

## Manifesting a Scholarly Dwelling Place in *RHM*

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With joy and gratitude, we present the first double issue of *Rhetoric of Health & Medicine* (*RHM*), the new scholarly home for the emergent multi- and inter-disciplinary field of the same name. For us, this journal's manifestation has been a labor of love, borne out of a commitment to advance this field for its pioneers, newcomers, members-to-be, and our various (potential) interlocutors and stakeholders. Although the rhetoric of health and medicine (*RHM*) has been recognized and named as a field relatively recently (for the most comprehensive accounts of its emergence, see Meloncon & Frost, 2015; Malkowski, Scott, & Keränen, 2016), threads of its scholarship began appearing at least as early as the 1980s (see Reynolds, this volume). Further, the field's growth has been fueled by the coalescence of community through scholarly meetings (e.g., pre-conferences, conference panels and workshops, *RHM* Symposium) and special interest groups (e.g., CCCC Medical Rhetoric Standing Group, ARSTM); online forums (e.g., medical-rhetoric.com; Flux Facebook group); and a surprisingly expansive network of scholars and scholarship connected through publication venues (e.g., journal special issues, edited collections, scholarly encyclopedias). *RHM* is truly a crowd-sourced endeavor, and we are thankful to have been entrusted with it.

## Editors' Introduction

### Laying the Foundation for a Dwelling Place

No endeavor like this one can be accomplished without the help of a lot of people. We want to first thank Linda Bathgate and Lauren Phillips from the University of Florida Press/University Press of Florida, who not only believed in our vision but also took the bold step to invest in it. Linda, Lauren, and the entire team at the press have been such a pleasure to work with as they shepherded the creation of *RHM*.

We, of course, want to extend a special thank-you to our generous colleagues who comprise the rest of the journal's editorial team; you've hopefully already seen the stellar work of our assistant editors online (e.g., podcast and video interviews), and our larger editorial team has provided invaluable counsel and, in the case of our Reviews Editor and Associate Editors, development work. And we want to thank the numerous scholars who have sponsored the journal in other ways, from words of encouragement to direct contributions to its proposal to reviewing expertise.

Most of all, we want to thank, to pay special tribute to, and to dedicate this inaugural issue to the founding "mothers" of our field—the brilliant women who made this journal and field possible. *These women and their*



Carol Berkenkotter (drawn by Josh Prenosil).

*scholarship and organizing work continue to shape both in profound and imaginative ways: Lucille Parkinson McCarthy, Celeste Condit, Susan Wells, Mary Schuster, Barbara Heifferon, Judy Z. Segal, Ellen Barton, Lisa Keränen, and the late Carol Berkenkotter, whose portrait by Josh Prenosil was commissioned for this issue.* While there are undoubtedly more whom we could name, these women have been direct and guiding forces for the intellectual and scholarly work of RHM, and they have provided much support to us, knowingly or not, along the path that has led to this journal's creation and launch.

## Common Threads of First Issue

As stated in the "Focus and Scope," this journal "seeks to encourage scholarly conversations about health and medicine across fields of inquiry and spheres of practice," in part through incubating "theories, methodologies, and insights that can impact our understanding of health, illness, healing, and wellness." This first issue brings into sharp focus the methodological and topical breadth of a field that remains grounded in rhetorical inquiry.

## METHODOLOGIES OF RHETORICAL INQUIRY

Like the burgeoning field of RHM, this journal embraces a range of methodological approaches involving rhetoric and what we call elsewhere a "methodological mutability," or "a willingness and even obligation to pragmatically and ethically adjust aspects of methodology" to the phenomena under study (Scott & Meloncon, 2018, p. 5; see pp. 3–14 for a fuller account of RHM's methodological orientations). At the same time, the journal is a forum for rhetorical scholarship, that is, scholarship that "uses theories of rhetoric to guide inquiry and arrive at nuanced observations about how persuasion works (or could/should work) in discourse and practice." The pieces in this issue capture this combination of topical and methodological range *and* rhetorical grounding, bringing a rhetorical inquiry (mostly in combination with other approaches) to bear on a number of health practices, from regulatory advisory committees to medico-legal testimony to community-based medical interpretation to corporate advocacy to broader cultural shifts in notions of wellness. Even in terms of this common thread, though, the pieces embody multiple instantiations of rhetoric—as a theory, mode of analysis, *techne*, performance, etc.

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### POLITICAL PRACTICES AND AMELIORATIVE AIMS

In the recent history of *RHM*, participants at different events were asked to provide a series of keywords that identify their scholarship and/or scholarly identities (see [medicalrhetoric.com](http://medicalrhetoric.com) for several visual representations). Those keywords, now tracked over a number of years, have consistently told us that the field values topical diversity. That is, the capaciousness of rhetoric is only matched by the capaciousness of “health” and “medicine.” The pieces in this issue illustrate that topical diversity: mental health, genes and genomics, vaccines, translation, hysteria, medico-legal collaboration, and the attendant approaches to looking at the language and communication around these issues. A notable characteristic of *RHM* the journal, like the field, is its commitment to addressing a range of topics and exigencies across multiple timeframes and at multiple scales.

In addition to their use of and contributions to rhetorical theorizing and analysis, the pieces in this inaugural issue can be connected through their emphasis on the *politics* of *RHM* as both a field and set of culturally embedded practices. We're using the term “political” to broadly signify the relationships of power and the ideologies or networks of interpretation shaping them. Collectively, the pieces in this issue provide compelling accounts of the political dimensions of *RHM*, including engaging practitioners and other health stakeholders, taking a multidisciplinary and wider cultural view, recognizing alternative interpretations, advocating for patients, collaborating with other experts, claiming expertise, “othering” and discriminating against groups of people, shaping the regulation of medicine, and (self) managing health. Accompanying this common political thread is a common goal of ameliorating problems associated with the practices being examined. The authors of these pieces take stances that are openly interested rather than neutral.

### COMMUNITY-SHAPING AND PUBLIC-FACING SCHOLARSHIP

Although *RHM* certainly publishes research articles, we have also introduced alternative scholarly genres and forms, some digital and multimedia and some aimed primarily at audiences of stakeholders outside of our academic field (see <http://journals.upress.ufl.edu/rhm/announcement/view/12> for our video explaining these). We are proud that this inaugural issue includes outward-facing persuasion briefs, or white papers about a rhetorical approach and/or body of scholarship about a health or medical topic, as

well as a dialogue that includes health practitioner interlocutors. We are also proud of the multimedia pieces that preview and amplify the written ones for a broader circulation of the journal's conversations. The combination of inward- and outward-facing scholarship supports the goal of our field to engage and inform other fields and extra-academic practices, and buttresses our belief that we are readily poised to contribute to any number of public conversations about health and medicine.

## Overview of Issue Content

### ALTERNATIVE FORMS OF SCHOLARSHIP

We begin this issue with editor-invited commentaries by two prominent rhetoricians who provide vibrant accounts of the field's emergence and development through particular threads of scholarship that they helped pioneer. In the first piece, Fred Reynolds, who has been one of our biggest supporters in taking on this journal, meticulously documents how a network of scholars and work developed—somewhat serendipitously—around mental health rhetorics. Based partly on interviews and personal correspondence, his “short history” chronicles not only how multiple generations of scholars found and drew on one another's work but also how they were similarly drawn to this work (as so many of us are) from their personal, family, or other life experiences. In her commentary, Celeste Condit tracks the body of rhetorical work examining the shift from genetics to genomics, or the “redefining of medicine from the curing of disease to the manipulation of the human form.” In reviewing this scholarship, Condit reinforces the importance of carefully rigorous or “disciplined” rhetorical analysis informed by multidisciplinary study and “supradisciplinary engagement”. She further calls for a “humane-and-biosensitive” vision of rhetoric to inform the “public discourses, policies, and institutions we should construct for our near futures.” Although these two pieces are primarily directed to those in our field, future commentaries will also address the rhetorical dimensions of timely health and medical issues for broader audiences.

A less common genre of rhetorical scholarship published by *RHM* is a “persuasion brief,” which is our version of a white paper. This issue debuts two such pieces, both of which explain how rhetorical scholarship can inform and ameliorate a particular set of health-related practices that privilege some stakeholders' “expertise” at the expense of others', and both of which address audiences that extend beyond our field and academia. In her

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persuasion brief, Heidi Lawrence synthesizes rhetorical and qualitative scholarship about vaccine skepticism to inform her call for a “material rhetorical” approach that recognizes vaccines as unstable rather than fixed scientific “objects,” and that acknowledges a continuum rather than dichotomy between the assessment of reluctant parents and physicians. This approach better accounts for *why* concerns persist around shared exigencies, thereby opening up more promising avenues for rhetorically engaging parents. In the second persuasion brief, Amy Koerber draws on the research from her recently published book, *From Hysteria to Hormones: A Rhetorical History*, to rhetorically explain and ethically critique sexist patterns of language-use about hormones historically linked to hysteria. Aimed at “stakeholders in the academy, and in the private sector, who are leaders in workplace diversity initiatives,” Koerber’s piece illustrates how rhetorical-historical analysis can help this audience become more attuned to and critique misogynistic and unscientific claims about how hormones limit women’s ability to lead. Importantly, Koerber also makes the multidisciplinary pivot to social physics research to reference quantitative evidence that organizations benefit “when mechanisms are in place” to ensure broad and diverse input in “harvesting” ideas and making decisions.

The dialogue in this inaugural issue also demonstrates our commitment to engaging other stakeholders, in this case not as audiences for our work but as co-interlocutors. RHM scholars Laura Gonzales and Rachel Bloom-Pojar dialogue with medical interpreters at a community health site to illustrate how they rhetorically negotiate “translation spaces” and “translation moments” to aid patient accessibility in multilingual health interactions. This dialogue, which readers/viewers can access more fully through the video linked from the *RHM* website and written publication, makes a compelling case for prioritizing multilingual inquiry and translation as central considerations in RHM research and practice. Further, this dialogue usefully illustrates how to involve other stakeholders as co-participants with the expertise to theorize (rhetorically and otherwise) *with* us.

## RESEARCH ARTICLES

In addition to alternative forms of scholarship, this issue includes four research articles. These articles utilize different hybrid rhetorical theories and analytic approaches that draw on other scholarly traditions, especially ones

that theorize the relationship of rhetoric to materiality, subjectification, and culture. These articles ask what Judy Segal has called prior questions—or questions that ask how and why practices get conceptualized and configured in particular ways—about a range of institutional and cultural health phenomena, including our own research methods, also contributing to ways to improve such practices. They challenge popular, medical, and academic assumptions about how to empower patients or health consumers, for example, and offer more nuanced ways to respect distributed expertise in health and medical contexts.

In the first research article, Lisa DeTora draws on her substantial regulatory experience and on rhetorical articulation theory to analyze emergent Right to Try advocacy and legal discourse, and to critique the ways this discourse disconnects patients' interests from their embodied welfare and the regulatory processes and medical ethics needed to protect them. Her article compellingly explains how Right to Try arguments “manufacture consent” by “co-opting” the language of patient advocacy and rights, ultimately advancing corporate interests over patient safety, and limiting re-articulations of words and things that recognize the importance of patient bodies and medical bodies of knowledge. Her analysis points to the importance of recognizing differentiated expertise and of engaging medical experts rather than dismissing them in the name of patient empowerment.

In the second research article, Scott Graham, Molly Kessler, Sang-Yeon Kim, Seokhoon Ahn, and Daniel Card offer a rhetorically informed summative content analysis of FDA drug advisory committee meetings to examine the nature and extent of patient and consumer inclusion. In finding that such meetings do not substantially engage patient experiences in deliberation and decision-making, these scholars call attention to the limits of perspectivalism, or the belief that representation ensures effective and adequate inclusion. Indeed, they argue that perspectival approaches can further marginalize patients and reinforce a problematic disease/illness dichotomy. In addition to prompting a re-examination of mostly untested assumptions about perspectivalism, these scholars show how rhetorical theory can inform “postcritical” analytic approaches that can still work toward the ameliorative goal of better, more inclusive policymaking. Like DeTora's article, this one makes an important argument about the responsibility of assessing patient advocacy efforts. Together Graham et al. and DeTora start

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important conversations around government policy and discourse that can have direct impacts on our everyday lives.

In this issue's third research article, Mary Lay Schuster, Brian Larson, and Amy Proppen draw on rhetorical and critical-cultural theory to analyze sexual offender civil commitment court proceedings in Minnesota and a federal trial about the constitutionality of that state's civil commitment program. Focusing on the medico-legal collaboration of experts in the trials, these scholars unpack and assess how this collaboration leverages medical expertise in rhetorical processes of "othering" (essentializing, dividing, shaming, and impeaching), and how sexual offenders attempt to resist such othering. Their analysis notes the inflexibility and unequal power dynamics of the medico-legal collaboration, which steamrolls past the uncertainty and hesitancy of medical experts, and the potential problems with inflexible stances toward marginalized others.

Colleen Derkatch's research article, like DeTora's piece, examines cultural rhetorics of health, in this case consumer understanding of wellness and natural health. Derkatch draws on Lisa Keränen's (2010) discussion of autopoiesis, or self-generation, in her rhetorical-qualitative analysis of interviews with natural health product consumers and the broader cultural discourses in which they are embedded. Her analysis shows, in a multi-scalar way, how intertwined logics of restoration and enhancement work to create a sense of wellness, as distinct from health, that is "always a moving" and as-yet-unreached target. In addition to observing that this self-reinforcing discourse risk "lock[ing] individuals into the same patterns of thinking and acting that they seek to escape," Derkatch ends with an ameliorative call for rhetoricians of health and medicine to inform a rhetorical care of the self, to borrow Kim Emmons' term, that can help patients question the ways they are interpellated by health management language.

It is not uncommon for new journals to solicit or develop all the pieces that appear in an inaugural issue. As a testament to the need for a publication space and the growth in the number of the scholars who work in and around RHM, we want to highlight that we did not solicit the research articles that appear in this first issue. Rather, these articles were submitted through a typical submission process. When this fact is read alongside the topics of these initial articles, it underscores the diversity and vibrancy of the field and illustrates in powerful ways the amorphous boundaries of rhetoric, of health, and of medicine.

## Sustaining a Dwelling Place

Because *RHM* is a digital, print-on-demand journal with robust web content, we encourage you to check out the videos and podcasts that accompany some of the written pieces we overview here, to learn more about the development, behind-the-scenes methodology, and implications of this research from the authors themselves. This supplementary content and the journal's open access content (a limited part of each issue) is available on the journal's main website and at <http://stars.library.ucf.edu/rhm/>.

We also have a request of you—to help us get the word out about this journal, encourage those doing rhetorically oriented scholarship about health and medicine to send their best work here, and to spread the reach and impact of the scholarship published here, particularly by sharing it with other stakeholder groups. Finally, our ability to create and sustain a journal that is tailored to the values of our field—largely possible through the sponsorship of a university press that shares these values and affords us much flexibility—depends on a critical mass of subscriptions; we therefore enlist you to subscribe, and to encourage your libraries to subscribe.

As Reynolds and Condit write in their commentaries, our network of scholars has a new preferred home in *RHM*. With the launch of this journal, and its goals of advancing our field and helping our work reach others, we are reminded of Michael Hyde's (2004) discussion of ethos as a dwelling place where a rhetor develops her character and invites others to engage it, and to stop and dwell for a while, though edifying discourse (see xii, xvi, xxi). We were drawn to this idea of dwelling because it suggests an intimacy, a familiarity, a sense of comfort. Because "place is physical, intellectual and emotional" (Meloncon, 2009, p. 108), feeling at home to dwell, sit, and stay awhile manifests through our experiences within it. Thus, rhetorical dwelling places, as Hyde discusses them and seen in light of these elements of place, can also give shape to communal character, grounded in rhetors' context-specific rhetorical transactions with one another, through discourse that can "attract attention, maintain . . . interest, and encourage . . . [one another] to judge the work as praiseworthy and persuasive" (xxi).

We hope you will help us manifest and sustain *RHM* as a forum that is not only an edifying home for rhetoricians of health and medicine, but also an engaging and credible dwelling place for related scholars and other health and medical stakeholders that too often comprise only the subjects and imagined audiences of our scholarship.

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