
PROTEST THROUGH REIFICATION OF THE SYSTEM

IN CONTEMPORARY HEALTH POLICY FICTION

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Abstract

*“Issue novels” employ a variety of writing devices to inform and to persuade readers about the nature of social problems and their impacts. One distinctive means by which contemporary health care has been portrayed within fiction is through a reification of the “system.” In effect, the system itself becomes a main character within the narrative, one whose motivations, stratagems, values, and behavioral patterns create fateful consequences for all other actors. It is the “personality” of this system that defines the source of disadvantage and oppression for those subject to its whims, as well as the challenges to be overcome by any meaningful process of reform. In March of 2010, near the height of the national debate over the Affordable Care Act, Lionel Shriver published *So Much for That* (2010), an anguished exploration of the plight of a woman dually stricken with terminal mesothelioma and inadequate health insurance benefits. In painful detail, Shriver traces the relentless progress of her character’s disease as she and her family endure the added strain of coverage denials, excessively ambitious treatments, a threat of bankruptcy, and over-medicalization of the process of dying. Shriver made an impression with her story of medical and financial distress, gaining positive reviews in the New York Times and other major publications as well as a National Book Award nomination. The purpose of this paper will be to analyze the technique of “reification of the system” as illustrated in *So Much for That* and to compare and contrast it with an earlier work of fiction, *72 Hour Hold* (2004) by Bebe Moore Campbell, which provides a critical perspective on the operation of America’s mental health system. A concluding section situates this discussion within a broader context of the literary genre of the social problem novel while underscoring the potential cultural and political resonance of fiction of this type in raising a voice of protest “from below” against hegemonic social institutions and practices.*

Introduction

In May of 2009, when the news media obtained a confidential report instructing Republican members of Congress on the most effective language for undermining health care reform, it was a revelation into the determination of President Obama’s opponents as well as the sophistication of their messaging operation. The consultant who prepared the report was none other than Dr. Frank Luntz, a well-known conservative pollster who had counseled Republicans during many previous battles on issues ranging from global warming to tax reform to energy policy to immigration. In his advisory on “The Language of Health Care,” Luntz took pains, among other things, to warn about the dangers of talking about the “healthcare system.” First, he urged Republicans simply to “Abandon and exile ALL references” to this entity, employing language more personal and individual (Luntz, 2009, p. 1). Second, if the concept of a “system” was to be spoken of at all, he recommended that it focus on “the Washington-centric, politician-based healthcare system” (p. 16), in other words some speculative, nightmarish Big-Brother intervention rather than the industry’s flawed status quo.

Luntz wisely appreciated the reality that a *systemic* framing of the shortcomings of American healthcare—approximately 50 million Americans uninsured, health costs topping 17 percent of GNP, high infant mortality rates, tens of thousands of deaths annually from avoidable medical errors—could

only bolster the Democratic mission of seeking a *system*-wide policy solution for the nation. The challenge for reform opponents, according to Luntz, was to acknowledge the popular perception of “crisis” without capitulating to the logic of a comprehensive remedy. Subsequently, these rhetorical suggestions proved highly influential in shaping the communication strategy of the Republican leadership. Even those conservatives who insisted that “America has the best healthcare *system* in the world” remained paradoxically on message by refusing any serious engagement with the deeply rooted deficiencies of medicine in this country.

Whether or not Frank Luntz deserves his reputation as our most astute practitioner of political language, his insights about the potency of a systemic perspective within health policy advocacy are far from original. Indeed, one need only track the Democrats’ public statements to find a coherent focus on the systemic rationale for reform. It is a line of argument that runs unwaveringly from Bill Clinton in 1993—“This health care system of ours is badly broken and it’s time to fix it.”—to Barack Obama in 2009—“Now, these are the facts. Nobody disputes them. We know we must reform this system. The question is how.”

The purpose of this paper, however, is to step away from the political domain, conventionally defined, to consider another source of polemics on America’s healthcare predicament. Here I examine the critique of the system as a vital theme in contemporary social novels on the issue of health care. Because of the stylistic ingredients of fiction as a narrative form—as compared, say, with political speeches or newspaper editorials—novel writers approach the concept of the healthcare system in distinctive fashion. In effect, the system becomes itself a main character within narrative discourse, one whose motivations, stratagems, values, and behavioral habits create fateful consequences for all other actors. It is the “personality” of this system that defines the source of disadvantage and oppression for those subject to its whims, as well as the challenges to be overcome by any meaningful process of change. In this way novelists reify the system, converting an abstraction into something tangible that intersects dramatically with the lives of characters whose circumstances and feelings we come to know intimately and, if the novel is successful, identify with. Reification, in this light, represents a literary tool for channeling the voice of protest against the inhumanities and injustice of the American healthcare system.

To illustrate these observations, I begin with Lionel Shriver’s *So Much for That* (2010), an anguished exploration of the plight of a woman dually stricken with terminal illness and inadequate health insurance benefits. Next, I compare the content and writing devices of this work with Bebe Moore Campbell’s *72 Hour Hold* (2004), a tale of the unrelenting frustrations and uncertainties faced by a parent caring for a child with chronic mental illness. My closing observations situate these books within the broader tradition of systemic discourse in classic social problem novels, those centering on health care as well as other social justice concerns.

***So Much for That* (2010)**

Shep Knacker, the main character of this novel, is a forty-eight year-old handyman. He lives outside New York City in the suburb of Westchester with his wife Glynis, a skilled but financially unproductive artisan of fine jewelry and silverware, and his son Zach, a teenager who is diffidently making his way through high school while passing long periods secluded in his bedroom playing video games. An older daughter Amelia is now three years out of college and living on her own, although not without financial assistance from her father.

The label of handyman, while accurate enough, does not do justice to Shep’s tradecraft and his entrepreneurship. In fact, Shep created his own business while attending a local technical college and built it over decades into a highly profitable venture by ably serving the repair and renovation needs of clients in Brooklyn and other nearby boroughs. In 1996, he decided to sell “Knack of All Trades” for a cool \$1 million to a surly, untalented employee who had resources to make the purchase. It had been Shep’s hope to use this money to abandon the rat race and retire to a lazy, lush setting somewhere in the Third World where his nest egg would last longer than it ever could in the expensive country of his birth. Shep referred to this vision of a new beginning as “The Afterlife.” That plan unraveled, however,

courtesy of an ill-timed real estate purchase, economic recession, and the high cost of tuition at a private school for his struggling son. Shep then became trapped as an undervalued employee in his own former business striving once more to amass savings sufficient to activate his long-term dream of escape.

As the novel begins, Shep finds himself at a turning point. At a net value of \$731,778.56, his Merrill Lynch Portfolio was a far cry from what it had been eight years earlier. Still, Shep calculated the sum would suffice for supporting a comfortable retirement to Pemba, a carefully chosen island community off the coast of Tanzania. Resolved to break at last with his stultifying existence, Shep is packing his bags. With one-way airline tickets already in hand for himself, his wife, and his son, he plans to present them with an ultimatum—climb aboard British Airways with him or be left behind.

Yet Shep is destined to receive a heart-breaking surprise. Over recent months, Glynis had developed weight loss, abdominal pain, bleeding, insomnia, and other troubling symptoms about which she was only partly forthcoming to her spouse. When Glynis returned home this evening, it was after a visit to her physician. An extensive series of tests confirmed the diagnosis: peritoneal mesothelioma. The road ahead would be difficult and marked by more testing, sporadic hospital stays, and an ambitious course of treatment to counter this life-threatening disease. Nothing in this scenario was compatible with relocating to Pemba. Further, Glynis needed her husband's health insurance policy.

The rest of this novel tells the story of Shep and Glynis's journey in dealing with fate's harsh turn. It is, in part, an illness narrative recording Glynis's physical decline, her slow acceptance of the fact that she will not recover, and the impact of this emotional ordeal on Shep and other family members and friends. More than this, however, the author is intent on showing how American medicine, writ large, mishandles dire problems of this kind, not only in terms of the practice style of physicians, but also the behavior of service delivery organizations, insurance companies, and employers. By this methodology—a fictional case study abundantly layered with real-world factual detail—the reader is presented with the compelling case for healthcare reform on the macro level.

Shep's rude awakening to the oppressive parameters of American health care commences with matters of financing and insurance. Shortly after Glynis's diagnosis, the reeling couple arranges dinner with their closest friends, Jackson and Carol Burdina. Jackson is Shep's coworker, and he and his wife have a severely disabled sixteen-year-old daughter, Flicka, who is afflicted with a rare degenerative disorder of the immune system called Familial Dysautonomia, or FD for short. Flicka's medical predicament—which features strict dietary requirements, a complex drug regimen, proneness to injury due to insensitivity to pain, breathing difficulties, and an abbreviated life span—has acquainted Jackson and Carol with the daunting task of accessing, coordinating, and paying for specialty medical services. On this occasion, Carol sets about explaining the limitations of their employer's health benefits plan to her friends:

See...this World Wellness Group outfit is the health insurance company from hell. They levy co-pays on everything, including the meds, and we have to fill dozens of prescriptions every month. With their whopping deductible, you're out five grand before you're reimbursed a dime. Their idea of a "reasonable and customary" fee is what a doctor's visit cost in 1959, and then they stick you with the shortfall. They're way too restrictive about going out of network, and Flicka requires very specialized care. Then, there's co-insurance on top of the co-pays: twenty percent of the total bill, and that's *in-network*. And here's the killer: there's no cap on out-of-pocket expenses. Add to that that their lifetime payment cap—you know, how much they'll fork out in total, ever—is also pretty low... (p. 42, italics in original)

The point of this recitation is to make plain that although people like the Burdinas, and now the Knackers, may be *insured*, they are not necessarily *financially protected* by their health insurance. Rather, people in their circumstances belong to a growing population of underinsured Americans.¹

Sometime later at work, when Jackson wishes to invite Shep to get lunch, he hesitates, knowing that his friend uses his break time to make calls for medical appointments or to resolve medical billing issues. “Forty minutes isn’t enough time to get through to a human being at that switchboard,” complains Shep about the impenetrable bureaucracy of his insurance company. Shep goes on to describe his current difficulty—challenging his insurer’s refusal of payment for a \$58,000+ bill because it was presented by Glynis’s doctor with a minor clerical error. Jackson’s response is significant for the way that it angrily links these frustrating tactics of delay and denial by front-line insurance gatekeepers to a larger game of cost shifting from insurer to consumer in the health care arena. “According to Carol, these companies hire scads of people whose whole job it is to find ways *not* to pay the expenses of people they’re supposedly insuring,” he reports. “She says these fucks are so good at it that on average they manage to weasel out of thirty percent of the bills they get sent” (p. 248). Shep broadens the issue by pointing out how insurance cost cutting and clinical decision-making become melded together: “These minions at Wellness query everything. [Glynis’s doctor] Goldman says they even tell him which drugs he can prescribe. He wanted Glynis to use Dermovate along with a course of cetirizine for her skin rashes, but no—Wellness nixes them both. They say use *calamine lotion*. Which is a joke. No explanation, as usual. I guess they’re not obliged to provide one. But these people aren’t doctors. I don’t understand how business graduates of two-year junior colleges are making decisions about what to prescribe my wife” (p. 248).

Jackson is, in fact, a bitter cynic when it comes not only to the American way of health care, but also the country’s political institutions and leadership. As such, he is a character given to frequent tirades about the corruption of those in power and government actions that prove detrimental to hard-working average citizens (“Mugs”) while benefiting those groups and individuals positioned to take advantage (“Mooches”). These speeches provide the author with an apt vehicle for inserting into the text long passages of commentary about the need for reforming American institutions and social policy. Walking down Ninth Street in New York City with his disconsolate friend, Jackson seizes on this opportunity to provide an emotional history lesson on the subject of health insurance:

Until about the 1920s, there was no such thing as health insurance. You got a medical bill, you paid it. Even then, private plans were few and far between, really just meant to cover catastrophe. The employer-sponsored thing developed during World War Two, when labor was scarce. Big companies were making bids for the handful of guys left who weren’t in the army, but they were hog-tied by government wage controls, so they couldn’t offer higher salaries. To get around the laws, they added health cover [sic] as a come-hither. It was a little perk. Didn’t cost much, since everybody in those days keeled over fast and young. You couldn’t spend that much on people’s medical care, because nobody had invented chemo, or heart transplants, or the MRI. (pp. 251-252)

When Jackson goes on to call the insurance companies “evil parasites,” it seems a shade too harsh for the much more mild-mannered Shep. But Jackson resists any notion of rhetorical restraint: “Do they produce anything? Do they improve anything? Do they do anything for anybody, besides their own employees and shareholders....They’re Mooches pure and simple.”

It would be misleading to portray Jackson’s (and Shriver’s?) opinionated ravings as consistently in line with any particular political ideology. Elements of populism, radical progressivism, libertarianism,

¹ According to a survey by the Commonwealth Fund, 30 million Americans who were insured for the entire year in 2012 were, in fact, underinsured because they experienced one or more of the following problems: out-of-pocket expenses equaled 10% or more of income; out-of-pocket expenses equaled 5% or more of income and respondent had an income less than 200% of poverty line; or health insurance deductibles equaled 5% or more of income (Collins et al., 2013).

anarchism, and egalitarianism commingle, all dished out with a fervor fueled more by alienated disgust than idealism. On the subject of comparing health care in the United States with other national systems, however, the novel's message is unambiguous: Public intervention is the answer. When Shep offers the view that "I guess we're lucky, though. We live in the States. Hey, we get the best medical care in the world," it triggers a stinging rebuke from Jackson. "Think again, pal," he says. "In comparison to all the other rich countries like England, Australia...Canada...I don't remember the rest. Look at all the statistics that matter—infant mortality, cancer survival, you name it? We come in *last*. And we pay *twice as much*" (p. 65). Shep responds: "At least we don't have socialized medicine." For Jackson, this is just the opening he needs to present a multifaceted counterargument. First, he asserts that the fear of socialized medicine reflects "a genius stroke of labeling" by the American Medical Association in its fight to maintain professional privilege and autonomy over and against proposals to overhaul U.S. health care. Second, he observes that some 40 percent of the population already has socialized medicine in the form of Medicaid and Medicare. Third, he affirms that only by supplanting the private insurance industry with a government plan can profits be redirected into patient care. Jackson's discursive attack could hardly be more blunt, a denouncement at once personal and structural in character: "*Thirty percent* of the money spent on medical care in this country goes to so-called 'administration.' Fact is, there's a whole fatty layer of for-profit insurance companies larded between Glynis and her doctors, a bunch of blood-sucking greedy fucks making money off her being sick. And not one of them knows how to set a broken arm. Kick those assholes out of the picture, and for the same cost the whole country would be covered, without fifty different bills a week arriving in your mailbox" (p. 67, italics in original).

One important side character in this novel is Shep's father, Gabriel, who is nearly 80 years old and slipping into an infirm old age without the wherewithal to make proper arrangements for long-term care. His circumstances provide Shriver with another platform from which to indict the health system's poor performance. Amid the difficulties created by Glynis's cancer diagnosis, Shep is called away suddenly to New Hampshire because his father has fallen down the stairs in his home and broken his left femur. Shep's younger sister, Beryl, is already on the scene having temporarily returned to her childhood home after losing her rent-controlled apartment in Manhattan. Beryl, it must be understood, is a professionally insecure independent filmmaker. She is also disorganized, self-absorbed, lacking self-sufficiency, pestering, and unreliable by nature. When it comes to sorting out the medical and financial implications of the kind of crisis precipitated by her father's fall, she is of little help.

What Shep discovers is that his dad also has gaps in insurance coverage through the federal government's Medicare program. For his immediate hospitalization, Medicare will pay for only 80 percent of costs. Subsequently, when Gabriel Knacker is moved from the hospital to a private nursing facility for a recuperative period, it is Shep who gets stuck with the tab of \$8,000 a month. True, other options are available to Shep under the byzantine rules of the system, namely, to liquidate his father's assets and "spend down" until reaching the point of eligibility for Medicaid, a program for low-income people, or to relocate his father to a public nursing home. Yet Shep is, by turns, overwhelmed and ambivalent at the prospect of a strategic spend-down, and his strong sense of "filial duty," in Shriver's words, prevents him from testing rumors of substandard quality in the public sector. Even so, once Shep does visit the private Twilight Glens facility where his father is a patient, he encounters distressing conditions. His father has contracted a potentially dangerous institutional infection (*clostridium difficile*) that is causing him constant diarrhea. He is unhappy and humiliated.

So Much for That traces an inexorably sad arc. Glynis undergoes a spectrum of painful medical procedures that fail to offer her anything more than false hope about the chances of beating cancer. At one point, she and Flicka find common ground commiserating about being "tortured in style" by their extravagant medical treatments. Meanwhile, it falls to Shep to attend to his wife's increasing personal needs while trying to hold his family together and manage the daily trials and tribulations of fighting the insurance bureaucracy, coping with the dehumanizing world of high-tech medicine, and draining his personal savings to meet the out-of-pocket expenses for which his wife's health care has made him

responsible. By January 2006, some thirteen months after his wife first received her diagnosis of mesotelioma, Shep has only \$3,492.57 left in His Merrill Lynch Account.

Late in the novel, Shep reaches a personal tipping point. In addition to Glynis's steady decline and his impending bankruptcy, there are other blows to absorb. For one, Shep is fired. The part assigned to his boss in this drama is nothing short of villainous. Without either sympathy or simple decency, the man dismisses his employee for chronic tardiness and absenteeism after Shep has spent another night in the hospital comforting his wife. Swallowing his pride, Shep pleads for forbearance, citing his reliance on the company's insurance for his wife's continuing medical care. The boss's response: "You're shit out of luck. I didn't hire your wife, and I don't run a hospice. You got problems with the system, write your congressman. Now, get your stuff and get out" (p. 343). To be sure, by this point the reader is hard-pressed to judge which is the greater source of villainy—the actions of Shep's Scrooge-like employer or the perpetuation of a health care framework that inexplicably leaves Shep and his wife at the mercy of such a character and his greedy whims.

The final major blow sustained by Shep is the suicide of his closest friend, Jackson. Shep receives the news by telephone while in the middle of a revealing conversation with his wife. Glynis has just confessed that the lawsuit they are pressing against the Forge Craft supply company for selling her gloves years earlier that exposed her to carcinogenic asbestos is a fraud. In fact, Glynis knew all along about the asbestos material and, dismissing the risk, she actually stole the gloves from a studio at her university. Jackson's death piles shock on top of shock. What Shep does not know—but the omniscient reader does—is that, for all his vociferous complaining about health care politics, his friend has been suffering silently in the aftermath of a badly botched penis enlargement procedure. With his sick daughter taking a turn for the worse, his marriage under strain, and a growing mountain of medical debt on his credit cards, Jackson shoots himself following self-mutilation. In his distraught state, Jackson has construed his choice to be an act of personal defiance. Given the way Shriver scripts the proceedings, however, the reader well appreciates the larger societal forces at play that have unmanned this character and contributed to his demise.

Jackson's suicide produces a remarkable transformation in Shep. Hanging up the telephone, Shep returns to his wife and asks her to continue to prepare for an upcoming deposition against Forge Craft and to hold back the critical information that would exculpate the company. Shep Knacker—a character we have come to admire for his high ethical standards, his exaggerated sense of personal responsibility, his belief in fair play—has chosen to bilk the system. Thanks to Shriver's plot twist, then, the hero of this novel crosses the line into criminality, but the author encourages us to understand what's happening in terms of personal survival and angry payback by a victim against his shrouded tormentors. In the following passage Shep speaks to Glynis about his best friend in the present tense, having not yet informed her about his death:

Jackson lets the unfairness of it all get him down. It eats him up. And that's a shame. But the way he thinks about the world isn't completely crazy. When you play by the rules and other people don't, you're a fool. When you hold up your end of things, other people figure that while you're at it you might as well hold up *their* end of things, too. Jackson's been explaining until he's blue in the face that people like him and me, we're taken advantage of. We're punished. For the sale of Knack alone, I paid two hundred and eighty thousand dollars to the federal government in capital gains. Add up all I've shoveled those sons of bitches since high school, and it has to be somewhere between one and two million bucks. And that's the same government, when my wife has cancer, won't buy her a single Tylenol. They won't take care of my elderly father, either, though he's paid into the system his whole life too—just because he's led his life responsibly, like I have, and he isn't destitute. Jackson's right. It's not fair. And I don't think he'd want us to roll over and take it. Maybe the best tribute to a really good friend is to listen to the guy for once, to—take him seriously for once, in a way, I'm ashamed to say, I may never have done before. (pp. 369-70)

In a final scene involving Glynis's physician, Shep vents his simmering resentment toward high-tech medicine and the seeming inability of its practitioners to approach a case in any terms other than a clinical contest. Dr. Goldman has proposed a new experimental drug for Glynis. Its relevance for mesothelioma is questionable—the drug was developed as a therapy for colon cancer—but “there could be some crossover effect” (p. 377). The problem is Shep's insurer does not cover the drug, and it will cost \$100K for a course of treatment. For the first time, Shep takes issue with the unquestioned assumption that “money is no object” in his wife's medical care, no matter how uncertain the benefit from a drug or procedure. He also questions whether fixating on the dim prospects of a last-ditch curative effort is the best way to maximize Glynis's quality of life during her dying days. Bringing their meeting to a close, Shep asks Dr. Goldman what his wife had gained by “The surgery, all the chemo. The blood transfusions, the chest drains, the MRIs?” He receives the response: “Oh, I bet we've probably extended her life a good three months.” “No, I'm sorry, Dr. Goldman,” Shep rejoins. “They were not a good three months” (pp. 383-384).

So Much for That wraps up quickly and decisively. With a \$1.2 million settlement from the Forge Craft suit, Shep revives his aborted travel plans for Pemba and does so, one might say, with a vengeance. Only now Shep is not only seeking to find an affordable retirement destination, he also aims to escape from a way of health care—a way of life—that has become intolerable to him. With him on this migration to Pemba, Shep is bringing Glynis and his son, his father, and Carol Burdina along with Flicka and Flicka's younger sister. Executed on such a scale, and given the unhappy circumstances of travel party members, this rapid relocation has all the feel of a prison break. And once in Pemba, Shep is thankfully able to help his wife experience death with dignity, surrounded by the waving palms and sounds of the pounding surf. He also initiates a way of life restorative, in whole or in part, for all members of the surviving retinue, and he and Carol launch a romantic relationship. In the book's final paragraph, Shep recalls the advice of friends who had warned him over the years about the pitfalls of his escape fantasy. “Any island ‘paradise’ was bound to disappoint. He would get bored. He would get lonely....He would discover that he was an American through and through....” And so on and so forth. Shep's last word on the subject: “They were full of shit. It was great” (p. 433).

For a book so raw and scornful throughout, it seems an ending surprisingly Disneyesque. From another standpoint, however, it is entirely in keeping with Shriver's methodology of meta-argument through personalization, of using the situational plights and emotional reactions of her characters as a yardstick for judging our health care institutions—and society, more generally—in terms of the suffering they manage either to diminish or compound.

72 Hour Hold (2004)

What is it like to live with, and be responsible for, a child with severe mental illness? How is the American mental health system organized? What laws, administrative practices, and services exist that determine the treatment accessible by a child in need? Where are the gaps and inadequacies that interfere with the goal of providing support that is continuous, comprehensive, and of high clinical quality? These are the questions addressed by Bebe Moore Campbell in her novel *72 Hour Hold*.

The story is told from the mother's point of view. Keri Whitmore is an African-American, middle-aged single mother living in Los Angeles who runs a successful small business selling second-hand designer clothing. She is smart, responsible, self-confident, and compassionate. Her daughter Trina is eighteen years old and suffers from bipolar disorder. The illness did not manifest itself until Trina's late teens. Prior to this time, Trina was an outstanding student and a socially well-adjusted individual on her way to Providence, Rhode Island, to enter the freshman class at Brown University as a National Merit Scholar. The sudden onset of her illness during senior year of high school has derailed this plan.

The novel begins with a lull in the action. This seems an odd way to describe the commencement of a plot line, but when the reader meets Keri she has, in fact, already navigated a tumultuous period involving the discovery of Trina's illness, the wild confusion of coping with various extreme and dangerous behaviors on the part of her disturbed daughter, and the making of necessary connections with mental

health providers and services in her locality over the course of three emergency hospitalizations. In Chapter One, Keri and Trina are at home, the daughter lolling in bed as her mother waits downstairs to serve her breakfast. Trina is serene and in good spirits, although she is disconcertingly babyish in manner according to her observant mother. When Trina eventually takes her place at the kitchen table and reaches without prodding for the meds required to stabilize her condition, it seems a good sign. However, the atmospherics of this scene are those of a calm before the storm. Indeed, the reader knows serious trouble is in store from the first sentence of the book, in which Keri reflects: “Right before the devastation, I had a good day” (p. 3).

As this day proceeds, Keri and Trina head downtown for the street market on Crenshaw Boulevard hoping to pass some pleasant time among the vendors of ethnic foods, incense, CD tapes, T-shirts, flowers, bootlegged videos, and other wares on display in this funky commercial area on a typical Saturday morning. Things are fine until Keri must fight off a sense of panic when she loses sight of her daughter in the crowd of shoppers. Not much time elapses before she spots Trina at a distance interacting with a soiled and disheveled man who may be one of the urban homeless. Keri is relieved to have her daughter back in tow. What she doesn’t realize until much later is that Trina has just been able to score drugs.

Thus is the stage set for the first of many crises presented by Campbell with a riveting realism. No parent of a teenage child will find this book easy to read. Soon Trina has a manic episode while attending her day treatment program at the Weitz Center, a comprehensive psychiatric inpatient and outpatient facility in Beverly Hills. She begins cursing, strikes a fellow patient, and runs madly through the halls calling the staff devils. The guards restrain Trina and she is hospitalized, but only on the basis of a “72 hour hold.” As Campbell explains in this book, under California law a person who undergoes involuntary hospitalization can only be retained for three days for purposes of assessment. After that, it takes a court hearing to extend the hospital stay against a patient’s will, with a high standard of dangerousness to oneself or to others as the legal threshold for making such a commitment decision. According to Campbell’s depiction, this is a system in which civil liberty concerns have trumped the value of patient care,, not to mention parental interest in looking after the wellbeing of one’s children.²

By now, Trina is in full career of a relapse, and she refuses to allow her mother to visit her in the hospital. As an eighteen-year-old, this is a right afforded to her by the mental health system, along with other adult rights to privacy and treatment refusal. Keri makes an emotional plea to a staff member at the Weitz Center: “But I’m her mother. She lives with me. She’s my dependent. I’ll be paying her bill, whatever the insurance doesn’t cover. I have a right to know what’s going on. She may be coming home tonight. I have to know what I’m dealing with” (p. 102). And from the staff member comes a sympathetic but curt response: “I’m sorry.” As it turns out, Trina is not quite so sick or out-of-control that she can’t win release from the hospital once her 72-hour hold is over. She goes missing for three days. When she does return home ultimately, her mother finds her in a raging psychotic state, wild looking and bruised in the face following a reported fight with some unknown male companion.

Keri calls for assistance from the Systemwide Mental Assessment Response Team (SMART), a real-life organizational entity in the Los Angeles area that pairs police officers with mental health clinicians. When they arrive, Trina accuses her mother of being the one to strike her, and she asks the police to lock Keri up. SMART members recognize Trina’s disordered state, and they understand well enough not to take her charges against her mother at face value. Still, they determine Trina falls short of the legal criteria for detainment and hospitalization under the rules governing the mental health system, and they

² Campbell’s topic is a significant one that extends beyond the particular setting of her work. Most states continue to make use of the “dangerousness” standard, as opposed to the alternative “need for treatment” approach favored by Campbell, when determining involuntary commitment, and many states, such as Colorado, Georgia, Indiana, Kentucky, Minnesota, and Texas, apply a similar 72-hour rule in delimiting the initial period of detainment during a crisis.

depart after one of them conveys this hollow advice to Keri: “I can see that she’s ill...If she decompensates further, please give us a call. Take care of yourself. I’m sorry we can’t help you now, but our hands are tied” (p. 125). In short, these are good people blocked by the framework of care from doing what is necessary and in good judgment.

The next several weeks are a living hell for Keri as Trina stays up all hours listening to blaring music, watching TV, talking on the telephone, coming and going as she pleases, bringing strangers into the home. These high-energy periods interchange with other times in which Trina is immobilized, uncommunicative, and neglectful of her own basic hygiene. It is an unsustainable living situation for Keri, and she summons the SMART team at least a half dozen times hoping they will agree to intervene. They do not. Nor can Keri identify any acceptable alternative for where her daughter might be able to stay—not a residential treatment program (Trina would have to be cooperative), nor a board-and-care facility (too sleazy and unsafe). Keri’s ex-husband Clyde, a bombastic right-wing radio talk show host, eventually steps in to offer his daughter temporary refuge, although Clyde has never fully conceded the reality of Trina’s mental illness and he is unprepared to offer meaningful supervision. A short while later, Trina ends up in jail having been picked up for shoplifting.

Trina returns to live with her mother, but the situation, like her psychological status, is fragile. After several more contacts are made to the SMART program, the team agrees to hospitalize Trina, but only after witnessing her firsthand in a state of utter confusion, half naked and helpless. Actually, it was the mother who lured her own daughter down the path to this degraded condition by facilitating access to the household stock of Chivas Regal. It was an unethical act—the end justifies the means—but one, we are induced by Campbell to appreciate, that a dysfunctional system of care has compelled. Recall here the noble Shep Knacker and his unexpected turn to fraud in the claim against the Forge Craft art supply company once the health care system forces him to the brink of bankruptcy.

Keri understands, of course, that her daughter’s hospital stay will not last long, that her period of safe harbor will be sharply limited. Keri badly needs new options and latches onto the possibility of a conservatorship, which is a legal device in which the court gives legal authority to an appropriate individual to make decisions on behalf of a person severely impaired by mental illness. Through an earlier interaction between Keri and a supportive representative from the Office of the Public Guardian, Campbell has educated her readers about this legal mechanism:

If your daughter has a psychiatrist who is on staff at one of our hospitals, talk with him about supporting you in getting a conservatorship. Establish a relationship with the SMART people. Be persistent. When you finally make the call, tell them where you wish to have your daughter taken. When she gets to the hospital, call us. You’ll get a court hearing. And then it’s up to the judge. (p. 151)

As circumstances play out, however, Keri is unable to put all these pieces of the puzzle in place quickly enough to establish a conservatorship for her daughter before hospital discharge plans begin. Sadly, the whole frustrating cycle of Trina’s stabilization, release, and regression appears about to repeat itself.

Enter the mysterious character of Brad, a pseudonym, into the stream of events. Brad is part quixotic savior, part shadowy outlaw, and he offers Keri an unanticipated new option for her disturbed daughter. Brad possesses a passionate sense of conviction and a secretive, controlled demeanor. The combination is disquieting. Nonetheless, his character provides this book with its most incisive critique of the mental health status quo, and he has a solution. It is chapter 15, page 153. By this point the engaged reader fully shares Keri’s fatigue with Trina’s implacable illness as well as her despair over whether the familiar providers and services can offer anything more than temporary stopgap assistance. With Keri, we have been pummeled into a low emotional state where an extraordinary course of action seems worthy of consideration.

In a back booth at an out-of-the-way coffee house, it is Bethany who introduces Keri to Brad. A friend of Keri from a local support group, Bethany is the mother of Angelica, another psychiatric patient

who is close in age to Trina and who has similarly failed to respond to treatment. When her character had appeared earlier in the novel, Bethany declared in no uncertain terms that she was fed up with the system of care and she was investigating something “better.” Speaking almost in a whisper, Brad now explains about himself and his group:

We are a group of psychologists and psychiatrists who believe that the mental health system in this country is a sad joke....All the members of our group have worked in hospitals and in a variety of mental health institutions; we’ve experienced firsthand the wasted opportunities for people to recover....Recovery is possible for people when the right conditions are present. We assist the relatives, mostly the parents, of people who need an intervention but are too sick to accept help. We forgo the nine-one-one, the SMART people, the conservatorship. We transport the ill person to a safe place; *our* safe place. Once the patient is there, the relative leaves and we take over. (p. 166, italics in original)

As Brad goes on to describe the model of care adopted by his group, Campbell’s point is clear: this is the antithesis of the system that has repeatedly let Keri down in her hours of need:

We have a facility in a remote area. A small staff runs the place. We’re completely self-sufficient. We work with no more than sixteen patients at a time. Our patient-to-staff is four to one. That’s a lot of care....Medication compliance is what we instill in our patients. For most, it’s the key to leading a productive life. But we try to prescribe the lowest dosage possible, in order to minimize weight gain and other side effects. We incorporate an array of nontraditional methods as well, including acupuncture, homeopathy, exercise, meditation, and proper nutrition. (p. 167)

The downside—and it is considerable—is that Brad’s program is illegal. It involves kidnapping, involuntary commitment typically lasting from six months to a year, and mandatory compliance with recommended treatments and medications. Brad informs Keri the cost of his program is \$12,000 per month, although she later learns that this high figure is cited to test a family’s resolve and can, in fact, be discounted.

There is a striking thematic parallel to be noted here between *So Much for That* and *72 Hour Hold*. Both novels entertain the idea of escape to a utopian alternative as the central act of rebellion against a malformed system. Shriver’s utopia lies in another country with a completely different set of social values, institutions, and lifestyle. Campbell’s is another system of mental health care with a completely different set of professional values and treatment practices and no misguided legal restraints. However, whereas Shriver treats the utopia of Pemba as no more than a vague fantasy until her characters’ flight from America in the next-to-last chapter, Campbell uses Keri’s choice to embrace the utopian alternative available to her as the mainspring of action throughout the second half of her narrative.

Space does not permit a detailed recounting of the hairy adventure that ensues once Keri employs trickery to convey Trina into the hands of Brad and his band. Suffice it to say that much goes awry. Trina is understandably distraught and distrustful upon being kidnapped and injected with high doses of antipsychotic drugs. The fact that her mother and Bethany and Angelica are along on this journey offers little reassurance. Rendered incommunicado by the confiscation of her cell phone, Trina smolders helplessly as she is driven for hours inside a locked vehicle heading to some unnamed location. Along the way, the group makes layovers at the homes of confederates, each new site bringing its own makeshift security procedures and encounters with suspicious strangers. Doubts gnaw at Keri about the wisdom of her choice to embark on this trajectory, but she has no answer when asking herself what could have been gained by continuing to work within the ineffectual system she has left behind.

One metaphor to which Campbell returns repeatedly in *72 Hour Hold* is a comparison between slavery and the oppressive domination of mental illness in her characters’ lives. At the opening of the novel, when Keri has had a “good day” with her daughter, she muses: “Everything flowed, the kind of

flow you take for granted when your shackles have been removed, the scars from the last beating have all faded, and it's Sunday on the plantation" (p. 22). Later, when the exacerbation of Trina's illness is underway, Keri describes it in these terms: "Something bad was going to happen. The signs were all there: massa was on his deathbed; mistress was crying. Auctioneers and lawyers were assembled on the veranda. I could feel the overseer's eyes assessing the value of my flesh, her flesh. This wasn't my first plantation. Deep South, that's where I was headed"(p. 79). The slavery metaphor in this book is multifaceted, so much so that when Brad first explains his group's activities to Keri he also cites the underground railroad. Keri presses this white man on his use of a loaded historical analogy: "What do you know about the underground railroad?"

I'm not much of a history buff. It was a means of freeing slaves, getting them north to Canada. Harriet Tubman was the most famous conductor on the railroad. I know that much....It seemed an appropriate model for what we do. Mental illness is a kind of slavery. Our movement is about freeing people too. We won't always have to hide and run and do our work in the dark. The day is coming when people with brain diseases won't be written off or warehoused, when everyone will know that recovery is possible." (p. 174)

The problem is that, for Trina, Brad's type of assistance feels more like captivity than deliverance. With her clinical paranoia heightened by objectively threatening circumstances, she continues to question and to resist the group's unlawful custody. While the group is traveling one night and stops for a roadside bathroom break somewhere outside Sacramento, Trina makes a break for it and tries to flag down a passing vehicle, screaming "Help! Help! Help! They're trying to kill me! They're trying to kill me!" The vehicle only pauses and speeds past, but later it is learned that a police report has been filed putting Brad's group in jeopardy. Several days later, Trina does manage to escape with Angelica, leading Keri and the others on a fruitless search through a dodgy section of a nearby town where the girls have apparently gone hunting for drugs. The group recovers Angelica in short order, but Trina ends up at a hospital in Sacramento after being picked up on the highway by a pair of strangers who recognize her psychotic state.

In this way Keri's utopian vision dissolves. She and Trina never reach Brad's alternative mental health facility. In effect, the established system reasserts its jurisdiction over them as Trina now becomes admitted to the Sacramento hospital's psych ward, on a 72-hour hold. The novel wraps up with the Whitmores returning to Los Angeles where, this time around, Keri and her ex-husband succeed in arranging a conservatorship for their daughter. It is no panacea, however. Trina has to enter a locked county facility that presents safety and quality concerns and whose main appeal lies in the "structure" it provides. Keri's resigned judgment that the place "has more pluses than minuses" merely damns it with faint praise. Trina remains in the facility for 90 days, after which time she returns home improved, if not "cured." A new psychiatrist and a new medication help Trina to function normally and even to show some signs of happiness. How long this positive turn of events will last is unsure. The reader can only wonder if it may be just another lull in the action or, as Keri cautiously construes it, "a breather."

On the Nexus between Social Problem Fiction and Public Policy Advocacy

Scholars within the field of public policy analysis recognize problem definition as an essential stage of policy development. How a problem is defined influences whether it will be seen as important enough for standing on a crowded government agenda, what we identify as the problem's cause, and whether some feasible solution is available for correcting the problem. While problem definition involves the collection of factual information in documenting a problem and its impacts, there is always an element of strategic interpretation, as well as a crucial role for rhetoric, in how this interpretation gets advanced within the political realm. Values, symbols, ideology, and argument all blend together in this contest. As Rochefort and Cobb (1994, p. 15) write: "As political discourse, the function of problem definition is at once to explain, to describe, to recommend, and, above all, to persuade."

Public problems arise within a larger structure of social, economic, and political institutions and practices. Not every problem hinges on overhauling this enveloping system in its entirety for melioration. Yet a systemic perspective never fails to be valuable in exploring the sources of a problem, its interlocking with other social issues, and the reasons why existing public policies either fail to remedy the situation or, perhaps, even make it worse. Stone (2002) lists four functions of causal theories within the polis:

First, they can either challenge or protect an existing social order. Second, by identifying causal agents, they can assign responsibility to particular actors so that someone will have to stop an activity, do it differently, compensate the victims, or possibly face punishment. Third, causal theories can legitimize and empower particular actors as “fixers” of the problem. And fourth, they can create new political alliances among people who are shown to stand in the same victim relationship to the causal agent. (p. 204)

A systemic perspective suggests intervention on the level of social institutions in contrast to a focus on correcting individual or group behaviors. Further, systemic thinking can be valuable in avoiding piecemeal, shortsighted policy adjustments that amount to bandaid repairs or symbolic gestures geared to protecting powerful beneficiaries of the status quo. As our opening discussion of Republican and Democratic approaches to the issue of health reform makes plain, the major parties well appreciate the relevance of such rhetorical inflections in regard to the mission of derailing or advancing comprehensive health policy legislation.

It is useful now to contextualize my preceding analysis of systems argumentation in *So Much for That* and *72 Hour Hold* with respect to the genre of social problem fiction to which these works belong. This will be done by sketching briefly how a trio of classic American novels has similarly encouraged readers to situate characters and to plot events within a big picture of dysfunction on the social-institutional level.

An apt first case in point is Ken Kesey’s *One Flew Over the Cuckoo’s Nest* (1962), one of the most popular literary novels of the second half of the twentieth century and a searing indictment of the interior world of a mental asylum. In this novel, the character of Randle Patrick McMurphy has maneuvered commitment to a psychiatric institution in order to avoid work detail while serving time at the local prison farm. McMurphy is no more than a small-time hell-raiser and certainly not insane. He finds amusement in the court’s view that a psychopath is “a guy [who] fights too much and fucks too much” (p. 13). Gradually McMurphy becomes aware that the overriding mission of this mental health facility is domination of the patients by the staff, all cloaked in therapeutic garb. This leads him on a collision course with Nurse Ratched, the central authority figure of the hospital ward. It is not McMurphy, however, but Chief Bromden, a schizophrenic patient of Native American background from whose point of view this story is told, who makes the novel’s strongest systemic connection. In his technically deluded state, Bromden maintains that a great humming machine located in the hospital walls, the Combine, is responsible for the hospital’s controlling and dehumanizing regime just as it commands obedience and dictates conformity from all those living on the Outside of the institution. Bromden’s delusion, then, provides a metaphor for relating hospital practices to the suppression of individual needs and freedoms on a societal level. Thus, the problem is defined not merely as a particular sadistic head nurse—prominent though she may be in the happenings of the novel—but rather as the malevolent reach of the Combine that she represents (Boardman, 1979). While Kesey’s principal object of concern in this book may not be reforming the mental health system in the same explicit sense that it is for Bebe Moore Campbell in *72 Hour Hold*, *One Flew Over the Cuckoo’s Nest* is based on the author’s real work experience at Menlo Park Veterans Hospital in California, and it came to serve as an inspirational text in both the mental hospital deinstitutionalization movement and in the spread of controls over improper use of electroshock therapy.

Few lists of great American fiction fail to include John Steinbeck’s *The Grapes of Wrath* (1939). Although scholars may debate its merit on purely literary grounds, the work holds a secure place in the

canon due to its value as a historical portrait of the nation fighting to survive the hard times of the 1930s and for its passionate protest against the forces of economic and social injustice operative in this era. Significantly, the novel and its movie and stage adaptations have garnered renewed attention following the onset of economic recession in 2008 (Crowe, 2008). It is not possible here to examine how *The Grapes of Wrath* develops its critique of agricultural economics, and capitalism more broadly, through multiple devices of plot, character, and style. To be sure, however, that critique was sufficiently articulate to provoke fearful rejection of the book as communistic in some quarters, although no careful reading of the text can support this extreme political interpretation of Steinbeck's message. Yet this is a novel intrinsically concerned with the role of social institutions as the ultimate source of the hardships experienced by characters in their lives. Indeed, the entire novel can be viewed as a trajectory bringing this realization into ever-sharper focus for both the central figure of Tom Joad and the reader. This process starts very early in the story with an account of how the poor tenant farmers of Oklahoma have been driven from their homes:

If a bank or a finance company owned the land, the owner man said, The Bank—or the Company—needs—wants—insists—must have—as though the Bank or the Company were a monster, with thought and feeling, which had ensnared them....They breathe profits; they eat the interest on money. If they don't get it, they die the way you die without air, without side-meat. It is a sad thing, but it is so. It just is so....The bank is something else than men. It happens that every man in a bank hates what the bank does, and yet the bank does it. The bank is something more than men, I tell you. It's the monster. Men made it, but they can't control it. (pp. 31-33)

Monster—Combine—System.

A third selection from the genre of social problem fiction is *The Jungle* (1905), Upton Sinclair's classic muckraking novel of the Progressive era. Sinclair wrote this book to expose intolerable working conditions inside Chicago's meatpacking industry and to promote the cause of socialism. Yet the book's greatest impact occurred along other lines—new government regulation of the food processing industry—so perhaps his choice of setting was too distracting in its way for Sinclair to achieve the ambitious political objectives he set for himself. As the author subsequently lamented, "I aimed for the public's heart, and by accident I hit it in the stomach." Nonetheless, *The Jungle* is informed throughout by a systemic economic perspective as it seeks to account for the plight of the American proletariat, instanced by the sad lives of these workers in the meatpacking industry. The book's main character is Jurgis Rudkis, a Lithuanian immigrant. Sold on the American dream of freedom and opportunity, Jurgis is repaid for his optimism with a few lucky breaks in the form of help from locals in finding housing and a job in the slaughtering plant. For the most part, however, the plot of this book revolves around the overwhelming string of terrible things that befall Jurgis—the destruction of his family, illness, unemployment, imprisonment, homelessness. It takes a while before the uneducated immigrant appreciates the micro events of his life in terms of patterned exploitation and "the rapacious forces of industrial capitalism," in the words of Sinclair scholar Kevin Mattson (2006, p. 64). Yet in the end that insight comes to Jurgis with a force akin to a religious conversion once he strays into a socialist meeting. Shortly later one of the "comrades" helps spotlight the systemic connection for Jurgis's troubles: "To Jurgis the packers had been the equivalent to fate; Ostrinski showed him that they were the Beef Trust. They were a gigantic combination of capital, which had crushed all opposition, and overthrown the laws of the land, and was preying upon the people" (Eby, 2003, p. 299).

Building upon our consideration of the books by Lionel Shriver and Bebe Moore Campbell, this discussion of three classic social problem novels accents the special power of the genre in regard to political advocacy. As noted, the process of problem definition requires, first, the provision of factual information about a problem and its impacts. All the novels reviewed in this article, to a greater or lesser extent, adopt a realist approach in presenting the circumstances, likely events, trends, organizations, programs, and choices that are relevant to their respective social issue. Thus, Shriver explains to her

readers about the history of the insurance industry, and the practical meaning of such benefit features as copayments, deductibles, and coinsurance. Campbell explains the provisions of California's 72-hour hold rule, and the steps involved in establishing a conservatorship. Books of this kind present a surprising amount of "wonkish" detail about problems and policies, and they do so within a medium of "art and entertainment" that is likely to reach a somewhat different audience than people who absorb this information from their lines of work or attention to the news.

However, these books are not purely realist in the sense of providing a rendering of circumstance consisting of facts and facts alone. For one thing, as works of literature, they depict the world more expressively than do politicians in their speeches and reporters in their news features, drawing constantly upon figurative language to communicate in a way deeper and more affectively complex than more prosaic descriptive statements. One fascinating article in *The New York Times* (Paul, 2012) reported on the latest neuroscience research on how the brain processes novel reading. It turns out that metaphors, richly detailed description, intensely emotional exchanges between characters—in other words, the core techniques of fiction—stimulate different regions of the brain than writing in which these stylistic elements are absent. Indeed, novels not only "give readers an experience unavailable off the page: the opportunity to enter fully into other people's thoughts and feelings," they also are more likely to induce readers to experience their subject matter as if it were happening to them in real-life.

Finally, as works of problem definition, social problem novels also go beyond presentation of fact to the making of moral judgments. They encourage us to understand who are the victims and who are the villains of a story; what *must* be changed to rectify an ethically unacceptable status quo. The thesis of this article is that such novels can be more convincing, and inherently more engaging, than less imaginative forms of political advocacy when writers expose for us the emotional terrain of confrontation between individual characters and the functioning of the "system." In the two health care novels described here, the main characters curse the system, they scheme to outwit it, and they interpret its treatment of them from a profoundly personal perspective, converting an abstraction of rules and regulations into a tangible antagonistic character in its own right. When the novelist is also skilled enough to align this confrontation with such paradigmatic literary motifs as good versus evil, the search for truth, the fight for justice, class conflict, the hero's adventure, and other standard concerns of world literature, what results is a narrative that speaks on multiple psychological levels yet with a clear focus on advocacy and public policy reform.

Given the potency of well-executed fictional narrative, an interesting question concerns the standards of accuracy to which such works should be held. Equating the health system with a malevolent personal actor may be stylistically instrumental in pushing a reader's buttons, but the health system is not, of course, a recognizable "person" any more than a corporation is, despite the controversial doctrine to this effect that has gained standing under U.S. law. On the one hand, it would seem unfair to measure fiction against the same high standards of factuality that we apply to objective policy analysis. The methods and conventions of the two genres simply diverge too much, even if some overlap of interests exists. On the other hand, it seems too lenient to judge the content of realist fiction according to the same casual gauge for truth and falsehood that exists in the practice of political rhetoric, an information source that is notoriously propagandistic, selective, and unreliable.

Ultimately, works like *The Jungle*, *The Grapes of Wrath*, and *One Flew Over the Cuckoo's Nest* do not earn high stature because they are exemplars of responsible journalistic reporting, but rather because they so successfully bend the subject matter of journalism and the craft of fiction to the purposes of each other. Straying too far from the necessities of either writing enterprise would be a mistake, but so, too, would be the failure to find a balance and synergy between the two. The social-problem novelist creates a hybrid product that makes a distinctive contribution to the discourse of politics but without displacing any other forms of political narrative. No legislative body would pass a new law based solely on the content of a novel, no matter how emotionally powerful and rooted in the day's headlines, nor should such an unfettered lawmaking process ever take place. It is enough for a fictional work simply to spotlight an

issue for further investigation, to inject energy and focus into our democratic process by bringing together the concerns of culture and politics in a memorably artistic way.

Conclusion

Writing in *Harper's* magazine in 1996, novelist Jonathan Franzen made the controversial statement that the social novel was dead (Franzen 1996). Moreover, he suggested that a basic conflict existed in fiction writing between addressing social issues, on the one hand, and achieving aesthetic merit, on the other (Franzen 1996). *So Much for That* and *72 Hour Hold* are works that challenge such claims. Both books received reviews in a wide range of major publications that credited them with substantial literary merit.³ At the same time, the two books gained significant attention within our national discussion of the topics of healthcare and mental health reform with which they were concerned, as measured, for example, by the kinds of author interviews they prompted in mass media outlets and by the referencing of these books within the advocacy communities that follow health and mental health policy issues.⁴ And, contrary to Franzen's prediction of a short shelf life for any work of fiction that risks absorption in the news of the day, these novels have managed to retain their relevance. One can expect that they will continue to do so as long as the systems they describe remain in such disarray.

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³ *So Much for That* received reviews in such notable venues as *The New York Times Sunday Book Review* (March 11, 2010), *The Washington Post* (March 17, 2010), *The Los Angeles Times* (March 21, 2010), *The New Yorker* (March 29, 2010), *USA Today* (April 7, 2010), *TIME Magazine* (March 22, 2010), and National Public Radio (March 18, 2010). *72 Hour Hold* was reviewed in *The Washington Post* (July 7, 2005), *The Boston Globe* (July 10, 2005), *The San Francisco Chronicle* (July 31, 2005), *The Detroit Free Press* (July 10, 2005), and *The Baltimore Sun* (July 10, 2005), among other outlets.

⁴ Lionel Shriver completed interviews about her novel with The National Book Foundation, Big Think, *The Guardian*, and The Huffington Post. Her book was also referenced on the web sites of The Mesothelioma Applied Research Foundation (www.curemeso.org), and The Dysautonomia Foundation (www.familialdysautonomia.org). Bebe Moore Campbell's interviews included The CBS Early Show, Tavis Smiley, National Public Radio, *TIME Magazine*, and the talk show "Global Lens." Campbell contributed a commentary on stigma and mental illness to "Morning Edition" on National Public Radio (November 18, 2005). In 2008, following her death two years earlier, the U.S. House of Representatives proclaimed July "Bebe Moore Campbell National Minority Mental Health Awareness Month." Campbell's work is discussed at length on the web site of The National Alliance on Mental Illness (www.nami.org), an organization in which she was an active member, having cofounded a chapter of the Alliance in Los Angeles.

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