CALL FOR PAPERS
Special issue of the *Journal of Medical Humanities*: “Imagining Contexts for Mental Illness”
Guest Editor: Woods Nash

If asked to point to an instance of mental illness, we might gesture toward many things: a person’s behaviors, physical spaces, relationships, and more. Or we might refuse to point at all, choosing instead to offer some sort of description or story. But whatever we would do, our response would disclose much about our way of *imagining a context* for that illness—about our way of weaving its texture, so to speak, by incorporating some things (but not others) into our understanding of it. And each way of imagining an illness’s context is significant because it predisposes us to see and address this and *other instances* of that illness in specific ways. For example, each imagined context sets expectations for what it is to offer a diagnosis and prognosis *for that*, to uncover its etiology, to treat it (if it’s seen as treatable), and to regard it as worse or cured. In some ways, imagining a mental illness’s context is like drafting a map for a new terrain that one expects to visit again.

Submissions are invited for a special issue of the *Journal of Medical Humanities* on the theme “Imagining Contexts for Mental Illness.” Submissions to be considered include abstracts for articles, short fiction, poetry, personal essays, comics, and photographs.

Articles should focus on one or more depictions of mental illness in specific films, literary works, or other imaginative representations and should consider the following:

1. What context does this medium construct for this portrayal of mental illness, and how? For example, what experiences, spaces (e.g., domestic, work, clinical), and relationships (e.g., familial, romantic) does it weave into that depiction? How does it incorporate clinical settings, healthcare providers, therapy, and health/recovery or persistent illness?

2. What role, if any, do patients’ identities/self-conceptions (or others’ views of them) play in this depiction?

3. What connections might this portrayal have to culture, genre, narrative, or the history of madness?

4. What might this way of imagining the context of mental illness teach us about that illness and how it is experienced by patients or others? For example, does this depiction illuminate significant aspects of the illness that clinicians (or others) often neglect? Does it present a novel approach to therapy, a more respectful regard for those who suffer, or something else? And is this depiction misleading in important ways?

Each article must address questions (1) and (4). (Other issues—like those raised by questions (2) and (3)—may also be addressed.) Submissions that focus on portrayals of addiction, depression, anxiety, delusion, schizophrenia, and dementia are especially welcome, as are submissions that bring depictions from two or more media into conversation.

Abstracts for articles should be 500-1,000 words in length and include a working title. They are due by December 19, 2014. By January 23, 2015, authors will receive notification that a full
article will be invited or declined. Full articles will be due by May 29, 2015. Authors will receive a final decision regarding publication by August 28, 2015.

Short fiction, poetry, personal essays, comics, and photographs that directly address or resonate with this special issue’s theme will also be considered. They are due by January 23, 2015. Authors of these pieces will receive a final decision regarding publication by March 13, 2015.

All submissions should be prepared for blind review by placing authors’ names and contact information only on a separate cover sheet. Please email submissions to Woods Nash at woodsnash@hotmail.com with the subject heading “JMH submission.” Inquiries may also be directed to woodsnash@hotmail.com.

The Journal of Medical Humanities publishes original papers reflecting its broad perspective on interdisciplinary studies of medicine and medical education. Research findings emerge from three areas of investigation: medical humanities, cultural studies, and pedagogy. Medical humanities coverage includes literature, history, philosophy, and bioethics as well as areas of the social and behavioral sciences that have strong humanistic traditions. Inquiries based on cultural studies may include multidisciplinary activities involving the humanities; women's, African-American, and other critical studies; media studies and popular culture; and sociology and anthropology. Lastly, pedagogical perspectives elucidate what and how knowledge is made and valued in medicine, how that knowledge is expressed and transmitted, and the ideological basis of medical education.

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