struggle of paying too much for health care while trying to rebuild their lives after suffering and domestic violence,” gender discrimination is collapsed into the experience of women who suffer domestic violence.

The subsequent articles are much more direct in their association of gender with women. In the post, “Celebrating the One Year Anniversary of the Affordable Care Act,” gender is mentioned solely in the context of women.²⁹ Arguing against repeal of the act the author argues that were repeal to occur, “women could continue to be charged more than men for insurance, simply because of their gender.” Gender here is a marker solely for the experience of women under the old insurance system. This collusion of woman with gender occurs again in the article, “Affordable Care Act at 3: Consumer Protections.”³⁰ When the author mentions the upcoming full implementation of the PECC, she states “The new protections will prevent insurers from denying coverage because of a pre-existing condition like asthma or heart disease, or charging more because of a person’s gender or occupation. That means an insurer will no longer be able to charge women more than men for the same coverage or charge firefighters, first responders, and others more because of their jobs. Being a woman will no longer be a pre-existing condition.”

This passage addresses gender as the grounds of discrimination but quickly limits that scope of the policy to its effect on women. Thus, despite a focus on the effects of the policy on gender discrimination, that discrimination—at least for the first three years after passage—is exclusively positioned as the benefit of women; thus, collapsing woman to gender, man to genderless, and the non-gender normative to the margins of the PECC effects.

This is not to say that the Administration did not address the health concerns of LGBT populations at all during the three years post-passage. Rather, the health concerns of transgender persons were addressed a number of times over the three years. However, there was a careful divide between discussions of LGBT health and the PECC. In other words, were one to search for information about the PECC on either healthcare.gov or the White House's official website, they would not encounter any mention of the trans populations for over three years. Like references to gender in the three years post-passage, the term “transgender” is only found six times. Four are in the context of the Administration's work on HIV/AIDS policies.³¹ One is in the context of extending the rights of LGBT individuals to determine who visits them in the hospital and who has the right to make medical decisions on their behalf.³² None make any mention of either the PECC or the ACA. Interestingly the only time “transgender” is used in discussions about the ACA is in a transcript of a “Tele-Town Hall with Seniors.” During the “Tele-Town Hall” a senior identifying themselves as transgender asks the President about the impact of the Act on access to primary care physicians.³³ Specifically, constituent Pat Conover argues that their “complex care,” as a transgender person with heart disease, high blood pressure, prostate cancer and allergies to some of the medications used to treat these conditions, is healthier because of their work with their primary care physician. As such, Conover requests that more Medicare funds be placed into the hands of primary care physicians to facilitate patient

advocacy and coordination between specialists. In his 1,063 word response, President Obama makes no reference to Pat's gender or pre-existing conditions or even the "complex care" that comes from being transgender in modern medicine or the insurance marketplace. Arguably, the question was about primary care physicians and does not warrant mention of these concerns. Rather, the disinclination of the President to address gender discrimination against trans persons in the context of medical care, especially when it comes up in the course of a Tele-Town Hall, is notable in that it follows a pattern of disassociating LGBT health concerns, particularly transgender status as a pre-existing condition, from ongoing discussions of the ACA generally and the PECC specifically.

This disassociation is particularly notable given the fact that HIV/AIDS, the condition most often cited in relationship to the LGBT community, is arguably the pre-existing condition par excellence: with premium costs often cost prohibitive for those living with HIV/AIDS,³⁴ lifetime limits for care reached well before the age to which many properly treated for HIV/AIDS can now live,³⁵ and grounds for automatic exclusion as a pre-existing condition.³⁶ If the Administration wanted to highlight the revolutionary potential of the ACA for vulnerable populations, HIV/AIDS patients fit the bill to a tee.

To its credit, the Administration did recognize the potential effects of the PECC for HIV positive populations in their November 2012 blog post commemorating World Aids Day, stating that HIV did count as a pre-existing condition for which no one could be denied insurance coverage come 2014.³⁷ However, this post too would likely fall through the cracks for those interested in understanding what impact the Act might have on LGBT communities generally and transgender communities specifically given that those communities are not mentioned in the post, nor is gender in general, nor is non-heterosexual relationships of any kind. This omission

seems all the more glaring in the face of the post's direct reference to the AIDS Memorial Quilt. The Memorial Quilt's production was spearheaded by Cleve Jones in response to the "homophobic violence, loss both personal and collective, and his own HIV diagnosis," which was exacerbated by the political silence that attended the AIDS epidemic in the late 80s and early 90s.³⁸ Importantly, this Quilt remains a potent and contested signifier for ongoing LGBT rights struggles, a reality blatantly ignored in the Administration's allusion to it.³⁹ The intent of this omission may not be nefarious. In fact, the post rightfully notes that "new grants have been awarded to expand this work, particularly among black and Latino communities, where HIV disparities are the greatest."⁴⁰ It is clearly plausible that the omission of reference to LGBT populations or gender in general could be an attempt to make the historical link between LGBT populations and HIV/AIDS more tenuous and highlight new trends in the ongoing epidemic. However, given the fact that the bulk of any other references to transgender individuals are in reference to HIV, such a read seems overly optimistic.

This pattern of excluding LGBT groups from the public conversation about the PECC makes "sense" if one turns to social science literature on compassion and the specific appraisal conditions necessary for one to experience compassion for another. Most notable among them is the appraisal that the person or group suffering is not responsible for that suffering.⁴¹ Unfortunately, the attribution of blame for one's own suffering is often mediated by the similarities between perceiver's and observed's culture and the observed's ability to reflect traditional gender norms.⁴² Because LGBT identities are often seen as a "lifestyle" choice, rather than an inherent trait and because these "choices" deviate from traditional gender norms, LGBT individuals are more likely to be perceived as the cause of their own suffering. Thereby, LGBT people become less ideal victims in need of communal compassion. As a result, it is clear that

the Administration’s exclusion of LGBT persons from their appeals to compassion was a wise decision politically. However, the ramification of that campaign is the continued dearth of knowledge within the LGBT community about the possible benefits the ACA could have for them.

Interestingly, the first mention of the PECC in the context of its benefits for LGBT persons occurred on June 26, 2013—the day the Supreme Court voted against the constitutionality of the Defense of Marriage Act and thereby legalized same-sex marriage nationwide. The summary for the post states, “On this historic day, it’s important to recall that, for too long, the health concerns of lesbian, gay, bisexual, and transgender (LGBT) individuals were pushed to the side. LGBT Americans faced limited access to health care and insurance. And we have been less likely to get the preventive care we need to stay healthy.”⁴³ It is in this context, during the euphoria of marriage equality, that the Administration first put the PECC in conversation with its effects on LGBT populations. It is perhaps for that reason that, come mid-2013, as the Administration began encouraging individuals to take advantage of the new insurance marketplace, that they had such a difficult time reaching LGBT populations. Several posts leading up to and during the open enrollment period of 2013—October 1, 2013-December 23, 2013—noted that “most of [LGBT] Americans are not yet aware of their new options.”⁴⁴

The NCTE’s Appeals to Calmness and Trust

In order to understand how trans rights advocates navigated the political and social terrain wrought by the passage of the ACA and its subsequently inadequate coverage by the Administration on its possible impacts on trans communities, I turn to an analysis of texts produced or referenced by the National Center for Transgender Equality (NCTE) that make

mention of the ACA or PECC in their communiques with their readership through their website, transequality.org, or their organizational Facebook page. Before I offer a substantial analysis of the nature of the NCTE's appeal to calmness, I turn to a thorough explanation of the institutional constraints that modified that appeal.

The NCTE's Organizational Structure and Financial Constraints

The NCTE closely resembles a traditional civil rights advocacy organization. According to their website, "NCTE was founded in 2003 by transgender activists who recognized the urgent need for policy change to advance transgender equality."⁴⁵ The Center is exemplary, however, in their focus on the issues and needs of transgender persons and their national focus. While there are several advocacy organizations that include trans advocacy components—Human Rights Campaign, GLAAD, etc.—many are focused on LGBT issues more broadly and have a history of downplaying the needs of transgender persons in the interest of expediting rights for their LGB counterparts.⁴⁶ Additionally, there are a number of local trans advocacy organizations which advocate on behalf of trans persons within urban centers and states.⁴⁷ The NCTE, however, is the premier national organization that's focus remains on advancing the rights of trans people at the federal level.

In their capacity as trans rights advocates, staff at NCTE make policy recommendations through annual reports published via the organization's website, write resource guides to help trans people navigate existing legislation on issues like airport security, employment, healthcare, housing, immigration, government identification documents, and education through their "Know Your Rights" series, and run a blog with up-to-date information on legislative changes or political events that affect the lives of trans people.⁴⁸ While many access NCTE resources and

news directly through transequality.org, the Center’s Facebook page claims the attention of over 50 thousand followers and offers individuals the opportunity to read and comment on the Center’s resource and news documents as they are reposted through this social media account.⁴⁹

Both institutional limits and histories of transgender mistrust of the healthcare industry directly affected how the NCTE responded to the ACA and attempted to relay its effects to its constituents. At the organizational level, limited resources had a direct impact on the amount of content produced in relation to the ACA and in turn determined the extent to which the organization could levy a campaign for the benefits of the ACA. In the time between March 2010 and the end of 2014, the NCTE posted 61 articles, blog posts, or Facebook status updates that directly addressed the Affordable Care Act by name. Of the 61, only 21 directly addressed the PECC or linked to an article from another advocacy organization that addressed it directly. For the sake of comparison, between the passage of the Act in March 2010 and the end of 2013, the Heritage Foundation had published 43 posts about the IM specifically. Arguably the number of posts about the ACA in general between March 2010 and the end of 2014 would dwarf that number. This stark contrast between the production capacity of the NCTE and the HF as advocacy organizations can be attributed primarily to the chasm between their operating budgets and staff numbers. The NCTE boasts nine full time staff with a rotating cast of a few fellows or interns.⁵⁰ Comparatively, the Heritage Foundation boasts 284 “team” members for their organization.⁵¹ The annual income for the NCTE in 2013 was 1.1 million; for the Heritage Foundation, 2013 ended with net assets totally 194 million.⁵²

Furthermore, while the HF has individual “centers” for a number of issues—Center for Health Policy Studies, Edwin Meese III Center for Legal and Judicial Studies, Digital Media and Center for Media and Public Policy, Center for Trade and Economics, to name a few—the

NCTE's nine person staff covers a number of issues related to trans rights advocacy.⁵³ For instance, in their June 18, 2010 post, "What We've Been Up to This Week," the NCTE accounts for the activities of their staff.⁵⁴ Mara Keisling, Executive Director went to Capitol Hill to talk about the Employment Non-Discrimination Act, Mul Kim, Health Policy Counsel worked with other LGBT organizations to make sure that the implementation of the ACA was LGBT inclusive, Harper Jean Tobin, Policy Council worked on a report for the Transportation Security Administration, Justin Tanis, specialist in Communication and Education worked on compiling recommendations for LGBT sensitivity training for law enforcement for the Department of Justice. Unlike Heritage's Centers, the NCTE has individual people grappling with complex issues of trans advocacy. As such, the allocation of financial and labor resources is carefully distributed by the NCTE in ways that ultimately limit the output of information related to the ACA and, more importantly, influences the extent to which emotional appeals can be successfully deployed and directed towards constituents to encourage engagement with the ACA.

As a result of this financial and institutional structure and the nature of exchange between staff and constituents, the tone and degree of emotion are limited to what can be crafted in a 500-800 word article nestled between updates on additional agenda items like the Employment Non-Discrimination Act, Immigration Reform, and Prison Reform, which warrant the continued attention of several staff and community members. Despite these limitations, however, I argue that the NCTE levied a successful appeal to calmness, which not only mitigated the anxiety and ambivalence of their constituents, but strengthened the constituents' trust in the NCTE and its general campaign agenda.

The NCTE's Appeal to Calmness as the Objective Educator

Perhaps the most surprising, and early indicator of NCTE's campaign strategy post-passage is its reserved response to what could be a leap forward in trans access to health care. For the passage of a law that has such far-reaching potential to increase trans people's access to health care, one might expect uproarious celebration from one of the community's premiere policy advocates. This is particularly true given the years of campaigning and lobbying by NCTE staff for better protections for trans people. Despite this expectation, the NCTE's overall coverage of the ACA calls for celebration in theory, but offers little in the way of more ardent appeals to emotion that might instigate such joviality in practice. Rather, the NCTE's coverage highlights their focus on attending to the needs of their community and addressing their concerns, rather than meditating on the emotional responses or opinions of the Center's staff.

While most posts include some element of muted celebration or commendation for the passage of the Act, the majority of the word count is spent trying to explain the impact of the law on trans populations rather than on encouraging an emotional response to the law. The March 23, 2010 post "Health Care Reform Signed into Law," which marks the introduction of the ACA into law highlights this breakdown of content.⁵⁵ The Center's initial piece opens with a few words of accolade, "NCTE applauds the healthcare reform bill's passage into law. Through this act, more people, including transgender people, will be able to afford health insurance, be covered by existing plans, and obtain the care they need." Despite this potentially emotive beginning, 570 of the remaining 670 words of the post are dedicated to explaining the impact and limitations of the law to the readers and 60 are used to promise readers of the NCTE's continued push for trans rights. They conclude, "We will continue to work to address the ways in which discrimination

based on sexual orientation and gender identity leads to disparity of health access in our country.”

The NCTE’s focus on education over celebration is evidenced throughout the subsequent blog posts, which focused solely on the ACA, published between March 2010 and March 2012 just before the Act was under review by the Supreme Court. Of the four posts’ content, 52%, 79%, 100%, and 64% respectively was dedicated to explaining the components and uses of the new provisions.⁵⁶ In March 2012, the NCTE published a 2,000 word guide on the new health care reform law and its impact on trans persons’ experiences with health care law and practice. This guide, entitled “Know Your Rights,” was published on the NCTE website, its Facebook page, and linked in several of its subsequent posts on both the Center’s website and Facebook page.⁵⁷ In addition to working to educate trans persons on the new policies through their own publications, the NCTE frequently posted links on their Facebook page to a number of posts and reports produced by The Center for American Progress, the Aging in American conference, and Health and Human Services that explained in greater detail the ins and outs of the new law and its benefits and costs for trans persons.⁵⁸ Taken together these posts indicate that between the passage of the ACA and the Supreme Court decision in June 2012, the Center’s agenda focused primarily on education rather than celebration.

Their focus on objective education over emotional appraisals continues even after the Supreme Court decision that, in upholding the IM, solidified the full introduction of the PECC and its benefits for trans people in 2014. While their own posts focusing solely on the ACA are limited to two, both focus almost exclusively on describing the new provisions. Rather than produce content independently post-Supreme Court decision, the NCTE dedicated time to connecting their constituents to more thoroughly produced and explicative information on the

ACA from a number of sources including government resources—Health and Human Services,⁵⁹ Out2Enroll,⁶⁰ news outlets—*The Nation*,⁶¹ *Washington Post*,⁶² *Ebony*,⁶³—and LGBT organizations—National Gay and Lesbian Task Force,⁶⁴ Strong Families Movement.⁶⁵ These posts included a wealth of information from a plethora of sources on a number of issues: including the Administration’s Out2Enroll program which sought to increase and facilitate the enrollment of LGBT people into the new insurance marketplace, the impact of the ACA on Black trans people, resources for navigating the insurance marketplace as a trans person, and the projected impact of the ACA on the long-term wellbeing of trans persons.

In addition to these links, the NCTE offered numerous reminders about the approaching open enrollment period beginning in July 2013 and continued to post encouragements to enroll until the enrollment deadline on March 31, 2014. Importantly, these encouraging reminders to enroll became dramatically more frequent as the end date neared, with an ongoing countdown of days left to enroll in the days between March 27, 2014 and March 31, 2014. Taken together, between the Supreme Court decision and the end of open enrollment, the NCTE published 23 separate posts explaining the current and projected impacts of the Act on trans people, information and advice on how to choose and enroll in insurance programs, and reminders to enroll prior to the deadline all while maintaining the dulcet tone of an objective educator.

Attending to the comments left on the NCTE’s Facebook posts by its constituents highlights the warm reception and other-praising emotions that these posts, and the NCTE, receive in response to their advocacy work. For instance, in their June 28, 2012 post announcing the Supreme Court affirmation of the Act’s constitutionality, several commenters thank the NCTE directly for their advocacy work. The Facebook account for Trans Pride L.A. comments, “Thank you NCTE for all your hard work!”⁶⁶ Commenter Joni Christian echoes this sentiment

with, “Bravo...thank you for your commitment.”⁶⁷ These displays of gratitude in response to the NCTE’s production of substantial informational texts and their ready distribution of information sourced from a number of complementary organizations suggests some level of recognition of NCTE’s goodwill towards its constituents, a recognition that they advocate for the sake of the community itself, rather than, for example, for political power or prestige with in the community.

NCTE’s Timeliness and Constituents’ Trust

The number of these types of affirmations, however, pales in comparison to the comments that continue to highlight concerns, anxieties, and questions about the new law. This frequency of questions might at first suggest that NCTE’s attempts to calm and establish trust with their constituents and encourage participation in the benefits of the ACA ultimately failed. Perhaps they might have, had the NCTE not continued to develop and deploy their objective educator persona and its soft tone into the comment sections of their posts. In fact, in almost every instance when a constituent poses a question, spreads misinformation, or acts antagonistically towards the NCTE or fellow followers, the NCTE or a member of its staff will respond directly in the comments section of their Facebook page using the same muted tone of the objective educator. These timely responses serve NCTE’s advocacy campaign in two ways. First, the objective educator persona curbs the flow of negative emotions and misinformation about the ACA that might drive others away from the information they provide. Second, these frequent comments made directly to the most vocally anxious or skeptical among their constituents strengthens the NCTE’s ethos with their other constituents.

The evidence of this skepticism about the ACA and the emotional overtones of anxiety and frustration that underlie it are clear from the opening posts after passage of the Act. For

instance, in the July 30, 2010 post that explains new regulations that allow individuals to appeal health coverage denials through their insurance appeals process first and then externally through independent federal decision-makers, various commenters concede the good that comes from the new policies, but highlight its failings. Commenter Angie Scarpa states, “Amazing!!! Now can we move past an appeal and review and simply make it [transition-related care] part of coverage as it should be.”⁶⁸ Sheila Coats adds:

I do have coverage but it is sad that now I have to find a doctor that will take me serious. They don't listen to you and they prescribe med that you really don't need. Being called an anomaly <sp>. The big one for me is, well we just don't know that much about transsexualty [sic] can you fill me in or how can I learn? PICK UP A F—UCKIN BOOK How did you get through medical school. I am a person, you don't need to be a veterinarian [sic]. My body works the same as everyone elses.⁶⁹

Both responses indicate some level of anger and dissatisfaction, not just at the ACA, but at its inability to meet the full spectrum of health care services needed by trans persons. Scarpa's “Amazing!!!” followed by the critique of how the status quo is a far cry from the way it “should be” hints at a level of sarcasm. Coats more emphatic use of profanity and capitalization signals a more overt anger over the limits of health care facilities to meet the needs of trans persons.

The tenor of this anger and fear only increases as the ACA went under review by the Supreme Court. In response to the release of the NCTE's “Know Your Rights” guide, several commentators expressed their continued dismay over the Act's limits and fear of its overturn. In response to the guide's explanation that some insurance coverage could exclude transitions related care, Miss Evi added a simple “ugh,”⁷⁰ a much more diminutive mark of displeasure to

Charlene Rynee Lauderdale's comment, "This document is a complete waste of time if the Supreme Court overturns ObamaCare...Then what? Same old thing...different day!"⁷¹

Despite the vocalizations of distrust, anger, and skepticism on the part of their constituents, the NCTE retains their position as objective educator and in doing so curbs the flow of negative emotional connotations and misinformation about the ACA that might drive constituents away. In response to Lauderdale's critique of the "Know Your Rights" guide, a representative from the NCTE states, "Charlene Rynee Lauderdale: The case in front of the Supreme Court only addresses one part of the Affordable Care Act. It's unclear what will happen to the other protections offered under the ACA, but this document outlines health care rights under other laws (i.e. HIPAA, Nursing Home Act, state and local discrimination laws, etc.), which would not be affected by the Supreme Court ruling."⁷² Through this didactic response, the NCTE intercedes on behalf of the guide, contradicting and drawing attention away from the critical response of Lauderdale in the hopes that others might reference it and find some comfort in it despite the ambiguity of ACA's legal standing.

This strategy of interceding with the soft tone of objective educator, particularly when commenter's responses to a post are decidedly emotional, continues post-Supreme Court decision and becomes increasingly deployed as the open enrollment period approaches. In response to their post marking the start of open enrollment on October 1, 2013, the NCTE receives a cross section of the types of responses that occur frequently as discussion about enrollment unfolds. There are those offering practical advice on accessing insurance, as in the case of Ellie Lee mentioning a friend in her comment so that the friend is notified of the article and Liz Holt Levitt warning readers to wait a week as the website to enroll kept crashing.⁷³ There are skeptics, as in the case of Erik Rock who labels the whole process "smoke and mirrors"⁷⁴ and

Jessica Annette Sims who posts frequently to air her displeasure with the IM. In her response to the start of open enrollment she posts:

So Jessica, why you in prison?...Well thank ya for asking, see a couple years ago I had this job paying me \$50k+, then this so called affordable care act kicked in...See if I did not want to get insurance they could penalize me off my taxes hence in fact not giving me a choice weather or not I will get insurance and forcing me. So needless to say, I. Quit my job and refused to pay my forced penalty, no I am here in prison milking the system for what it's worth, hey at least my insurance is free in here.⁷⁵

There are community members critical of the skeptics, as in the case of Sarah Korting who implores the previous two responders to “pay the fine and quit whining” if they do not want health care and Lorrie Montgomery who directly calls on Jessica Annette Sims stating, “Jessica, you are not in prison for not buying insurance. You obviously aren’t telling us the whole story. Why don’t you give the ACA a chance to work out any problems. Then maybe you could avoid going to jail for whatever you plan on doing wink emoticon.”⁷⁶ This mixture of responders—those seeking or giving practical advice, those critical of the Act, and those who defend its merits—are found throughout the responses to NCTE posts and signal strong similarities between general LGBT communities’ responses to the ACA; namely, that the majority of the constituency have a limited knowledge of the ACA and its limits and opportunities, that there is a diverse compilation of constituents some of whom favor the ACA and several who are ardently against its implementation, and that these opposing positions occasionally give rise to conflict and the spread of misinformation within the comment sections of NCTE posts.

Recognizing that such antagonism and misinformation could threaten the ethos of the NCTE, discourage other constituents from engaging with their work, and fracture the trans community in ways that might derail future advocacy campaigns, it comes as no surprise then that the staff at the NCTE interject so frequently in the comments section of their posts. In response to the dramatics of Sims and the frustration of other constituents over Sims' outburst, Harper Jean Tobin, frequent spokesperson for NCTE in the comments section, ends the exchange with the following two posts, "The penalties won't apply to anyone who already has employer-based insurance, Medicaid, Medicare, etc., or to anyone who can't afford to buy insurance. In reality, with the subsidies that are available most everyone who would have trouble affording insurance will get it free or cheap."⁷⁷ She continues:

Barriers for trans folks will be changing more in some states than others, at first. In every state, plans shouldn't be able to use trans status or gender markers to deny preventive or traditionally "gender-specific" care or care in general. A few states are also telling insurers to get rid of transition-related care exclusions, and we expect that number to grow in the next few years. Meanwhile, trans folks everyone [sic] have new options to get many if not most of their health care needs covered – and we'll keep working to end the exclusions.⁷⁸

In this interjection, Tobin does not directly single out any responders or appear to take sides with either skeptics or their critics. Rather, by adopting the persona of objective educator, Tobin undermines the sarcasm of Sims post, provides information that may encourage the pursuit of insurance, and offers a moment of hope in the progress towards exclusion-free coverage.

The frequent and timely responses of NCTE staff to their constituents are the necessary complement of their objective educator persona if they hope to develop and maintain their followers' trust. If the objective educator persona helps to position the NCTE's motivations as internal—a response to a deep desire to improve the wellbeing of others, rather than a hope for political or social gain—by compiling information from a plethora of sources and offering a calm response within a storm of uncertainty, then the timely responses help develop a pattern of predictability that bolsters followers' feelings of trust. One of the few things that theorists who study trust agree upon is that trust is not possible without uncertainty.⁷⁹ If you are certain of a potential outcome then you already know what must be done to achieve it. There is no reason to trust when there is certainty. Trust then is a belief in another party's motivation and ability to help you achieve your goals.⁸⁰

The strength of that trust, then, is based on the strength of your belief in the other's motivation and ability to help. That belief, according to Bhattacharya, Devinney, and Pillutla is premised on the predictability, the expectancy of another's behavior based on their previous behavior, of the trustee.⁸¹ If a trustee is highly unpredictable, the strength of the truster's belief that the trustee will act in ways that help them achieve their goals is low. If they are highly predictable, however, they are more likely to be viewed as trustworthy. The frequent responses of NCTE staff serve as an additional, consistent reminder of the organization's commitment to education about and advocacy for the needs of trans people. Rather than compile information and allow their followers to do what they will, comment as they may, and argue as they might, NCTE frequently interjects, making themselves an active member within their community, and encouraging a calm but motivated response to the challenges faced by trans people. It is this

consistent engagement in the community that provides the communal trust necessary to support NCTE's future advocacy campaigns.

Conclusion

Through this analysis of the NCTE's response to the PECC and the Obama Administration's relative silence on its impact on trans populations, I have shown how appeals to calmness can be used to stymie the anxious and confused energy of constituents in ways that motivate them to action and reconstitute their trust in a non-profit organization's advocacy agenda. Specifically, I have argued that the NCTE, by adopting the persona of the objective educator, offers information on the ramifications and benefits of the Act for trans populations with consistency and without amplifying existing negative affect. Rather, their frequent and immediate responses to negative emotional displays, coupled with the NCTE's willingness to cross-post information from other organizations, encourages readers to feel gratitude toward and develop trust in the NCTE as an advocacy organization.

This reading necessarily complicates previous work on pathos and ethos by showing how appeals to calmness can respond to other negative emotions apart from anger. Furthermore, this analysis shows the benefits of extending theoretical focus not only to social scientific studies of emotion, but to other classical rhetoricians. It is through the work of Cicero as well as contemporary literature on trust that it is easier to discern when more muted emotional appeals are at play, to what ends they move audiences, and how they affect affiliations between individuals and groups in both the long and short term. In the following case study, I show the effects of a muted emotional appeal that fails to adapt to the affective tenor of the debate it enters or to account for the affiliations and action tendencies its appeal to emotion inspires.

¹ I list these specific conditions as they are the most oft cited pre-existing conditions in the press materials released by the Obama Administration between the passage of the ACA and the beginning of January 2014, when the pre-existing conditions clause went into full effect for all individuals. The selection of these conditions as exemplary cases of pre-existing conditions is not arbitrary on the part of the administration and the implications of those choices are, in part, the topic of this chapter.

² So widespread was the support for the provision, even those opposed to the ACA as a whole had to address the pre-existing condition clause when proposing legislative alternatives. Of interest is Senate Bill 1324 introduced by Senator Jim DeMint and endorsed by the Heritage Foundation (of which DeMint would become President upon his resignation from the Senate in 2012) and House of Representatives Bill 3400 introduced by Representative Tom Price, both introduced during the 111th session of Congress. In the text of both bills the proposed solution for those with pre-existing conditions was the federal distribution of federal block grants to fund high-risk insurance pools like the Pre-Existing Conditions Insurance Pool established temporarily by the ACA. Texts of the bills can be found at the following sites: <https://www.govtrack.us/congress/bills/111/s1324/text> and <https://www.congress.gov/bill/111th-congress/house-bill/3400/text?q=%7B%22search%22%3A%5B%22%5C%22empowering+patients+first%5C%22%22%5D%7D&r=8>.

³ National Conference of State Legislatures, “State Insurance Mandates and the ACA Essential Benefits Provisions,” August 30, 2016, <http://www.ncsl.org/research/health/state-ins-mandates-and-aca-essential-benefits.aspx>.

⁴ Trans Health Care, “List of U.S. States That Have Banned Anti-Transgender Discrimination In Health Insurance,” *Transhealthcare.org*, February 9, 2015, <http://www.transhealthcare.org/states-that-have-banned-anti-transgender-discrimination-in-health-insurance/>.

⁵ Aristotle, *Rhetoric*, trans. W. Rhys Roberts, Penn State Electronic Classics Series (Pennsylvania State University: Penn State Electronic Classics, 2010), 81–83.

⁶ *Ibid.*, 81.

⁷ *Ibid.*, 8.

⁸ Per Fjelstad, “Restraint and Emotion in Cicero’s *De Oratore*,” *Philosophy and Rhetoric* 36, no. 1 (2003): 39–47; David Konstan, “The Concept of ‘Emotion’ from Plato to Cicero,” *Méthexis* 19 (2006): 139–51; Gary Remer, “Rhetoric, Emotional Manipulation, and Political Morality: The Modern Relevance of Cicero Vis-a-Vis Aristotle,” *Rhetorica: A Journal of the History of Rhetoric* 31, no. 4 (2013): 402–43; Blaine G. Robbins, “Probing the Links Between Trustworthiness, Trust, and Emotion,” *Social Psychology Quarterly* 79, no. 3 (2016): 284–308.

⁹ Robbins, “Probing the Links.”

¹⁰ Remer, “Rhetoric,” 412.

¹¹ The acceptance of this theory of Cicero’s ethos as more muted, softer emotions is not universal among classicists. Jakob Wisse argues that Cicero’s ethos as a soft emotion is limited to the experience of sympathy for the orator. My thanks to Celeste M. Condit for bringing this alternative reading of Aristotle and Cicero to my attention. Jakob Wisse, *Ethos and Pathos from Aristotle to Cicero* (Amsterdam: A. M. Hakkert, 1989).

¹² Marcus Tullius Cicero, “Book II,” in *De Oratore*, ed. and trans. J. S. Watson, n.d., 2.182, http://pages.pomona.edu/~cmc24747/sources/cic_web/de_or_2.htm.

¹³ Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 141 (2010), <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>.

¹⁴ *Ibid.*, 155.

¹⁵ *Ibid.*, 156.

¹⁶ *Ibids.*

¹⁷ Katharine Q. Seelye, “The Public’s Priorities,” *The New York Times*, November 24, 2009, Late edition, sec. A; Patricia Zengerle, “Most Americans Oppose Health Law but Like Provisions,” *Reuters*, June 24, 2012, U.S. edition, <http://www.reuters.com/article/2012/06/25/us-usa-campaign-healthcare-idUSBRE85N01M20120625>.

¹⁸ Jennifer L. Goetz, Dacher Keltner, and Emiliana Simon-Thomas, “Compassion: An Evolutionary Analysis and Empirical Review,” *Psychological Bulletin* 136, no. 3 (2010): 356.

¹⁹ Stephanie Cutter, “\$86.2 Million,” *White House Blog*, November 17, 2010, <https://obamawhitehouse.archives.gov/blog/2010/11/17/862-million>.

²⁰ *Ibid.*; Jesse Lee, “The Affordable Care Act -- Benefits and Weights Being Lifted,” *White House Blog*, June 22, 2010, <https://obamawhitehouse.archives.gov/blog/2010/06/22/affordable-care-act-benefits-and-weights-being-lifted>; Jesse Lee, “A Backyard Discussion on the Patient’s Bill of Rights,” *White House Blog*, September 22, 2010, <https://obamawhitehouse.archives.gov/blog/2010/09/22/a-backyard-discussion-patients-bill-rights>; Barack Obama, “Remarks by the President in a Backyard Discussion on Health Care Reform and the Patient’s Bill of Rights” (Presidential Remarks, Backyard Discussion on Health Care Reform and the Patient’s Bill of Rights, Falls Church, Virginia, September 22, 2010), <https://obamawhitehouse.archives.gov/the-press-office/2010/09/22/remarks-president-a-backyard-discussion-health-care-reform-and-patients->; Barack Obama, “Remarks by the President on the Affordable Care Act” (East Room, White House, Washington, D.C., May 10, 2013), <https://obamawhitehouse.archives.gov/the-press-office/2013/05/10/remarks-president-affordable-care-act>; Barack Obama, “Remarks by the President on the Affordable Care Act and the New Patients’ Bill of Rights” (Presidential Remarks, East Room, White House, Washington,

D.C., June 22, 2010), <https://obamawhitehouse.archives.gov/the-press-office/remarks-president-affordable-care-act-and-new-patients-bill-rights>; Office of the Press Secretary, “Background on the President’s Health Care Events Today,” *The White House*, September 22, 2010, <https://obamawhitehouse.archives.gov/the-press-office/2010/09/22/background-presidents-health-care-events-today>; Dori Salcido, “Faces of the New Health Care Law,” *White House Blog*, March 23, 2012, <https://obamawhitehouse.archives.gov/blog/2012/03/23/faces-new-health-care-law>; Dori Salcido, “TracyCare: Focusing on Care for a Sick Child, Not Worrying About Insurance,” *White House Blog*, June 21, 2012, <https://obamawhitehouse.archives.gov/blog/2012/06/21/tracycare-focusing-care-sick-child-not-worrying-about-insurance>; Dori Salcido, “VanessaCare: Health Coverage Without Lifetime Limits,” *White House Blog*, March 20, 2012, <https://obamawhitehouse.archives.gov/blog/2012/03/20/vanessacare-health-coverage-without-lifetime-limits>; White House Blog, “A Wisconsin Mother Shares Her Health Care Story,” *White House Blog*, October 18, 2010, <https://obamawhitehouse.archives.gov/blog/2010/10/18/a-wisconsin-mother-shares-her-health-care-story>.

²¹ Edna Christine Baillif, “Health Care Matters at Any Age,” *White House Blog*, October 29, 2013, <https://obamawhitehouse.archives.gov/blog/2013/10/29/health-care-matters-any-age>; Stephanie Cutter, “Voices of Health Reform: Libbie and Natalie’s Story,” *White House Blog*, January 20, 2011, <https://obamawhitehouse.archives.gov/blog/2011/01/20/voice-health-reform-libbie-and-natalie-s-story>; J. Nadine Gracia, “What the Affordable Care Act Means to Communities of Color,” *Whitehouse.gov*, August 21, 2013, <https://obamawhitehouse.archives.gov/blog/2013/08/21/what-affordable-care-act-means-communities-color>; Valerie Jarrett, “Celebrating the One Year Anniversary of the Affordable Care Act,” *White House Blog*, March 24, 2011, <https://obamawhitehouse.archives.gov/blog/2011/03/24/celebrating-one-year-anniversary-affordable-care-act>; Obama, “Remarks by the President on the Affordable Care Act”; Dori Salcido, “Abby-Care: Health Coverage for Young Adults Under 26,” *Whitehouse.gov*, June 21, 2012, <https://obamawhitehouse.archives.gov/blog/2012/06/21/abby-care-health-coverage-young-adults-under-26>; Abby Schanfield, “Affordable Care Act at 3: Abby’s Story,” *White House Blog*, March 19, 2013, <https://obamawhitehouse.archives.gov/blog/2013/03/19/affordable-care-act-3-abby-s-story>; White House Blog, “StevenCare: Insurance for Young Adults Under Age 26,” *White House Blog*, March 21, 2012, <https://obamawhitehouse.archives.gov/blog/2012/03/21/stevencare-insurance-young-adults-under-age-26>.

²² Karmel Allison, “Karmel’s Story: I No Longer Fear My ‘Pre-Existing Condition,’” *White House Blog*, October 31, 2013, <https://obamawhitehouse.archives.gov/blog/2013/10/31/karmels-story-i-no-longer-fear-my-pre-existing-condition>; Jill Biden and Kathleen Sebelius, “Dr. Jill Biden and HHS Secretary Kathleen Sebelius Host Breast Cancer Awareness Month Call,” *White House Blog*, October 25, 2012, <https://obamawhitehouse.archives.gov/blog/2012/10/25/dr-jill-biden-and-hhs-secretary-kathleen-sebelius-host-breast-cancer-awareness-month>; Stephanie Cutter, “50 States, 50 Stories – New Health Care Website Launches Today,” *White House Blog*, September 22, 2010, <https://obamawhitehouse.archives.gov/blog/2010/09/22/50-states-50-stories-new-health-care-website-launches-today>; Stephanie Cutter, “Voices of Health Reform:

Cathy's Story," *White House Blog*, January 18, 2011, <https://obamawhitehouse.archives.gov/blog/2011/01/18/voices-health-reform-cathy-s-story>; Stephanie Cutter, "Voices of Health Reform: James's Story," *White House Blog*, January 25, 2011, <https://obamawhitehouse.archives.gov/blog/2011/01/25/voices-health-reform-james-s-story>; Nancy-Ann DeParle, "One Year After Failed Repeal Effort, Affordable Care Act Continues to Help Americans," *White House Blog*, January 19, 2012, <https://obamawhitehouse.archives.gov/blog/2012/01/19/one-year-after-failed-repeal-effort-affordable-care-act-continues-help-americans>; Eric H. Holder and Kathleen Sebelius, "Op-Ed by Attorney General Eric Holder and Health and Human Services Secretary Kathleen Sebelius," *Whitehouse.gov*, December 14, 2010, <https://obamawhitehouse.archives.gov/the-press-office/2010/12/14/op-ed-attorney-general-eric-holder-and-heath-and-human-services-secretar>; Lee, "A Backyard Discussion"; Jesse Lee, "The President in Iowa City: 'We're Not Going Back, This Country's Moving Forward,'" *White House Blog*, March 25, 2010, <https://obamawhitehouse.archives.gov/blog/2010/03/25/president-iowa-city-were-not-going-back-countrys-moving-forward>; Obama, "Remarks by the President in a Backyard Discussion"; Obama, "Remarks by the President on the Affordable Care Act and the New Patients' Bill of Rights"; Office of the Press Secretary, "Background on the President's Health Care Events"; Dori Salcido, "Jill-Care: Pre-Existing Condition Insurance Plan Keeps Her Running," *White House Blog*, August 15, 2012, <https://obamawhitehouse.archives.gov/blog/2012/08/15/jill-care-pre-existing-condition-insurance-plan-keeps-her-running>; Dori Salcido, "JudyCare: Focusing on Fighting Cancer, Without Fear of Lifetime Insurance Caps," *White House Blog*, May 22, 2012, <https://obamawhitehouse.archives.gov/blog/2012/05/22/judycare-focusing-fighting-cancer-without-fear-lifetime-insurance-caps>; Dori Salcido, "MyrnaCare: Peace of Mind and Health Coverage for People with Pre-Existing Conditions," *Whitehouse.gov*, April 2, 2012, <https://obamawhitehouse.archives.gov/blog/2012/04/02/myrnacare-peace-mind-and-health-coverage-people-pre-existing-conditions>; Kathleen Sebelius, "Helping Americans with Pre-Existing Conditions Get Needed Care," *White House Blog*, February 23, 2012, <https://obamawhitehouse.archives.gov/blog/2012/02/23/helping-americans-pre-existing-conditions-get-needed-care>; Megan Slack, "Americans Are Getting Covered Thanks to the Affordable Care Act," *Whitehouse.gov*, November 19, 2013, <https://obamawhitehouse.archives.gov/blog/2013/11/19/americans-are-getting-covered-thanks-affordable-care-act>; Megan Slack, "Nancy's Story: No Longer Choosing Between Paying Rent and Paying for Health Insurance," *White House Blog*, December 23, 2013, <https://obamawhitehouse.archives.gov/blog/2013/12/23/nancys-story-no-longer-choosing-between-paying-rent-and-paying-health-insurance>; Megan Slack, "People Speak Out: The Affordable Care Act Is Helping Me," *White House Blog*, June 29, 2012, <https://obamawhitehouse.archives.gov/blog/2012/06/29/people-speak-out-affordable-care-act-helping-me>; Nikki Sutton, "Eliminating Lifetime Limits Helps Paul Focus on Care," *White House Blog*, October 25, 2010, <https://obamawhitehouse.archives.gov/blog/2010/10/25/eliminating-lifetime-limits-helps-paul-focus-care>; Mara Vanderslice, "Health Care Conference Calls Changing Lives, Engaging Thousands," *White House Blog*, January 11, 2012, <https://obamawhitehouse.archives.gov/blog/2012/01/11/health-care-conference-calls-changing-lives-engaging-thousands>.

²³ Jen Kates et al., “Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.,” Issue Brief (Menlo Park, CA: The Henry J. Kaiser Family Foundation, November 2016), 13, <http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US>; Walecia Konrad, “For Gay Couples, Obstacles to Health Insurance,” *The New York Times*, May 8, 2009, <http://www.nytimes.com/2009/05/09/health/09patient.html>; U.S. Department of Health and Human Services, “2012 National Healthcare Disparities Report” (Rockville, MD: Agency for Healthcare Research and Quality, 2012), 241–44, <https://archive.ahrq.gov/research/findings/nhqrdr/nhdr12/2012nhdr.pdf>.

²⁴ Michelle Andrews, “HHS Says Health Plans Cannot Discriminate Against Transgender People,” *Kaiser Health News*, September 3, 2012, <http://khn.org/news/transgender-lgbt-health-care-michelle-andrews-090412/>; Alex J. Davidson, “How Obamacare Will Affect Trans Folks and Families,” *The Advocate*, November 1, 2013, <http://www.advocate.com/politics/transgender/2013/11/01/how-obamacare-will-affect-trans-folks-and-families>; Kates et al., “Health and Access,” 11.

²⁵ Tina Tchen, “Eliminating Obstacles to the Care Women Need,” *White House Blog*, April 26, 2010, <https://obamawhitehouse.archives.gov/blog/2010/04/26/eliminating-obstacles-women-get-care-they-need>.

²⁶ Tina Tchen, “Ensuring Women Get the Care They Need and Deserve,” *White House Blog*, August 2, 2010, <https://obamawhitehouse.archives.gov/blog/2010/08/02/ensuring-women-get-care-they-need-and-deserve>.

²⁷ Chris Stenrud, “Breaking It Down: The Health Care Law and Women,” *White House Blog*, March 20, 2012, <https://obamawhitehouse.archives.gov/blog/2012/03/20/breaking-it-down-health-care-law-and-women>.

²⁸ Lynn Rosenthal, “For Victims of Domestic Violence, Health Care Is a Lifeline,” *White House Blog*, March 23, 2010, <https://obamawhitehouse.archives.gov/blog/2010/03/23/victims-domestic-violence-health-care-a-lifeline>.

²⁹ Jarrett, “Celebrating.”

³⁰ Kathleen Sebelius, “Affordable Care Act at 3: Consumer Protections,” *White House Blog*, March 18, 2013, <https://obamawhitehouse.archives.gov/blog/2013/03/18/affordable-care-act-3-consumer-protections>.

³¹ Brian Bond, “Focusing HIV Prevention Efforts on Gay and Bisexual Men,” *White House Blog*, September 27, 2010, <https://obamawhitehouse.archives.gov/blog/2010/09/27/focusing-hiv-prevention-efforts-gay-and-bisexual-men>; Christian F. Castro, “Promoting the Dialogue on HIV/AIDS,” *Whitehouse.gov*, June 7, 2011, <https://obamawhitehouse.archives.gov/blog/2011/06/07/promoting-dialogue-hivaids>; Jeffrey S. Crowley, “NIH-Funded Study Finds Daily Dose of Antiretroviral Drug Reduces Risk of HIV,” *White House Blog*, November 23, 2010,

<https://obamawhitehouse.archives.gov/blog/2010/11/23/nih-funded-study-finds-daily-dose-antiretroviral-drug-reduces-risk-hiv>; White House Blog, "ONAP Releases Report of Community Recommendations for the National HIV/AIDS Strategy," *White House Blog*, April 9, 2010, <https://obamawhitehouse.archives.gov/blog/2010/04/08/onap-releases-report-community-recommendations-national-hivaids-strategy>.

³² Kathleen Sebelius, "Patient Centered Care: Equal Health Care Rights for All Americans," *White House Blog*, September 8, 2011, <https://obamawhitehouse.archives.gov/blog/2011/09/08/patient-centered-care-equal-health-care-rights-all-americans>.

³³ Barack Obama, "Remarks by the President at a Tele-Town Hall with Seniors," (Presidential Remarks, Tele-Town Hall with Seniors, June 8, 2010), <https://obamawhitehouse.archives.gov/the-press-office/remarks-president-a-tele-town-hall-with-seniors>.

³⁴ Jennifer Kates et al., "Health Insurance Coverage for People with HIV Under the Affordable Care Act: Experiences in Five States" (The Henry J. Kaiser Family Foundation, December 2014), 7, <http://files.kff.org/attachment/issue-brief-health-insurance-coverage-for-people-with-hiv-under-the-affordable-care-act-experiences-in-five-states>.

³⁵ With medication, HIV+ individuals can live for several decades without developing AIDS. However, the medicine regimen required is considerably expensive. Lifetime medical costs for those living with HIV can accrue to hundreds of thousands of dollars. Prior to the ACA lifetime caps on coverage were set considerably lower than the lifetime cost of HIV treatment, leaving many to lose insurance and thereby their ability to access medication well before the projected life expectancy of an HIV+ person. Madeline Vann, "Can You Afford Your HIV Treatment?," *EverydayHealth.com*, May 13, 2009, <http://www.everydayhealth.com/hiv-aids/can-you-afford-hiv-treatment.aspx>; Adam Wenger, "The Cost of Treating HIV: One Man's Monthly Medical Bill," *Healthline*, December 15, 2014, <http://www.healthline.com/health/hiv-aids/monthly-cost-treating-hiv>.

³⁶ AIDS.gov, "The Affordable Care Act and HIV/AIDS," *AIDS.gov*, November 1, 2016, <https://www.aids.gov/federal-resources/policies/health-care-reform/>; Center for Disease Control and Prevention, "The Affordable Care Act Helps People Living with HIV/AIDS," *Cdc.gov*, November 16, 2015, <https://www.cdc.gov/hiv/policies/aca.html>.

³⁷ Gayle Smith and Grant Colfax, "Moving Towards an AIDS-Free Generation," *White House Blog*, November 28, 2012, <https://obamawhitehouse.archives.gov/blog/2012/11/28/moving-towards-aids-free-generation>.

³⁸ Charles E. Morris III, "Introduction: The Mourning After," *Rhetoric & Public Affairs* 10, no. 4 (2007): 560.

³⁹ See Charles E. Morris III's (ed) special edition issue of *Rhetoric & Public Affairs* 10, no. 4 (2007). In addition, see: Peter S. Hawkins, "Naming Names: The Art of Memory and the

NAMES Project AIDS Quilt,” *Critical Inquiry* 19, no. 4 (1993): 752–79; Mary Beth Krouse, “The AIDS Memorial Quilt as Cultural Resistance for Gay Communities,” *Critical Sociology* 20, no. 3 (1994): 65–78; Charles E. Morris III, *Remembering the AIDS Quilt* (East Lansing: Michigan State University Press, 2011); Marita Sturken, “Conversations with the Dead - Bearing Witness in the AIDS Memorial Quilt,” *Socialist Review* 22, no. 2 (1992): 65–95.

⁴⁰ Smith and Colfax, “Moving.”

⁴¹ Jean Decety, Stephanie Echols, and Joshua Correll, “The Blame Game: The Effect of Responsibility and Social Stigma on Empathy for Pain,” *Journal of Cognitive Neuroscience* 22, no. 5 (2010): 985–97.

⁴² David J. Angelone, Damon Mitchell, and Lauren Lucente, “Predicting Perceptions of Date Rape,” *Journal of Interpersonal Violence* 27, no. 13 (2012): 2582–2602; Tasha A. Menaker and Audrey K. Miller, “Culpability Attributions towards Juvenile Female Prostitutes,” *Child Abuse Review* 22, no. 3 (2013): 169–81; Donna Webster Nelson and Roger Baumgarte, “Cross-Cultural Misunderstandings Reduce Empathic Responding,” *Journal of Applied Social Psychology* 34, no. 2 (2004): 391–401.

⁴³ Jason Young, “Improving Health for LGBT Americans,” *White House Blog*, June 26, 2013, <https://obamawhitehouse.archives.gov/blog/2013/06/26/improving-health-lgbt-americans>.

⁴⁴ Gautam Raghavan and Matthew Heinz, “How Obamacare Helps the LGBT Community,” *White House Blog*, December 17, 2013, <https://obamawhitehouse.archives.gov/blog/2013/12/17/how-obamacare-helps-lgbt-community>; Kathleen Sebelius, “Obamacare and LGBT Health,” *White House Blog*, September 17, 2013, <https://obamawhitehouse.archives.gov/blog/2013/09/17/obamacare-and-lgbt-health-1>.

⁴⁵ National Center for Transgender Equality, “About Us,” *Transequality.org*, January 29, 2015, <http://www.transequality.org/about>.

⁴⁶ The Human Rights Campaign is particularly notorious in this regard. Rebecca Juro, “Even After All These Years, HRC Still Doesn’t Get It,” *Huffington Post*, April 1, 2013, http://www.huffingtonpost.com/rebecca-juro/even-after-all-these-years-hrc-still-doesnt-get-it_b_2989826.html; Monica Roberts, “TransGriot: Why The Transgender Community Hates HRC,” *TransGriot*, October 8, 2007, <http://transgriot.blogspot.com/2007/10/why-transgender-community-hates-hrc.html>; Yezmin Villarreal, “5 Most Disappointing Things We Learned About HRC’s ‘White Men’s Club’,” June 4, 2015, <http://www.advocate.com/human-rights-campaign-hrc/2015/06/04/5-most-disappointing-things-we-learned-about-hrcs-white-mens-cl>. Though the NCTE is not with justifiable critique in its own right: Monica Roberts, “TransGriot: Why The Trans Community Loathes HRC,” *TransGriot*, April 8, 2013, <http://transgriot.blogspot.com/2013/04/why-trans-community-loathes-hrc.html>.

⁴⁷ Massachusetts Transgender Political Coalition, “Transgender Specific National/Statewide Activist Organizations - MTR0Lwiki,” *MTPC Resource Wiki*, accessed January 14, 2017,

http://www.masstpc.org/mediawiki/index.php?title=Transgender_Specific_National/Statewide_Activist_Organizations; Trans Advocacy Network, “TAN - Trans Advocacy Network,” accessed January 14, 2017, <http://transadvocacynetwork.org/>.

⁴⁸ National Center for Transgender Equality, “Blog,” *Transequality.org*, accessed January 13, 2017, <http://www.transequality.org/blog>; National Center for Transgender Equality, “Know Your Rights,” *Transequality.org*, accessed January 13, 2017, <http://www.transequality.org/know-your-rights>.

⁴⁹ National Center for Transgender Equality, “National Center for Transgender Equality,” *Facebook*, accessed January 13, 2017, <https://www.facebook.com/TransEqualityNow/>.

⁵⁰ National Center for Transgender Equality, “Staff, Fellows & Interns,” *Transequality.org*, accessed January 13, 2017, <http://www.transequality.org/about/people>.

⁵¹ The Heritage Foundation, “Team,” *Heritage.org*, accessed January 13, 2017, <http://www.heritage.org/about/staff>.

⁵² National Center for Transgender Equality, “Annual Report 2013” (Washington, D.C.: National Center for Transgender Equality, 2013), http://www.transequality.org/sites/default/files/docs/resources/NCTE_Annual_Report_2013.pdf; McGladrey LLP, “The Heritage Foundation and Affiliates: Consolidated Financial Report, December 31, 2013,” Auditor’s Report (Washington, D.C., December 31, 2013), http://thf_media.s3.amazonaws.com/2013/pdf/Heritage%20Foundation%20FS%2013.pdf.

⁵³ The Heritage Foundation, “About Heritage Foundation,” *Heritage.org*, accessed January 13, 2017, <http://www.heritage.org/about>.

⁵⁴ National Center for Transgender Equality, “What We’ve Been Up to This Week,” *Transequality.org*, June 18, 2010, <http://www.transequality.org/blog/what-weve-been-up-to-this-week>.

⁵⁵ National Center for Transgender Equality, “Health Care Reform Signed into Law,” *Transequality.org*, March 23, 2010, <http://www.transequality.org/press/releases/health-care-reform-signed-law>.

⁵⁶ Mul K. Kim, “Being a Transgender Person Is No Longer a Pre-Existing Condition,” *National Center for Transgender Equality’s Blog*, March 29, 2010, <https://transgenderequality.wordpress.com/2010/03/29/being-a-transgender-person-is-no-longer-a-pre-existing-condition/>; Mul K. Kim, “New Regulations Issued To Protect Individuals From Health Insurance Company Abuses,” *National Center for Transgender Equality*, July 30, 2010, <http://www.transequality.org/blog/new-regulations-issued-to-protect-individuals-from-health-insurance-company-abuses>; Mul K. Kim, “What’s Happening with the Healthcare Reform Law?,” *National Center for Transgender Equality’s Blog*, January 13, 2011, <https://transgenderequality.wordpress.com/2011/01/13/what%e2%80%99s-happening-with-the->

healthcare-reform-law/; National Center for Transgender Equality, “The Affordable Care Act Turns Two; Read Excerpt from NCTE’s Health Care ‘Know Your Rights’ Guide,” *Transequality.org*, March 23, 2012, <http://www.transequality.org/blog/the-affordable-care-act-turns-two-read-excerpt-from-ncetes-health-care-know-your-rights-guide>.

⁵⁷ National Center for Transgender Equality, “The Affordable Care Act Turns Two”; National Center for Transgender Equality, “NCTE Releases Trans ‘Know Your Rights’ Health Care Guide, Celebrates LGBT Health Awareness Week,” *Transequality.org*, March 30, 2012, <http://www.transequality.org/blog/ncte-releases-trans-know-your-rights-health-care-guide-celebrates-lgbt-health-awareness-week>; National Center for Transgender Equality, “Trans Americans Celebrate Health Care Victory at the Court,” *Transequality.org*, June 28, 2012, <http://www.transequality.org/blog/trans-americans-celebrate-health-care-victory-at-the-court>; National Center for Transgender Equality, “Coming October 1st: Health Care Insurance Marketplaces,” *Transequality.org*, July 23, 2013, <http://www.transequality.org/blog/coming-october-1st-health-care-insurance-marketplaces>.

⁵⁸ In their July 2, 2010 Facebook post, the NCTE links to the new healthcare.gov website. National Center for Transgender Equality, “Health Insurance Resource,” *Transequality.org*, July 2, 2010, <http://www.transequality.org/blog/health-insurance-resource>; On March 29, 2011, the NCTE's Facebook posted a link to a recent report by The Center for American Progress, Kellan Baker and Jeff Krehely, “Release: What Health Care Reform Means for LGBT Americans – Center for American Progress,” *Center for American Progress*, accessed January 13, 2017, <https://www.americanprogress.org/press/release/2011/03/29/15140/release-what-health-care-reform-means-for-lgbt-americans/>; On March 27, 2012, NCTE posted a link to a Center for American Progress article, Kellan Baker, “Top 10 Things Health Reform Does for Gay and Transgender Americans – Center for American Progress,” *Center for American Progress*, accessed January 13, 2017, <https://www.americanprogress.org/issues/lgbt/news/2012/03/26/11246/top-10-things-health-reform-does-for-gay-and-transgender-americans/>; In her April 6, 2012 post to the NCTE's website, Harper Jean Tobin provides a link to the Aging in America website, Harper Jean Tobin, “Re-Cap: Trans Issues at the Aging in America Conference,” *National Center for Transgender Equality*, April 6, 2012, <http://www.transequality.org/blog/re-cap-trans-issues-at-the-aging-in-america-conference>; On April 25, 2012 NCTE's Facebook posted a link to a blog post written by NCTE's Harper Jean Tobin, CAP's Kellan Baker, and the National Gay and Lesbian Task Force's Patrick Paschall for ThinkProgress, Kellan Baker, Harper Jean Tobin, and Patrick Paschall, “LGBT Groups Work To Advance Health Equity,” *ThinkProgress*, April 25, 2012, <https://thinkprogress.org/lgbt-groups-work-to-advance-health-equity-f850fe52428d>.

⁵⁹ National Center for Transgender Equality, “Health Insurance Resource”; On August 1, 2012, NCTE's Facebook posted a link the following HHS press release: Health and Human Services Press Office, “Health Care Law Gives Women Control Over Their Care, Offers Free Preventive Services to 47 Million Women,” *U.S. Department of Health & Human Services*, July 31, 2012, <http://web.archive.org/web/20140223224435/http://www.hhs.gov/news/press/2012pres/07/20120731a.html>.

⁶⁰ The NCTE posted links to the Obama Administration’s LGBT outreach initiative, Out2Enroll, on several occasions and on multiple platforms. They posted links to the site on Facebook on September 13, 2013, October 1, 2013, October 2, 2013, October 9, 2013, October 10, 2013, and December 18, 2013. They also posted the link on their blog posts and website updates on September 19, 2013. Out2Enroll, “Home,” *out2enroll.org*, accessed January 13, 2017, <https://out2enroll.org/>.

⁶¹ The NCTE posted an article by Marisa Carroll for *The Nation* on their Facebook on August 14, 2012. Marisa Carroll, “What the Affordable Care Act Means for Transgender People,” *The Nation*, August 14, 2012, <https://www.thenation.com/article/what-affordable-care-act-means-transgender-people/>.

⁶² NCTE’s Facebook posted the following link to a *Washington Post* article on September 13, 2013: Sarah Kliff, “Advocates Are Launching an LGBT-Specific Obamacare Campaign. Here’s Why.,” *Washington Post*, September 12, 2013, <https://www.washingtonpost.com/news/wonk/wp/2013/09/12/advocates-are-launching-an-lgbt-specific-obamacare-campaign-heres-why/>.

⁶³ NCTE’s Facebook posted the following link to an *Ebony* article on October 2, 2013: Kelly Eusaint Lewis and Renee Bracey Sherman, “Beyond Benefits and Body Parts: Obamacare and Black Trans Health,” *Ebony*, October 1, 2013, <http://www.ebony.com/wellness-empowerment/beyond-benefits-and-body-parts-obamacare-and-black-trans-health-304>.

⁶⁴ NCTE linked to the work of the National LGBTQ Task Force in their post, National Center for Transgender Equality, “Winning Women’s Health: NCTE Applauds New Health Care Rule,” *Transequity.org*, January 20, 2012, <http://www.transequity.org/blog/winning-womens-health-ncte-applauds-new-health-care-rule>; They also linked to the Task Force's YouTube video "Learn Your Power" in their April 25, 2012 post on transequity.org. National LGBTQ Task Force, *Learn Your Power: How the Affordable Care Act Helps LGBT Americans*, YouTube Video, 2012, <https://www.youtube.com/watch?v=l4BrfiMzYo8>; Lastly, they linked to the Task Force through their Facebook account on October 9, 2013, National LGBTQ Task Force, “The Top 5 Things You Should Know About Obamacare and Open Enrollment,” *National LGBTQ Task Force Blog*, October 1, 2013, <https://thetaskforceblog.org/2013/10/01/the-top-5-things-you-should-know-about-obamacare-and-open-enrollment/>.

⁶⁵ NCTE posted a link to the Strong Families Movement’s comprehensive guide to trans friendly health care plans on their Facebook page on December 20, 2013. Strong Families, “Where to Start, What to Ask: A Guide for LGBT People Choosing Health Care Plans,” *Strongfamiliesmovement.org*, accessed January 13, 2017, <http://strongfamiliesmovement.org/lgbt-health-care-guide>.

⁶⁶ Trans Pride L.A., June 28, 2012 (3:44pm), comment on NCTE’s Facebook page.

⁶⁷ Joni Christian, June 28, 2012 (9:11pm), comment on NCTE’s Facebook page.

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- ⁶⁸ Angie Scarpa, July 30, 2010 (1:39pm), comment on NCTE’s Facebook page.
- ⁶⁹ Sheila Coats, July 30, 2010 (4:12pm), comment on NCTE’s Facebook page.
- ⁷⁰ Miss Evi, March 30, 2012 (12:12pm), comment on NCTE’s Facebook page.
- ⁷¹ Charlene Rynee Lauderdale, March 30, 2012 (5:33pm), comment on NCTE’s Facebook page.
- ⁷² National Center for Transgender Equality, March 30, 2012 (8:42pm), comment on NCTE’s Facebook page.
- ⁷³ Ellie Lee October 1, 2013 (1:12pm), comment on NCTE’s Facebook page; Liz Holt Levitt, October 1, 2013 (1:13pm), comment on NCTE’s Facebook page.
- ⁷⁴ Erik Rock, October 1, 2013 (7:34pm), comment on NCTE’s Facebook page.
- ⁷⁵ Jessica Annette Sims, October 1, 2013 (2:23pm), comment on NCTE’s Facebook page.
- ⁷⁶ Sarah Korting, October 2, 2013 (8:13am), comment on NCTE’s Facebook page; Lorrie Montgomery, October 2, 2013 (8:23am), comment on NCTE’s Facebook page.
- ⁷⁷ Harper Jean Tobin, October 2, 2013 (9:50am), comment on NCTE’s Facebook page.
- ⁷⁸ Harper Jean Tobin, October 2, 2013 (9:53am), comment on NCTE’s Facebook page.
- ⁷⁹ Rajeev Bhattacharya, Timothy M. Devinney, and Madan M. Pillutla, “A Formal Model of Trust Based on Outcomes,” *Academy of Management Review* 23, no. 3 (July 1998): 459–72; Karen Carrington, “Toward the Development of a New Multidimensional Trust Scale” (Doctoral Thesis, University of Wolverhampton, 2007); Roger C. Mayer, James H. Davis, and F. David Schoorman, “An Integrative Model of Organizational Trust,” *The Academy of Management Review* 20, no. 3 (1995): 709–34.
- ⁸⁰ Robbins, “Probing the Links,” 286.
- ⁸¹ Bhattacharya, Devinney, and Pillutla, “A Formal Model of Trust,” 461.

Case Study Three

The National Alliance on Mental Illness's Beleaguered Parent Persona and the Failure of Emotional Appeals to Engender Cross-Party Affiliation: The Case of Guns, Mental Health, and the Essential Health Benefits Provision

One of the premiere advances of the Affordable Care Act was the implementation of Essential Health Benefits (EHB). According to the legislation, EHB included a list of ten services that all insurance plans had to cover in order to be available for sale through the new insurance marketplace.¹ While prior to the legislation individual states could establish their own EHB that all policies within that state were required to follow, the introduction of federal EHB expanded and standardized those benefits. Among the EHB required by the ACA were a number of policy components that extended and improved access to mental health care services. These benefits included: preventative care services that included depression screening for adults and adolescents, parity coverage for mental health and substance abuse treatment, and the banning of insurance companies from using mental illness as grounds for denial of coverage due to the PECC.² These provisions, coupled with the Medicaid/Medicare expansion in some states and federal subsidies for premium payments, assured that many individuals unable to access mental health care services because of financial barriers had some or all of those barriers removed.

With the inclusion of mental health care in ACA's EHB, it would appear as though the country was on its way to a more comprehensive understanding of and effective treatment for mental illness. However, these advances to mental health care require communities and individuals within those communities to be informed of and inspired to access the care offered

courtesy of the EHB. These attempts to increase enrollment and improve nation-wide mental health through a process of increasing access and destigmatizing the use of mental health care services were most directly and negatively affected by the spate of mass shootings and contentious gun control policy debates that occurred in the time between the Act's passage in 2010 and open enrollment in 2013. The well-publicized shootings in Tucson, Arizona in January 2011, Aurora, Colorado in July 2012, Sandy Hook Elementary in December 2012, and the Washington Navy Yard in September 2013 all drew political attention to potential causes of gun violence. The list of causes ran the gamut of potentialities—access to military grade weapons, loopholes in federal and state regulated background checks for gun buyers, poor security in schools and public places—and the solutions tended to diverge along political party lines. Despite these vocal disagreements, the parties' platforms seemed to converge on the reality of one cause—mental illness. As such, during the first few years of the ACA's implementation, conversations about mental health care were intricately tied to discussions of gun violence and gun control policy.

It is within this context of increased opportunity for mental health care coverage through the EHB, but increased stigma due to mental illness's perceived relationship to gun violence, that mental health advocacy organizations attempted to redirect public deliberation away from continued stigmatization of mental illness and encourage those living with mental illness to enroll in insurance plans and access the healthcare they required. In this chapter, I analyze how one such advocacy organization, the National Alliance on Mental Illness (NAMI), attempted to achieve these goals—a decrease in stigma, and increase in enrollment, and the advent of more productive mental health care policy—through an appeal to emotion. Specifically, I argue that NAMI attempted to navigate the constraints imposed by the public debates about mental illness

and gun control by presenting themselves through a beleaguered parent persona. This persona, which combines strategic evasion of party politics with appeals to irritation, allowed NAMI to position itself as both non-partisan and passionately invested in the outcome of the health care debates. Through this persona, NAMI attempted to not only encourage affiliations with policy over party, but teach constituents how to engage in non-partisan deliberation.

Despite NAMI's attempts to redirect their constituents' affiliations towards policies, rather than parties, attention to constituent responses shows that NAMI ultimately failed to encourage the kinds of critical thinking and non-partisan deliberation it hoped to impart. This failure is due, I contend, to the inability of NAMI's muted appeal to irritation, which comprised the emotional force of its beleaguered parent persona, to counter the pre-existing narratives of culpability deeply entrenched within the heated ideological battle between political parties. In other words, NAMI's attempts to detach policy debates from political parties failed and, as such, subsequent attempts to create new affiliations to policies were rebuffed. The final result of this failure to weaken affiliations to parties and strengthen affiliations to policies was a reification of inter-party animosity between constituents and a fracturing of more conservative constituents from NAMI's primary mission. As such, an analysis of NAMI's response to the ACA, and its effects on mental health care for the mentally ill, creates an opportunity to answer a number of questions about the role of emotion in advocacy campaigns: What does an emotional appeal within a non-partisan advocacy campaign look like? What types of affiliations or anti-affiliations do those appeals encourage? What is the long term impact on constituents' relationships to an organization when a non-partisan campaign succeeds? When it fails?

In this chapter I attempt to offer preliminary answers to these questions by analyzing how NAMI responded to public characterizations of the mentally ill in the years between the Act's

passage in 2010 and open enrollment at the end of 2013 and the efficacy of those responses to direct the affiliations and actions of NAMI's constituents. To that end, I begin with an account of the relationship between social change advocacy and appeals to non-partisanship as well as that relationship's implications on constituents' trust in an organization. I then turn to a more detailed account of the EHB, the Obama Administration's discussion of it in the context of ongoing debates about the relationship between mental illness and gun violence, and the gun control debates that exacerbated the anxieties of those living with mental illness. Next, I offer an account of NAMI's organizational structure and situational constraints that informed its advocacy campaign and the strategies it used to develop its beleaguered parent persona. Lastly, by turning to an analysis of constituents' responses, I show how NAMI's inattentiveness to the affective tenor of the gun control debate and the action tendencies of the emotional appeal they used led to a splintering of affiliations rather than inter-party collaboration.

“Because I Said So”: Non-Partisanship, Advocacy, and Trust

Mental illness does not discriminate. It is non-partisan. It affects Republicans, Democrats and Independents alike. – National Alliance on Mental Illness³

NAMI is non-partisan. We do not endorse political candidates. – National Alliance on Mental Illness⁴

These excerpts, taken from the National Alliance for Mental Illness's numerous responses to the rampant fighting between political parties over President Obama's health care policies, is indicative of a key facet of their advocacy campaign: appeals to non-partisanship. This appeal to non-partisanship has its roots in U.S. history as far back as the Founding Fathers. Critical of the parliamentary politics of the Crown, drafters of the U.S. Constitution sought to create a system where political factions would have no sway over the election of representatives and the passage of public policy.⁵ This ideal of non-partisanship in U.S. politics eroded almost as

soon as the ink of the Constitution had dried. In his account of how modern presidential nomination processes came to be, Zachary M. Bluestone notes that even before Washington's election to a second turn as President, faction machinations were at play to develop political power for its constituents.⁶ Despite this historical reality, non-partisanship as a strategy, particularly for social change organizations, like NAMI, who seek to reach audiences across the political spectrum, continues to hold the original appeal it had for the nations' founders.

The opportunities of this strategy are clear. As reported in the last case study, a key component of trust between an individual and an advocacy organization is that the organization's interests lie, not in achieving political power or promoting political agendas, but in improving the wellbeing of its constituents as the ends, rather than the means, of their activism.⁷ If an organization can position itself and its advocacy campaign as truly non-partisan, a broader audience is less likely to perceive the organization's decisions as biased by political agendas, thereby encouraging stronger trust and affiliation between audience and organization. In NAMI's case, were it to convince its constituents it was non-partisan, in part because members of all political positions were at risk for mental illness, those same constituents would be more likely to trust and invest in NAMI's advocacy agenda.

The constraints and risks of such a campaign are equally clear. Advocacy campaigns do not exist in a vacuum. In the U.S., most policy initiatives are advanced by one party within its two-party system. As a result, particular policies are often already pre-coded in terms of partisanship. Furthermore, several scholars have noted that since the early factions of the Founding Fathers, partisanship has only grown.⁸ Cedric De Leon, Manali Desai, and Cihan Tuğal argue that this growing reliance on partisanship is the result of political parties acting as a primary source of identity. The authors argue that it is the party itself, "which gives coherence

and unity to the multifaceted and potentially contradictory and politically meaningless life histories and experiences of individuals.”⁹ In other words, it is not simply that an individual chooses a political party based on their existing list of values or political concerns, but that parties determine what individuals see as political concerns and who and how groups should mobilize to redress them. As a result of this constitutive function of political parties, an organization’s support or rejection of a political party, even when left unnamed, or of its policies, can be easily seen as an affront to their political party and its accompanying core values and beliefs. Should this reframing occur, constituents are likely to lose trust in the organization on the grounds that they are biased by a political agenda rather than true concern for its constituents.

By turning to an assessment of NAMI’s appeals, then, I begin to assess the efficacy of non-partisanship as a campaign strategy particularly within social change campaigns that attempt to address a wide constituency with diverse political backgrounds and beliefs. Before turning to an assessment of NAMI’s non-partisan campaign and its development of the beleaguered parent persona as the emotional appeal that undergirds that campaign, I offer a more substantial explanation of the expansion of mental health care coverage through the EHB clause and the uptick in gun control debates that influenced the Administration’s coverage of mental health in the time between the ACA’s passage and open enrollment in late 2013.

Essential Health Benefits as Gun Violence Prevention

Unlike the Administration’s discourse on the IM and the PEC that used the provisions by name, the “individual responsibility provision” or the “pre-existing conditions clause”, the discourse surrounding essential health benefits, particularly in relationship to the extension of mental health care benefits, rarely used either “essential health benefits” or “minimum health

benefits” directly. As a result, searches through Administration documents for “mental health” and “benefits” garnered a number of results that extended across a number of related issues and supplementary legislation. These related issues include: post-traumatic stress disorder (PTSD) and traumatic brain injuries (TBI),¹⁰ suicide rates among returning and retired veterans,¹¹ gun control legislation, and stigma related to mental illness and mental health care.¹² The legislation and initiatives cited in relation to mental health concerns, but distinct from the ACA include the Caregivers and Veterans Omnibus Health Services Act (CVOHSA),¹³ the Improving Access to Mental Health Services for Veterans, Service Members, and Military Families Executive Order (EO-IAMHS),¹⁴ and the Mental Health Parity and Addictions Equity Act (MHPAEA).¹⁵ The CVOHSA and the EO-IAMHS both focus on the mental and physical health of veterans, persons in military service, and military families. The MHPAEA requires that “for group and individual market health plans, insurance companies must cover mental health and addiction benefits at parity with medical and surgical benefits.”¹⁶

In total, the Obama Administration produced 98 distinct, public communiques between March 2010 and December 2013 that discussed mental health explicitly. Of those 98, thirty-two were related solely to the mental health care needs of members of the Armed Forces, veterans, and their families. While investigations into the experiences of mental illness, particularly PTSD and traumatic brain injuries are incredibly important, especially given the increase in suicide rates in veterans,¹⁷ because my interest lies in how those with mental health conditions responded to the changes made by the ACA, I have opted to preclude the Administration’s discourse surrounding the CVOHSA, the EO-IAMHS and the mental health of veterans from my analysis. My decision to exclude the Administration’s discussion of veteran’s mental health is an attempt to avoid unnecessarily collapsing the distinct traumatic experiences of service persons

into the general public or presume that responses to the ACA from non-veteran mental illness sufferers might apply easily to those exposed to the trauma of war.¹⁸

The remaining 66 posts that discuss mental health in the general population include a number of different forms of Administrative public address: press briefings with Press Secretaries Robert Gibbs and Jay Carney and Deputy Press Secretary Josh Earnest, remarks by Michelle Obama at Let's Move campaigns, remarks by the President at several 2011 campaign events, at prayer vigils in response to and campaigns against gun violence, and at events to encourage enrollment in new insurance policies, as well as in the second Presidential Debate against Republican Presidential Candidate Governor Mitt Romney. The posts also include official proclamations and White House Blog posts produced by a number of White House staff. An analysis of these posts show an Administration trying, often unsuccessfully, to engage in destigmatizing practices within a contentious political field with high levels of mental health stigma.

The Administration's stigmatizing behavior is most readily seen in their easy assumption of the inherent relationship between mental illness and violence. Of the 66 non-military posts, exactly half mention guns, gun violence, and gun regulations in the same breath as mental illness. In fact, the week-long mental health conference planned by the Administration, which sought to "launch a national conversation to increase understanding and awareness about mental health," was developed as part of the President's plan to reduce gun violence.¹⁹ This framing of mental health discussions as necessary in response to gun violence positions mental illness as *a*, if not *the*, primary cause of gun violence, rather than simply a contributing factor in some cases. This framing similarly positions the inclusion of mental health coverage in the EHB as the

Administration's response to and partial solution for gun violence, rather than a medical necessity equivalent to the treatment of other chronic conditions.

This presumption that mental illness was a crucial component in ongoing deliberations about the nature of, and remedy for, the epidemic of gun violence had direct implications for the rights for those with mental health concerns; most notably, whether or not those who have had or currently have any form of mental illness should be incorporated into the National Instant Criminal Background Check System (NICS). The NICS, launched and managed by the Federal Bureau of Investigation (FBI) since 1998, compiles data from three existing databases—the National Crime Information Center, the Interstate Identification Index, and NICS's own files—to determine if an individual is legally able to purchase a gun.²⁰

This argument for a database of the mentally ill was seen as the “logical extension” of the NICS Index in that the Index is already prescribed to maintain information about any “person adjudicated mental defective or involuntarily committed to a mental institution or incompetent to handle own affairs, including dispositions to criminal charges or found not guilty by reason of insanity or found incompetent to stand trial.”²¹ The solution then, for those who believed that mental illness was a primary cause of gun violence, was to include all information on anyone diagnosed with mental illness into the Index so that, if they were to become violent, they would not have access to guns, nor would those without diagnosed mental illness be deprived of their right to bear arms.

The implications of this proposed legislation on citizens with past or present mental illness diagnoses are profound. At the simple legislative level, they would be denied their second amendment right, as U.S. citizens, to bear arms. At the individual level, fear of being included in

the Index, colloquially called the “database,” and the reprisals that might come should that information become public might deter them from seeking medical care. At the structural level, the bill continues to criminalize mental illness and imply a direct association between mental illness and violence. Together, the implications of the bill to the those diagnosed with mental illness include: a denial of second amendment rights, the documentation of private information that could have a direct impact on an individuals’ employment were it illegally disclosed, and the perception of the mentally ill—regardless of condition—as at best, a “sick” person and at worst, a ticking-time bomb worthy of increased surveillance.

Without a doubt, this attention to mental health in ongoing debates about gun control was not isolated to the Administration. Rather, their focus was in part a response to a larger political debate about the causes of gun violence. In fact, during a press briefing in April 2013, a reporter called out the Administration’s apparent lack of accountability in pushing Congress to address the mental illness aspect of gun violence. The reporter asks:

On January 16th, [The President] mentioned—when he took those executive actions that you’ve noted—he talked about wanting Congress to fund research into the effect of violent video games. Why don’t we hear him talking about that? When you’re asked about this issue, you don’t talk about it. Mental health, as well, at the beginning of this was talked a lot about. I know the President took some executive action on that. But why does it appear that you’re not pushing Congress on violent video games, violent movies, and mental health?²²

This question shows that, even when the Administration does discuss the relationship between mental health and gun violence—as evidenced by its 33 posts, it is still perceived as not talking

about it enough. Therefore, to pin the blame for the continued stigmatization of mental illness solely on the tail of the Obama Administration would be disingenuous.

Non-Partisan NAMI: Beleaguered Parent

It is within this context of turbulent and confusing political skirmishes over gun control regulation and health care that mental health care advocates had to speak to and encourage specific action from their constituents. If the Heritage Foundation is an exemplar of a large, financially lush, policy driven think tank with a conservative agenda and the NCTE is an exemplar of a small, financially constrained, progressive advocacy organization, then the National Alliance on Mental Illness (NAMI) is a middle ground between the two. Originally founded in 1979 by “a group of families gathered around a kitchen table,”²³ NAMI has grown to be a leading voice for the advocacy for mental illness awareness and treatment. Boasting almost 1,000 state organizations or local affiliates across the United States in addition to their national office,²⁴ over 35,000 followers on Facebook,²⁵ and an annual net income of between 9.9 and 11.1 million dollars in the years between 2010 and 2013,²⁶ NAMI’s national, state, and local influence continues to grow.

Unlike the HF’s issues of ethos and agency and the NCTE’s financial and labor constraints, one of NAMI’s primary obstacles was its audience. Specifically, while the HF and the NCTE tend to speak primarily to an in-group audience—an audience who already identifies with the goals, values, and figureheads of their organization—NAMI has an audience that covers a significantly larger portion of the political spectrum. The struggle for the NAMI, then, is speaking to an ideologically diverse audience who likely already see NAMI’s policy initiatives as supporting one party or the other. Particularly contentious during the period under analysis

here are two of NAMI's policy positions. First, their position on violence and guns as it relates to mental illness:

NAMI believes that firearms and ammunition should not be easier to obtain than mental health care. NAMI supports reasonable, effective, consistently and fairly applied firearms regulation and safety as well as widespread availability of mental health crisis intervention, assistance and appropriate treatment. In the absence of demonstrated risk, people should not be treated differently with respect to firearms regulation because of their lived experience with mental illness.²⁷

This position sets them apart from a number of politicians, both conservative and liberal, who advocate for advanced background checks that would exclude some people with mental illness from purchasing guns. Similarly, their argument that "firearms and ammunition should not be easier to obtain than mental health care," potentially puts them at odds with those who saw any new gun regulations as an attack on civil rights. The second contentious policy position held by NAMI is the overlap between their positions and the ACA with regard to mental health parity, preventative care and screening, and affordable mental health care. While NAMI does not specifically endorse the ACA, its advocacy of certain provisions that are part of the act implicated NAMI as a supporter of ACA overall.

NAMI attempted to navigate this political landscape by adopting the persona of the beleaguered parent mediating the conflict between their oft irascible children. Like the NCTE, NAMI's persona elicited decidedly more muted emotional appeals and attempted to direct constituent action through ethos mediated by trust, rather than overt emotional appeals. This persona, and its concomitant implications on NAMI's character as non-biased, moral authority

on “good health care policy” is developed in two primary ways. First, their coverage of the debate surrounding the ACA encourages specific emotional responses to key *arguments* in the debate rather than key *voices* in the debate by carefully evading mentions of political parties from their coverage. This attention to argument over source in the content of their posts not only encourages constituents to respond with specific emotions to specific policies, but attempts to divorce those responses from political parties and factions. The careful erasure of political parties from their coverage of ACA related events allows NAMI to condemn specific policies without directly condemning those who advocate for those policies. This non-partisan approach, if successful, would fulfill one of the key appraisals necessary for trust to occur; namely, that NAMI is appropriately *motivated* by the best interest of its constituents rather than by a specific party’s platform. Like the good parent who “condemns the behavior, not the child,” NAMI sought to encourage change in action without threatening identity.

Second, having divorced their positions from parties and assured their trustworthiness as a non-biased authority in ongoing debates related to mental health, NAMI then attempts to bolster its position as moral authority and encourage emotional responses to specific policies through the strategic deployment of an irritated, annoyed tone. This focus on politically neutral, but occasionally frustrated, responses to policy over party, or argument over source, offers its audience a new “a-political” schema, bolstered by the expertise of a non-biased authority, for assessing the political battles surrounding the ACA. In other words, if their audience knows they like a policy, but are not told explicitly which party supports it, when those same constituents leave the bubble of the NAMI forum there is a chance that that emotional connection to policy could lead them to broaden their political affiliations elsewhere. By exemplifying the objective parent, invested in the well-being of all its children but moved by logic over favoritism, NAMI

attempts to encourage its constituents to engage with the debate surrounding the ACA on similar terms.

The “I Love All My Kids Equally” Strategy: Party Evasion

The most obvious strategy NAMI uses for avoiding party politics in their coverage of the ACA is the lack of party affiliative information for either specific policies or key players in ongoing healthcare debates. For instance, on May 28, 2012, NAMI posted to their website and their Facebook page an explanation of all that was at stake with the upcoming Supreme Court hearing on the constitutionality of key provisions of the ACA. Their account of the political upheaval caused by the act is particularly vague: “The case has engendered strong reactions among Americans, with some fervently arguing that the new law should be upheld, others arguing equally fervently that the law is unconstitutional and should be repealed.”²⁸ This description of the debate, while accurate, does not require NAMI to articulate a position, nor does it give any indication within the text *who* or *what* type of Americans are for or against the legislation or why. This description does just enough to make clear that NAMI knows this court hearing is divisive and consequential without the organization formally staking a claim on one side or the other.

In addition to a refusal to draw connections between parties and policy positions, NAMI refuses to acknowledge the political affiliations of those with whom they take umbrage. On July 16, 2012, NAMI decried Lt. Governor Bill Bolling’s declaration that “Obama voters should ‘check themselves into a mental hospital.’”²⁹ While audiences could potentially intuit Bolling’s political affiliation based on his anti-Obama exclamation, NAMI carefully evades making the explicit connection. To further prove their reticence to “make things partisan,” NAMI withholds

Bolling's relationship to Mitt Romney's presidential campaign until the very final paragraphs of the piece. The conclude, "Because the Lt. Governor is state chairman of the Romney presidential campaign, we also call on Governor Romney to disavow the statement." This subtle elision of Bolling and Romney's political affiliation extends to Democrat politicians as well. On August 21, 2012, NAMI calls out NYC Mayor Michael Bloomberg (a Democrat turned Republican turned Independent) and Boston Mayor Thomas Menino (a Democrat) for "the focus and tone" of their map of "fatal gaps" in gun policy, which "grossly stigmatized individuals living with mental illness."³⁰ Like their coverage of Bolling, NAMI avoids linking Bloomberg or Menino to political parties. Rather, they are simply linked to bad policy.

In the same way that NAMI excludes specific references to party affiliations in their coverage of policy debates, they also hold both parties and their figureheads responsible for both the failings and advances in mental health care policy. In their June 3, 2013 coverage of the Obama Administration's White House conference on Mental Health, NAMI notes that, "In 2000, President Clinton convened the first White House conference on Mental Health. In 2003, President Bush created a Presidential Commission on Mental Health. Progress resulted, leading particularly to enactment of mental health insurance parity."³¹ In this passage, both Democratic and Republican Presidents are acknowledged for the advances made by their Administrations to address mental health care concerns. This highlighting of both parties offers NAMI grounds to deny accusations of partisanship.

In addition to equal coverage of the two parties successes and failings, and the careful withholding of political affiliations in the content of their coverage, NAMI's sole direct references to political parties are meant as a ploy to show non-partisanship through the assumption of shared risk. On only two separate occasions in their coverage of the ACA does

NAMI reference political parties. In their post responding to Bolling, NAMI states, “Mental illness does not discriminate. It is non-partisan. It affects Republicans, Democrats and Independents alike.”³² This exact phrase is repeated again in response to the presidential candidates’ failings to address mental health in the first presidential debates.³³ This inclusion of specifically non-partisan statements in response to potentially partisan posts and the statement’s emphasis on shared precarity attempts to not only position NAMI as non-partisan, but encourage affiliation and shared goals because of everyone’s shared risk for mental illness.

Taken as a whole, NAMI’s continued evasion of references to political parties except in the assertion of shared risk attempts to assure its audiences of its non-partisanship and that the organization’s motivation lies in the well-being of everyone rather than the success or failure of a particular party. If the key components of trust are the appraisal that the trustee is capable and motivated to help the truster, then NAMI’s a-political rhetoric hopes to encourage an assessment of its own trustworthiness by showing its motivation to protect all people regardless of political party or affiliations AND capable of doing so because they are a powerful non-profit unmoved by the manipulations of party politics. In this way, NAMI follows a similar rhetorical agenda as the NCTE, inspiring trust in the organization as a way to then encourage specific emotional responses.

The “Don’t Make Me Turn This Car Around” Strategy: NAMI’s Muted Annoyance

Despite their shared appeal to trust, NAMI and the NCTE differ in the type of emotional appeal they use to direct subsequent constituent action. Specifically, where NCTE deploys calmness, NAMI deploys annoyance. This appeal to annoyance is composed of strategic asides and loaded language in the content of their posts, which position some actors as incompetent, suspect, or purposefully manipulative and NAMI as a watchful, moral arbiter of appropriate

action on the individual, state, and federal level. The asides are then followed by offers of support to those who are truly invested in reform. The strategic organization of critical aside followed by offer of support, when coupled with NAMI's careful avoidance of political party references, functions as a clear example of Cicero's "soft tone of voice" through which speakers can gain the favor of their audience. Specifically, NAMI's rhetoric involves what Cicero describes as a primarily "mild manner of speaking; so that if he [read, NAMI] attacks any one with severity, he may seem to do so unwillingly and from compulsion."³⁴ This muted emotional response, coupled with moments of annoyance or anger to those who do harm to the mentally ill, then bolsters NAMI's credibility by implying that NAMI's outbursts are not the organizational norm, but the necessary emotional response to egregious actions taken against their constituents.

These strategies are clearly seen in NAMI's criticism of less explicitly politically inflammatory events. For instance, in their response to the killing of Kelly Thomas, a man beaten and tased to death by Police in Fullerton, California, NAMI states, "No one really knows at this time—other than the police officers themselves—what went on during the horrible beating and use of tasers on Kelly Thomas."³⁵ This carefully placed aside, while on the surface innocuous, works to position the officers culpable for Thomas' killing as at best, unwittingly withholding information, and at worst, willfully denying their role in Thomas' death. The aside carefully reminds readers that the events of Thomas's death are not unknown, but are a carefully contained secret, withheld for whatever reason, by the officers involved. Akin to a parent's admonishment that their child, "knows what they did," NAMI's aside works to passively demand accountability from the officers.

This admonishment is bolstered by NAMI's second strategy that compares the culprits' behavior to those more responsible police departments. NAMI concedes that the police officers

may not have been aware that they were dealing with a mentally ill person, but continues alluding to the “many communities around the country [that] have implemented specific programs that teach first responders effective techniques to de-escalate encounters in the field with people in psychiatric distress.”³⁶ This organization of admonishment, concession of possible excuse, and reframing that excuse as an instance of institutional laziness or inefficacy works not only to position NAMI as a moral arbiter of the day’s events, but undermines the Police Department’s potential attempts to blame the victim for his death.

NAMI uses a similar strategy when responding to stigmatizing behavior perpetrated by TV personality Dr. Phil and newscaster Brian Williams. In response to Dr. Phil’s assertion that people who are insane “suck on rocks and bark at the moon,” and Brian Williams’ claim that a kidnapper and rapist is “arguably the face of mental illness,” NAMI tells Dr. Phil and Williams that they “Can Do Better.”³⁷ In their post, NAMI states that they, like many people are outraged by the statements, but “more importantly, [NAMI is] surprised and disappointed over their source. Both Dr. Phil and Mr. Williams have been sensitive to some mental health concerns in the past. We expect better of them and they should know better.” This statement seems to echo a parent’s castigation of a child “I am disappointed by your behavior” and “you should know better,” positioning NAMI as knowledgeable of appropriate behavior and in a position to push for it from prominent media figures. Like their critique of Fullerton PD, NAMI follows this admonishment with reference to a larger majority who has taken accountability for the work of destigmatization. They note that, “it is especially ironic that the statements have come just one month after President Obama’s White House Conference on Mental Health launched the current National Dialogue on mental illness.” This reference to the irony of Dr. Phil and Williams’

context serves to highlight the tone-deafness of their utterances, further undermining Dr. Phil's and Williams' positions as knowledgeable social commentators.

NAMI further undermines the poor behavior of those they criticize and bolsters their position as an objective, yet passionate, mediator by concluding their critiques with an offer to help each individual, state, or organization improve their behavior. Their coverage of Thomas' death concludes, "NAMI Orange County, NAMI California and NAMI's national organization stand ready to assist the City of Fullerton in any way to achieve community best practices."³⁸ In their critique of Dr. Phil and Williams, NAMI advances a "hope to pursue dialogues with them to renew their concern."³⁹ Similarly, in their joint statement with the American Foundation for Suicide Prevention and the American Psychiatric Association criticizing a DC Comics' contest "looking for artists to develop ways to depict suicide attempts," NAMI notes that, "while we understand that this may have been unintentional, nonetheless this contest was a mistake in judgment. We hope the company acts responsibly and moves quickly to revise this contest. Our organizations would welcome the opportunity to be of assistance with such an action."⁴⁰ This combination of castigation, comparison, and offers to help perpetrators resolve and rectify their missteps positions NAMI as a moral authority irritated by, but ready to support, those who wish to fulfill their role as good community member.

This persona as antagonized, but hopefully resilient, parent extends to NAMI's coverage of gun violence in the years preceding the ACA's full implementation. Mirroring the Administration's focus on gun violence and its presumed relationship to mental illness, NAMI's ACA and mental health care related coverage frequently focuses on the association of gun violence with mental illness. Of the 38 separate posts published by NAMI in the time between the passage of the Act and December 2013, eighteen dealt to some extent with gun violence.

Like the Administration, NAMI's focus on gun violence was a natural response to both the high number of publicized mass shootings and the subsequent rise of gun control debates in response to those shootings. However, unlike the Administration, NAMI attempted to use their persona as parent to draw deliberative focus away from background checks and extended NICS databases. Their criticisms of the debate followed many of the same stylistic and organizational features of the parenting persona NAMI developed in their coverage of stigmatizing behavior unrelated to gun-violence. Specifically, NAMI begins with an annoyed criticism of the parties' wrongheadedness. This criticism is followed by a comparison of this faulty position to the work of organizations backed by logic and science. Lastly, NAMI encourages hope and "right" behavior by concluding with references to progressive policies and work done by NAMI and other advocacy organizations.

The primary difference between NAMI's coverage of gun violence and subsequent gun control debates and their criticism of alternative mental illness stigmatizing events—DC Comics competition, Dr. Phil's statements, etc.—is their expression of grief and compassion in response to these shootings. While these expressions of grief are undoubtedly sincere, their careful construction and consistency of framing serves to support NAMI's positioning as beleaguered parent and their eventual criticism of those whose responses arguably distract the public from more productive gun control policies. Specifically, NAMI describes each subsequent event of gun violence as a tragedy.⁴¹ While this framing is typical of many organizations' response to gun violence,⁴² NAMI frames the tragedy not as the resulting action of an evil or crazed mad man, but as the inevitable aftermath of a failed mental health care system. In each instance when NAMI reports a new mass shooting, they offer condolences to friends and family of those harmed or killed. They immediately follow the information on the shooting with two key

assertions. First, they cite and quote the U.S. Surgeon General’s report, “that the likelihood of violence from people with mental illness is low. In fact, ‘the overall contribution of mental disorders to the total level of violence in society is exceptionally small.’”⁴³

The only exception to this citation is in response to the Navy Yard shooting in September 2013. Rather than allude to the Surgeon General, they highlight the fact that even with considerable evidence of violent tendencies and mental health issues, neither the police, mental health professionals, nor the military stepped in to prevent the tragedy.⁴⁴ Second, they argue that—given the low percentage of violence among the mentally ill population—“acts of violence are exceptional. They are a sign that something has gone terribly wrong, usually in the mental healthcare system.”⁴⁵ Through this careful display of grief that positions the inefficacy of the current mental health care system, not individuals suffering from mental illness, as the real culprit behind these shootings, NAMI sets itself up as a genuinely concerned community member and shifts the blame from individual failings to structural inadequacies.

It is from this position of moral authority—they are both bereaved by these deaths and aware of the true causes of them—that NAMI then moves into the more exemplary components of their parenting persona. Like their coverage of non-gun violence related topics, NAMI begins with irritation, in this case criticism of either media coverage of shootings or policy makers’ responses to those shootings. In their coverage of the 2012 Presidential debates between President Obama and Governor Mitt Romney, NAMI notes that during the second debate both candidates did “finally” talk about mental illness; however, they did so “in the same breath as criminals and guns.”⁴⁶ This assertion is immediately followed by an annoyed aside, “Never mind that one in four American adults experience a mental health problem in any given year, that less than one-third get treatment, and that the U.S. Surgeon General determined over a decade ago

that ‘the overall contribution of mental disorders to the total level of violence in society is exceptionally small.’”⁴⁷ The annoyed tone is evidenced in the diction and syntax of the statement. The introduction of a series of clauses with “never mind” highlights the negligence of the politician’s statements in that, to make their arguments, they would have to give no “mind” to the realities NAMI lists. The opening “never mind” is followed by three dependent, parallel clauses that address the failings of the politicians’ association between gun violence and mental illness. The parallel structure functions as a form of enumeration, highlighting the organization’s frustration with the presidential candidates’ numerous failings to account accurately for the causes of gun violence in favor of scapegoating the mentally ill.

As the debate over gun control ramped up, NAMI continued to critique politicians’ over-reliance on scapegoating the mentally ill as the only grounds for inter-party dialogue. In one of only a few instances where NAMI directly addresses the reader, NAMI begins its May 3, 2013 post:

As you’ve probably been hearing, Congress is at an impasse in the debates over guns. They have retreated, for the moment, from the issues that divide them, including whether limits should be imposed on assault weapons, if the loophole should be closed that exempts individuals who purchase firearms at gun shows from background checks, and other divisive issues. There is one area though in which the gun control and pro-gun lobbies appear to have reached an agreement: that mental health background checks should be expanded. There is certainly little disagreement that guns should be kept out of the hands of people who are violent. But focusing the debate solely on expanding mental health background checks misses the point.”⁴⁸

NAMI goes on to highlight how and why the focus on background checks miss the point; specifically, that mental health services are severely limited so even if someone was identified as mentally ill they are unlikely to get treatment, that those who are mentally ill are often non-violent, and that state reporting on background checks is wildly inconsistent. These responses highlight the frustrating fallacies that, for NAMI, attend discussions of background checks.

This frustration over the focus on mental health background checks as the primary solution for gun violence picks up steam in the aftermath of the Navy Yard Shooting in September 2013. On September 16th, NAMI proclaims:

Once again, this country is reeling from a senseless act of mass violence. Families and friends are grieving the loss of 12 innocent lives. Although information about the tragedy is still emerging, it is clear that the gunman lived with mental health issues for many years. In recent weeks, his symptoms seem like some associated with psychosis such as extreme paranoia. His struggles were not a secret. People who knew him observed symptoms of mental health disorders. He had brushes with the law over the years, including misconduct with guns. He had at least eight disciplinary infractions during the time he served in the Navy Reserve. Just last month, Newport R.I.'s police responded to a call for help from him and were so concerned about his mental health that they reported concerns to the Navy. Yet nothing apparently was done at the time of these events to get him the mental health evaluation and care that might have averted tragedy."⁴⁹

As before, NAMI begins their criticism with an exasperated aside, "once again," and follows through with a criticism of how the current system, and by extension the current reliance on background checks as a solution to the gun violence epidemic, fails to function in reality. They again enumerate the manifold failings of the criminal justice system, military institutions, and

mental health care institutions that, in turn, facilitated this shooting. This framing positions NAMI as a moral authority, concerned first and foremost with the health and safety of the nation, rather than a political organization seeking brownie points from its constituents.

Like their coverage of non-gun violence related news, NAMI follows their irritated criticism with a comparison to the “right” choices and policies and the organizations that support them. However, in the case of gun violence, NAMI consistently positions itself, rather than others, as the primary voice of reason. From the very outset of any coverage related to gun violence and background checks, NAMI made clear the flaws in the background system and their tireless—but ignored—work to remedy the legislation. As early as August 2012, NAMI took umbrage with Mayors Against Illegal Guns and their 2011 report on mental health records in the NICS database. The report shows the radical inconsistencies in the state reporting to the NICS. In response to the report, NAMI contends, “The mayors’ report is correct in identifying holes in the system but in its call on federal government to provide clear guidance to ‘which mental health and drug abuse should be submitted to NICS,’ falls woefully short of addressing one of the most important factors responsible for confusion among the states;” namely, vague, offensive legislative language. NAMI continues, “Federal law speaks in terms of individuals ‘adjudicated mentally defective’ a term that is not only offensive, but has no practical meaning. Likewise, terms in the law such as ‘civilly committed’ required practical definition.”⁵⁰ Not only does NAMI highlight these inconsistencies, but it positions itself as the exemplary counter to the mayors’ ill-informed report by referencing their 2007 testimony before Congress critiquing the language of the law.

In addition to criticizing the language of the law, NAMI highlights how the law would actually discourage individuals from seeking the treatment they may need because they would

want to avoid showing up on a list. This criticism is most notable in NAMI's response to the NRA's statement that there should be more guns in schools and a longer list of those treated for mental illness as a way to ward off future gun violence in the wake of the Newtown School Shooting. NAMI argues, "The NRA's proposal to create a bigger 'active' national database will only discourage people reaching out for help. Stigma will be imposed. Stigma will be internalized. Stigma will turn into prejudice and discrimination."⁵¹ It is through this agitated tone that NAMI tries to encourage readers to disidentify with the extension of the background check as the primary solution for gun violence.

Through their parent persona, then, NAMI attempts to facilitate affiliations with policies over parties, strengthen its credibility as a non-partisan organization worthy of its constituents' trust, and exemplify critical thinking about the best practices for improving mental health care and ending gun violence. Unfortunately, as the next section shows, these attempts ultimately fail to shift affiliations to policies. Rather, an analysis of constituents' responses to NAMI's coverage of health care for mental illness in the wake of the ACA's passage shows a retrenchment of party-based animosity that in turn led some conservative constituents' to divorce themselves from the NAMI's agenda for mental health advocacy.

Parental Favoritism: The Failure of NAMI's Beleaguered Parent Persona

In this section, I argue that while NAMI's careful evasion of political parties and occasional appeals to anger might have been efficacious in alternative circumstances, in the ongoing debate about health care and gun control, NAMI's rhetoric fails to encourage affiliations with policies over parties or redirect their constituents' affective energy to more productive or progressive ends. I contend that this failure is due in large part to NAMI's muted emotional appeals to contend with the tumultuous, violently contentious debates that surrounded mental

health care and gun control policies during the time under investigation. Rather, NAMI's muted appeals to annoyance are amplified into anger or anxiety by its constituents depending on their pre-existing political positions. In other words, rather than diminish their constituents' attachment to parties and identifications with liberal or conservative agendas, NAMI's appeals set the stage for a strengthening of those contentious affiliations and exacerbating the existing negative affect of its constituents.

While many of the posts to NAMI's homepage yielded no feedback on the site directly, when cross-posted on the organization's Facebook page they, and posts made only on Facebook, garnered substantial responses from followers of NAMI's Facebook site as well as those followers' friends, family, and acquaintances when the individual follower reposted NAMI's work on their personal Facebook walls. Those posts by NAMI that received feedback from NAMI's audience can be broken down into four groups: posts about gun violence and gun control (7 out of 15),⁵² NAMI's responses to the Supreme Court hearings on the ACA (2 out of 15),⁵³ NAMI's responses to the Obama Administration's mental health care policies (2 out of 15),⁵⁴ and information on open enrollment in new insurance programs (4 out of 15).⁵⁵ The number of comments on the posts related to gun violence varied widely from four total comments on NAMI's August 21, 2012 criticism of Mayors Against Illegal Guns' covert criminalization of the mental ill to 93 comments on NAMI's castigation of the National Rifle Association's response to the Sandy Hook Elementary Shooting.⁵⁶ The number of comments on posts related to the Affordable Care Act and open enrollment also varied greatly. By far the highest response rate was in reaction to NAMI's October 1, 2013 post documenting the start of open enrollment for 2014 insurance plans. This post garnered 78 comments.⁵⁷ In contrast, the post immediately following, which invited constituents to engage in a twitter "Wednesday

Wellness Chat” on the implications of the ACA on mental health care services, garnered only two comments.⁵⁸ Regardless of the post’s content or the quantity of comments received in response to the post, similar patterns emerged among them. These patterns highlight the failings of NAMI’s content to extend affiliations across party lines or establish NAMI as a trustworthy organization. This failure illustrates the consequences of emotional appeals that do not effectively attend to the affective state of its constituents or the narratives of culpability that attend existing party politics.

The constituency of NAMI, as previously addressed, is highly diverse compared to the organizations analyzed in the preceding chapters. The constituency of NAMI, and by extension the types of responses wrought by its coverage, can be broken down into three categories: first, the anxious mentally ill, second, the angry liberal, and third, the angry conservative. While there is undoubtedly overlap—the anxious mentally ill might have liberal or conservative leanings—the responses tend to fall within one of the three categories. And, rather than be motivated by NAMI to join together in the promotion of specific policies, the groups each adapt and amplify NAMI’s appeals to annoyance to reify their own pre-existing position. Each category, in addition to amplifying NAMI’s appeals to annoyance to reflect their current affective state, reveals how NAMI failed to establish either their capacity or motivation to make productive change for the mentally ill. This failure then undermines NAMI’s credibility as a trustworthy advocate for mental health care and protections for the mentally ill.

“The Monster Under the Bed”: NAMI’s Anxious Constituents

Perhaps the clearest indication that something remains amiss in NAMI’s constituency despite their emotional appeals and advocacy campaigns is the bevy of anxious responders to a majority of NAMI’s posts. Of the 15 posts that received direct responses from constituents, eight

have at least one comment expressing anxiety about the future for those with mental illness. In response to NAMI's March 28, 2012 post about the upcoming Supreme Court case, three different comments highlight the anxiety of their constituents: "If I lose my access to health care, I will die, most likely,"⁵⁹ and "I don't think I like where the govt. is going—scary!!"⁶⁰ and "I don't like where this is going it is very scary! I hope they realize!"⁶¹ In addition to the tenor of the comments, which suggest fear of government or of a denial of health care coverage, the ambiguity of what or who is responsible for that fear indicates an inability of its constituents to articulate the "true" cause of their distress and thereby act in some way to mitigate their anxiety. Even when NAMI confirms the Supreme Court ruling to uphold key portions of the ACA in June 2012, the anxiety does not diminish. Commenter Betsey Guhin-Hedrick laments, "the promise of health care does not guarantee the quality of healthcare...I am scared for my father who suffers from bipolar and mental health issues."⁶²

This anxiety continues to emerge in response to NAMI's coverage of the gun control debates. In response to NAMI's criticism of the NRA and their advocacy of extending the NICS Index to include those with mental health diagnosis, commenter Jessica Ann Stallings reveals:

I have BPD [bipolar disorder], and lead a very normal and functioning life. I am perfectly capable of properly owning and maintaining a firearm. The idea of being required to be on a database is repulsive. It almost sounds like the NRA wants to take a step towards criminalizing all levels and forms. It's a step backwards. Next they'll want to throw us all in high security hospitals and reinstate the cruel treatments formerly used on the mentally ill. I love America. I love being an American (born and raised). I love this country enough that I joined the military. But if this database becomes a reality, I'm leaving.⁶³

Stallings' response reveals an abiding anxiety and frustration over the ongoing gun debate and its effects on the stigma surrounding mental illness and the citizenship standing of people with mental illness.

The articulation of a fear of being interned in some way due to one's mental illness comes up in the comment sections of other posts. Interestingly, these anxieties over internment are not solely in response to NAMI's posts about the NRA. They occur just as frequently in response to NAMI's seemingly positive posts affirming the policy proposals of the Obama Administration to improve mental health care and eliminate gun violence. Both Cathy Frazier and Mary Margaret Talley allude to the events of the Holocaust, positioning themselves and others with mental illness as the "new" Jewish people. Frazier asks if the database would lead to "the American Auschwitz."⁶⁴ Talley claims that she personally feels like "Anne Frank or Corrie Ten Boom and other Jewish people in pre-WWII Europe must have felt."⁶⁵ These responses indicate that, even when NAMI's posts are positive, they do little to mitigate the anxiety of many of its constituents.

Taken together these anxious responses indicate a major flaw in NAMI's beleaguered parent persona; namely, it fails to convince NAMI's constituents that they are fully *capable* of representing the interests of the mentally ill. While NAMI's combination of annoyance followed by invitations to "help those who help themselves" sets NAMI up as a moral authority in the ongoing debates about mental health care and gun control, it does not present them as having the political capital to direct or influence those debates. Rather, NAMI's willingness to position itself as the objective commentator on the sidelines of the debates until they are called to action by the Obama Administration or any other organization, undermines their appeals to trustworthiness by drawing into question their very capacity of forwarding a progressive, mental

health friendly agenda. After all, sideline commentators and requested counselors can translate complex jargon into laymen's terms, but they do not hold the power to make the terms. As a result, NAMI's anxious constituents remain anxious in part because NAMI has not proved their capacity to advocate successfully on their behalf.

“Mom Likes Me More Than You”: Reifying Anger

For the remaining two types of responders—the angry liberal and the angry conservative—the question is not about NAMI's capacity to effect policy, but its motivations for doing so. The highly divisive responses from liberals and conservatives in response to individual readings of the exact same texts is best understood when one takes into account the emotional appeal used by NAMI and the cognitive appraisal and action tendencies it encourages. Annoyance and irritability are muted expressions of anger.⁶⁶ Like the Heritage Foundation, NAMI attempts to deploy this anger as a way to constitute community. However, unlike the HF, NAMI lacks a compelling object of anger. For the HF, the object of anger is clearly a Democratic Regime that seeks to undermine hard-won personal liberties and the biased media that facilitates the Regime's agenda. NAMI's object is considerably more ambiguous and fails to follow an established narrative and its concomitant emotional repertoire. For NAMI, the objects of anger or annoyance are individuals or groups who do wrong out of ignorance or haplessness, not in pursuit of nefarious agendas. As such, the cognitive appraisal that motivates anger—that the object of anger purposefully maligned oneself or one's affiliatives—is not met.⁶⁷ Therefore, a more fitting object is likely to be filled in by the audience.

Given the clear expectation of political parties as the primary affiliative options in the ongoing debates about healthcare and gun control, it comes as no surprise that commenters fill in

the gaps left by NAMI's appeals with individuals, organizations, and political parties that they are predisposed to see as the source of injustice. For more liberal individuals, the culprits are organizations like the NRA, and occasionally corporations within Big Pharma and the insurance industry, who are more concerned with protecting their access to guns and maintaining political power than the wellbeing of the mentally ill. Exemplary posts to this effect include Larry Nocella's post in response NAMI's condemnation of the NRA's call for more armed guards in schools after the shooting in Newtown. He states:

Thank you NAMI for standing up to the bully of politics, the NRA. They are never concerned with safety, for them it's always about the guns. You can see this in their self-contradicting rhetoric. Oh we [need] guns to protect us from the government, but let's add 100,000 new government workers, put them in schools and arm them. And so on. Treatment for the mentally ill. That's what we need. We don't need any more guns. What will be the NRA's solution when one of their armed teacher guardians goes nuts and abuses his/her power? More guns, of course!⁶⁸

This response highlights the way that NAMI's liberal constituents perceive NAMI's criticism of the NRA as evidence of their motives—to shame “the bully of politics,” and the party and politics it tends to favor, into appropriate action.

Because this assessment of NAMI's position aligns with the existing narrative of cause and culpability within their more liberal constituency, it comes as no surprise that members of that more liberal constituency adopt NAMI's emotional response. The adoption and amplification of NAMI's irritation into anger by their more liberal constituents is most easily seen through those constituents' frequent use of sarcasm, or the use of “language with a literal positive meaning to communicate a negative message,” in their responses.⁶⁹ This sarcasm is

more often deployed by those critical of the NRA and the presumably conservative push for an increase in gun ownership and open or concealed carry licenses, the placement of armed guards in schools, and the extension of the NICS database to include more people who have or have had mental illness. Beth Perry responds to NRA's call for armed guards in school with, "Great solution...more guns. It worked well at Kent State."⁷⁰ While Perry's message is literally positive, "great solution," the reference to Kent State, where members of the Ohio National Guard shot and killed five protestors in May 1970, implies a distinctly negative take on the NRA's proposal for armed guards in schools.

Katrina Hall takes a similar approach in her response to the NRA's suggestion to extend the NICS database. She states, "Brilliant. Protect some civil liberties by completely trashing others. Top-notch thinking there, NRA."⁷¹ These commenters' turns to sarcasm indicate that they not only identify the NRA and its policy proposals as the crow in NAMI's paw, but that they agree with NAMI's assessment of those policies as cause of irritation, frustration, and anger. Arguably because liberal constituents perceive themselves to be in agreement with NAMI as to the object-cause, the NRA, of their negative emotion—be it irritation, frustration, or outright anger—they are more likely to at least support NAMI's authoritative and patronizing position in relationship to their opposition and at most act out against the NRA through sarcastic comments, public criticism, or financial support for those who oppose its position. Regardless of how the constituents respond to their irritation with the NRA, those actions stymie affiliations with those in NAMI's ranks who veer more conservative.

"You're Not Being Fair": Angry Conservatives

The opposite effect proves true for NAMI's more conservative constituents. Rather than adopt NAMI's emotional appeal to annoyance and more closely affiliate with NAMI's policy

agendas, more conservative constituents perceive NAMI's appeals to annoyance as overly emotive and reactionary responses to legitimate ideas for improving public health and safety. As a result, some more conservative constituents break off from and dis-identify with NAMI and its advocacy agenda. As in the case of its more liberal constituents, this response can be attributed to the extent of overlap between conservative positions of cause and correctives for public health and safety problems and those they perceive NAMI to support.

For more conservative individuals, the culprit in public unrest is two-fold. In the case of gun violence, the problem stems from individual immorality and the negligence of individual parents unwilling to effectively monitor the behavior of their children. For instance, in response to the same piece contesting the NRA's response to the Newtown shooting, Angel Kelly contends, "If you are a felon, and have been in jail, you cannot have a license to carry. If you have been hospitalized for mental illness, you should not be able to have a license to carry. Simple. Any parent with a child with mental illness should not have firearms of any kind in their home. I blame the mother of the shooter for having them in the first place."⁷² In the case of health care debates, more broadly, the threat comes from a government bent on extending its power and invading the privacy of its citizens. In that vein, Woody Cox laments, "It's a shame that a lot of folks will now refuse seeking treatment because of background checks. I know that I will now start seeking alternatives. Way to go Obama!"⁷³

While some assessments of cause by NAMI may overlap with some of its constituents—mental health stigma, especially—their promotion of gun control legislation and their attack on NRA's public statements in the aftermath of the Sandy Hook School shooting are far cries from the conservative narrative of causation. As a result of this difference in assessment of the culprit, conservative constituents take umbrage with NAMI's more emotive and vocal attacks on the

NRA. For example, when NAMI took a definitive stance against the NRA's proclamation that the government should expand the NICS Index and implement armed guards on school campuses, a pattern of political partisanship emerged. Commenter David Van Rissegham took issue with NAMI's "total condemnation of the NRA, without any specific reason."⁷⁴ He continued, "The liberal gun control lobby demanded the instant check database, and NAMI condemns the NRA for trying to make it effective. I thought I was a volunteer educator for a non-partisan organization? Obviously NAMI is violating their own oath by discriminating against others."⁷⁵ These responses indicate that, rather than position NAMI as objective moral authority unmoved by party politics, for these constituents NAMI's beleaguered parent persona positions them as an overly emotional and reactionary lackey for a liberal agenda.

This assessment of NAMI's motives then undermines some constituents' trust in NAMI such that they either attempt to manage NAMI's emotional response or disidentify with the organization altogether. In response to NAMI's criticism of the NRA's armed guard proposal, Jason Shaw asserts

I am distressed NAMI took this position by calling what NRA suggested, having armed guards on every campus, outrageous simply because it brings more guns on campus. This seems to be a serious and sound suggestion, so NAMI needs to tone it's [sic] language down when it comes to this kind of suggestion if it wishes to join in serious and thoughtful discussion on what can be done to prevent mass shooting with many recent ones being committed by mentally unbalanced individuals.⁷⁶

Tom Pyle corroborates Shaw's reading of NAMI's overly emotive responses stating, "The NRA statement spoke mostly about strengthening school safety with armed security as are responsibly

deployed in almost every other public institutional setting... We all know that the NRA is a politically charged subject. Yet the NAMI statement ‘condemns’ the entire NRA statement outright without explaining its reasons, which seems a little reflexive and reactionary itself.”⁷⁷ These posts, rather than affirm NAMI’s emotional response, attempt to challenge the cognitive appraisals of their response—the NRA’s suggestions seem reasonable—as well as the action tendency to confront the object of anger that NAMI’s response encourages—this response seems “a little reflexive and reactionary.”

For some commenters, attempts to manage the form of NAMI’s response to the NRA are insufficient redress to the liberal bias evidenced in NAMI’s criticism of the NRA . Rather, the only true option is to develop new affiliations within the organization that better represents the positions of many of its members. To that end, commentator David Van Risseghem took it upon himself to create a new Facebook page for “NAMI conservatives.” This 61-member group formed “after seeing countless acts of unrelated political activism by local, state, and national mental health organizations” in the hopes that they might “refocus NAMI toward the core mission and resist the drift they are persisting in, toward other liberal social causes.”⁷⁸ For this group, NAMI’s emotional response to the NRA’s proposal was not an isolated instance of poor cognitive appraisals and actions, but part of a larger trend of liberal behavior within the organization that jeopardized its primary objectives and necessitated a fracturing of its volunteer base. Taken together, the increase in anger from liberal constituents and the disassociation with NAMI and its emotional appeals by conservative constituents, reveal the ultimate failings of NAMI’s non-partisan appeals and beleaguered parent persona.

“Parenting 101”: Concluding Remarks

These diverse responses to NAMI’s emotional appeals indicate a failure to effectively constitute a shared community in response to the passage of the ACA or its implications for the future of mental health care as it relates to gun violence. Nor did the coverage assuage the anxieties and confusion that attended the Act and the gun control debates that followed. Rather, NAMI’s coverage appears to reify the divide between its more liberal and conservative members and reap ambiguous results in its attempt to encourage enrollment in insurance coverage. Despite what might be a rather disappointing advocacy endeavor, NAMI’s failed emotional appeals offer insights into the troubles that attend emotional appeals that fail to account for the existing affective tenor or emotional repertoire of a debate they aim to influence.

To return to the questions that opened this chapter, this case study offers one clear implication for the potential efficacy of non-partisan appeals to encourage cross-party affiliation and action. Namely, non-partisan appeals to emotion are in some way beholden to a concomitant appeal to ethos. Because non-partisan appeals cannot draw upon an existing party’s ethos—premised on a history of acting in support of certain values and against specific policies that undermine those values—without sacrificing the ability of their campaign to reach beyond that party’s affiliations, they have to find some other way to convince their audience that their motivations are compassion, rather than profit or power-driven. In the case of NAMI, their emotional appeal to irritation, even with the careful evasion of party qualifiers for specific organizations and policies, failed to convince their constituents of their non-partisanship, in part because those appeals were produced in a public sphere already saturated in party politics and inter-party animosity. This failure suggests that emotional appeals, particularly those used by non-partisan campaigns, must not only encourage the audience to feel some way about a given

topic, but encourage them to feel positively about the organization itself first. Whether or not there is an emotional appeal substantial enough to rebuff the contentiousness of contemporary U.S. politics or whether or not the same emotional appeal can be used to secure both the credibility of the organization and encourage cross-party collaboration are questions taken up in the conclusion of this dissertation.

¹ The Center for Consumer Information & Insurance Oversight, “Information on Essential Health Benefits (EHB) Benchmark Plans,” *Cms.gov*, November 21, 2016, <https://www.cms.gov/ccio/resources/data-resources/ehb.html>.

² HealthCare.gov, “Find Out What Marketplace Health Insurance Plans Cover,” accessed January 22, 2017, <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>.

³ Michael J. Fitzpatrick and Mira Signer, “NAMI Condemns Virginia Lt. Governor’s Campaign Statement That Obama Voters Should ‘Check Themselves Into A Mental Hospital,’” *NAMI: National Alliance on Mental Illness*, July 16, 2012, <http://www.nami.org/Press-Media/Press-Releases/2012/NAMI-Condemns-Virginia-Lt-Governor-s-Campaign-Stat>; National Alliance on Mental Illness, “Navy Shipyard Tragedy: NAMI Calls on Congress for Immediate Action on Mental Health,” *Nami.org*, September 19, 2013, <http://www.nami.org/Press-Media/Press-Releases/2013/Navy-Shipyard-Tragedy-NAMI-Calls-on-Congress-for>; National Alliance on Mental Illness, “The Presidential Debate: Where Was Mental Health?,” *Nami.org*, October 4, 2012, <https://www.nami.org/Press-Media/Press-Releases/2012/The-Presidential-Debate-Where-was-Mental-Health>.

⁴ Fitzpatrick and Signer, “NAMI Condemns Virginia Lt. Governor’s Campaign Statement”; National Alliance on Mental Illness, “It’s Not About Guns: The Presidential Debate and Mental Illness,” *Nami.org*, October 17, 2012, <http://www.nami.org/Press-Media/Press-Releases/2012/It-s-Not-About-Guns-The-Presidential-Debate-and-Me>; National Alliance on Mental Illness, “The Presidential Debate.”

⁵ Zachary M. Bluestone, “The Unscripted Evolution of Presidential Nominations: From Founding-Era Idealism to the Dominance of Party Primaries,” *Harvard Journal of Law & Public Policy* 39, no. 3 (2016): 966.

⁶ *Ibid.*, 970.

⁷ Blaine G. Robbins, “Probing the Links Between Trustworthiness, Trust, and Emotion.,” *Social Psychology Quarterly* 79, no. 3 (September 2016): 284–308.

⁸ Cedric De Leon, Manali Desai, and Cihan Tuğal, “Political Articulation: Parties and the Constitution of Cleavages in the United States, India, and Turkey,” *Sociological Theory* 27, no. 3

(2009): 193–219; Norman J. Ornstein, “Why ‘It’s Even Worse Than It Looks’: Parliamentary Parties in the American Constitutional System” (Drake Law School Constitutional Law Symposium, Des Moines, IA, April 6, 2013).

⁹ De Leon, Desai, and Tuğal, “Political Articulation,” 198.

¹⁰ Barack Obama, “Executive Order: Improving Access to Mental Health Services for Veterans, Service Members, and Military Families,” *Whitehouse.gov*, August 31, 2012, <https://obamawhitehouse.archives.gov/the-press-office/2012/08/31/executive-order-improving-access-mental-health-services-veterans-service>; Barack Obama, “Remarks by the President at 93rd Annual Conference of the American Legion” (93rd Annual Conference of the American Legion, Minneapolis, Minnesota, August 30, 2011), <https://obamawhitehouse.archives.gov/the-press-office/2011/08/30/remarks-president-93rd-annual-conference-american-legion>; Barack Obama, “Remarks by the President at Disabled Veterans of America Conference in Atlanta, Georgia” (Disabled Veterans of America Conference, Hyatt Regency Hotel, Atlanta, GA, August 2, 2010), <https://obamawhitehouse.archives.gov/the-press-office/remarks-president-disabled-veterans-america-conference-atlanta-georgia>; Barack Obama, “Remarks by the President at National Conference on Mental Health” (National Conference on Mental Health, East Room, White House, Washington, D.C., June 3, 2013), <https://obamawhitehouse.archives.gov/the-press-office/2013/06/03/remarks-president-national-conference-mental-health>; Barack Obama, “Remarks by the President to the Troops at Fort Bliss, TX” (Fort Bliss, TX, August 31, 2012), <https://obamawhitehouse.archives.gov/the-press-office/2012/08/31/remarks-president-troops-fort-bliss-tx>; Barack Obama, “Weekly Address: President Obama: As the Combat Mission in Iraq Ends, We Must Pay Tribute to Those Who Have Served” (Washington, D.C., August 28, 2010), <https://obamawhitehouse.archives.gov/the-press-office/2010/08/28/weekly-address-president-obama-combat-mission-iraq-ends-we-must-pay-trib>; Michelle Obama, “Remarks by the First Lady at Joining Forces Medical College Event” (Joining Forces Medical College Event, Richmond, Virginia, January 11, 2012), <https://obamawhitehouse.archives.gov/the-press-office/2012/01/11/remarks-first-lady-joining-forces-medical-college-event>; Michelle Obama and Jill Biden, “Remarks by the First Lady and Dr. Biden at a Joining Forces Nurses Event” (Joining Forces Nurses Event, Philadelphia, Pennsylvania, April 11, 2012), <https://obamawhitehouse.archives.gov/the-press-office/2012/04/11/remarks-first-lady-and-dr-biden-joining-forces-nurses-event>; Michelle Obama and Barack Obama, “Remarks by the First Lady and the President at Disabled American Veterans Convention” (Disabled American Veterans Convention, Orlando, Florida, August 10, 2013), <https://obamawhitehouse.archives.gov/the-press-office/2013/08/10/remarks-first-lady-and-president-disabled-american-veterans-convention>; Office of the Press Secretary, “Background on the National Conference on Mental Health,” *Whitehouse.gov*, June 3, 2013, <https://obamawhitehouse.archives.gov/the-press-office/2013/06/03/background-national-conference-mental-health>; Office of the Press Secretary, “Fact Sheet: President Obama Signs Executive Order to Improve Access to Mental Health Services for Veterans, Service Members, and Military Families,” *Whitehouse.gov*, August 31, 2012, <https://obamawhitehouse.archives.gov/the-press-office/2012/08/31/fact-sheet-president-obama-signs-executive-order-improve-access-mental-h>; Office of the Press Secretary, “Press Gaggle by Press Secretary Jay Carney Aboard Air Force One En Route El Paso, TX,” *Whitehouse.gov*,

August 31, 2012, <https://obamawhitehouse.archives.gov/the-press-office/2012/08/31/press-gaggle-press-secretary-jay-carney-aboard-air-force-one-en-route-el>; Megan Slack, “Bringing Mental Illness Out of the Shadows,” *White House Blog*, June 5, 2013, <https://obamawhitehouse.archives.gov/blog/2013/06/05/bringing-mental-illness-out-shadows>.

¹¹ Obama, “Executive Order”; Obama, “Remarks by the President at 93rd Annual Conferenc”; Obama, “Remarks by the President at Disabled Veterans of America Conference”; Obama, “Remarks by the President at National Conference on Mental Health”; Obama, “Weekly Address”; Obama, “Remarks by the First Lady”; Obama and Obama, “Remarks by the First Lady and the President”; Office of the Press Secretary, “Fact Sheet”; Office of the Press Secretary, “Press Gaggle.”

¹² The Administration’s coverage of gun control and mental health stigma are the subject of this chapter. As such, I have opted not to list all of the documents that address these issues. Rather, specific documents will be cited in the remainder of this chapter.

¹³ Obama, “Remarks by the President at Disabled Veterans of America Conference”; Office of the Press Secretary, “Fact Sheet.”

¹⁴ Obama, “Executive Order”; Office of the Press Secretary, “Background on the National Conference on Mental Health.”

¹⁵ Cecilia Munoz, “The Affordable Care Act and Expanding Mental Health Coverage,” *Whitehouse.gov*, August 21, 2013, <https://obamawhitehouse.archives.gov/blog/2013/08/21/affordable-care-act-and-expanding-mental-health-coverage>.

¹⁶ Stefanie Feldman, “Insurance Companies Now Must Cover Mental Health Benefits at Parity with Medical Benefits,” *White House Blog*, November 8, 2013, <https://obamawhitehouse.archives.gov/blog/2013/11/08/insurance-companies-now-must-cover-mental-health-benefits-parity-medical-benefits>.

¹⁷ Dave Philipps, “Suicide Rate Among Veterans Has Risen Sharply Since 2001,” *The New York Times*, July 7, 2016, <https://www.nytimes.com/2016/07/08/us/suicide-rate-among-veterans-has-risen-sharply-since-2001.html>; VA Suicide Prevention Program, “Facts about Veteran Suicide” (Washington, D.C.: Department of Veterans Affairs, July 2016), https://www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf.

¹⁸ Importantly, the characterization of mental health by the Administration is decidedly different in discussions of veterans than in discussions of mental health in the general population.

¹⁹ Office of the Press Secretary, “Background on the National Conference on Mental Health.”

²⁰ Federal Bureau of Investigation, “About NICS,” *Fbi.gov*, accessed December 27, 2016, <https://www.fbi.gov/services/cjis/nics/about-nics>.

²¹ *Ibid.*

²² Office of the Press Secretary, “Press Briefing by Press Secretary Jay Carney, 4/8/2013,” *Whitehouse.gov*, April 8, 2013, <https://obamawhitehouse.archives.gov/the-press-office/2013/04/08/press-briefing-press-secretary-jay-carney-482013>.

²³ National Alliance on Mental Illness, “About NAMI,” *Nami.org*, accessed December 27, 2016, <http://www.nami.org/About-NAMI>.

²⁴ National Alliance on Mental Illness, “Find Your Local NAMI,” *Nami.org*, accessed December 27, 2016, <http://www.nami.org/Find-Your-Local-NAMI>.

²⁵ National Alliance on Mental Illness, “NAMI: National Alliance on Mental Illness,” *Facebook.com*, accessed December 27, 2016, <https://www.facebook.com/NAMI/>.

²⁶ National Alliance on Mental Illness, “2010 Annual Report” (Arlington, VA: NAMI: National Alliance on Mental Illness), accessed December 27, 2016, <http://www.nami.org/getattachment/About-NAMI/Financial-Information/Annual-Reports/2010NAMIAnnualReport.pdf.aspx>; National Alliance on Mental Illness, “2011 Annual Report” (Arlington, VA: NAMI: National Alliance on Mental Illness), accessed December 27, 2016, <http://www.nami.org/getattachment/About-NAMI/Financial-Information/Annual-Reports/2011NAMIAnnualReport.pdf.aspx>; National Alliance on Mental Illness, “2012 Annual Report” (Arlington, VA: NAMI: National Alliance on Mental Illness), accessed December 27, 2016, <http://www.nami.org/getattachment/About-NAMI/Financial-Information/Annual-Reports/2012NAMIAnnualReport.pdf.aspx>; National Alliance on Mental Illness, “2013 Annual Report” (Arlington, VA: NAMI: National Alliance on Mental Illness), accessed December 27, 2016, <http://www.nami.org/getattachment/About-NAMI/Financial-Information/Annual-Reports/2013NAMIAnnualReport.pdf.aspx>.

²⁷ National Alliance on Mental Illness, “Public Policy Platform of The National Alliance on Mental Illness” (Arlington, VA: NAMI: National Alliance on Mental Illness, September 2016), 69, [http://www.nami.org/getattachment/About-NAMI/Policy-Platform/Public-Policy-Platform-\(2\).pdf](http://www.nami.org/getattachment/About-NAMI/Policy-Platform/Public-Policy-Platform-(2).pdf).

²⁸ Ron Honberg, “Health Care Reform, the Supreme Court and Implications for People Living with Mental Illness,” *NAMI: National Alliance on Mental Illness*, March 28, 2012, <https://www.nami.org/Blogs/NAMI-Blog/March-2012/Health-Care-Reform,-the-Supreme-Court-and-Implicat>.

²⁹ Fitzpatrick and Signer, “NAMI Condemns Virginia Lt. Governor’s Campaign Statement.”

³⁰ Michael J. Fitzpatrick, “Gun Laws and Mental Health,” *NAMI: National Alliance on Mental Illness*, August 21, 2012, <http://www.nami.org/Blogs/NAMI-Blog/August-2012/Gun-Laws-and-Mental-Health>.

³¹ Michael J. Fitzpatrick, “NAMI Statement: The White House Conference on Mental Health,” *NAMI: National Alliance on Mental Illness*, July 3, 2013, <http://www.nami.org/Press-Media/Press-Releases/2013/NAMI-Statement-The-White-House-Conference-on-Menta>.

³² Fitzpatrick and Signer, “NAMI Condemns Virginia Lt. Governor’s Campaign Statement.”

³³ National Alliance on Mental Illness, “The Presidential Debate.”

³⁴ Marcus Tullius Cicero, *Cicero on the Emotions : Tusculan Disputations 3 and 4*, trans. Margaret Graver (Chicago: University of Chicago Press, 2002), <http://proxy-remote.galib.uga.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=298809&site=eds-live>.

³⁵ National Alliance on Mental Illness, “Kelly Thomas Tragedy in Fullerton, California Statement by National Alliance on Mental Illness (NAMI),” *Nami.org*, August 5, 2011, <http://www.nami.org/Press-Media/Press-Releases/2011/Kelly-Thomas-Tragedy-in-Fullerton,-California-Stat>.

³⁶ *Ibid.*

³⁷ Michael J. Fitzpatrick, “Dr. Phil and Brian Williams: You Can Do Better: Listen to President Obama about Ending Stigma,” *NAMI: National Alliance on Mental Illness*, August 2, 2013, <http://www.nami.org/Press-Media/Press-Releases/2013/Dr-Phil-and-Brian-Williams-You-Can-Do-Better;-List>.

³⁸ National Alliance on Mental Illness, “Kelly Thomas Tragedy.”

³⁹ Robert Gebbia, Jeffrey Lieberman, and Michael J. Fitzpatrick, “American Foundation for Suicide Prevention, American Psychiatric Association and National Alliance on Mental Illness Not Amused by DC Comics Contest,” *NAMI: National Alliance on Mental Illness*, September 12, 2013, <http://www.nami.org/Press-Media/Press-Releases/2013/American-Foundation-for-Suicide-Prevention,-Americ>.

⁴⁰ *Ibid.*

⁴¹ Michael J. Fitzpatrick, “The Arizona Tragedy and Mental Health Care,” *NAMI: National Alliance on Mental Illness*, January 1, 2011, <http://www.nami.org/Press-Media/Press-Releases/2011/The-Arizona-Tragedy-and-Mental-Health-Care>; Michael J. Fitzpatrick, “The Aurora Tragedy Anniversary and the White House National Dialogue on Mental Health,” *NAMI: National Alliance on Mental Illness*, July 18, 2013, <http://www.nami.org/Press-Media/Press-Releases/2013/The-Aurora-Tragedy-Anniversary-and-the-White-House>; Michael J. Fitzpatrick,

“The Navy Yard Tragedy: Mental Health Concerns,” *NAMI: National Alliance on Mental Illness*, September 18, 2013, <http://www.nami.org/Press-Media/Press-Releases/2013/The-Navy-Yard-Tragedy-Mental-Health-Concerns>; National Alliance on Mental Illness, “NAMI Fact Sheet: After the Newtown Tragedy, Parents Are Asking What to Do When a Child Has a Mental,” *Nami.org*, December 20, 2012, <http://www.nami.org/Press-Media/Press-Releases/2012/NAMI-Fact-Sheet-After-the-Newtown-Tragedy,-Parents>; National Alliance on Mental Illness, “Navy Shipyard Tragedy”; National Alliance on Mental Illness, “The Sandy Hook Elementary School Tragedy; NAMI Statement Includes Trauma Resources,” *Nami.org*, December 14, 2012, <http://www.nami.org/Press-Media/Press-Releases/2012/The-Sandy-Hook-Elementary-School-Tragedy;-NAMI-Sta>.

⁴² David A. Frank discusses the ways in which the differential framing of mass shootings by the Obama Administration allows the President to call for different types of collective action: David A. Frank, “Facing Moloch: Barack Obama’s National Eulogies and Gun Violence,” *Rhetoric & Public Affairs* 17, no. 4 (2014): 653–78. Brian Amsden and Christopher M. Duerringer look at the implications of Obama’s epideictic rhetoric in response to mass shootings. Brian Amsden, “Dimensions of Temporality in President Obama’s Tucson Memorial Address,” *Rhetoric & Public Affairs* 17, no. 3 (2014): 455–76; Christopher M. Duerringer, “Dis-Honoring the Dead: Negotiating Decorum in the Shadow of Sandy Hook,” *Western Journal of Communication* 80, no. 1 (February 1, 2016): 79–99; Wanda Parham-Payne argues that the disparate coverage of school shootings in urban vs. suburban areas promotes the devaluation of the lives of urban children of color. Wanda Parham-Payne, “The Role of the Media in the Disparate Response to Gun Violence in America,” *Journal of Black Studies* 45, no. 8 (October 27, 2014): 752–68.

⁴³ Fitzpatrick, “The Arizona Tragedy”; Fitzpatrick, “Gun Laws and Mental Health”; Michael J. Fitzpatrick, “Newtown Tragedy: NAMI Condemns NRA Position as ‘Outrageous and Wrong,’” *NAMI: National Alliance on Mental Illness*, December 21, 2012, <http://www.nami.org/Press-Media/Press-Releases/2012/Newtown-Tragedy-NAMI-Condemns-NRA-Position-as-Outr>; Fitzpatrick, “The Aurora Tragedy”; National Alliance on Mental Illness, “It’s Not About Guns.”

⁴⁴ National Alliance on Mental Illness, “Navy Shipyard Tragedy.”

⁴⁵ Fitzpatrick, “Newtown Tragedy”; Fitzpatrick, “The Arizona Tragedy”; Fitzpatrick, “The Aurora Tragedy”; Fitzpatrick, “The Navy Yard Tragedy”; National Alliance on Mental Illness, “It’s Not About Guns.”

⁴⁶ National Alliance on Mental Illness, “It’s Not About Guns.”

⁴⁷ *Ibid.*

⁴⁸ National Alliance on Mental Illness, “Guns and Mental Health Care: Finding the Right Solutions,” *Nami.org*, May 3, 2013, <http://www.nami.org/Blogs/NAMI-Blog/May-2013/Guns-and-Mental-Health-Care-Finding-the-Right-Sol>.

⁴⁹ National Alliance on Mental Illness, “Navy Shipyard Tragedy.”

⁵⁰ Fitzpatrick, “Gun Laws and Mental Health.”

⁵¹ Fitzpatrick, “Newtown Tragedy.”

⁵² Fitzpatrick, “Gun Laws and Mental Health”; Fitzpatrick, “Newtown Tragedy”; Michael J. Fitzpatrick, “White House Gun Task Force: NAMI Calls on President and Congress to ‘Do What’s Right’ for Mental Health Care,” *NAMI: National Alliance on Mental Illness: Texas*, January 11, 2013, <http://namitexas.org/white-house-gun-task-force-nami-calls-on-president-and-congress-to-do-whats-right-for-mental-health-care/>; National Alliance on Mental Illness, “Guns and Mental Health Care”; National Alliance on Mental Illness, “Ron Honberg, NAMI’s National Director of Policy and Legal Affairs, to Speak on C-SPAN Tomorrow,” Facebook.com, *NAMI*, (August 29, 2013), <https://www.facebook.com/NAMI/>; National Alliance on Mental Illness, “Set the Dial and Time,” Facebook.com, *NAMI*, (August 28, 2013), <https://www.facebook.com/NAMI/>; National Alliance on Mental Illness, “Watch Today,” Facebook.com, *NAMI*, (January 16, 2013), <https://www.facebook.com/NAMI/>.

⁵³ Michael J. Fitzpatrick, “National Alliance on Mental Illness (NAMI) Statement: Supreme Court Decision on Health Care Law,” *NAMI: National Alliance on Mental Illness*, June 28, 2012, [https://www.nami.org/Press-Media/Press-Releases/2012/National-Alliance-on-Mental-Illness-\(NAMI\)-Stateme; Honberg, “Health Care Reform.”](https://www.nami.org/Press-Media/Press-Releases/2012/National-Alliance-on-Mental-Illness-(NAMI)-Stateme; Honberg, “Health Care Reform.”)

⁵⁴ Michael J. Fitzpatrick, “NAMI Statement: The President’s Mental Health Proposals,” *NAMI: National Alliance on Mental Illness*, January 16, 2013, [http://www.nami.org/About-NAMI/NAMI-News/NAMI-Statement-The-President%E2%80%99s-Mental-Health-Propo; National Alliance on Mental Illness, “Parity: Now an ‘Essential’ Health Benefit,” Facebook.com, *NAMI*, \(December 6, 2012\), <https://www.facebook.com/NAMI/>.](http://www.nami.org/About-NAMI/NAMI-News/NAMI-Statement-The-President%E2%80%99s-Mental-Health-Propo; National Alliance on Mental Illness, “Parity: Now an ‘Essential’ Health Benefit,” Facebook.com, NAMI, (December 6, 2012), https://www.facebook.com/NAMI/)

⁵⁵ Jessica W. Hart, “NAMI Has ‘Got You Covered!’,” *NAMI: National Alliance on Mental Illness*, May 10, 2013, [http://www.nami.org/About-NAMI/NAMI-News/NAMI-Has-Got-You-Covered!; National Alliance on Mental Illness, “Health Insurance Marketplace 101,” Facebook.com, *NAMI*, \(October 1, 2013\), <https://www.facebook.com/NAMI/>; National Alliance on Mental Illness, “Join NAMI Tomorrow,” Facebook.com, *NAMI*, \(October 22, 2013\), <https://www.facebook.com/NAMI/>; National Alliance on Mental Illness, “Mental Health in the Marketplace,” *Nami.org*, September 19, 2013, <http://www.nami.org/Blogs/NAMI-Blog/September-2013/Mental-Health-in-the-Marketplace.>](http://www.nami.org/About-NAMI/NAMI-News/NAMI-Has-Got-You-Covered!; National Alliance on Mental Illness, “Health Insurance Marketplace 101,” Facebook.com, NAMI, (October 1, 2013), https://www.facebook.com/NAMI/; National Alliance on Mental Illness, “Join NAMI Tomorrow,” Facebook.com, NAMI, (October 22, 2013), https://www.facebook.com/NAMI/; National Alliance on Mental Illness, “Mental Health in the Marketplace,” Nami.org, September 19, 2013, http://www.nami.org/Blogs/NAMI-Blog/September-2013/Mental-Health-in-the-Marketplace.)

⁵⁶ Fitzpatrick, “Gun Laws and Mental Health”; Fitzpatrick, “Newtown Tragedy.”

⁵⁷ National Alliance on Mental Illness, “Health Insurance Marketplace 101.”

⁵⁸ National Alliance on Mental Illness, “Join NAMI Tomorrow.”

⁵⁹ Gabrielle Swora, March 28, 2012 (5:37pm), comment on NAMI’s Facebook page.

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- ⁶⁰ Val DeLong, March 28, 2012 (6:14 pm), comment on NAMI's Facebook page.
- ⁶¹ Phyllis V Pearson, March 28, 2012 (8:29 pm), comment on NAMI's Facebook page.
- ⁶² Betsey Guhin-Hedrick, June 28, 2012 (10:10 pm), comment on NAMI's Facebook page.
- ⁶³ Jessica Ann Stallings, December 22, 2012 (11:50 am), comment on NAMI's Facebook page.
- ⁶⁴ Cathy Frazier, January 11, 2013 (8:11 pm), comment on NAMI's Facebook page.
- ⁶⁵ Mary Margaret Talley, January 16, 2013 (4:27 pm), comment on NAMI's Facebook page.
- ⁶⁶ Marijn A. Distel et al., "The Covariation of Trait Anger and Borderline Personality: A Bivariate Twin-Siblings Study.," *Journal of Abnormal Psychology* 121, no. 2 (2012): 458–66; Sandrine Vieillard and Michèle Guidetti, "Children's Perception and Understanding of (Dis)similarities among Dynamic Bodily/Facial Expressions of Happiness, Pleasure, Anger, and Irritation," *Journal of Experimental Child Psychology* 102, no. 1 (2009): 78–95.
- ⁶⁷ Aristotle, *Rhetoric*, trans. W. Rhys Roberts, Penn State Electronic Classics Series (Pennsylvania State University: Penn State Electronic Classics, 2010); Charles S. Carver and Eddie Harmon-Jones, "Anger Is an Approach-Related Affect: Evidence and Implications," *Psychological Bulletin* 135, no. 2 (2009): 183–204; Nico H. Frijda, *The Emotions* (Cambridge: Cambridge University Press, 1986); Andrew Ortony, Gerald L. Clore, and Allan Collins, *The Cognitive Structure of Emotions* (Cambridge: Cambridge University Press, 1988).
- ⁶⁸ Larry Nocella, December 22, 2012 (10:55am), comment on NAMI's Facebook page.
- ⁶⁹ Ella Miron-Spektor et al., "Others' Anger Makes People Work Harder Not Smarter: The Effect of Observing Anger and Sarcasm on Creative and Analytic Thinking," *Journal of Applied Psychology* 96, no. 5 (2011): 1066.
- ⁷⁰ Beth Perry, December 22, 2012 (10:15am), comment on NAMI's Facebook page.
- ⁷¹ Katrina Hall, December 22, 2012 (11:31am), comment on NAMI's Facebook page.
- ⁷² Angel Kelly, December 22, 2012 (10:32am), comment on NAMI's Facebook page.
- ⁷³ Woody Cox, January 16, 2013 (9:43pm), comment on NAMI's Facebook page.
- ⁷⁴ David Van Rissegham, December 22, 2012 (1:05pm), comment on NAMI's Facebook page.
- ⁷⁵ Ibid.
- ⁷⁶ Jason Shaw, December 22, 2012 (10:49am), comment on NAMI's Facebook page.

⁷⁷ Tom Pyle, December 22, 2012 (9:57pm), comment on NAMI's Facebook page.

⁷⁸ NAMI Conservatives, "NAMI Conservatives," *Facebook.com*, accessed February 28, 2017, https://www.facebook.com/groups/NAMI.conservatives/?hc_location=ufi.

Conclusion

The Efficacy of Emotional Appeals in Social Change Advocacy

In each of the cases I have examined in this dissertation, I employed a biosymbolic pathos method in order to answer a series of questions about the political efficacy of non-governmental organization's appeals to emotions in response to substantial policy shifts. I began, in each instance, by analyzing how key provisions of the Affordable Care Act require or enable certain constituencies to interact with the insurance industry and the federal government in new ways. Next, I examined the strategies used by those constituents' representative organizations to respond to those changes. Through this method, I endeavored to offer insights into questions about the effects of public policy on group affiliation and identification, the role of emotional appeals in reconstituting communities, and the opportunities and constraints to crafting effective appeals to pathos within highly contentious, affectively charged public deliberations.

In what follows, I review my key findings and offer suggestions on how they can inform the field of rhetorical criticism and social movement theory and advocacy. In particular, I elucidate, through a comparison of the general success of the Heritage Foundation (HF) and the National Center for Transgender Equality's (NCTE) advocacy campaigns and the relative failure of the National Alliance on Mental Illness's (NAMI) attempt to encourage cross-partisan collaboration, the key findings of this study. First, successful campaigns respond effectively to their rhetorical situation by matching the already circulating affective economies of the debate they enter in both tenor and volume. Second, successful appeals to emotion in any campaign are

premised on the appraisal conditions, affiliations and action tendencies that specific emotions encourage. In the remaining sections of this conclusion, I highlight how the HF and the NCTE met these requirements as well as how NAMI failed to meet these requirements. I then use these findings to suggest what a successful campaign from NAMI might have looked like were they to apply these results to their own campaign strategies.

Adapting to the Affective Tenor of the Rhetorical Situation

The first primary finding of this dissertation is that successful campaigns must match the affective tenor of the public debate it aims to influence. The theory that rhetors must successfully adapt to the rhetorical situation in which they are engaged is hardly new.¹ However, the nature of affect and emotion that exists within a situation and precedes rhetorical interventions, how rhetors can assess that nature, and what types of appeal effectively adapt to those rhetorical conditions, remains contentious. This lack of clarity about how and to what extent affect and emotion influence rhetorical situations, what types and forms of emotional appeals are effective within those situations, and whether those appeals can be assessed not only for their persuasive, but ethical value has led to a justifiable ambivalence about the role of emotion in rhetoric broadly and social change advocacy specifically.

In response to this uncertainty, several scholars and activists have advanced a number of guideposts for assessing when and how advocates should deploy emotion in the interest of social change.² For instance, some theorists posit a direct link between appeals to emotion and ideology. In such contexts, emotional appeals are largely a source for the reification of oppressive ideologies. The use of emotional appeals, then, should be limited to those instances when they serve the purpose of consciousness-raising within oppressed communities.³ Others

theorize that the relationship between affect and ideology is more tenuous and that in the interactions of bodies with other bodies and with public discourse surrounding those bodies there is an affective remainder. This remainder, this untapped energy, the potential for a body to be shocked, surprised, moved, is the source for political potential.⁴ Regardless of whether or not emotional appeals are ethical or whether or not scholars can decide once and for all where their potential for fomenting advocacy resides, my dissertation offers a method for investigating the affective register of the rhetorical situation, and strategies for adapting to it. The relative success of the HF and the NCTE's emotional appeals and the relative failure of NAMI's appeal to irritation speak to not only the efficacy of biosymbolic pathos criticism for assessing the affect of a given rhetorical situation, but offering clear strategies through which advocacy organizations can effectively or ineffectively respond.

As noted in the case study on the HF's response to the IM, the Obama Administration had taken pains to associate the purchasing of insurance, even when "not-yet-sick," with the practices of "good citizenship," responsibility, and in its arguments for the PECC, compassion for the less fortunate. Additionally, the Administration and major news outlets had consistently, publicly charged the HF with complicity in the creation of the IM and its original implementation in Romney's Massachusetts health care law. Both assertions by the Administration were likely to stimulate negative affect—even if individuals bought the "compassion" narrative, they remained decidedly uncertain and uncomfortable about the IM's implications—within the HF's primary constituency.

The HF's appeal to anger was successful in large part because it met the affective tenor of the public debate—it spoke back against the accusations of their culpability for the IM with as much furor as those who made the accusation. Not only did the HF match the tenor of the

rhetorical situation, but it successfully followed the existing cultural narratives of Congressional overstep and Administrative power grabs that bolstered conservative legislators' perpetual resistance to the ACA throughout every stage of its conception, passage, and implementation. Importantly, it is only when they deviate from that narrative, as Stuart Butler did in his *USA Today* article contesting assertions that the HF was responsible for the IM, that the appeal loses its strength. In lieu of blaming the Administration for willfully manipulating HF's history for political ends, Butler claimed that the media was the guilty party and that there is a substantial difference between the original IM and the one incorporated into the ACA. By attending to HF constituent responses, it becomes clear that while Cooper and Gonzalez's posts affirmed the existing narrative and met with success in redirecting constituents' anger, Butler's attempt failed. In other words, HF constituents, while affirming of the HF's appeal to anger and directing subsequent ire towards the Administration when it followed the existing cultural scripts of Administrative culpability, turned against the HF when it went off script. Instead, HF constituents, in response to Butler's post, called on the HF to be honest about its role in the IM and turned an angry gaze back on the HF itself.

Despite the efficacy of these appeals to anger, a glance back to the nature of the HF's rhetorical situation and its affective energy suggests that an effective appeal to anger was not enough to stymie the anxieties of their constituents. Therefore, to argue the HF was successful in its emotional appeals, as I argue it was, necessitates a return to the campaign to see what, if any, appeals run alongside anger. The HF's discourse of triumph complimented its appeal to anger, not only by reifying the affiliations and anti-affiliations that undergirded their appeal to anger, but by offering their constituents a way to exorcise their anxiety through praise. Here to, in their

discourse of triumph, does the HF match the affective tenor of their rhetorical situation through the ample application of war and sports metaphors.

The NCTE's appeal to calmness also met with some success as the result of effectively responding to the affective tenor of their rhetorical situation. Since the bulk of trans individuals were either unaware of, confused by, or cautiously excited for changes the ACA might make to their access to health care, and because there was little to no public coverage of those changes in the larger public, the NCTE's more emotionally muted appeal to calmness met the demands of their constituents for clarifying information and comfort in the face of uncertainty. Had the NCTE amplified their anxieties or their excitement over the changes wrought by the ACA, they were more likely to either exacerbate the anxieties of their constituents or undermine campaigns for future advocacy. Additionally, NCTE's frequent and direct response to their more anxious or angry constituents ensured a level of continuity to their appeal, immediately redirecting negative affective energy that might have elevated the emotional stakes of the debate as soon as it arose.

In contrast to the HF and NCTE's success, NAMI's campaign offers evidence of what may occur when an advocacy campaign fails to match the tenor of the debate. Just as the HF was met with a frenzied public, so too was NAMI. The rash of mass shootings and the gun control debates that attended them as well as calls for databases of the mentally ill, left NAMI's constituents, regardless of affiliation, anxious. Anxieties over increasing government control of guns or personal information, and the looming threat of still more crazed gunmen, left NAMI's constituents harried. Rather than their more muted appeal effectively diminishing this negative affective energy, the muted response by NAMI left their constituents with excess energy with nowhere to go. As such, NAMI's constituents amplified NAMI's muted appeal to irritation into anger. The object of their anger, because the object remained unclear in NAMI's campaign, was

adapted to fit the existing narratives of fault within the constituent's affiliative group. For more liberal constituents, the object was groups like the NRA, pharmaceutical manufacturers, and health insurance companies. For more conservative individuals, the object was an Administration set on expanding its control into the health decisions of its constituents.

Because NAMI's muted appeal left so much room for interpretation by individual constituents, it allowed for their appeal to be adapted and redirected to support constituents' existing party affiliations. For those who understood NAMI's irritation to be directed at more conservative politicians and policies that they too felt were in the wrong, they had cause to draw stronger affiliative ties to NAMI and its agenda. For those that perceived NAMI's irritation to be directed at group they believed to be innocent, they had cause to cut off affiliation with NAMI.

It is possible that NAMI might have made up for their more muted emotional appeal were they to amplify the frequency of posts and direct responses to constituents, as NCTE did, in the comment sections of their website. More frequent posts and direct responses might have helped to stem the tide of negative affective energy and mediated or mitigated the substantial infighting that manifests in the comment sections of their posts. However, NAMI's muted appeals, coupled with its dearth of direct response to constituents, signaled a diminished capacity to effectively counter stigmatizing messages about mental health and effect substantial change for those living with mental illness. As a result, NAMI represents the consequences when an advocacy campaign fails to match the affective tenor of the debate they attempt to enter.

Choosing the Right Emotions

If the first attribute of successful advocacy campaigns is their ability to successfully match the affective tenor of the public debate, the second and equally important trait, is the

strategic consideration of which emotion best supports the affiliative goals and activist agenda of the campaign. Here again the HF and the NCTE's campaigns are illustrative of well-chosen emotional appeals. As the first case study highlights, HF's appeal to anger and their discourse of triumph both strengthen affiliations between HF staff and its constituents and establish avenues for action despite the severe constraints on individual agency in the years between the passage of the ACA and the Supreme Court decision on the constitutionality of the IM. Most notably, the HF's appeals to anger redirect constituent anger from the HF toward the Administration. This turn not only shields HF from criticism, but positions the HF as a trustworthy organization, willing to admit their wrongs for the sake of protecting the personal liberties of others. The discourse of triumph, in turn, gave HF constituents a way to exorcise their anxiety by cheering on those who led the charge against the IM.

In the case of the NCTE, their organization's appeal to calmness struck a balance between encouraging engagement with the new marketplace and offering critical analysis of its failings, which would serve as grounds for future campaigns. Specifically, the NCTE's appeal to calmness lessened the anxiety of their constituents by providing frequent, well-substantiated and calm responses to queries and concerns posed by constituents, encouraged enrollment in insurance programs by highlighting the health benefits, and ensured constituents' trust in the NCTE's future advocacy campaign by remaining critical of the legislation's weaknesses and articulating their plans to redress them. As a result, NCTE's appeal to calmness not only strengthened affiliations between constituents and the Center, but encouraged actions—enrollment and continued support for the NCTE—that would alleviate the anxieties of those constituents.

Here too, in their attempt to build affiliation and encourage specific actions, NAMI failed to make constructive use of emotional appeals. While NAMI attempted to evade overt party politics so that their constituents could develop affiliations with policies rather than parties, this attempt failed to account for the strong identifications between constituents and parties. In other words, their attempt to avoid party politics by not directly referencing political parties failed to account for the existing knowledge of who represents which political parties and which parties support which policies. As a result, their erasure of parties from their posts was read as either willful disingenuousness or incidental cluelessness. Additionally, NAMI failed to offer their audience any clear action steps for engaging with the very policies they were encouraged to support. Rather, NAMI positioned itself as the primary actor in the ongoing debates; an actor willing to wait on the sidelines until called.

NAMI's advocacy failure was far from guaranteed at the outset. Rather, the failure need not have occurred were NAMI's campaign—and subsequent advocacy organizations and campaigns—to take into account the affiliations and action tendencies specific emotional appeals encourage. Consider, for example, if NAMI had opted to limit the scope of its appeals to its more liberal constituents. Constituent responses show a willingness of their more progressive followers to amplify NAMI's claims of irritation into full blown anger, stabilizing intra-party affiliations between responders, liberal policies, and the parties that advocate for them.

Were NAMI to concede that they could not, in fact, maintain non-partisanship in response to the political climate surrounding the ACA and gun control debates and therefore double-down on their appeal to anger, rather than irritation, there is a strong possibility that they would have successfully reconstituted the more liberal aspects of the NAMI constituency. In turn this narrower demographic focus would enable stronger affiliations through anger and drive that

smaller constituency to productive action. This move seems all the more practical when one takes into consideration that even NAMI's muted appeals to irritation were enough to drive more conservative constituents from the ranks of the NAMI mainstream.

Alternatively, if NAMI maintained the goal of inter-party collaboration then a turn to a different emotion, one that could match the affective tenor of the debate and encourage understanding of and collaboration with an "other," might have wrought significantly stronger results. Specifically, recent scholarship on empathy shows the ways in which appeals to empathy work to humanize an "other" and drive affiliations across substantial lines of difference.⁵ Were NAMI to shift its appeal from muted appeals to irritation to overt appeals to empathy, the efficacy of their campaign to draw oppositional parties together might have increased, perhaps even dramatically.

NAMI's failure to deploy empathy as a strategy for coalition is particularly unfortunate given the pervasive diagnoses of depression across political parties, socioeconomic classes, races, genders, and ethnicities that might have served as grounds for inter-group affiliation. In other words, if NAMI wanted to encourage empathy—an understanding of the struggle and humanity of the other—highlighting the growing diagnoses of depression across various populations, for a number of different reasons but with similar individual symptoms and effects, would be an easy foundation. In fact, several scholars and activists have already begun to theorize how depression as both a medical condition and communal mood can serve as grounds for affiliation and activism.⁶

Arguably the incorporation of personal narratives of individuals grappling with depression and the ways in which the ACA, the proposed database of the mentally ill, and the

criminalizing of mental illness threatened to improve or further trouble their lives could not only draw attention to quotidian consequences of these proposals in the lives of people with mental illness and their families, but offer readers the necessary cognitive appraisals to respond with empathy.⁷ These empathetic responses, in turn, might encourage helping behavior, be it support for policies, donations, or activism on behalf of the mentally ill.

Limitations

This study is not without its limitations. For one, this dissertation takes a rather broad view of what constitutes an advocacy campaign. Rather than analyze a more traditional campaign centered on one key message and one pragmatic goal—fundraising, gaining votes, encouraging volunteering, etc.—this dissertation assesses the efficacy of discourse produced in direct response to changes in health care policy, specifically one key provision of the ACA. These campaigns comprise a number of publication types—Facebook and blog posts, newspaper articles, public remarks—that focus on providing information and a uniform *response* to a policy change rather than an advocacy campaign that emerges based on the stand-alone agenda of an organization. It is possible that an analysis of more traditional advocacy campaigns would yield different results as to what rhetorical moves constitute an appeal to pathos, the ways in which appeals spur affective energy rather than simply direct it once it has emerged, and what forms of actions are available to audiences in response to those campaigns.

In addition to a broad definition of advocacy campaigns, this dissertation analyzes a wide variety of non-governmental organizations. The Heritage Foundation is a monolithic, well-funded conservative think tank with frequent briefings and meetings in Washington, D.C. NAMI is purportedly a grass-roots organization advocating for the mentally ill and their families that

has grown dramatically in size and has regional off-shoots across the country. The NCTE is a national organization, based in Washington D.C. with limited resources and staff. As such, their advocacy manifests in widely different ways. The HF holds substantial sway within the political machinations of the Capitol. NAMI has just as much force and focus at the state as the federal level. NCTE has much closer ties and more frequent engagement with their constituents both in-person and online. As a result of these broad differences in funding, organization structure, and primary agenda, a comparative analysis of their campaigns will in some way diminish the effects of such differences on the overall success of the organization and their advocacy.

Lastly, this dissertation, by focusing on organizational responses to different provisions, does not account for the contesting voices that undoubtedly influence the nature and distribution of these campaigns in response to the IM, PECC, or EHB. Rather, the dissertation sets up the Obama Administration and its support of each provision as the primary counterpoint that necessitates organizational response. In each instance, the discourse surrounding the provisions is informed by other organizations, advocacy campaigns, newspaper publications, and political pundits. By focusing on the Obama Administration as the primary generator of the affective tenor of each case studies' rhetorical situation to which the organizations must respond, I necessarily collapse the complexity of the public arena in which the debates occur.

This simplification of the public debate is particularly salient when one takes into consideration the effects of globalization and immigration on a nation's health care system. This dissertation focuses primarily on those immediately impacted by the bill through their status as un-incarcerated U.S. citizens. As such, this analysis does not include circulating discourses on the ACA and non-U.S. citizens or those currently imprisoned. However, debates about healthcare necessarily implicate debates about immigration and international responsibility as well as prison

reform. For instance, one justification for the IM is that it would help prevent “free-riders” from scamming the healthcare system and off-loading the costs of their medical care onto others.⁸ This discourse of “free-riders” and “scammers” has direct ties to immigrant communities as their inability to access insurance through employers or acquire individual insurance plans, let alone the financial constraints faced by immigrants, leaves many of them to rely on subsidized emergency room care. As a result, in debates about both immigration and health care reform, some groups could frame immigrants as “free-riders” and thereby advocate for anti-immigration policies.⁹ Similarly, those angry about the IM or premium increases would suggest that they should just commit a crime so they could go to prison where health care was free.¹⁰ The implication that prisoners received free and more consistent care than taxpaying citizens drew attention away from the stark inconsistencies in inmate care in both state-run and private prisons. Therefore, my focus on un-incarcerated, U.S. citizens necessarily limits the scope of the debate, which not only influenced the nature of the campaigns, but constituents’ responses to them.

Contributions to Rhetorical Criticism

Despite these limitations, this dissertation makes two clear contributions to the field of social movement studies and rhetorical criticism of those movements, more broadly. The first contribution is one of pragmatism; namely, offering insight into the strategies activists can use to encourage affiliation and action through appeals to emotion. By highlighting how non-profit organizations composed their appeals to emotion, the effects those appeals had on affiliations between the organization and constituents and between constituents themselves, and the types of actions those appeals encouraged, this dissertation offers a preliminary look into how rhetorical criticism can inform social change strategies. In particular, the case study on the HF offers insight into how emotional appeals can work in tandem to achieve campaign goals and the case

study on the NCTE reveals how emotional appeals can be used to maintain affiliations with and increase motivation in an organization's constituents in order to facilitate future advocacy campaigns.

The second contribution is one of method and theory. This dissertation has sought to offer a concrete strategy for engaging in the rhetorical critique of emotional appeals. Such a method begins with an analysis of a text's use of grammar, diction, and emotion-specific responses (visual or descriptive) as well as the critic's emotional response to ascertain which emotional appeals might be at play in a text. Having discovered possible appeals within the text, the critic turns to audience reception to verify or modify the emotional responses encouraged by the text. Next, the critic turns to rhetorical and social scientific studies of emotion to determine the appraisal conditions, physiological responses, and action tendencies of the emotion or emotions at play in a text. This incorporation of social scientific studies of emotion into the theoretical foundations of the analysis strengthens the claims made about the efficacy of a text and the relationship between rhetoric, affect, and emotion. It is also this attentiveness to extant research outside of traditional humanities scholarship that can begin to explain why audiences may become invested in discourses that on the surface seem illogical or antithetical to their own interests and well-being without relying on ascriptions of ignorance or senselessness.

This method, in turn, contributes to theories of how texts persuade that can strengthen social scientific studies of emotion. For instance, there is limited research on how discourses of dominance are communicated through media. The analysis of the HF offers one example of how mediated discourse—a discourse of triumph—can constitute a dominance display outside of face-to-face interaction. Similarly, the analyses of NCTE's appeal to calmness and NAMI's appeal to irritation show the nuances inherent to appeals to trust. While social science

understands trust as the combination of trustworthiness and capacity, this study offers concrete examples of how rhetors try to persuade their audience of their trustworthiness and capacity to make change. As a whole then, this study offers groundwork for a strategic combination of humanistic and social scientific methodological and theoretical traditions that can strengthen the future of both fields of inquiry and offer pragmatic suggestions on putting those theories into practice.

¹ Given classical rhetoric theory's start as a pedagogic endeavor for Greek and Roman citizens to ensure the efficacy of their arguments before the Senate, the rhetorical situation, and the strategies for identifying and adapting to it, have been a central feature of its study. Aristotle, *Rhetoric*, trans. W. Rhys Roberts, Penn State Electronic Classics Series (Pennsylvania State University: Penn State Electronic Classics, 2010); Marcus Tullius Cicero, "Book II," in *De Oratore*, ed. and trans. J. S. Watson, n.d., http://pages.pomona.edu/~cmc24747/sources/cic_web/de_or_2.htm; An important turn in rhetorical situation scholarship came via Bitzer and Vatz's exchange in the pages of *Philosophy & Rhetoric*, in which they contested over how much influence the rhetor had on constituting a rhetorical situation. Lloyd F. Bitzer, "The Rhetorical Situation.," *Philosophy & Rhetoric* 1, no. 1 (1968): 1–14; Richard E. Vatz, "The Myth of the Rhetorical Situation.," *Philosophy & Rhetoric* 6, no. 3 (1973): 154–61.

² A preliminary review of this literature can be found in the introduction of this dissertation.

³ This is the assumed relationship between affect, emotion, and ideology that founds Cloud and Feyh's theory of "emotional fidelity," a theory discussed in the introduction of this dissertation. Dana L. Cloud and Kathleen Eaton Feyh, "Reason in Revolt: Emotional Fidelity and Working Class Standpoint in the 'Internationale' .," *Rhetoric Society Quarterly* 45, no. 4 (2015): 300–323.

⁴ Condit does an exemplary job documenting the nuances of and figureheads in this debate over the relationship between affect and ideology. Celeste M. Condit, "Pathos in Criticism: Edwin Black's Communism-As-Cancer Metaphor," *Quarterly Journal of Speech* 99, no. 1 (2013): 1–26.

⁵ C. Daniel Batson et al., "Empathy, Attitudes, and Actions: Can Feeling for a Member of a Stigmatized Group Motivate One to Help the Group?," *Personality and Social Psychology Bulletin* 28, no. 12 (2002): 1656–66; C. Daniel Batson et al., "Is Empathic Emotion a Source of Altruistic Motivation?," *Journal of Personality and Social Psychology* 40, no. 2 (1981): 290–302; C. Daniel Batson and Laura L. Shaw, "Evidence for Altruism: Toward a Pluralism of Prosocial Motives," *Psychological Inquiry* 2, no. 2 (1991): 107–22; Sara DeTurk, "Intercultural Empathy: Myth, Competency, or Possibility for Alliance Building?," *Communication Education* 50, no. 4 (2001): 374–84; Lijiang Shen, "Mitigating Psychological Reactance: The Role of

Message-Induced Empathy in Persuasion.,” *Human Communication Research* 36, no. 3 (2010): 397–422.

⁶ In the introduction to her book, *Depression: A Public Feeling*, Ann Cvetkovich chronicles her work with a collection of scholars at University of Texas, Austin as well as her participation with Feel Tank Chicago, a collective of scholars and activists, which explored the politically potential of depression as an affective state. Ann Cvetkovich, *Depression: A Public Feeling* (Durham: Duke University Press, 2012). Of particular interest is the Feel Thank Chicago's Annual "Internationally Parade of the Politically Oppressed" where participants are encouraged to show up in their bathrobes and hold signs that connect the experiences of depression with political inequality. A glimpse of Feel Tank Chicago's past parades, though now defunct, can be found at: Feel Tank Chicago, "Fifth Annual International Parade of the Politically Depressed," *Pathogeographies.net*, accessed March 1, 2017, <http://pathogeographies.net/>.

⁷ McGoldrick and Lynch offer substantial evidence of the role of personal narrative in encouraging empathetic behavior despite substantial ideological and demographic differences. Annabel McGoldrick and Jake Lynch, "Audience Responses to Peace Journalism," *Journalism Studies* 17, no. 5 (2016): 628–46.

⁸ Conn Carroll, "The Case Against Individual Mandates," *The Daily Signal*, June 16, 2009, <http://dailysignal.com/2009/06/16/the-case-against-individual-mandates/>; Rory Cooper, "Morning Bell: Heritage Files Brief Opposing Obamacare's Individual Mandate," *The Daily Signal*, May 12, 2011, <http://dailysignal.com/2011/05/12/morning-bell-heritage-files-brief-opposing-obamacares-individual-mandate/>; Robert E. Moffit, "At What Cost To Freedom?: Obama's Individual Mandate Is a Bad Idea," *The Heritage Foundation*, October 6, 2009, /health-care-reform/commentary/what-cost-freedom-obamas-individual-mandate-bad-idea; Robert E. Moffit, "Obamacare and the Individual Mandate: Violating Personal Liberty and Federalism," *The Heritage Foundation*, January 18, 2011, <http://www.heritage.org/research/reports/2011/01/obamacare-and-the-individual-mandate-violating-personal-liberty-and-federalism>; Robert E. Moffit, "Individual Mandate Unconstitutional, Unenforceable," *The Heritage Foundation*, March 23, 2011, /health-care-reform/commentary/individual-mandate-unconstitutional-unenforceable.

⁹ Joe Carlson, "Immigration Safety Net. Overhaul Not Likely to Improve Healthcare Access.," *Modern Healthcare* 43, no. 32 (August 12, 2013): 4–4; Fawn Johnson, "Why GOP Opposition to Immigrant Health Care Makes No Sense.," *National Journal*, June 8, 2013, 13.

¹⁰ Jessica Annette Sims, October 1, 2013 (2:23pm), comment on NCTE's Facebook page.

Bibliography

- Ahmed, Sara. *The Cultural Politics of Emotion*. New York: Routledge, 2012.
- AIDS.gov. "The Affordable Care Act and HIV/AIDS." *AIDs.gov*, November 1, 2016. <https://www.aids.gov/federal-resources/policies/health-care-reform/>.
- Allison, Karmel. "Karmel's Story: I No Longer Fear My 'Pre-Existing Condition.'" *White House Blog*, October 31, 2013. <https://obamawhitehouse.archives.gov/blog/2013/10/31/karmels-story-i-no-longer-fear-my-pre-existing-condition>.
- Amsden, Brian. "Dimensions of Temporality in President Obama's Tucson Memorial Address." *Rhetoric & Public Affairs* 17, no. 3 (2014): 455–76.
- Andrews, Michelle. "HHS Says Health Plans Cannot Discriminate Against Transgender People." *Kaiser Health News*, September 3, 2012. <http://khn.org/news/transgender-lgbt-health-care-michelle-andrews-090412/>.
- Angelone, David J., Damon Mitchell, and Lauren Lucente. "Predicting Perceptions of Date Rape." *Journal of Interpersonal Violence* 27, no. 13 (February 10, 2012): 2582–2602.
- Aizenman, N.C. "Provision at Center of Debate Was a Republican Idea." *The Washington Post*. March 26, 2012, Regional edition, sec. A.
- Aristotle. *Rhetoric*. Translated by W. Rhys Roberts. Penn State Electronic Classics Series. Pennsylvania State University: Penn State Electronic Classics, 2010.
- Atkins-Sayre, Wendy. "Articulating Identity: People for the Ethical Treatment of Animals and the Animal/Human Divide." *Western Journal of Communication* 74, no. 3 (2010): 309–28.
- Baberini, Marta, Cynthia-Lou Coleman, Paul Slovic, and Daniel Västfjäll. "Examining the Effects of Photographic Attributes on Sympathy, Emotions, and Donation Behavior." *Visual Communication Quarterly* 22, no. 2 (2015): 118–28.
- Baillif, Edna Christine. "Health Care Matters at Any Age." *White House Blog*, October 29, 2013. <https://obamawhitehouse.archives.gov/blog/2013/10/29/health-care-matters-any-age>.

- Baker, Kellan. “Top 10 Things Health Reform Does for Gay and Transgender Americans – Center for American Progress.” *Center for American Progress*. Accessed January 13, 2017. <https://www.americanprogress.org/issues/lgbt/news/2012/03/26/11246/top-10-things-health-reform-does-for-gay-and-transgender-americans/>.
- Baker, Kellan, and Jeff Krehely. “Release: What Health Care Reform Means for LGBT Americans – Center for American Progress.” *Center for American Progress*. Accessed January 13, 2017. <https://www.americanprogress.org/press/release/2011/03/29/15140/release-what-health-care-reform-means-for-lgbt-americans/>.
- Baker, Kellan, Harper Jean Tobin, and Patrick Paschall. “LGBT Groups Work To Advance Health Equity.” *ThinkProgress*, April 25, 2012. <https://thinkprogress.org/lgbt-groups-work-to-advance-health-equity-f850fe52428d>.
- Batson, C. Daniel, Johee Chang, Ryan Orr, and Jennifer Rowland. “Empathy, Attitudes, and Actions: Can Feeling for a Member of a Stigmatized Group Motivate One to Help the Group?” *Personality and Social Psychology Bulletin* 28, no. 12 (2002): 1656–66.
- Batson, C. Daniel, Bruce D. Duncan, Paula Ackerman, Terese Buckley, and Kimberly Birch. “Is Empathic Emotion a Source of Altruistic Motivation?” *Journal of Personality and Social Psychology* 40, no. 2 (1981): 290–302.
- Batson, C. Daniel, and Laura L. Shaw. “Evidence for Altruism: Toward a Pluralism of Prosocial Motives.” *Psychological Inquiry* 2, no. 2 (1991): 107–22.
- Berbrier, Mitch. “‘Half the Battle’: Cultural Resonance, Framing Processes, and Ethnic Affectations in Contemporary White Separatist Rhetoric.” *Social Problems* 45, no. 4 (1998): 431–50.
- Berlant, Lauren. “Introduction: Compassion (and Withholding).” In *Compassion: The Culture and Politics of an Emotion*, edited by Lauren Berlant, 1–13. New York: Routledge, 2004.
- . *The Queen of America Goes to Washington City: Essays on Sex and Citizenship*. Durham, NC: Duke University Press, 1997.
- Berlant, Lauren, and Michael Warner. “Sex in Public.” *Critical Inquiry* 24, no. Winter (1998): 547–66.
- Bhattacharya, Rajeev, Timothy M. Devinney, and Madan M. Pillutla. “A Formal Model of Trust Based on Outcomes.” *Academy of Management Review* 23, no. 3 (July 1998): 459–72.

- Biden, Jill, and Kathleen Sebelius. "Dr. Jill Biden and HHS Secretary Kathleen Sebelius Host Breast Cancer Awareness Month Call." *White House Blog*, October 25, 2012. <https://obamawhitehouse.archives.gov/blog/2012/10/25/dr-jill-biden-and-hhs-secretary-kathleen-sebelius-host-breast-cancer-awareness-month>.
- Biesecker, Barbara A. "No Time for Mourning: The Rhetorical Production of the Melancholic Citizen-Subject in the War on Terror." *Philosophy and Rhetoric* 40, no. 1 (2007): 147–69.
- Bitzer, Lloyd F. "The Rhetorical Situation." *Philosophy & Rhetoric* 1, no. 1 (1968): 1–14.
- Bluestone, Zachary M. "The Unscripted Evolution of Presidential Nominations: From Founding-Era Idealism to the Dominance of Party Primaries." *Harvard Journal of Law & Public Policy* 39, no. 3 (2016): 963–99.
- Bluey, Rob. "Obamacare Loses Big in Missouri; Voters Reject Individual Mandate." *The Daily Signal*, August 4, 2010. <http://dailysignal.com/2010/08/04/obamacare-loses-big-in-missouri-voters-reject-individual-mandate/>.
- Bond, Brian. "Focusing HIV Prevention Efforts on Gay and Bisexual Men." *White House Blog*, September 27, 2010. <https://obamawhitehouse.archives.gov/blog/2010/09/27/focusing-hiv-prevention-efforts-gay-and-bisexual-men>.
- Boromisza-Habashi, David. *Speaking Hatefully: Culture, Communication, and Political Action in Hungary*. University Park, PA: Pennsylvania State University Press, 2013.
- Brandzel, Amy L. *Against Citizenship: The Violence of the Normative*. Dissident Feminisms. Urbana, IL: University of Illinois Press, 2016.
- Brennan, Teresa. *The Transmission of Affect*. Ithaca: Cornell University Press, 2004.
- Bronstein, Scott, and Drew Griffin. "A Fatal Wait: Veterans Languish and Die on a VA Hospital's Secret List - CNN.com." *CNN*, April 23, 2014. <http://www.cnn.com/2014/04/23/health/veterans-dying-health-care-delays/index.html>.
- Brownfield, Mike. "Morning Bell: A Devastating Blow to Obamacare." *The Daily Signal*, August 15, 2011. <http://dailysignal.com/2011/08/15/morning-bell-a-devastating-blow-to-obamacare/>.
- Butler, Stuart. "Column: Don't Blame Heritage for ObamaCare Mandate." *USATODAY.COM*, February 6, 2012. <http://www.usatoday.com/news/opinion/forum/story/2012-02-03/health-individual-mandate-reform-heritage/52951140/1>.
- . "Coverage Issues in Health Reform." *The Heritage Foundation*, May 6, 2009. <http://www.heritage.org/research/testimony/coverage-issues-in-health-reform>.

- . “Don’t Blame Heritage for ObamaCare Mandate.” *The Daily Signal*, February 6, 2012. <http://dailysignal.com/2012/02/06/dont-blame-heritage-for-obamacare-mandate>.
- Campbell, Karlyn Kohrs. “The Rhetoric of Women’s Liberation: An Oxymoron.” *Quarterly Journal of Speech* 29, no. 1 (1973): 74–86.
- Carlson, Joe. “Immigration Safety Net. Overhaul Not Likely to Improve Healthcare Access.” *Modern Healthcare* 43, no. 32 (August 12, 2013): 4.
- Carrington, Karen. “Toward the Development of a New Multidimensional Trust Scale.” Doctoral Thesis, University of Wolverhampton, 2007.
- Carroll, Conn. “Morning Bell: A Legal Victory on the Road to Repeal.” *The Daily Signal*, October 15, 2010. <http://dailysignal.com/2010/10/15/morning-bell-a-legal-victory-on-the-road-to-repeal/>.
- . “Morning Bell: Better Ideas to Avoid Our Health Care Nightmare.” *The Daily Signal*, June 2, 2009. <http://dailysignal.com/2009/06/02/morning-bell-better-ideas-to-avoid-our-health-care-nightmare/>.
- . “Morning Bell: They Left Out the Socialized Medicine Part.” *The Daily Signal*, October 29, 2008. <http://dailysignal.com/2008/10/29/morning-bell-they-left-out-the-socialized-medicine-part/>.
- . “Morning Bell: White House Admits Obamacare’s Individual Mandate Is a Tax.” *The Daily Signal*, July 20, 2010. <http://dailysignal.com/2010/07/20/morning-bell-white-house-admits-obamacares-individual-mandate-is-a-tax/>.
- . “The Case Against Individual Mandates.” *The Daily Signal*, June 16, 2009. <http://dailysignal.com/2009/06/16/the-case-against-individual-mandates/>.
- Carroll, Marisa. “What the Affordable Care Act Means for Transgender People.” *The Nation*, August 14, 2012. <https://www.thenation.com/article/what-affordable-care-act-means-transgender-people/>.
- Carver, Charles S., and Eddie Harmon-Jones. “Anger Is an Approach-Related Affect: Evidence and Implications.” *Psychological Bulletin* 135, no. 2 (2009): 183–204.
- Castro, Christian F. “Promoting the Dialogue on HIV/AIDS.” *Whitehouse.gov*, June 7, 2011. <https://obamawhitehouse.archives.gov/blog/2011/06/07/promoting-dialogue-hivaids>.
- Center for Disease Control and Prevention. “The Affordable Care Act Helps People Living with HIV/AIDS.” *Cdc.gov*, November 16, 2015. <https://www.cdc.gov/hiv/policies/aca.html>.

- Chaput, Catherine. "Rhetorical Circulation in Late Capitalism: Neoliberalism and the Overdetermination of Affective Energy." *Philosophy and Rhetoric* 43, no. 1 (2010): 1–25.
- Charteris-Black, Jonathan. "Britain as a Container: Immigration Metaphors in the 2005 Election Campaign." *Discourse & Society* 17, no. 5 (2006): 563–81.
- Chávez, Karma R. "Border (In)Securities: Normative and Differential Belonging in LGBTQ and Immigrant Rights Discourse." *Communication and Critical/Cultural Studies* 7, no. 2 (2010): 136–55.
- . "Counter-Public Enclaves and Understanding the Function of Rhetoric in Social Movement Coalition-Building." *Communication Quarterly* 59, no. 1 (2011): 1–18.
- Cheung-Blunden, Violet, and Bill Blunden. "The Emotional Construal of War: Anger, Fear, and Other Negative Emotions." *Peace and Conflict: Journal of Peace Psychology* 14, no. 2 (2008): 123–50.
- Cicero, Marcus Tullius. "Book II." In *De Oratore*, edited and translated by J. S. Watson, n.d. http://pages.pomona.edu/~cmc24747/sources/cic_web/de_or_2.htm.
- Cisneros, Josue David. "Reclaiming the Rhetoric of Reies López Tijerina: Border Identity and Agency in 'The Land Grant Question'." *Communication Quarterly* 60, no. 5 (2012): 561–87.
- Clare, Eli. "Body Shame, Body Pride. Lessons from the Disability Rights Movement." In *The Transgender Studies Reader 2*, edited by Susan Stryker and Aren Z. Aizura. New York: Routledge, 2013.
- Cloud, Dana L. "Therapy, Silence, and War: Consolation and the End of Deliberation in the 'Affected' Public." *Poroi* 2, no. 1 (2003): 125–42.
- . "'To Veil the Threat of Terror': Afghan Women and the (clash of Civilizations) in the Imagery of the U.S. War on Terrorism." *Quarterly Journal of Speech* 90, no. 3 (2004): 285–306.
- Cloud, Dana L., and Kathleen Eaton Feyh. "Reason in Revolt: Emotional Fidelity and Working Class Standpoint in the 'Internationale'." *Rhetoric Society Quarterly* 45, no. 4 (2015): 300–323.
- Condit, Celeste M. "Insufficient Fear of the 'Super-flu'? The World Health Organization's Global Decision-Making for Health." *Poroi: An Interdisciplinary Journal of Rhetorical Analysis & Invention* 10, no. 1 (2014): 1–31.

- . “Pathos in Criticism: Edwin Black’s Communism-As-Cancer Metaphor.” *Quarterly Journal of Speech* 99, no. 1 (2013): 1–26.
- Condit, Celeste Michelle, and L. Bruce Railsback. *How to Understand Everything (Even Human Beings)*. Athens, GA: University of Georgia, 2005.
<http://www.gly.uga.edu/railsback/Transilience/TransilienceBookDownload.html>.
- Congressional Budget Office. “Payments of Penalties for Being Uninsured Under the Affordable Care Act: 2014 Update.” Last modified June 5, 2014.
<https://www.cbo.gov/publication/45397>.
- Cooper, Michael. “Conservatives Sowed Idea of Health Care Mandate, Only to Spurn It Later.” *The New York Times*. February 15, 2012, Late-Final edition, sec. A.
- Cooper, Rory. “Morning Bell: Heritage Files Brief Opposing Obamacare’s Individual Mandate.” *The Daily Signal*, May 12, 2011. <http://dailysignal.com/2011/05/12/morning-bell-heritage-files-brief-opposing-obamacares-individual-mandate/>.
- Cram, Emily Dianne. “‘Angie Was Our Sister:’ Witnessing the Trans-Formation of Disgust in the Citizenry of Photography.” *Quarterly Journal of Speech* 98, no. 4 (2012): 411–38.
- Crowley, Jeffrey S. “NIH-Funded Study Finds Daily Dose of Antiretroviral Drug Reduces Risk of HIV.” *White House Blog*, November 23, 2010.
<https://obamawhitehouse.archives.gov/blog/2010/11/23/nih-funded-study-finds-daily-dose-antiretroviral-drug-reduces-risk-hiv>.
- Cutter, Stephanie. “\$86.2 Million.” *White House Blog*, November 17, 2010.
<https://obamawhitehouse.archives.gov/blog/2010/11/17/862-million>.
- . “50 States, 50 Stories – New Health Care Website Launches Today.” *White House Blog*, September 22, 2010. <https://obamawhitehouse.archives.gov/blog/2010/09/22/50-states-50-stories-new-health-care-website-launches-today>.
- . “A Key Legal Victory for Health Care.” *Whitehouse.gov*, June 29, 2011.
<https://obamawhitehouse.archives.gov/blog/2011/06/29/key-legal-victory-health-care-0>.
- . “Another Health Care Court Victory.” *Whitehouse.gov*, November 30, 2010.
- . “Health Reform Wins Another Round in Court.” *Whitehouse.gov*, December 8, 2010.
<https://obamawhitehouse.archives.gov/blog/2010/12/08/health-reform-wins-another-round-court>.
- . “Today’s Health Care Court Cases.” *Whitehouse.gov*, May 10, 2011.
- . “Today’s Health Care Court Ruling.” *Whitehouse.gov*, December 13, 2010.

- . “Voices of Health Reform: Cathy’s Story.” *White House Blog*, January 18, 2011. <https://obamawhitehouse.archives.gov/blog/2011/01/18/voices-health-reform-cathy-s-story>.
- . “Voices of Health Reform: James’s Story.” *White House Blog*, January 25, 2011. <https://obamawhitehouse.archives.gov/blog/2011/01/25/voices-health-reform-james-s-story>.
- . “Voices of Health Reform: Libbie and Natalie’s Story.” *White House Blog*, January 20, 2011. <https://obamawhitehouse.archives.gov/blog/2011/01/20/voice-health-reform-libbie-and-natalie-s-story>.
- . “What They Are Saying: The Affordable Care Act and the Courts.” *White House Blog*, December 15, 2010.
- Cvetkovich, Ann. *Depression: A Public Feeling*. Durham: Duke University Press, 2012.
- De Castella, Krista, and Craig McGarty. “Two Leaders, Two Wars: A Psychological Analysis of Fear and Anger Content in Political Rhetoric About Terrorism.” *Analyses of Social Issues and Public Policy* 11, no. 1 (2011): 180–200.
- De Leon, Cedric, Manali Desai, and Cihan Tuğal. “Political Articulation: Parties and the Constitution of Cleavages in the United States, India, and Turkey.” *Sociological Theory* 27, no. 3 (2009): 193–219.
- Decety, Jean, Stephanie Echols, and Joshua Correll. “The Blame Game: The Effect of Responsibility and Social Stigma on Empathy for Pain.” *Journal Of Cognitive Neuroscience* 22, no. 5 (2010): 985–97.
- DeLuca, Kevin Michael. *Image Politics: The New Rhetoric of Environmental Activism*. New York: Guilford Press, 1999.
- . “Unruly Arguments: The Body Rhetoric of Earth First!, ACT UP, and Queer Nation.” *Argumentation and Advocacy* 36, no. 1 (1999): 9–21.
- Decety, Jean, Stephanie Echols, and Joshua Correll. “The Blame Game: The Effect of Responsibility and Social Stigma on Empathy for Pain.” *Journal of Cognitive Neuroscience* 22, no. 5 (2010): 985–97.
- Department of Veterans Affairs. “History - VA History - About VA.” *Va.gov*. Accessed January 28, 2017. https://www.va.gov/about_va/vahistory.asp.
- DeTurk, Sara. “Intercultural Empathy: Myth, Competency, or Possibility for Alliance Building?” *Communication Education* 50, no. 4 (2001): 374–84.

- Dickinson, Greg. "Memories for Sale: Nostalgia and the Construction of Identity in Old Pasadena." *Quarterly Journal of Speech* 83, no. 1 (1997): 1–27.
- Distel, Marijn A., Mark Patrick Roeling, Jorim J. Tielbeek, Désie van Toor, Timothy J. Trull, Catherine A. Derom, and Dorret I. Boomsma. "The Covariation of Trait Anger and Borderline Personality: A Bivariate Twin-Siblings Study." *Journal of Abnormal Psychology* 121, no. 2 (2012): 458–66.
- Duerringer, Christopher M. "Dis-Honoring the Dead: Negotiating Decorum in the Shadow of Sandy Hook." *Western Journal of Communication* 80, no. 1 (2016): 79–99.
- Earle, Geoffe. "The Gloves Come Off Mitt and Perry Go Toe to Toe." *The New York Post*. October 19, 2011, sec. Sports+Late.
- Enck-Wanzer, Darrel. "Trashing the System: Social Movement, Intersectional Rhetoric, and Collective Agency in the Young Lords Organization's Garbage Offensive." *Quarterly Journal of Speech* 92, no. 2 (2006): 174–201.
- Engbers, Susanna Kelly. "With Great Sympathy: Elizabeth Cady Stanton's Innovative Appeals to Emotion." *Rhetoric Society Quarterly* 37, no. 3 (2007): 307–32.
- Every, Danielle. "'Shame on You': The Language, Practice and Consequences of Shame and Shaming in Asylum Seeker Advocacy." *Discourse & Society* 24, no. 6 (2013): 667–86.
- Federal Bureau of Investigation. "About NICS." *Fbi.gov*. Accessed December 27, 2016. <https://www.fbi.gov/services/cjis/nics/about-nics>.
- Feel Tank Chicago. "Fifth Annual International Parade of the Politically Depressed." *Pathogeographies.net*. Accessed March 1, 2017. <http://pathogeographies.net/>.
- Feldman, Stefanie. "Insurance Companies Now Must Cover Mental Health Benefits at Parity with Medical Benefits." *White House Blog*, November 8, 2013. <https://obamawhitehouse.archives.gov/blog/2013/11/08/insurance-companies-now-must-cover-mental-health-benefits-parity-medical-benefits>.
- Fingerhut, Adam W. "Straight Allies: What Predicts Heterosexuals' Alliance with the LGBT Community?" *Journal of Applied Social Psychology* 41, no. 9 (2011): 2230–48.
- Fitzpatrick, Michael J. "Dr. Phil and Brian Williams: You Can Do Better: Listen to President Obama about Ending Stigma." *NAMI: National Alliance on Mental Illness*, August 2, 2013. <http://www.nami.org/Press-Media/Press-Releases/2013/Dr-Phil-and-Brian-Williams-You-Can-Do-Better;-List>.

- . “Gun Laws and Mental Health.” *NAMI: National Alliance on Mental Illness*, August 21, 2012. <http://www.nami.org/Blogs/NAMI-Blog/August-2012/Gun-Laws-and-Mental-Health>.
- . “NAMI Statement: The President’s Mental Health Proposals.” *NAMI: National Alliance on Mental Illness*, January 16, 2013. <http://www.nami.org/About-NAMI/NAMI-News/NAMI-Statement-The-President%E2%80%99s-Mental-Health-Propo>.
- . “NAMI Statement: The White House Conference on Mental Health.” *NAMI: National Alliance on Mental Illness*, July 3, 2013. <http://www.nami.org/Press-Media/Press-Releases/2013/NAMI-Statement-The-White-House-Conference-on-Menta>.
- . “National Alliance on Mental Illness (NAMI) Statement: Supreme Court Decision on Health Care Law.” *NAMI: National Alliance on Mental Illness*, June 28, 2012. [https://www.nami.org/Press-Media/Press-Releases/2012/National-Alliance-on-Mental-Illness-\(NAMI\)-Stateme](https://www.nami.org/Press-Media/Press-Releases/2012/National-Alliance-on-Mental-Illness-(NAMI)-Stateme).
- . “Newtown Tragedy: NAMI Condemns NRA Position as ‘Outrageous and Wrong.’” *NAMI: National Alliance on Mental Illness*, December 21, 2012. <http://www.nami.org/Press-Media/Press-Releases/2012/Newtown-Tragedy-NAMI-Condemns-NRA-Position-as-Outr>.
- . “The Arizona Tragedy and Mental Health Care.” *NAMI: National Alliance on Mental Illness*, January 1, 2011. <http://www.nami.org/Press-Media/Press-Releases/2011/The-Arizona-Tragedy-and-Mental-Health-Care>.
- . “The Aurora Tragedy Anniversary and the White House National Dialogue on Mental Health.” *NAMI: National Alliance on Mental Illness*, July 18, 2013. <http://www.nami.org/Press-Media/Press-Releases/2013/The-Aurora-Tragedy-Anniversary-and-the-White-House>.
- . “The Navy Yard Tragedy: Mental Health Concerns.” *NAMI: National Alliance on Mental Illness*, September 18, 2013. <http://www.nami.org/Press-Media/Press-Releases/2013/The-Navy-Yard-Tragedy-Mental-Health-Concerns>.
- . “White House Gun Task Force: NAMI Calls on President and Congress to ‘Do What’s Right’ for Mental Health Care.” *NAMI: National Alliance on Mental Illness: Texas*, January 11, 2013. <http://namitexas.org/white-house-gun-task-force-nami-calls-on-president-and-congress-to-do-whats-right-for-mental-health-care/>.
- Fitzpatrick, Michael J., and Mira Signer. “NAMI Condemns Virginia Lt. Governor’s Campaign Statement That Obama Voters Should ‘Check Themselves Into A Mental Hospital.’” *NAMI: National Alliance on Mental Illness*, July 16, 2012. <http://www.nami.org/Press-Media/Press-Releases/2012/NAMI-Condemns-Virginia-Lt-Governor-s-Campaign-Stat>.

- Fjelstad, Per. "Restraint and Emotion in Cicero's *De Oratore*." *Philosophy and Rhetoric* 36, no. 1 (2003): 39–47.
- Fox, Elaine. *Emotion Science: Cognitive and Neuroscientific Approaches to Understanding Human Emotions*. New York: Palgrave Macmillan, 2008.
- Frank, David A. "Facing Moloch: Barack Obama's National Eulogies and Gun Violence." *Rhetoric & Public Affairs* 17, no. 4 (2014): 653–78.
- Freedman, Martin N. "Social Movements: Rhetorical Acts and Strategies." *Communication* 6, no. 2 (1977): 57–67.
- Frijda, Nico H. *The Emotions*. Cambridge: Cambridge University Press, 1986.
- Frijda, Nico H., Peter Kuipers, and Elisabeth ter Schure. "Relations Among Emotion, Appraisal, and Emotional Action Readiness." *Journal of Personality and Social Psychology* 57, no. 2 (1989): 212–28.
- Frischherz, Michaela. "Affective Agency and Transformative Shame: The Voices Behind The Great Wall of Vagina." *Women's Studies in Communication* 38, no. 3 (2015): 251–72.
- Futrell, Robert, Pete Simi, and Simon Gottschalk. "Understanding Music in Movements: The White Power Music Scene." *Sociological Quarterly* 47, no. 2 (2006): 275–304.
- Garg, Nitika, J. Jeffrey Inman, and Vikas Mittal. "Incidental and Task-Related Affect: A Re-Inquiry and Extension of the Influence of Affect on Choice." *Journal of Consumer Research* 32, no. 1 (2005): 154–59.
- Garrett, Mary M. "Pathos Reconsidered from the Perspective of Classical Chinese Rhetorical Theories." *Quarterly Journal of Speech* 79, no. 1 (1993): 19–39.
- Gebbia, Robert, Jeffrey Lieberman, and Michael J. Fitzpatrick. "American Foundation for Suicide Prevention, American Psychiatric Association and National Alliance on Mental Illness Not Amused by DC Comics Contest." *NAMI: National Alliance on Mental Illness*, September 12, 2013. <http://www.nami.org/Press-Media/Press-Releases/2013/American-Foundation-for-Suicide-Prevention,-Americ>.
- Gingrich-Philbrook, Craig. "ACT UP as a Structure of Feeling." *Quarterly Journal of Speech* 98, no. 1 (2012): 81–88.
- Goetz, Jennifer L., Dacher Keltner, and Emiliana Simon-Thomas. "Compassion: An Evolutionary Analysis and Empirical Review." *Psychological Bulletin* 136, no. 3 (2010): 351–74.

- Golden, Robyn L., and Matthew R. Vail. "The Implications of the Affordable Care Act for Mental Health Care." *American Society on Aging*. December 11, 2014. <http://www.asaging.org/blog/implications-affordable-care-act-mental-health-care>.
- Gollwitzer, Mario, Tobias Rothmund, Andreas Pfeiffer, and Conrad Ensenbach. "Why and When Justice Sensitivity Leads to pro- and Antisocial Behavior." *Journal of Research in Personality* 43, no. 6 (2009): 999–1005.
- Gonzalez, Mike. "Mr. Carney, Stop Misrepresenting Heritage's Position." *The Daily Signal*, September 30, 2011. <http://dailysignal.com/2011/09/30/mr-carney-stop-misrepresenting-heritages-position/>.
- Goodnight, G. Thomas. "The Metapolitics of the 2002 Iraq Debate: Public Policy and the Network Imaginary." *Rhetoric and Public Affairs* 13, no. 1 (2010): 65–94.
- Gorsevski, Ellen W. "A Rhetorical Climate: The Power of Hope in Big Sky Country." *Journal of Communication & Religion* 22, no. 2 (1999): 124–89.
- Gracia, J. Nadine. "What the Affordable Care Act Means to Communities of Color." *Whitehouse.gov*, August 21, 2013. <https://obamawhitehouse.archives.gov/blog/2013/08/21/what-affordable-care-act-means-communities-color>.
- Greene, Ronald Walter, and Kevin Douglas Kuswa. "'From the Arab Spring to Athens, from Occupy Wall Street to Moscow': Regional Accents and the Rhetorical Cartography of Power." *Rhetoric Society Quarterly* 42, no. 3 (2012): 271–88.
- Gregg, Richard B. "The Ego-Function of the Rhetoric of Protest." *Philosophy & Rhetoric* 4, no. 2 (1971): 71–91.
- Griffin, Leland M. "The Rhetoric of Historical Movements." *Quarterly Journal of Speech* 38 (1952): 184–88.
- Griffin, Rachel Alicia. "I AM an Angry Black Woman: Black Feminist Autoethnography, Voice, and Resistance." *Women's Studies in Communication* 35, no. 2 (2012): 138–57.
- Gring-Pemle, Lisa M. "'Are We Going to Now Govern By Anecdote?': Rhetorical Constructions of Welfare Recipients in Congressional Hearings, Debates, and Legislation, 1992-1996." *Quarterly Journal of Speech* 87, no. 4 (2001): 341–65.
- Grogan, Colleen, and Eric Patashnik. "Between Welfare Medicine and Mainstream Entitlement: Medicaid at the Political Crossroads." *Journal Of Health Politics, Policy And Law* 28, no. 5 (2003): 821–58.

- Gross, Alan G. "Lincoln's Use of Constitutive Metaphors." *Rhetoric & Public Affairs* 7, no. 2 (2004): 173–89.
- Gunn, Joshua. "Hystericizing Huey: Emotional Appeals, Desire, and the Psychodynamics of Demagoguery." *Western Journal of Communication* 71, no. 1 (2007): 1–27.
- . "On Speech and Public Release." *Rhetoric & Public Affairs* 13, no. 2 (2010): 1–42.
- Hahner, Leslie A. "The National Committee of Patriotic Societies and the Aesthetics of Propaganda." *Rhetoric & Public Affairs* 17, no. 1 (2014): 35–65.
- Hall, Rachel. *The Transparent Traveler: The Performance and Culture of Airport Security*. Durham: Duke University Press, 2015.
- Hallett, Tim. "Emotional Feedback and Amplification in Social Interaction." *Sociological Quarterly* 44, no. 4 (2003): 705–26.
- Halperin, Eran, and James J. Gross. "Emotion Regulation in Violent Conflict: Reappraisal, Hope, and Support for Humanitarian Aid to the Opponent in Wartime." *Cognition and Emotion* 25, no. 7 (2011): 1228–36.
- Han, Dahee, Adam Duhachek, and Nidhi Agrawal. "Emotions Shape Decisions through Construal Level: The Case of Guilt and Shame." *Journal of Consumer Research* 41, no. 4 (2014): 1047–64.
- Happe, Kelly E. "Parrhēsia, Biopolitics, and Occupy." *Philosophy and Rhetoric* 48, no. 2 (2015): 211–23.
- Hariman, Robert. "Cultivating Compassion as a Way of Seeing." *Communication & Critical/Cultural Studies* 6, no. 2 (2009): 199–203.
- Hariman, Robert, and John Louis Lucaites. "Dissent and Emotional Management in a Liberal-Democratic Society: The Kent State Iconic Photograph." *Rhetoric Society Quarterly* 31, no. 3 (2001): 4–31.
- . "Visual Tropes and Late-Modern Emotion in U.S. Public Culture." *Poroi* 5, no. 2 (2008): 47–93.
- Hart, Jessica W. "NAMI Has 'Got You Covered!'" *NAMI: National Alliance on Mental Illness*, May 10, 2013. <http://www.nami.org/About-NAMI/NAMI-News/NAMI-Has-Got-You-Covered!>
- Hawkins, Peter S. "Naming Names: The Art of Memory and the NAMES Project AIDS Quilt." *Critical Inquiry* 19, no. 4 (1993): 752–79.

- Health and Human Services Press Office. "Health Care Law Gives Women Control Over Their Care, Offers Free Preventive Services to 47 Million Women." *U.S. Department of Health & Human Services*, July 31, 2012.
<http://web.archive.org/web/20140223224435/http://www.hhs.gov/news/press/2012pres/07/20120731a.html>.
- HealthCare.gov. "Find Out What Marketplace Health Insurance Plans Cover." Accessed January 22, 2017. <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>.
- Herzog, Harold A., and Lauren L. Golden. "Moral Emotions and Social Activism: The Case of Animal Rights." *Journal of Social Issues* 65, no. 3 (2009): 485–98.
- Höijer, Birgitta. "The Discourse of Global Compassion: The Audience and Media Reporting of Human Suffering." *Media, Culture & Society* 26, no. 4 (2004): 513–31.
- Holder, Eric H., and Kathleen Sebelius. "Op-Ed by Attorney General Eric Holder and Health and Human Services Secretary Kathleen Sebelius." *Whitehouse.gov*, December 14, 2010.
<https://obamawhitehouse.archives.gov/the-press-office/2010/12/14/op-ed-attorney-general-eric-holder-and-heath-and-human-services-secretar>.
- Honberg, Ron. "Health Care Reform, the Supreme Court and Implications for People Living with Mental Illness." *NAMI: National Alliance on Mental Illness*, March 28, 2012.
<https://www.nami.org/Blogs/NAMI-Blog/March-2012/Health-Care-Reform,-the-Supreme-Court-and-Implicat>.
- Houdek, Matthew. "'Once an Eagle, Always an Eagle?': Symbolic Divestment, Recuperative Critique, and in-House Protests against the Anti-Gay BSA." *Communication & Critical/Cultural Studies* 14, no. 1 (2017): 48–65.
- Huddy, Leonie, Jeffrey M. Jones, and Richard E. Chard. "Compassionate Politics: Support for Old-Age Programs Among the Non-Elderly." *Political Psychology* 22, no. 3 (2001): 443–71.
- Jarrett, Valerie. "Celebrating the One Year Anniversary of the Affordable Care Act." *White House Blog*, March 24, 2011.
<https://obamawhitehouse.archives.gov/blog/2011/03/24/celebrating-one-year-anniversary-affordable-care-act>.
- Jensen, Richard J., and Cara J. Abeyta. "The Minority in the Middle: Asian-American Dissent in the 1960s and 1970s." *Western Journal of Speech Communication* 51, no. 4 (1987): 402–16.
- Johnson, Fawn. "Why GOP Opposition to Immigrant Health Care Makes No Sense." *National Journal*, June 8, 2013, 13.

- Jorgensen-Earp, Cheryl R., and Lori A. Lanzilotti. "Public Memory and Private Grief: The Construction of Shrines at the Sites of Public Tragedy." *Quarterly Journal of Speech* 84, no. 2 (1998): 150–70.
- Juro, Rebecca. "Even After All These Years, HRC Still Doesn't Get It." *Huffington Post*, April 1, 2013. http://www.huffingtonpost.com/rebecca-juro/even-after-all-these-years-hrc-still-doesnt-get-it_b_2989826.html.
- Kamans, Elanor, Martijn van Zomeren, Ernestine H. Gordijn, and Tom Postmes. "Communicating the Right Emotion Makes Violence Seem Less Wrong: Power-Congruent Emotions Lead Outsiders to Legitimize Violence of Powerless and Powerful Groups in Intractable Conflict." *Group Processes & Intergroup Relations* 17, no. 3 (2014): 286–305.
- Kapur, Sahil. "Mitt Romney's Healthcare Conundrum." *The Guardian*. April 9, 2010, sec. Opinion. <https://www.theguardian.com/commentisfree/cifamerica/2010/apr/09/mitt-romney-healthcare>.
- Kates, Jen, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson. "Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S." Issue Brief. Menlo Park, CA: The Henry J. Kaiser Family Foundation, November 2016. <http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US>.
- Kates, Jennifer, Lindsey Dawson, Tresa Udem, and Kathleen Perry. "Health Insurance Coverage for People with HIV Under the Affordable Care Act: Experiences in Five States." The Henry J. Kaiser Family Foundation, December 2014. <http://files.kff.org/attachment/issue-brief-health-insurance-coverage-for-people-with-hiv-under-the-affordable-care-act-experiences-in-five-states>.
- Kellner, Douglas. "Media Spectacle, Fear, and Terrorism." *Media Development* 54, no. 3 (2007): 11–14.
- Kelly, Maura, and Amy Lubitow. "Pride at Work: Organizing at the Intersection of the Labor and LGBT Movements." *Labor Studies Journal* 39, no. 4 (2014): 257–77.
- Kim, Mul K. "Being a Transgender Person Is No Longer a Pre-Existing Condition." *National Center for Transgender Equality's Blog*, March 29, 2010. <https://transgenderequality.wordpress.com/2010/03/29/being-a-transgender-person-is-no-longer-a-pre-existing-condition/>.

- . “New Regulations Issued To Protect Individuals From Health Insurance Company Abuses.” *National Center for Transgender Equality*, July 30, 2010. <http://www.transequality.org/blog/new-regulations-issued-to-protect-individuals-from-health-insurance-company-abuses>.
- . “What’s Happening with the Healthcare Reform Law?” *National Center for Transgender Equality’s Blog*, January 13, 2011. <https://transgenderequality.wordpress.com/2011/01/13/what%e2%80%99s-happening-with-the-healthcare-reform-law/>.
- Kitch, Carolyn. “‘Mourning in America’: Ritual, Redemption, and Recovery in News Narrative after September 11.” *Journalism Studies* 4, no. 2 (2003): 213–24.
- Kleef, Gerben A. van, Christopher Oveis, Ilmo van der Löwe, Aleksandr LuoKogan, Jennifer Goetz, and Dacher Keltner. “Power, Distress, and Compassion: Turning a Blind Eye to the Suffering of Others.” *Psychological Science (Wiley-Blackwell)* 19, no. 12 (2008): 1315–22.
- Klein, Ezra. “Obama Revealed: A Moderate Republican.” *The Washington Post*. April 25, 2011, Suburban edition, sec. A.
- Kliegman, Julie. “Obamacare ‘Has Never Been Favored by a Majority of Americans,’ Gingrich Says.” @politifact, September 26, 2013. <http://www.politifact.com/truth-o-meter/statements/2013/sep/26/newt-gingrich/obamacare-has-never-been-favored-majority-american/>.
- Kliff, Sarah. “Advocates Are Launching an LGBT-Specific Obamacare Campaign. Here’s Why.” *Washington Post*, September 12, 2013. <https://www.washingtonpost.com/news/wonk/wp/2013/09/12/advocates-are-launching-an-lgbt-specific-obamacare-campaign-heres-why/>.
- Konrad, Walecia. “For Gay Couples, Obstacles to Health Insurance.” *The New York Times*, May 8, 2009. <http://www.nytimes.com/2009/05/09/health/09patient.html>.
- Konstan, David. “The Concept of ‘Emotion’ from Plato to Cicero.” *Méthexis* 19 (2006): 139–51.
- Konty, Mark, Duell Blythe, and Jeff Joireman. “Scared Selfish: A Culture of Fear’s Values in the Age of Terrorism.” *The American Sociologist* 35, no. 2 (2004): 93–109.
- Krouse, Mary Beth. “The AIDS Memorial Quilt as Cultural Resistance for Gay Communities.” *Critical Sociology* 20, no. 3 (1994): 65–78.
- Lamb-Books, Benjamin. “Abolitionists and the Eloquence of Abuse: Revisiting Status and Rhetoric in Social Movements.” *Social Movement Studies* 15, no. 2 (2016): 125–45.

- Leach, Colin Wayne, Aarti Iyer, and Anne Pedersen. "Anger and Guilt about Ingroup Advantage Explain the Willingness for Political Action." *Personality and Social Psychology Bulletin* 32, no. 9 (2006): 1232–45.
- Lee, Jesse. "A Backyard Discussion on the Patient's Bill of Rights." *White House Blog*, September 22, 2010. <https://obamawhitehouse.archives.gov/blog/2010/09/22/a-backyard-discussion-patients-bill-rights>.
- . "The Affordable Care Act -- Benefits and Weights Being Lifted." *White House Blog*, June 22, 2010. <https://obamawhitehouse.archives.gov/blog/2010/06/22/affordable-care-act-benefits-and-weights-being-lifted>.
- . "The President in Iowa City: 'We're Not Going Back, This Country's Moving Forward.'" *White House Blog*, March 25, 2010. <https://obamawhitehouse.archives.gov/blog/2010/03/25/president-iowa-city-were-not-going-back-countrys-moving-forward>.
- Lerner, Jennifer S., and Dacher Keltner. "Fear, Anger, and Risk." *Journal of Personality and Social Psychology* 81, no. 1 (2001): 146–59.
- Lewis, Kelly Eusaint, and Renee Bracey Sherman. "Beyond Benefits and Body Parts: Obamacare and Black Trans Health." *Ebony*, October 1, 2013. <http://www.ebony.com/wellness-empowerment/beyond-benefits-and-body-parts-obamacare-and-black-trans-health-304>.
- Lopez, Lori Kido. "Blogging While Angry: The Sustainability of Emotional Labor in the Asian American Blogosphere." *Media, Culture & Society* 36, no. 4 (2014): 421–36.
- Loseke, Donileen. "Examining Emotion as Discourse: Emotion Codes and Presidential Speeches Justifying War." *The Sociological Quarterly* 50 (2009): 497–524.
- Loseke, Donileen R. "'The Whole Spirit of Modern Philanthropy': The Construction of the Idea of Charity, 1912-1992." *Social Problems* 44, no. 4 (1997): 425–44.
- Lundberg, Christian. "Enjoying God's Death: 'The Passion of the Christ' and the Practices of an Evangelical Public." *Quarterly Journal of Speech* 95, no. 4 (2009): 387–411.
- Maddux, Kristy. "When Patriots Protest: The Anti-Suffrage Discursive Transformation of 1917." *Rhetoric & Public Affairs* 7, no. 3 (2004): 283–310.
- Massachusetts Transgender Political Coalition. "Transgender Specific National/Statewide Activist Organizations - MTRoLwiki." *MTPC Resource Wiki*. Accessed January 14, 2017. http://www.masstpc.org/mediawiki/index.php?title=Transgender_Specific_National/Statewide_Activist_Organizations.

- Massumi, Brian. *Parables for the Virtual: Movement, Affect, Sensation*. Durham, NC: Duke University Press, 2002.
- Matheson, Kimberly, and Hymie Anisman. "Anger and Shame Elicited by Discrimination: Moderating Role of Coping on Action Endorsements and Salivary Cortisol." *European Journal of Social Psychology* 39, no. 2 (2009): 163–85.
- Mayer, Roger C., James H. Davis, and F. David Schoorman. "An Integrative Model of Organizational Trust." *The Academy of Management Review* 20, no. 3 (1995): 709–34.
- McGee, Michael C. "In Search of 'The People': A Rhetorical Alternative." *Quarterly Journal of Speech* 61, no. 3 (1975): 235–49.
- McGladrey LLP. "The Heritage Foundation and Affiliates: Consolidated Financial Report, December 31, 2013." Auditor's Report. Washington, D.C., December 31, 2013. http://thf_media.s3.amazonaws.com/2013/pdf/Heritage%20Foundation%20FS%2013.pdf
- McGoldrick, Annabel, and Jake Lynch. "Audience Responses to Peace Journalism." *Journalism Studies* 17, no. 5 (2016): 628–46.
- McHendry, George F., Michael K. Middleton, Danielle Endres, Samantha Senda-Cook, and Megan O'Byrne. "Rhetorical Critic(ism)'s Body: Affect and Fieldwork on a Plane of Immanence." *Southern Communication Journal* 79, no. 4 (2014): 293–310.
- Menaker, Tasha A., and Audrey K. Miller. "Culpability Attributions towards Juvenile Female Prostitutes." *Child Abuse Review* 22, no. 3 (2013): 169–81.
- Merry, Melissa K. "Emotional Appeals in Environmental Group Communications." *American Politics Research* 38, no. 5 (2010): 862–89.
- Miller, Jerry L., and Raymie E. McKerrow. "Political Argument and Emotion: An Analysis of 2000 Presidential Campaign Discourse." *Contemporary Argumentation & Debate* 22 (2001): 43–58.
- Miron-Spektor, Ella, Dorit Efrat-Treister, Anat Rafaeli, and Orit Schwarz-Cohen. "Others' Anger Makes People Work Harder Not Smarter: The Effect of Observing Anger and Sarcasm on Creative and Analytic Thinking." *Journal of Applied Psychology* 96, no. 5 (2011): 1065–75.
- Moffit, Robert E. "At What Cost To Freedom?: Obama's Individual Mandate Is a Bad Idea." *The Heritage Foundation*, October 6, 2009. /health-care-reform/commentary/what-cost-freedom-obamas-individual-mandate-bad-idea.

- . “Individual Mandate Unconstitutional, Unenforceable.” *The Heritage Foundation*, March 23, 2011. /health-care-reform/commentary/individual-mandate-unconstitutional-unenforceable.
- . “Obamacare and the Individual Mandate: Violating Personal Liberty and Federalism.” *The Heritage Foundation*, January 18, 2011. <http://www.heritage.org/research/reports/2011/01/obamacare-and-the-individual-mandate-violating-personal-liberty-and-federalism>.
- . “Obama’s Dubious Health-Care Claims.” *The Heritage Foundation*, May 27, 2009. <http://www.heritage.org/research/commentary/2009/05/obamas-dubious-health-care-claims>.
- Moons, Wesley G., Naomi I. Eisenberger, and Taylor, Shelley E. “Anger and Fear Responses to Stress Have Different Biological Profiles.” *Brain, Behavior, and Immunity* 24 (2010): 215–19.
- Morris III, Charles E. “Introduction: The Mourning After.” *Rhetoric & Public Affairs* 10, no. 4 (2007): 557–73.
- . *Remembering the AIDS Quilt*. East Lansing: Michigan State University Press, 2011.
- Munoz, Cecilia. “The Affordable Care Act and Expanding Mental Health Coverage.” *Whitehouse.gov*, August 21, 2013. <https://obamawhitehouse.archives.gov/blog/2013/08/21/affordable-care-act-and-expanding-mental-health-coverage>.
- Murphy, John M. “‘A Time of Shame and Sorrow’: Robert F. Kennedy and the American Jeremiad.” *Quarterly Journal of Speech* 76, no. 4 (1990): 401–14.
- NAMI Conservatives. “NAMI Conservatives.” *Facebook.com*. Accessed February 28, 2017. https://www.facebook.com/groups/NAMI.conservatives/?hc_location=ufi.
- National Alliance on Mental Illness. “2010 Annual Report.” Arlington, VA: NAMI: National Alliance on Mental Illness. Accessed December 27, 2016. <http://www.nami.org/getattachment/About-NAMI/Financial-Information/Annual-Reports/2010NAMIAnnualReport.pdf.aspx>.
- . “2011 Annual Report.” Arlington, VA: NAMI: National Alliance on Mental Illness. Accessed December 27, 2016. <http://www.nami.org/getattachment/About-NAMI/Financial-Information/Annual-Reports/2011NAMIAnnualReport.pdf.aspx>.
- . “2012 Annual Report.” Arlington, VA: NAMI: National Alliance on Mental Illness. Accessed December 27, 2016. <http://www.nami.org/getattachment/About-NAMI/Financial-Information/Annual-Reports/2012NAMIAnnualReport.pdf.aspx>.

- . “2013 Annual Report.” Arlington, VA: NAMI: National Alliance on Mental Illness. Accessed December 27, 2016. <http://www.nami.org/getattachment/About-NAMI/Financial-Information/Annual-Reports/2013NAMIAnnualReport.pdf.aspx>.
- . “About NAMI.” *Nami.org*. Accessed December 27, 2016. <http://www.nami.org/About-NAMI>.
- . “Find Your Local NAMI.” *Nami.org*. Accessed December 27, 2016. <http://www.nami.org/Find-Your-Local-NAMI>.
- . “Guns and Mental Health Care: Finding the Right Solutions.” *Nami.org*, May 3, 2013. <http://www.nami.org/Blogs/NAMI-Blog/May-2013/Guns-and-Mental-Health-Care-Finding-the-Right-Sol>.
- . “Health Insurance Marketplace 101.” Facebook.com. *NAMI*, October 1, 2013. <https://www.facebook.com/NAMI/>.
- . “It’s Not About Guns: The Presidential Debate and Mental Illness.” *Nami.org*, October 17, 2012. <http://www.nami.org/Press-Media/Press-Releases/2012/It-s-Not-About-Guns-The-Presidential-Debate-and-Me>.
- . “Join NAMI Tomorrow.” Facebook.com. *NAMI*, October 22, 2013. <https://www.facebook.com/NAMI/>.
- . “Kelly Thomas Tragedy in Fullerton, California Statement by National Alliance on Mental Illness (NAMI).” *Nami.org*, August 5, 2011. <http://www.nami.org/Press-Media/Press-Releases/2011/Kelly-Thomas-Tragedy-in-Fullerton,-California-Stat>.
- . “Mental Health in the Marketplace.” *Nami.org*, September 19, 2013. <http://www.nami.org/Blogs/NAMI-Blog/September-2013/Mental-Health-in-the-Marketplace>.
- . “NAMI Fact Sheet: After the Newtown Tragedy, Parents Are Asking What to Do When a Child Has a Mental.” *Nami.org*, December 20, 2012. <http://www.nami.org/Press-Media/Press-Releases/2012/NAMI-Fact-Sheet-After-the-Newtown-Tragedy,-Parents>.
- . “NAMI: National Alliance on Mental Illness.” Facebook.com. Accessed December 27, 2016. <https://www.facebook.com/NAMI/>.
- . “Navy Shipyard Tragedy: NAMI Calls on Congress for Immediate Action on Mental Health.” *Nami.org*, September 19, 2013. <http://www.nami.org/Press-Media/Press-Releases/2013/Navy-Shipyard-Tragedy-NAMI-Calls-on-Congress-for>.
- . “Parity: Now an ‘Essential’ Health Benefit.” Facebook.com. *NAMI*, December 6, 2012. <https://www.facebook.com/NAMI/>.

- . “Public Policy Platform of The National Alliance on Mental Illness.” Arlington, VA: NAMI: National Alliance on Mental Illness, September 2016.
[http://www.nami.org/getattachment/About-NAMI/Policy-Platform/Public-Policy-Platform-\(2\).pdf](http://www.nami.org/getattachment/About-NAMI/Policy-Platform/Public-Policy-Platform-(2).pdf).
- . “Ron Honberg, NAMI’s National Director of Policy and Legal Affairs, to Speak on C-SPAN Tomorrow.” Facebook.com. *NAMI*, August 29, 2013.
<https://www.facebook.com/NAMI/>.
- . “Set the Dial and Time.” Facebook.com. *NAMI*, August 28, 2013.
<https://www.facebook.com/NAMI/>.
- . “The Presidential Debate: Where Was Mental Health?” *Nami.org*, October 4, 2012.
<https://www.nami.org/Press-Media/Press-Releases/2012/The-Presidential-Debate-Where-was-Mental-Health>.
- . “The Sandy Hook Elementary School Tragedy; NAMI Statement Includes Trauma Resources.” *Nami.org*, December 14, 2012. <http://www.nami.org/Press-Media/Press-Releases/2012/The-Sandy-Hook-Elementary-School-Tragedy;-NAMI-Sta>.
- . “Watch Today.” Facebook.com. *NAMI*, January 16, 2013.
<https://www.facebook.com/NAMI/>.
- National Center for Transgender Equality. “About Us.” *Transequality.org*, January 29, 2015.
<http://www.transequality.org/about>.
- . “Annual Report 2013.” Washington, D.C.: National Center for Transgender Equality, 2013.
http://www.transequality.org/sites/default/files/docs/resources/NCTE_Annual_Report_2013.pdf.
- . “Blog.” *Transequality.org*. Accessed January 13, 2017.
<http://www.transequality.org/blog>.
- . “Coming October 1st: Health Care Insurance Marketplaces.” *Transequality.org*, July 23, 2013. <http://www.transequality.org/blog/coming-october-1st-health-care-insurance-marketplaces>.
- . “Health Care Reform Signed into Law.” *Transequality.org*, March 23, 2010.
<http://www.transequality.org/press/releases/health-care-reform-signed-law>.
- . “Health Insurance Resource.” *Transequality.org*, July 2, 2010.
<http://www.transequality.org/blog/health-insurance-resource>.

- . “Know Your Rights.” *Transequality.org*. Accessed January 13, 2017. <http://www.transequality.org/know-your-rights>.
- . “National Center for Transgender Equality.” *Facebook*. Accessed January 13, 2017. <https://www.facebook.com/TransEqualityNow/>.
- . “NCTE Releases Trans ‘Know Your Rights’ Health Care Guide, Celebrates LGBT Health Awareness Week.” *Transequality.org*, March 30, 2012. <http://www.transequality.org/blog/ncte-releases-trans-know-your-rights-health-care-guide-celebrates-lgbt-health-awareness-week>.
- . “Staff, Fellows & Interns.” *Transequality.org*. Accessed January 13, 2017. <http://www.transequality.org/about/people>.
- . “The Affordable Care Act Turns Two; Read Excerpt from NCTE’s Health Care ‘Know Your Rights’ Guide.” *Transequality.org*, March 23, 2012. <http://www.transequality.org/blog/the-affordable-care-act-turns-two-read-excerpt-from-nctes-health-care-know-your-rights-guide>.
- . “Trans Americans Celebrate Health Care Victory at the Court.” *Transequality.org*, June 28, 2012. <http://www.transequality.org/blog/trans-americans-celebrate-health-care-victory-at-the-court>.
- . “What We’ve Been Up to This Week.” *Transequality.org*, June 18, 2010. <http://www.transequality.org/blog/what-weve-been-up-to-this-week>.
- . “Winning Women’s Health: NCTE Applauds New Health Care Rule.” *Transequality.org*, January 20, 2012. <http://www.transequality.org/blog/winning-womens-health-ncte-applauds-new-health-care-rule>.
- National Conference of State Legislatures. “State Insurance Mandates and the ACA Essential Benefits Provisions,” August 30, 2016. <http://www.ncsl.org/research/health/state-ins-mandates-and-aca-essential-benefits.aspx>.
- National LGBTQ Task Force. *Learn Your Power: How the Affordable Care Act Helps LGBT Americans*. YouTube Video, 2012. <https://www.youtube.com/watch?v=l4BrfiMzYo8>.
- . “The Top 5 Things You Should Know About Obamacare and Open Enrollment.” *National LGBTQ Task Force Blog*, October 1, 2013. <https://thetaskforceblog.org/2013/10/01/the-top-5-things-you-should-know-about-obamacare-and-open-enrollment/>.
- Neeley, Tsedal B. “Language Matters: Status Loss and Achieved Status Distinctions in Global Organizations.” *Organization Science* 24, no. 2 (2013): 476–97.

- Nelson, Donna Webster, and Roger Baumgarte. "Cross-Cultural Misunderstandings Reduce Empathic Responding." *Journal of Applied Social Psychology* 34, no. 2 (2004): 391–401.
- Nix, Kathryn. "House Hearing: Could the Individual Mandate Create a National Police Power?" *The Daily Signal*, February 24, 2011. <http://dailysignal.com/2011/02/24/house-hearing-could-the-individual-mandate-create-a-national-police-power/>.
- . "States Fighting Back Against Obamacare: Virginia." *The Daily Signal*, July 7, 2010. <http://dailysignal.com/2010/07/07/states-fighting-back-against-obamacare-virginia/>.
- Obama, Barack. "Executive Order: Improving Access to Mental Health Services for Veterans, Service Members, and Military Families." *Whitehouse.gov*, August 31, 2012. <https://obamawhitehouse.archives.gov/the-press-office/2012/08/31/executive-order-improving-access-mental-health-services-veterans-service>.
- . "President Obama's Primetime Press Conference on Health Reform." July 22, 2009. <https://obamawhitehouse.archives.gov/video/President-Obamas-Primetime-Press-Conference-on-Health-Reform>.
- . "Remarks by the President at a Tele-Town Hall with Seniors." Presidential Remarks presented at the Tele-Town Hall with Seniors, June 8, 2010. <https://obamawhitehouse.archives.gov/the-press-office/remarks-president-a-tele-town-hall-with-seniors>.
- . "Remarks by the President at Disabled Veterans of America Conference in Atlanta, Georgia." presented at the Disabled Veterans of America Conference, Hyatt Regency Hotel, Atlanta, GA, August 2, 2010. <https://obamawhitehouse.archives.gov/the-press-office/remarks-president-disabled-veterans-america-conference-atlanta-georgia>.
- . "Remarks by the President at National Conference on Mental Health." presented at the National Conference on Mental Health, East Room, White House, Washington, D.C., June 3, 2013. <https://obamawhitehouse.archives.gov/the-press-office/2013/06/03/remarks-president-national-conference-mental-health>.
- . "Remarks by the President in a Backyard Discussion on Health Care Reform and the Patient's Bill of Rights." Presidential Remarks presented at the Backyard Discussion on Health Care Reform and the Patient's Bill of Rights, Falls Church, Virginia, September 22, 2010. <https://obamawhitehouse.archives.gov/the-press-office/2010/09/22/remarks-president-a-backyard-discussion-health-care-reform-and-patients->.
- . "Remarks by the President on the Affordable Care Act." East Room, White House, Washington, D.C., May 10, 2013. <https://obamawhitehouse.archives.gov/the-press-office/2013/05/10/remarks-president-affordable-care-act>.

- . “Remarks by the President on the Affordable Care Act and the New Patients’ Bill of Rights.” Presidential Remarks, East Room, White House, Washington, D.C., June 22, 2010. <https://obamawhitehouse.archives.gov/the-press-office/remarks-president-affordable-care-act-and-new-patients-bill-rights>.
- . “Remarks by the President to the Troops at Fort Bliss, TX.” Fort Bliss, TX, August 31, 2012. <https://obamawhitehouse.archives.gov/the-press-office/2012/08/31/remarks-president-troops-fort-bliss-tx>.
- . “Weekly Address: President Obama: As the Combat Mission in Iraq Ends, We Must Pay Tribute to Those Who Have Served.” Washington, D.C., August 28, 2010. <https://obamawhitehouse.archives.gov/the-press-office/2010/08/28/weekly-address-president-obama-combat-mission-iraq-ends-we-must-pay-trib>.
- Obama, Michelle. “Remarks by the First Lady at Joining Forces Medical College Event.” presented at the Joining Forces Medical College Event, Richmond, Virginia, January 11, 2012. <https://obamawhitehouse.archives.gov/the-press-office/2012/01/11/remarks-first-lady-joining-forces-medical-college-event>.
- Obama, Michelle, and Jill Biden. “Remarks by the First Lady and Dr. Biden at a Joining Forces Nurses Event.” presented at the Joining Forces Nurses Event, Philadelphia, Pennsylvania, April 11, 2012. <https://obamawhitehouse.archives.gov/the-press-office/2012/04/11/remarks-first-lady-and-dr-biden-joining-forces-nurses-event>.
- Obama, Michelle, and Barack Obama. “Remarks by the First Lady and the President at Disabled American Veterans Convention.” presented at the Disabled American Veterans Convention, Orlando, Florida, August 10, 2013. <https://obamawhitehouse.archives.gov/the-press-office/2013/08/10/remarks-first-lady-and-president-disabled-american-veterans-convention>.
- Office of the Press Secretary. “Background on the National Conference on Mental Health.” *Whitehouse.gov*, June 3, 2013. <https://obamawhitehouse.archives.gov/the-press-office/2013/06/03/background-national-conference-mental-health>.
- . “Background on the President’s Health Care Events Today.” *The White House*, September 22, 2010. <https://obamawhitehouse.archives.gov/the-press-office/2010/09/22/background-presidents-health-care-events-today>.
- . “Briefing by White House Press Secretary Robert Gibbs, 3/22/10.” *Whitehouse.gov*, March 22, 2010. <https://obamawhitehouse.archives.gov/the-press-office/briefing-white-house-press-secretary-robert-gibbs-32210>.

- . “Fact Sheet: President Obama Signs Executive Order to Improve Access to Mental Health Services for Veterans, Service Members, and Military Families.” *Whitehouse.gov*, August 31, 2012. <https://obamawhitehouse.archives.gov/the-press-office/2012/08/31/fact-sheet-president-obama-signs-executive-order-improve-access-mental-h>.
- . “Press Briefing by Press Secretary Jay Carney, 4/8/2013.” *Whitehouse.gov*, April 8, 2013. <https://obamawhitehouse.archives.gov/the-press-office/2013/04/08/press-briefing-press-secretary-jay-carney-482013>.
- . “Press Gaggle by Press Secretary Jay Carney Aboard Air Force One En Route El Paso, TX.” *Whitehouse.gov*, August 31, 2012. <https://obamawhitehouse.archives.gov/the-press-office/2012/08/31/press-gaggle-press-secretary-jay-carney-aboard-air-force-one-en-route-el>.
- Oliete-Aldea, Elena. “Fear and Nostalgia in Times of Crisis: The Paradoxes of Globalization in Oliver Stone’s *Money Never Sleeps* (2010).” *Culture Unbound: Journal of Current Cultural Research* 4, no. 3 (2012): 347–66.
- Olson, Lester C. “Anger among Allies: Audre Lorde’s 1981 Keynote Admonishing the National Women’s Studies Association.” *Quarterly Journal of Speech* 97, no. 3 (2011): 283–308.
- Ong, Aihwa, Virginia R. Dominguez, Jonathan Friedman, Nina Glick Schiller, Verena Stolcke, David Y. H. Wu, and Hu Ying. “Cultural Citizenship as Subject-Making: Immigrants Negotiate Racial and Cultural Boundaries in the United States [and Comments and Reply].” *Current Anthropology* 37, no. 5 (1996): 737–62.
- Ornstein, Norman J. “Why ‘It’s Even Worse Than It Looks’: Parliamentary Parties in the American Constitutional System.” presented at the Drake Law School Constitutional Law Symposium, Des Moines, IA, April 6, 2013.
- Ortony, Andrew, Gerald L. Clore, and Allan Collins. *The Cognitive Structure of Emotions*. Cambridge: Cambridge University Press, 1988.
- Out2Enroll. “Home.” *out2enroll.org*. Accessed January 13, 2017. <https://out2enroll.org/>.
- Parham-Payne, Wanda. “The Role of the Media in the Disparate Response to Gun Violence in America.” *Journal of Black Studies* 45, no. 8 (2014): 752–68.
- Parry-Giles, Shawn J., and Trevor Parry-Giles. “Collective Memory, Political Nostalgia, and the Rhetorical Presidency: Bill Clinton’s Commemoration of the March on Washington, August 28, 1998.” *Quarterly Journal of Speech* 86, no. 4 (2000): 417–37.
- Parry-Giles, Trevor, and Shawn J. Parry-Giles. “Political Scopophilia, Presidential Campaigning, and the Intimacy of American Politics.” *Communication Studies* 47, no. 3 (1996): 191–205.

- Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 141 (2010), <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>.
- Peters, Kim, and Yoshihisa Kashima. "From Social Talk to Social Action: Shaping the Social Triad with Emotion Sharing." *Journal of Personality and Social Psychology* 93, no. 5 (2007): 780–97.
- Petersen, Michael Bang, Daniel Sznycer, Leda Cosmides, and John Tooby. "Who Deserves Help? Evolutionary Psychology, Social Emotions, and Public Opinion about Welfare." *Political Psychology* 33, no. 3 (2012): 395–418.
- Pezzullo, Phaedra C. "Contextualizing Boycotts and Buycotts: The Impure Politics of Consumer-Based Advocacy in an Age of Global Ecological Crises." *Communication and Critical/Cultural Studies* 8, no. 2 (2011): 124–45.
- Pfau, Michael William. "Who's Afraid of Fear Appeals? Contingency, Courage, and Deliberation in Rhetorical Theory and Practice." *Philosophy and Rhetoric* 40, no. 2 (2007): 216–37.
- Philipps, Dave. "Suicide Rate Among Veterans Has Risen Sharply Since 2001." *The New York Times*, July 7, 2016. <https://www.nytimes.com/2016/07/08/us/suicide-rate-among-veterans-has-risen-sharply-since-2001.html>.
- Potegal, Michael, and Gerhard Stemmler. "Cross-Disciplinary Views of Anger: Consensus and Controversy." In *International Handbook of Anger: Constituent and Concomitant Biological, Psychological, and Social Processes*, edited by Michael Potegal, Gerhard Stemmler, and Charles Spielberger, 3–8. New York: Springer Science+Business Media, LLC, 2010.
- "Public Approval of Health Care Law." *RealClear Politics*. Accessed February 15, 2017. [/epolls/other/obama_and_democrats_health_care_plan-1130.html](http://realclearpolitics.com/polls/other/obama_and_democrats_health_care_plan-1130.html).
- Raghavan, Gautam, and Matthew Heinz. "How Obamacare Helps the LGBT Community." *White House Blog*, December 17, 2013. <https://obamawhitehouse.archives.gov/blog/2013/12/17/how-obamacare-helps-lgbt-community>.
- Rand, Erin J. "An Inflammatory Fag and a Queer Form: Larry Kramer, Polemics, and Rhetorical Agency." *Quarterly Journal of Speech* 94, no. 3 (2008): 297–319.
- . "Gay Pride and Its Queer Discontents: ACT UP and the Political Deployment of Affect." *Quarterly Journal of Speech* 98, no. 1 (2012): 75–80.

- Ray, Angela G., and Cindy Koenig Richards. "Inventing Citizens, Imagining Gender Justice: The Suffrage Rhetoric of Virginia and Francis Minor." *Quarterly Journal of Speech* 93, no. 4 (2007): 375–402.
- Remer, Gary. "Rhetoric, Emotional Manipulation, and Political Morality: The Modern Relevance of Cicero Vis-a-Vis Aristotle." *Rhetorica: A Journal of the History of Rhetoric* 31, no. 4 (2013): 402–43.
- Robbins, Blaine G. "Probing the Links Between Trustworthiness, Trust, and Emotion." *Social Psychology Quarterly* 79, no. 3 (September 2016): 284–308.
- Roberts, Monica. "TransGriot: Why The Trans Community Loathes HRC." *TransGriot*, April 8, 2013. <http://transgriot.blogspot.com/2013/04/why-trans-community-loathes-hrc.html>.
- . "TransGriot: Why The Transgender Community Hates HRC." *TransGriot*, October 8, 2007. <http://transgriot.blogspot.com/2007/10/why-transgender-community-hates-hrc.html>.
- Rohlinger, Deana A. "Political Shocks and Social Movements." *American Behavioral Scientist* 53, no. 1 (2009): 3–9.
- Rosenthal, Lynn. "For Victims of Domestic Violence, Health Care Is a Lifeline." *White House Blog*, March 23, 2010. <https://obamawhitehouse.archives.gov/blog/2010/03/23/victims-domestic-violence-health-care-a-lifeline>.
- Rowan, Kathleen, Donna D. McAlpine, and Lynn A. Blewett. "Access and Cost Barriers to Mental Health Care, By Insurance Status, 1999-2010." *Health Affairs* 32, no. 10 (2013): 1723–30.
- Salcido, Dori. "Abby-Care: Health Coverage for Young Adults Under 26." *Whitehouse.gov*, June 21, 2012. <https://obamawhitehouse.archives.gov/blog/2012/06/21/abby-care-health-coverage-young-adults-under-26>.
- . "Faces of the New Health Care Law." *White House Blog*, March 23, 2012. <https://obamawhitehouse.archives.gov/blog/2012/03/23/faces-new-health-care-law>.
- . "Jill-Care: Pre-Existing Condition Insurance Plan Keeps Her Running." *White House Blog*, August 15, 2012. <https://obamawhitehouse.archives.gov/blog/2012/08/15/jill-care-pre-existing-condition-insurance-plan-keeps-her-running>.
- . "JudyCare: Focusing on Fighting Cancer, Without Fear of Lifetime Insurance Caps." *White House Blog*, May 22, 2012. <https://obamawhitehouse.archives.gov/blog/2012/05/22/judycare-focusing-fighting-cancer-without-fear-lifetime-insurance-caps>.

- . “MyrnaCare: Peace of Mind and Health Coverage for People with Pre-Existing Conditions.” *Whitehouse.gov*, April 2, 2012. <https://obamawhitehouse.archives.gov/blog/2012/04/02/myrnacare-peace-mind-and-health-coverage-people-pre-existing-conditions>.
- . “TracyCare: Focusing on Care for a Sick Child, Not Worrying About Insurance.” *White House Blog*, June 21, 2012. <https://obamawhitehouse.archives.gov/blog/2012/06/21/tracycare-focusing-care-sick-child-not-worrying-about-insurance>.
- . “VanessaCare: Health Coverage Without Lifetime Limits.” *White House Blog*, March 20, 2012. <https://obamawhitehouse.archives.gov/blog/2012/03/20/vanessacare-health-coverage-without-lifetime-limits>.
- Sargent, Greg. “Republicans Support Obama’s Health Reforms — As Long As His Name Isn’t On Them.” *Washington Post*, June 25, 2012. https://www.washingtonpost.com/blogs/plum-line/post/republicans-support-obamas-health-reforms--as-long-as-his-name-isnt-on-them/2012/06/25/gJQAq7E51V_blog.html.
- Schanfield, Abby. “Affordable Care Act at 3: Abby’s Story.” *White House Blog*, March 19, 2013. <https://obamawhitehouse.archives.gov/blog/2013/03/19/affordable-care-act-3-abby-s-story>.
- Sebelius, Kathleen. “Affordable Care Act at 3: Consumer Protections.” *White House Blog*, March 18, 2013. <https://obamawhitehouse.archives.gov/blog/2013/03/18/affordable-care-act-3-consumer-protections>.
- . “Helping Americans with Pre-Existing Conditions Get Needed Care.” *White House Blog*, February 23, 2012. <https://obamawhitehouse.archives.gov/blog/2012/02/23/helping-americans-pre-existing-conditions-get-needed-care>.
- . “Obamacare and LGBT Health.” *White House Blog*, September 17, 2013. <https://obamawhitehouse.archives.gov/blog/2013/09/17/obamacare-and-lgbt-health-1>.
- . “Patient Centered Care: Equal Health Care Rights for All Americans.” *White House Blog*, September 8, 2011. <https://obamawhitehouse.archives.gov/blog/2011/09/08/patient-centered-care-equal-health-care-rights-all-americans>.
- Seelye, Katharine Q. “The Public’s Priorities.” *The New York Times*. November 24, 2009, Late edition, sec. A.
- Shapiro, Robert Y., and John T. Young. “The Polls: Medical Care in the United States.” *Public Opinion Quarterly* 50, no. 3 (1986): 418–28.

- Shaw, Julia. "The Use and Abuse of the Founders: The Individual Mandate Is Still Unprecedented and Unconstitutional." *The Daily Signal*, March 26, 2010. <http://dailysignal.com/2010/03/26/the-use-and-abuse-of-the-founders-the-individual-mandate-is-still-unprecedented-and-unconstitutional/>.
- Shen, Lijiang. "Mitigating Psychological Reactance: The Role of Message-Induced Empathy in Persuasion." *Human Communication Research* 36, no. 3 (2010): 397–422.
- Skitka, Linda J., Christopher W. Bauman, Nicholas P. Aramovich, and G. Scott Morgan. "Confrontational and Preventative Policy Responses to Terrorism: Anger Wants a Fight and Fear Wants 'Them' to Go Away." *Basic & Applied Social Psychology* 28, no. 4 (2006): 375–84.
- Slack, Megan. "Americans Are Getting Covered Thanks to the Affordable Care Act." *Whitehouse.gov*, November 19, 2013. <https://obamawhitehouse.archives.gov/blog/2013/11/19/americans-are-getting-covered-thanks-affordable-care-act>.
- . "Bringing Mental Illness Out of the Shadows." *White House Blog*, June 5, 2013. <https://obamawhitehouse.archives.gov/blog/2013/06/05/bringing-mental-illness-out-shadows>.
- . "Nancy's Story: No Longer Choosing Between Paying Rent and Paying for Health Insurance." *White House Blog*, December 23, 2013. <https://obamawhitehouse.archives.gov/blog/2013/12/23/nancys-story-no-longer-choosing-between-paying-rent-and-paying-health-insurance>.
- . "People Speak Out: The Affordable Care Act Is Helping Me." *White House Blog*, June 29, 2012. <https://obamawhitehouse.archives.gov/blog/2012/06/29/people-speak-out-affordable-care-act-helping-me>.
- Smith, Craig R., and Michael J. Hyde. "Rethinking 'The Public': The Role of Emotion in Being-With-Others." *Quarterly Journal of Speech* 77, no. 4 (1991): 446–66.
- Smith, Gayle, and Grant Colfax. "Moving Towards an AIDS-Free Generation." *White House Blog*, November 28, 2012. <https://obamawhitehouse.archives.gov/blog/2012/11/28/moving-towards-aids-free-generation>.
- Spalding, Sally J. "Airport Outings: The Coalitional Possibilities of Affective Rupture." *Women's Studies in Communication* 39, no. 4 (2016): 460–80.
- Stearns, Carol Zisowitz and Peter N. Stearns. *Anger*. Chicago: University of Chicago Press, 1986.

- Stellar, Jennifer E., Vida M. Manzo, Michael W. Kraus, and Dacher Keltner. "Class and Compassion: Socioeconomic Factors Predict Responses to Suffering." *Emotion* 12, no. 3 (2012): 449–59.
- Stenrud, Chris. "Breaking It Down: The Health Care Law and Women." *White House Blog*, March 20, 2012. <https://obamawhitehouse.archives.gov/blog/2012/03/20/breaking-it-down-health-care-law-and-women>.
- Stewart, Charles J. "The Evolution of a Revolution: Stokely Carmichael and the Rhetoric of Black Power." *Quarterly Journal of Speech* 83, no. 4 (1997): 429–46.
- Stillion Southard, Belinda A. *Militant Citizenship: Rhetorical Strategies of the National Woman's Party, 1913-1920*. Presidential Rhetoric and Political Communication. College Station: Texas A&M University Press, 2011.
- Strong Families. "Where to Start, What to Ask: A Guide for LGBT People Choosing Health Care Plans." *Strongfamiliesmovement.org*. Accessed January 13, 2017. <http://strongfamiliesmovement.org/lgbt-health-care-guide>.
- Sturken, Marita. "Comfort, Irony, and Trivialization: The Mediation of Torture." *International Journal of Cultural Studies* 14, no. 4 (2011): 423–40.
- . "Conversations with the Dead - Bearing Witness in the AIDS Memorial Quilt." *Socialist Review* 22, no. 2 (1992): 65–95.
- Substance Abuse and Mental Health Services Administration. "Health Financing." *Samhsa.gov*, n.d. <http://www.samhsa.gov/health-financing>.
- Sutton, Nikki. "Eliminating Lifetime Limits Helps Paul Focus on Care." *White House Blog*, October 25, 2010. <https://obamawhitehouse.archives.gov/blog/2010/10/25/eliminating-lifetime-limits-helps-paul-focus-care>.
- Tchen, Tina. "Eliminating Obstacles to the Care Women Need." *White House Blog*, April 26, 2010. <https://obamawhitehouse.archives.gov/blog/2010/04/26/eliminating-obstacles-women-get-care-they-need>.
- . "Ensuring Women Get the Care They Need and Deserve." *White House Blog*, August 2, 2010. <https://obamawhitehouse.archives.gov/blog/2010/08/02/ensuring-women-get-care-they-need-and-deserve>.
- The Center for Consumer Information & Insurance Oversight. "Information on Essential Health Benefits (EHB) Benchmark Plans." *Cms.gov*, November 21, 2016. <https://www.cms.gov/ccio/resources/data-resources/ehb.html>.

- The Heritage Foundation. "About Heritage Foundation." *Heritage.org*. Accessed January 13, 2017. <http://www.heritage.org/about>.
- . "Team." *Heritage.org*. Accessed January 13, 2017. <http://www.heritage.org/about/staff>.
- Thornton, Davi Johnson. "Neuroscience, Affect, and the Entrepreneurialization of Motherhood." *Communication and Critical/Cultural Studies* 8, no. 4 (2011): 399–424.
- . "The Rhetoric of Civil Rights Photographs: James Meredith's March Against Fear." *Rhetoric & Public Affairs* 16, no. 3 (2013): 457–87.
- Tobin, Harper Jean. "Re-Cap: Trans Issues at the Aging in America Conference." *National Center for Transgender Equality*, April 6, 2012. <http://www.transequality.org/blog/re-cap-trans-issues-at-the-aging-in-america-conference>.
- Tong, Eddie M.W., Deborah H. Tan, and Yan Lin Tan. "Can Implicit Appraisal Concepts Produce Emotion-Specific Effects? A Focus on Unfairness and Anger." *Consciousness and Cognition* 22, no. 2 (2013): 449–60.
- Trans Advocacy Network. "TAN - Trans Advocacy Network." Accessed January 14, 2017. <http://transadvocacynetwork.org/>.
- Trans Health Care. "List of U.S. States That Have Banned Anti-Transgender Discrimination In Health Insurance." *Transhealthcare.org*, February 9, 2015. <http://www.transhealthcare.org/states-that-have-banned-anti-transgender-discrimination-in-health-insurance/>.
- Turner, Stephanie S. "Intersex Identities: Locating New Intersections of Sex and Gender." *Gender and Society* 13, no. 4 (1999): 457–79.
- U.S. Centers for Medicare & Medicaid Services. "Fees & Exemptions: The Fee You Pay if You Don't Have Coverage." Healthcare.gov, n.d. <https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/>
- . "Glossary: Essential Health Benefits." Healthcare.gov, n.d. <https://www.healthcare.gov/glossary/essential-health-benefits/>
- . "Health Coverage Rights and Protections: Coverage for Pre-Existing Conditions." Healthcare.gov, n.d. <https://www.healthcare.gov/health-care-law-protections/pre-existing-conditions>.
- U.S. Department of Health and Human Services. "2012 National Healthcare Disparities Report." Rockville, MD: Agency for Healthcare Research and Quality, 2012. <https://archive.ahrq.gov/research/findings/nhqrdr/nhdr12/2012nhdr.pdf>.

- . “Get Your Teen Screened for Depression.” Healthfinder.gov, n.d.
<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-your-teen-screened-for-depression>
- . “Talk with Your Doctor about Depression.” Healthfinder.gov, n.d.
<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/talk-with-your-doctor-about-depression>
- VA Suicide Prevention Program. “Facts about Veteran Suicide.” Washington, D.C.: Department of Veterans Affairs, July 2016.
https://www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf.
- Valentino, Nicholas A., Vincent L. Hutchings, Antoine J. Banks, and Anne K. Davis. “Is a Worried Citizen a Good Citizen? Emotions, Political Information Seeking, and Learning Via the Internet.” *Political Psychology* 29, no. 2 (2008): 247–73.
- Vanderslice, Mara. “Health Care Conference Calls Changing Lives, Engaging Thousands.” *White House Blog*, January 11, 2012.
<https://obamawhitehouse.archives.gov/blog/2012/01/11/health-care-conference-calls-changing-lives-engaging-thousands>.
- Vann, Madeline. “Can You Afford Your HIV Treatment?” *EverydayHealth.com*, May 13, 2009.
<http://www.everydayhealth.com/hiv-aids/can-you-afford-hiv-treatment.aspx>.
- Vatz, Richard E. “The Myth of the Rhetorical Situation.” *Philosophy & Rhetoric* 6, no. 3 (1973): 154–61.
- Vieillard, Sandrine, and Michèle Guidetti. “Children’s Perception and Understanding of (Dis)similarities among Dynamic Bodily/Facial Expressions of Happiness, Pleasure, Anger, and Irritation.” *Journal of Experimental Child Psychology* 102, no. 1 (2009): 78–95.
- Villarreal, Yezmin. “5 Most Disappointing Things We Learned About HRC’s ‘White Men’s Club’,” June 4, 2015. <http://www.advocate.com/human-rights-campaign-hrc/2015/06/04/5-most-disappointing-things-we-learned-about-hrcs-white-mens-cl>.
- Waddell, Craig. “The Role of Pathos in the Decision-Making Process: A Study in the Rhetoric of Science Policy.” *Quarterly Journal of Speech* 76, no. 4 (1990): 381–400.
- Wells, Karen. “The Melodrama of Being a Child: NGO Representations of Poverty.” *Visual Communication* 12, no. 3 (2013): 277–93.

- Wenger, Adam. "The Cost of Treating HIV: One Man's Monthly Medical Bill." *Healthline*, December 15, 2014. <http://www.healthline.com/health/hiv-aids/monthly-cost-treating-hiv>.
- West, Isaac. "PISSAR's Critically Queer and Disabled Politics." *Communication & Critical/Cultural Studies* 7, no. 2 (2010): 156–75.
- White House Blog. "A Wisconsin Mother Shares Her Health Care Story." *White House Blog*, October 18, 2010. <https://obamawhitehouse.archives.gov/blog/2010/10/18/a-wisconsin-mother-shares-her-health-care-story>.
- . "ONAP Releases Report of Community Recommendations for the National HIV/AIDS Strategy." *White House Blog*, April 9, 2010. <https://obamawhitehouse.archives.gov/blog/2010/04/08/onap-releases-report-community-recommendations-national-hivaids-strategy>.
- . "StevenCare: Insurance for Young Adults Under Age 26." *White House Blog*, March 21, 2012. <https://obamawhitehouse.archives.gov/blog/2012/03/21/stevencare-insurance-young-adults-under-age-26>.
- Winderman, Emily. "S(anger) Goes Postal in The Woman Rebel: Angry Rhetoric as a Collectivizing Moral Emotion." *Rhetoric & Public Affairs* 17, no. 3 (2014): 381–420.
- Winderman, Emily, and Celeste M. Condit. "From Trope to Pathos in Health Scholarship: Sharing Disgust in the Kermit Gosnell Case." *Communication Quarterly* 63, no. 5 (2015): 516–21.
- Wisse, Jakob. *Ethos and Pathos from Aristotle to Cicero*. Amsterdam: A. M. Hakkert, 1989.
- Wolf, Richard. "Health Care Role Model Was Born in Mass.; Obama, Romney Laws Are Similar, but Differences Include Their Costs and Scope." *USA Today*, June 23, 2011, Final edition, sec. News.
- Yang, Guobin. "Achieving Emotions in Collective Action: Emotional Processes and Movement Mobilization in the 1989 Chinese Student Movement." *The Sociological Quarterly* 41, no. 4 (2000): 593–614.
- Young, Jason. "Improving Health for LGBT Americans." *White House Blog*, June 26, 2013. <https://obamawhitehouse.archives.gov/blog/2013/06/26/improving-health-lgbt-americans>.
- Zaeske, Susan. "Signatures of Citizenship: The Rhetoric of Women's Antislavery Petitions." *Quarterly Journal of Speech* 88, no. 2 (2002): 147–68.
- Zagacki, Kenneth S., and Patrick Boleun-Fitzegard. "Rhetoric and Anger." *Philosophy and Rhetoric* 39, no. 4 (2006): 290–309.

Zengerle, Patricia. "Most Americans Oppose Health Law but Like Provisions." *Reuters*, June 24, 2012, U.S. edition. <http://www.reuters.com/article/2012/06/25/us-usa-campaign-healthcare-idUSBRE85N01M20120625>.

Zhou, Xinyue, Tim Wildschut, Constantine Sedikides, Kan Shi, and Cong Feng. "Nostalgia: The Gift That Keeps on Giving." *Journal of Consumer Research* 39, no. 1 (2012): 39–50.

Zhuang, Jie, Jeff Cox, Shannon Cruz, James W. Dearing, Joseph A. Hamm, and Brad Upham. "Environmental Stigma." *American Behavioral Scientist* 60, no. 11 (2016): 1322–41.