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Ruminations on the Long Haul: Harnessing RHM's Hybridity

Cathryn Molloy, J. Blake Scott, and Lisa Melonçon

Remarkably, this is our third issue that will appear in the midst of an unfolding—yet ironically dauntingly stagnant—pandemic. This is also the first issue in volume four, which marks the beginning of the journal's fourth year. Thus far, many of the editors' introductions have been intellectual offerings in their own right—contributions to meta-discourses on what the rhetoric of health and medicine is as a field and what the journal is, could, and should be as its flagship publication forum. This fourth volume also is a moment where we're contemplating a turn in RHM (the field and community) and in RHM. We feel a transition coming on as we move from a fledgling field to a recognized field. As more scholars came together around the idea of RHM, we sought to grow a community of diverse scholars interested in how rhetoric illuminates, challenges, creates, and dismantles health and medical realities from a wide variety of vantage points, and we have grown into a field that enacts its arete (i.e., unique excellence) and moves into its imagined futures from "somewhere on the other side of an unasked question" (Harney & Moton, 2013, p.96).

The beginning of this volume, of this fourth year, marks a certain mood we detect in RHM—one that suggests that many scholars are now in it for the long haul—and we use that term quite intentionally to align with and call attention to a group whose sources and forms of suffering are still very much unfolding: COVID-19 long haulers, or those with

Introduction

"prolonged symptoms duration and disability" following a now-resolved acute COVID-19 infection (Tenforde et al., 2020, p. 993). While some long-haulers have discernable permanent damage to their organs to account for their lingering symptoms, another sizable group of long-haulers develop idiopathic conditions such as myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) (Komaroff, 2020) or dyspnea or labored breathing (Carfì et al., 2020).

Just as these individuals must call on all of their already depleted reserves and muster up the kind unfathomable tenacity that has rarely been needed on this scale in our lifetimes, we see RHM as moving to a place where the newness of our collective is wearing off, and now we are settling into (but not settling on) some notable concerns worth continued and sustained cultivation; this is difficult, yet potentially deeply rewarding work.

Imagining and Embracing the Long Haul through Hybridity

We see encouraging evidence that RHM is "here for the long haul" which we'll operationalize not as moving into the rank and file of academic fields of study, but as more fully if still fluidly occupying the transdisciplinary and hybrid methodological and ideological spaces it has worked so hard to open. Medical and public health specialists still have much to learn about "long-haulers," and we are now in the longer process of seeking to better understand and more strategically shape the contours and conversations of work that can be called RHM, including work in underrecognized areas. To back up from speculating about our unfolding future, though, we want to say more about what, specifically, our present states mean for the field and for the journal. Moving into the long haul does not mean joining the academic elite. Rather, RHM as a field is settling into its role as a force to be reckoned with against academic stodginess that relies on such divisions as those between the social and hard sciences and the humanities, those between quantitative, qualitative, and critical-interpretive research, and those between medical practices and broader experiences with health and illness. RHM work has demonstrated a desire to open methodological, pedagogical,

¹We want to note that "long haulers" is a disputed term in that some survivors and experts see it as trivializing what might be considered its own inadequately understood medical syndrome (Belluck, 2020).

Molloy et al.

and discursive space for hybridity. Neither fully in the humanities nor entirely in the social sciences, not as typically antagonistic to the hard sciences as other social or humanistic orientations, RHM's unifying feature is, as its longtime Facebook group is called: Flux. That is, RHM in the long haul will continue to be a space for experimentation, for play, and, as Lisa and Blake's oft-cited descriptor, for "methodological mutability" (Scott & Melonçon, 2018, p. 5). It will continue to privilege collaborative problem-solving, lived enactments, and ameliorative impacts over intellectual pleasure and posturing.

When we think, then, of the sedimented practices that constitute RHM, when we ruminate on the enduring dispositions or habitus that mark the collective RHM project, hybridity seems to encapsulate RHM as a now-established field of study. When we allude to sedimented practices, we nod to Anthony Gidden's work on social theory, of course, but also have in mind "sedimented practices" as constituting "domains of credibility and intelligibility" that set "the norms, rules and institutions that are taken for granted by large parts of a society and which, over time, have obscured the evidence of their own contingent origins" (Nabers & Stengel, 2019, p. 103). We note that hybridity is our defining characteristic; conceptually, hybridity is what moves RHM forward into the long haul by rendering the field credible and intelligible.

When we contemplate harnessing the power of RHM's hybridity, we think about the now accomplished RHM scholars who can mentor and enlist new ones. Thus, we call on the community to invite new voices—particularly underrepresented voices and even silenced voices—into our collective work. Along with the rest of academe, RHM can be a troublingly homogenous space, yet hybridity as our defining characteristic as we move into the long haul calls on us to actively expand and diversify our field.

Further, meditating on hybridity in RHM calls attention to the productively contingent, contestable nature of RHM knowledges. We see potential for RHM scholars to follow Kimberly C. Harper's (2020) lead and take inspiration from Raquel Robvais' (2020) work in moving into lines of inquiry that appear more frequently in sociology of health and medical anthropology, such as racial discrimination and bias in health and medicine and how this is part of a complex intersectional matrix. The healthy debates on such issues in these adjacent fields of study could certainly benefit from rhetorical vantage points in general and from the longstanding orientation of rhetorical knowledge-making as probable or

Introduction

possible (not certain) knowledge. RHM also has the capacity to develop new rhetorical observations, charting new directions, in strategic collaboration with these other fields (including adjacent hard and social science and humanities fields and areas) as confident peers rather than secondary consultants, lurkers, or even interlopers.

We also see hybridity operating in the noteworthy pedagogical contributions RHM makes, particularly in terms of the number and variety of emerging RHM-driven (or informed) courses and curricula that ask students to engage the heterogeneous public and specialized discourses of health and medicine. In a future issue, in fact, we'll feature entries that highlight such pedagogical work. Finally, we see strong and promising signs of RHM's hybridity in how RHM scholars are "going public," several COVID-19 examples of which we list in the volume 3 issue 3 introduction. In response to the pandemic, RHM scholars have been extending and honing our on-the-spot activism. As we continue in the long haul, scholars have taken advantage of the credibility we've built as a field, of the strength and fortitude that this can offer, to look to the most vulnerable as we calculate where to direct our intellectual energies. We want to be clear that in noting this turn from emerging to established field we avoid forecasting an inevitability of RHM's future. We ask newcomers and interested scholars, including grad students and even advanced undergrads interested in RHM: Where will this go next? How will you influence the long haul? How will you harness, interrupt and reshape RHM's hybridity?

Overview of the Issue

This issue continues our in-flux and hybrid trajectory, providing examples that can help us better understand the qualities and possibilities of our continuing long haul, which we could characterize primarily as transdisciplinary thus far. While multi-, inter-, and transdisciplinary are often used as interchangeable terms, they can also be understood as distinct. In our own attempts to distinguish the three interlocking terms, we found Bernard Choi and Anita Pak's (2006) definitions to be helpful: for Choi and Pak, multidisciplinary work involves different fields of study working together, yet staying within their own disciplinary boundaries; interdisciplinary work involves embracing the affordances of intellectual and ideological links toward a "coherent whole"; and transdisciplinary work "integrates the natural, social and health sciences in a humanities context, and transcends their

Molloy et al.

traditional boundaries" (p. 351). We would argue that RHM has grown, at least at this juncture, less out of multi- or interdisciplinarity impulses and more out of what we'd characterize as "splintered transdisciplinarity," which we're defining as a strategic blend of social scientific and humanities frameworks under the unifying and generative theories of rhetoric. Thus, a new type of hybridity is formed.

In keeping with these possibilities and those of the long haul of RHM, Caitlyn Jarvis's essay perhaps comes the closest in this issue to developing an interdisciplinary theory. Here she reimagines feminist epistemological concepts through a rhetorical lens in her empirical study of online infertility support groups—utilizing the hybrid term invitational rhetoric and an exigent application of it. Specifically, Jarvis uses invitational rhetoric as a way to theorize what she calls "invitational knowledge," discernable in how women navigate the now-medicalized diagnosis of infertility. Relying on careful parsing of women's use of narrative in the support groups, she describes how women display agency, transform discourse, make use of emotional and shared knowledges, and pose questions rather than passing judgments.

In the next research article in this issue, rhetor and writing scholars Krista Kennedy and Noah Wilson collaborate with legal scholar Charlotte Tschider to provide a transdisciplinary examination of the corporate-driven algorithmic data surveillance in next-generation medical wearables, focusing on the Starkey Halo smart hearing aid and its murky algorithmic functionality. Through their analysis of what they characterize as the "algorithmic opacity" of this device alongside patient education materials related to disclosing the data collection and use it enables, which they read in relation to U.S. and E.U. privacy and data protection laws, they make a number of concrete recommendations for improving patient education and, consequently, wearer agency; these range from improving specific types of technical information, such as legal disclosures and descriptions of technical infrastructure and algorithmic functionality, to offering users more options to revoke consent and engage with the company dialogically.

We're also pleased to include a dialogue in this issue. In it, RHM scholar Candice Welhausen leads a reflective discussion about the challenges in co-chairing the communications track for an international public health conference, where the participants from different disciplines were working form different linguistic and epistemological orientations.

Introduction

Welhausen and other featured contributors to the dialogue then propose several ways for RHM to build more productive interdisciplinary relationships with those working in adjacent fields of study in health and medicine, including deliberating and agreeing on common meanings and goals; finding points of cohesion; and making rhetoric a more ordinary part of inquiry. This dialogue, thus, plants the seeds for interdisciplinary collaboration.

The final piece is an experimental commentary in the form of a conversation between rhetoricians of science, health, and medicine Celeste Condit and Lisa DeTora, the latter of whom also has expertise in medical publication and regulatory discourses. In this commentary, DeTora and Condit provide a robust conversation in response to a previously published dialogue (in the 3.4 issue), coordinated by DeTora and involving medical publication professionals, about different understandings of authority and participation in medical authorship. Crucially, this new conversation highlights what the authors call a "messy truth"—"that rhetoric can pose dangers when applied to health and medicine," also pointing to disjunctures across the two fields' conceptions and enactments of authorship and ethos. Contributing to RHM's reckoning with the limitations, and not just affordances, of our work, their meditation speaks to the slippage that occurs when traditions with different ideologies and intellectual registers attempt to engage around the same topic. Yet even this limited attempted at multidisciplinary knowledge-making productively alerts us to the work the two fields need to do to inform each other's conceptions.

Finally, Elena Kalodner-Martin offers a review of White-Farnham, Siegel Finer, and Molloy's (2019) edited volume *Women's Health Advocacy: Rhetorical Ingenuity for the 21st Century.* The review first summarizes the aim of the collection as showcasing ingenious feminist rhetorical tactics developed in the contexts of debilitating health and medical realties before it moves to describing some of the work of the book's authors, including the non-academic advocates and activists whose voices become vital. Indeed, it is the collection's analysis of public sites of women's rhetorical ingenuity, along with its reprioritizing of women's health beyond "bikini medicine" and its interdisciplinary approaches, that makes it stand out to the reviewer.

Although the importance of rhetoric is never in doubt for those who have made it our lives' work, its crucial position in the times we are living through make RHM's collective study and the trans- and interdisciplinary engagement with other scholars and stakeholders more important than ever. As we settle in for the long haul, embracing the flux that's been our

Molloy et al.

hallmark characteristic, may the endless generative potential of our nowestablished field of study continue to inspire ingenious and impactful work.

References

- Belluck, Pam. (2020, Dec. 4). Covid survivors with long-term symptoms need urgent attention, experts say. *New York Times*, https://www.nytimes.com/2020/12/04/health/covid-long-term-symptoms.html
- Carfì, Angelo, Bernabei, Roberto, & Landi, Francesco. (2020). Persistent symptoms in patients after acute COVID-19. *JAMA*, 324(6), 603–605.
- Choi, Bernard C. K., & Pak, Anita W. P. (2006). Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: 1. definitions, objectives, and evidence of effectiveness. *Clinical and Investigative Medicine*, 29(6), 351–364.
- Harney, Stefano, & Moton, Fred. (2013). *The undercommons: Fugitive planning and black study*. Minor Compositions.
- Harper, Kimberly C. (2020). The ethos of black motherhood in America: Only white women get pregnant. Lexington Books.
- Komaroff, Anthony. (2020, Oct. 15). The tragedy of the post-COVID "long haulers". *Harvard Health Blog*. Retrieved from https://www.health.harvard.edu/blog/the-tragedy-of-the-post-covid-long-haulers-202010 1521173
- Robvais, Raquel M. (2020). We are no longer invisible. *Poroi*, 15(1). Retrieved from https://ir.uiowa.edu/poroi/vol15/iss1/6/
- Scott, J. Blake, & Melonçon, Lisa. (2018). Manifesting methodologies for the rhetoric of health & medicine. In Lisa Melonçon & J. Blake Scott (Eds.), Methodologies for the rhetoric of health & medicine (pp. 1–23). Routledge.
- Nabers, Dirk, & Stengel, Frank A. (2019) Sedimented practices and American identity in Donald J. Trump's election campaign. In Frank A. Stengel, David MacDonald, & Dirk Nabers (Eds.), Populism and world politics: Exploring inter- and transnational dimensions (pp. 103–135). Palgrave Macmillan.
- Tenforde, Martin W., Kim, Sara S., Lindsell, Christopher J., Billig Rose, Erica, Shapiro, Nathan I., Files, D. Clark, Gibbs, Kevin. W., . . . CDC COVID-19 Response Team. (2020, July 31). Symptom duration and risk factors for delayed return to usual health among outpatients with COVID-19 in a multistate health care systems network United States, March-June 2020. Morbidity and Mortality Weekly Report, 69(30), 993–998.