

Book Review

Rhetoric of Health and Medicine As/Is: Theories and Approaches for the Field

Lisa Melonçon, S. Scott Graham, Jenell Johnson, John A. Lynch, and Cynthia Ryan

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The foreword, written by Judy Z. Segal, begins with a brief dialogue between a patient and a nurse that illustrates the effects of discursive actions on health and medicine. It is a dialogue between a patient and a nurse, reminiscent of stories of ancient cartographers who mapped their changing and uncertain worlds through stories, discovering ever new riches in a world that wasn't flat. In the same way, contemporary thinkers in health and medicine are discovering the treasure in exploring rhetoric and technical communication across traditional boundaries. These authors move through previously uncharted territory with story and new questions that extend the boundaries of our individual bodies. They explore important questions of individual human agency and how that intersects with social and rhetorical theory. Critical questions new to medicine in the twenty-first century, such as resistance, power of representation, and where advocacy for health justice lies, are topics explored through a variety of lenses in this collection.

The editors of this collection advance an interdisciplinary approach to the rhetoric of health and medicine (RHM) that grounds it as solid theory that is also defined by boundaries. Each contribution in this collection challenges representations of how our current culture influences the construction and delivery of healthcare. Each one challenges the work cut out for RHM: to find new frameworks from which to build new understandings of where healthcare is today. The selections offer ways in which RHM and scholars and practitioners across many disciplines can reimagine and present healthcare cultures and concepts in need of fresh consideration.

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The book is divided into three sections focused on different healthcare perspectives. Each section is followed by a response from prominent scholars. The thematic approach contextualizes the diverse selections and offers considerations to move research and practice forward.

The first section includes three chapters on interdisciplinary perspectives, each one mediating the spaces between health and the dehumanization of healthcare and illuminating the need to rethink the dual-culture trope of science vs. humanities. Section Two focuses on the binaries between how we see our embodied selves and how those bodies are represented through external actants such as autoimmune or chronic diseases, or mediated objects such as medical devices and electronic apps. The attention is on what constitutes disease and health agency. The chapters in the final section are focused on health citizenship and advocacy

Beginning with a discussion of local food sustainability and constitutive rhetoric, Coleen Derkatch and Philippa Spoel consider the formation of health citizenship and the ways in which the rhetoric of healthcare might be expanded through generalized socio-ideological frameworks. Health, they maintain, is rhetorically constituted in materials that are not directly related to medicine. RHM, the authors conclude, has the potential to provide knowledge about health humanities that have value outside of the healthcare profession.

Moving to an interdisciplinary, cultural and political construction of dis-order, Drew Holladay and Margaret Price explore the intersection of Disability Studies (DS) and the rhetoric of mental health to move them beyond conceptions of limitation, stigmatization, and difference to vocabularies of equity and justice. For such a political-relational approach to configurations of disability and mental health to occur, rhetorical critique and invention strategies that challenge the current conversations among RHM and DS scholars will be required.

Emily Winderman and Jamie Landau revisit the HeLa cells of Henrietta Lacks to call for the rehumanization of RHM through pathos as a rhetorical process. In this third chapter, the authors

use Rebecca Skloot's award-winning book, *The Immortal Life of Henrietta Lacks* (2010), to demonstrate how the rhetoric of pathos and rehumanization can be put into practice to work in the service of gender and racial justice.

John Lyne, synthesizing considerations explored in the first section, maps the field of RHM to a lineage of scientific rhetoric and explores ways of understanding RHM within ontological and ecological contexts. He considers essential questions such as the role of pathos, how tightly the field can be defined, or who the audiences for RHM are, and then how those questions might be explored to move the field forward.

The next section begins with a discussion by Molly Margaret Kessler directing attention to autoimmune conditions where the body attacks itself, troubling the binaries between mind and body, self and non-self, materiality. She questions how representational practices participate in shaping and influencing patients' identity boundaries rather than in how language represents those identities. It is in the spaces of these binaries, she says, where the work of rhetoricians lies.

The evidence-based practice of medicine and the role of mathematics in persuasive language merit more rhetorical attention according to Amanda Fritz and Stacey Overholt. As an example, they examine Eve, a period-tracking app that collects the data input from all its users and translates it into "big data analytics" from which infertility issues can be mathematically determined, thus removing that responsibility from physicians and serving as a guise for policing female bodies and promoting a moral imperative to reproduce. The challenge for rhetoricians, they say, is to begin to examine the Gordian knots between practice and theory and the inherent rhetoricity of quantification.

Chronic conditions shift identification from someone who has an illness to someone who is an illness, who is inhabited by a disease. From their discussions of identification with, and representation of, chronic illness, Sarah Ann Singer and Jordynn Jack summarize three ways for RHM scholars to engage chronicity: focus *in* individuals as rhetors, analyze the vernacular as well as the medical and scientific texts, and work across institutions and disciplines to encourage positive representations of chronicity.

Rebecca Kuehl, Sara Mehlretter Drury, and Jenn Anderson place concepts of health citizenship squarely in rhetorical praxis. Analyzing two community gatherings, one on breastfeeding support, the other on substance abuse, the authors demonstrate how facilitated focus group discussions invite agency, health citizenship, and action. The analysis of the rhetoric of the public deliberation discussions conceptualizes rhetoric as praxis for health citizenship.

In much the same way, Jennifer Helene Maher shares the rhetorical strategies used to provide information about preventing Sudden Infant Death Syndrome (SIDS) to underprivileged communities who were disproportionately affected by infant mortality. Citing Aristotle, and showcasing a 2009 Baltimore initiative, Maher sees rhetoric as an ethical endeavor to be used to bring transformative social justice to communities affected by the intersecting causes of health disparities by tailoring both the message and the mediums to underrepresented groups.

The final chapter, by Amy Hickman, situates RHM within feminist decolonial theories and explores the modalities of power that exist in the hierarchy of medical professionalism. Through rhetorical studies of how Margarita, a pseudonym for a community health

worker (CHW) in a Latinx community, interrogates relations of power and health discourse through what Hickman defines as relational praxis where neoliberal concepts of health citizenship in marginalized communities are redefined, public health messaging is decolonized, and healthier communities are built.

In the response to the last section, Lisa Keränen considers the rhetorical traditions of health citizenship in the context of *synerchestē*, or senses, positioning the discourse of health citizenship as means to democratically enact agency over healthcare systems, as a technique to secure one's own health and well-being, and as resistance to dominant biomedical knowledge. The role of RHM is presented as a call to action to enact health equities.

In the afterword reflection, Cynthia Ryan, Barbara Heifferon, and T. Kenny Fountain reiterate the polydisciplinary, yet inclusive, ability of RHM to reimagine and rehumanize health and medicine as a theoretical construct and what it *is* in relation to medical practices. Although it is largely western-centered, this is a collection that explores many of the challenges, answering the central question posed by Segal: "Who is persuading whom of what and what are the means of persuasion?" (p. ix). In a time when the relationships between people and their health and health and healthcare are evolving in myriad ways, RHM has opportunities to offer valuable insights into those conversations, and rhetoric has the power to map individual stories to the shifting times and spaces of complex social change, the place the ancient cartographers filled with stories and creativity.

REFERENCES

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