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RHM Generosity

J. Blake Scott, Lisa Melonçon, and Cathryn Molloy

Pandemics have a way of humbling those with recognized expertise for responding to them. The current COVID-19 pandemic has thrown into relief medical and other experts' uncertainties about models for predicting the spread of cases and deaths, patterns of symptoms and morbidities associated with the virus, the responses of various publics to official health directives and unofficial (in cases harmful) advice, the longer-term economic and political fallout of the ongoing pandemic, the proliferation of conspiracy theories, and so on. At the same time, pandemics like COVID-19 have a way of reminding us that expertise, like uncertainty, can be a fluid, distributed quality, as we have looked to and learned from the experiential knowledge of patients and their caregivers, the cultural insight and documentation of artists of various types, the ingenuity of fellow citizens in designing novel and work-around forms of protection, and other sources not typically associated with medical expertise. Indeed, we can readily point to the harms of authority figures or institutions assuming too much agency and failing to listen to, leverage the knowledge of, and coordinate responses with others.

We raise these not-especially-novel observations to make three related suggestions about the (potential) roles and responses of rhetoricians of health and medicine: 1) that we recognize our expertise as needed and valuable, even if it isn't always immediately and widely recognized as such, and; 2) that we might be both confident *and* humble in what we have to offer,

valuing and becoming parts of coordinated responses that involve a range of "experts," and; 3) that we act generously to amplify our work and that of others who study communication, welcoming others into our scholarly RHM conversations and offering our insights to theirs.

Rhetoricians of health and medicine have (co)developed a range of approaches to studying, understanding, and responding to disease outbreaks, epidemics, and pandemics—including but hardly limited to Lisa Keränen's (2011) biocriticism, Huiling Ding's (2014) transcultural risk communication, and Heidi Lawrence's (2020) material rhetorical approach to vaccine exigencies and decision-making. One hallmark of such approaches is that they are thoroughly rhetorical but also multidisciplinary and sometimes extra-disciplinary, leveraging the knowledge of and sometimes partnerships with others across and beyond academia, and addressing larger sociocultural questions and conditions. Keränen's (2011) formulation of a "rhetorically inflected biocriticism," for example, "would enlarge the body of research that might be classified under the domain of 'rhetorical and cultural studies of medicine and health,'" including by bringing "rhetorical studies into conversation with broader lines of inquiry around the "co-articulation of germs and security," the "proliferation of risk discourses surrounding contagion," and "new subjectivities and social movements that are forming around biological categories" (pp. 236–237).

So many aspects of this pandemic are calling out for rhetorical questions and answers, and we, as rhetoricians of health and medicine, have such germane knowledge to inform this work, and such useful tools for undertaking it. We're thinking here of the rhetorical contributions we've seen and/or wished for about developing effective audience-appropriate communication for evaluating and responding to risks; identifying and countering rhetorical forms of stigma and demagoguery; offering cross-historical comparisons of cultural, political, and public health discourses surrounding different pandemics, epidemics, and outbreaks; amplifying the communication of grassroots efforts to help one another cope and access resources; tracking the roles of communication in forming emergent identities and communities; and more. Take, for example, the following recently published pieces[1]

[1]We list these pieces not to endorse or otherwise evaluate them as scholarship but to point to the ways rhetoricians of health and medicine have responded to the pandemic across of range of sites within and beyond the forums of our field.

- the article in *Salon* by Cynthia Ryan (2020) on how her students in a writing and medicine course were gaining perspective about the "complexity of illness"—something she has long lived with;
- the op-ed piece in the *Los Angeles Times* by Cynthia Ryan (2020) on the added challenges of caring for her mother, who has Alzheimer's, during the pandemic;
- the opinion/perspective piece in the *Philadelphia Inquirer* by Ann E. Green (2020) about her husband's harrowing experience on a ventilator and its lasting effects on her family;
- the *Vox* piece quoting Blake, Lisa Keränen, and Jody Nicotra about alternatives to war metaphors for understanding and responding to pandemics (Wilkinson, 2020);
- the Newsweek opinion piece by Bernice L. Hausman and Heidi Y. Lawrence (2020) about "us/them" divisions around vaccination and the challenges of enacting forms of solidarity around mutual concerns in the context of the pandemic and "cautious optimism" of a COVID-19 vaccine;
- the *BuzzFeed News* piece quoting Heidi Lawrence about the dangerous tactics of a doctor who has promoted the conspiracy theory that COVID-19 death rates have been inflated in order to justify stay-at-home orders (Petersen, 2020);
- the provocation on the BMJ Medical Humanities blog by Kristin Marie Bivens and Marie Moeller (2020) about the potential value of making COVID-19 visuals "gross," and critical response to this by Han Yu (2020);
- the RHM blog post (http://medicalrhetoric.com/communicating-about-covid-19/) and follow-up editorial in *JTWC* by Kirk St.Amant (2020) offering one of the more comprehensive overviews of needed rhetorical responses to COVID-19, focused on informational and instructional materials that can help those seeking medical care and reduce the strain on local healthcare systems[2];

[2] St.Amant (2020) more specifically calls on us to leverage our expertise in developing "instructions on identifying symptoms," "strategies or shopping strategically," "protocols for assessing sources [and accuracy] of information," "procedures on how to care for others," and "instructions on how to interact virtually."

- the ongoing work of the Pandemic Rhetoric group led by Øyvind Ihlen studying and developing innovative strategies for communicating risk in social media across Norway, Sweden, and Demark (Ihlen et al., 2020).

Like any other type of experts, however, we don't have all the answers, and we can't develop or implement effective solutions alone. This is why St.Amant (2020) recommends for us to coordinate with local organizations, why Ding's (2014) work on intercultural risk communication about SARS promotes the communal mobilization response networks, why Keränen's (2011) biocriticism seeks to "amplify (and provide opportunities to strengthen the relations among) strands of scholarship within public address, argument studies, the rhetoric of science, cultural/rhetorical studies of medicine, and biopolitical analysis" (p. 236). Returning to the current pandemic, two notable efforts in which rhetorically oriented scholars worked on multidisciplinary teams of experts include the World Health Organization's evidence-based recommendations for "Communicating Risk in Public Health Emergencies" (2017), to which health communication scholars at Blake's institution and others contributed, and the widely publicized Roadmap to Pandemic Resilience (2020), co-coordinated by Danielle Allen and Harvard University's Safra Center for Ethics.

A central aspect of the COVID-19 pandemic, and one that RHM scholars have not, by and large, responded to is its racial—and racist—dimension, including the racist "geography of blame" (Farmer, 2006) and scapegoating of Asians and Asian Americans and the racial and ethnic disparities (sometimes co-conditioned by geographic location) in public health responses and outcomes for black, Latinx, and indigenous communities in the United States. On this latter point, we are reminded of 30-year-old Brooklyn teacher Rana Zoe Mungin, who told an ambulance driver, "I can't breathe," only to have the provider insinuate that she was experiencing a panic attack rather than a morbidity of the virus that causes COVID-19—the virus for which she'd been denied testing twice, and the virus that would later end Mungin's life (see Brito). The lack of RHM response to this aspect of the pandemic is indicative, we lament, of a larger unacceptable dearth of scholarship in our field about racial disparities, injustice, and oppression—problems that have persistently permeated health and medicine everywhere. We write today to accept our responsibility for not sufficiently attending to and, going forward, for redressing

this dearth as fellow scholars in and stewards of the field. **We commit to do more and better in cultivating, sponsoring, publishing, and promoting scholarship that addresses racism and interlocking systems of oppression as public health (and/or other health or medical) issues.** This is not to say that we will not continue to encourage rhetorically inflected scholarship about a range of topics, but we also don't see these two goals as distinct, as racism and other forms of injustice permeate health and medicine. Accordingly, we strongly encourage conversations about manuscript ideas (email rhm.journal.editors@gmail.com to set up an appointment) and submissions—as commentaries, persuasion briefs, dialogues, research articles, and alternative forms that you might propose—about these urgent and wicked (in both senses of the word) problems.

Many scholars who don't identify as rhetoricians of health and medicine, or even as rhetoricians, will be thinking about and doing this kind of pandemic-related and justice-oriented work. Let us reach out to them to offer our rhetorically focused observations, invite them into our varied conversations (while taking responsibility for our own continued learning and informed contributions), and begin new lines of reciprocally productive inquiry together. Let us strengthen our collective ethos, and that of this journal, as a dwelling place, one that piques the interests of others and also demonstrates curiosity and commitment about what and how we can learn from them. This includes the range of others who study language, of course, as well as health consumers, patients and patient advocates, caregivers, practitioners, medical researchers, policymakers, and (local) publics. RHM has sponsored and published several dialogues that include stakeholders outside of rhetoric and academia, but we hope to see more submissions like this across all of the manuscript categories (i.e., research articles, persuasion briefs, commentaries, ethical exposure essays).

Two additional ways we can build a more diversely collaborative dwelling place is by continuing to offer well developed and explained discussions of our methodologies and methodological contributions (including theory building) so that others can better understand and assess our knowledge-building practices. Yet another specific way to encourage others to join our dwelling place is to be careful and generous with the feedback we give others. Feedback takes on many forms from conversations over email or at conferences, social media responses, mentoring conversations, as well as the more formal process of peer reviews. The latter of which is a key contribution to a field's identity and growth and a specific way to advance generosity.

Reviewer Awards

From the outset of the journal's creation and launch, we had planned on honoring one or more reviewers who are not currently serving on the journal's editorial board with an award that recognized their contributions as reviewers. We have named the reviewer award the **Susan Wells Awards for Excellence in Reviewing**. Sue is not only a remarkably incisive reviewer she has also contributed an expansive rhetorical-historical work in RHM that was instrumental in establishing a profile and standard of rigor for our field. But more than these two characteristics, we wanted to honor the numerous and abiding ways she has worked so generously, often behind-the-scenes, to help our field grow and be recognized. At the second and third biennial RSA Summer Institutes in 2007 and 2009, Sue and Ellen Barton offered the first RSA workshops focused on Medical Rhetoric. Since then, Sue has suggested topics and co-leaders for several subsequent Summer Institute events, including the 2015 workshop on Theory Building in the Rhetoric of Health & Medicine. Sue was among the earliest supporters of the RHM Symposium and was one of the first scholars to advocate for our field to have its own journal; her input was invaluable to us and others, which is why she was one of the first people we asked to serve on *RHM* editorial board. Quite recently, we were reminded once again of Sue's behind-the-scenes advocacy when she referred several RHM scholars as interview sources to a Vox writer working on a piece about pandemic war metaphors and possible alternatives.

With this behind-the-scenes advocacy and generosity in mind, **we are thrilled to award the first Susan Wells Awards for Excellence in Reviewing to Kristin E. Kondrlik, Marie Moeller, and Emi Stuemke**. We have repeatedly expressed our deep gratitude and respect for the remarkable work our reviewers have performed over these first three volumes, and we have repeatedly received emails from authors—including those whose pieces have been declined—expressing their thanks for such thoughtful and helpful reviews. Kristin, Marie, and Emi stand out as reviewers, even among this group, for several reasons. First, their reviews were incredibly thorough, both in their multi-page review explanations but also in their annotations of the manuscript drafts. Second, their reviews were incredibly insightful and incisive, providing specific, prioritized recommendations and explanations for addressing the most crucial areas of weakness (e.g., for situating in relation to specific conversations and sources, adjusting claims and

arguments, enhancing methods and explanations of them). Third, their reviews were remarkably helpful and generous, not just to the authors but also in providing guidance for us to craft the decision letters we send to authors. Beyond making specific recommendations, these reviewers explained how the authors might go about implementing them (sometimes offering multiple approaches). However big the problems were with manuscripts, these reviewers noted (potential) strengths, finding a way to encourage the authors to move in viable, more promising directions. Thank you, Kristin, Marie, and Emi, for your generosity of time and expertise and for taking such good care in this work for our submitting authors, the editorial team, and the larger field.

Issue Preview

The articles, review essay, and commentary in this issue relate to our argument or extending generosity along several interesting lines, from offering rich accounts of our own positionalities, to enacting new knowledge-building and advocacy partnerships, to accounting for rhetoric's roles among diverse entities that shape patients' embodied experiences, to sharing our ethical contributions with collaborators.

We begin this issue with John Lynch's commentary, which responds to the commentary by Raquel Baldwinson (2018), thereby extending the journal's conversational thread about the ethical dimensions of RHM. In his response, Lynch pushes us to move past our field's longstanding anxiety about creating a "seat at the table" for our contributions to multi- and transdisciplinary research, which he sees as the primary exigency for creating an RHM statement of ethics. In explaining several of the ways our rhetorical criticism [and, we would add, other forms of RHM scholarship] already *is* ethical criticism, Lynch argues that the best and only needed ethical statement about our work is embedded in the work itself. While we, as editors, maintain that a statement of ethics could be valuable (even if primarily within our field), we recognize Lynch's stance as one that is both (justifiably) generous to ourselves through recognizing our already articulated value and generous to others through confidently extending our contributions to ethical inquiries. We will continue the journal's ethical inquiries and conversation in the last issue of 2020 with a special section on ethical quandaries.

Next, in this issue's lead research article, Amy R. Reed and Stephanie Meredith discuss from their interview study two ways mother-advocates

of children with Down syndrome (DS) recuperate their ethos in order to more favorably reposition their knowledge and participation in prenatal and postnatal medical situations: shaping new venues and specific audiences for their messages, and developing an *invitational ethos* with medical authorities. These tactics open up additional types of support for (prospective) parents (especially mothers) and children. Adapted to different circumstances and types of rhetorical knowledge, we propose that RHM scholars might consider the authors' notion of invitational ethos (their theory building contribution) for repositioning our research and advocacy more generally. Among other reasons, their article is notable for the way it explains their positionality and experience with DS advocacy organizations and with a family member who has DS, and for the way it interweaves the observations of their interviewees, as fellow experts, with their own.

In this issue's second research article, Molly Margaret Kessler extends the critique of perspectivalism introduced by herself, S. Scott Graham, Sang-Yeon Kim, Seokhoon Ahn, and Daniel Card (2018) in their article in *RHM*'s first double issue (vol. 1, nos. 1–2). Drawing on a three-year praxiographic study and informed by Annemarie Mol's (2002) theory of multiple ontologies and by Karen Barad's (2003; 2007) theory of agential realism, Kessler develops a post-perspectivalist theory of *rhetorical enactments*. As applied in her study to the lives and experiences of people with ostomies, the framework of rhetorical enactments can help "make sense of how different ostomy ontologies [ostomy as parasite, as companion, as cyborg, and as self] come into being and are made meaningful," and can help resituate the interventive work of supporting patients in a "more diverse constellation of practices." Relating Kessler's framework to our own about generosity and humility, we note how Kessler rhetorical enactments "treats patients as ethnographers of their own lived experiences" and highlights how "language can and often does play a vital role in the intra-actions and agential cuts that stage ontologies"; that is, this framework simultaneously values others' (in her case, patients') expertise and our own insight as rhetoricians. When read together, Kessler and Reed and Meredith's demonstrate a type of research generosity that models a way for researchers to enact and to engage with research participants through research practice. Their use of interviews as methods highlights RHM's—both the journal and the field—commitment to an ethical engagement and care necessary when

working with research participants, and thus, simultaneously supports the positionality of Lynch's ethical view.

This issue's third research article, by Bethany Lynn Johnson, Margaret M. Quinlan, and Nathan Pope, is based on a fascinating directed content analysis of over 200 Instagram images related to infertility treatment, focusing on "self-disclosure related to in vitro fertilization (IVF) treatment . . . and the types of linguistic (e.g., written affirmations, hashtags) and paralinguistic (e.g., emoji) feedback that is given in response." They explain how social media-based responses offer users considering or undergoing IVF treatment instantaneous and longer-term forms of "emotional, informational, tangible, and belonging" support from a sub-community "when medical practitioners or family members might not be willing or able to offer these supports." Not only do these authors provide a more expansive recognition of the rhetorical forms and functions of online lay support for (prospective) patients, they also point us to new sites and methods for studying intertextual and paralinguistic "supportive communication" on social media platforms." Their explanation and examples of their coding processes extend *RHM's* emphasis on highlighting methods and methodologies, which also exemplifies the generosity of approaches and the journal's commitment to making these scholarly moves more transparent for others to more easily follow and to adapt.

Next, we are pleased to present an exemplary review essay by Karen Kopelson, who offers readers a model of a review essay that we hope will inspire others to submit insightful and incisive review essays. Kopelson begins her essay by building an exigency for rhetoricians intervening in "either in the global health problem of addiction or in scholarly trends that have worked to de-realize it as such," pointing to our "definitive attention to the contextual and the contingent, our developing views of discourse and matter as always co-constitutive (or co-emergent) and entangled, and our related conceptualizations of agency(ies) as multiple and dispersed" as useful starting points. She argues that the three books from addiction studies that she reviews, each grounded partly in the experiential knowledge and insights by their author as a recovering addict/alcoholic, "provide imitable models for how scholars of rhetoric of health and medicine might take up addiction in ways that incorporate, and are responsive and responsible to, the real and the lived." Like the other authors in this issue, Kopelson foregrounds her positionality and leverages her experiential knowledge to offer

multiple strategies for "locating and producing theory that helps render rather than obscure experience." This is certainly one direction of generosity we want to reinforce.

Finally, we want to point you to the book review by Jillian Klean Zwilling of Kelly Pender's (2018) *Being at Genetic Risk: Toward a Rhetoric of Care*, which will appear on the journal's open access repository site here: https://stars.library.ucf.edu/rhm/vol3/iss3. In keeping with our introduction's emphasis on generosity, Zwilling assesses that "Pender's focus on what the rhetoric of choice obscures for those at genetic risk of BRCA provides many in-roads for rhetorical scholars of all stripes, including scholars of RSTM, rhetorical scholars, and those studying breast and ovarian cancer in many contexts."

Generosity is a quality that is imbued with an implicit action—in words, in deeds, in giving. From the generosity of public scholarship and advocacy to the generosity of reviewers and commitment of people who have made RHM a vibrant community to the authors and their ideas in this issue, we hope each inspires and encourages the act of generosity in the face of trying times.

References

Allen, Danielle, Block, Sharon, Cohen, Joshua, Eckersley, Peter, Eifler, M. Gostin, Lawrence, Goux, Darshan, Gruener, Dakota, Hart, Vi, Hitzig, Zöe, Krein, Julius, Langford, John, Nordhaus, Ted, Rosenthal, Meredith, Sethi, Rajiv, Siddarth, Divya, Simons, Joshua, Sitaraman, Ganesh, Slaughter, Anne-Marie, . . . Weyl, E. Glen. (2020, April 20). *Roadmap to pandemic resilience*. Edward J. Safra Center for Ethics at Harvard University. https://ethics.harvard.edu/files/center-for-ethics/files/roadmaptopandemicresilience_updated_4.20.20_0.pdf

Baldwinson, Raquel. (2018). Ethics for rhetoric, the rhetoric of ethics, and rhetorical ethics in health and medicine. *Rhetoric of Health & Medicine*, *1*(3–4), 213–238.

Bivens, Kristin Marie, & Moeller, Marie. (2020, April 21). Make COVID-19 visuals gross. *BMJ Medical Humanities Blog*. https://blogs.bmj.com/medical-humanities/2020/04/21/make-covid-19-visuals-gross/

Brito, Chrisopher. (2020, April 29). Beloved New York City teacher dies from coronavirus after family claims she was denied testing twice. *CBS News*. https://www.cbsnews.com/news/rana-zoe-mungin-brooklyn-teacher-coronavirus-dies-denied-testing/

Ding, Huiling. (2014). *Rhetoric of a global epidemic: Transcultural communication about SARS*. Southern Illinois University Press.

Farmer, Paul. (2006). *AIDS & accusation: Haiti and the geography of blame*. University of California Press.

Graham, S. Scott, Kessler, Molly M., Kim, Sang-Yeon, Ahn, Seokhoon, & Card, Daniel. (2018). *Rhetoric of Health & Medicine*, *1*(1–2), 58–89.

Green, Ann E. (2020, May 4). My husband was on a ventilator in ICU for four days. He doesn't remember, but I'll never forget. *Philadelphia Inquirer*. https://www.inquirer.com/opinion/commentary/coronavirus-covid-ventilator-extubation-emotional-toll-20200421.html?fbclid=IwAR2ViIiGFNa2XRddJkv512xl9of4c6e3mmR8R3F4EANR2_t72Vwjri8L3cM

Hausman, Bernice L., & Lawrence, Heidi Y. (2020, June 5). Vaccine dissent and the challenges of solidarity in a pandemic. *Newsweek*. https://www.newsweek.com/vaccine-dissent-challenges-solidarity-pandemic-opinion-1508501

Ihlen, Øyvind, Skogerbø, Eli, Offerdal, Truls Strand, Kjeldsen, Jens Elmelund, Just, Sine Nørholm, Rasmussen, Joel, & Mølster, Ragnhild. (2020, April 14). *Pandemic rhetoric: Risk communication in a changing media landscape*. University of Oslo Department of Media and Communication. https://www.hf.uio.no/imk/english/research/projects/pandemic-rhetoric/

Keränen, Lisa. (2011). Addressing the epidemic of epidemics: Germs, security, and a call for biocriticism (review essay). *Quarterly Journal of Speech*, *97*(2), 224–244.

Lawrence, Heidi Yoston. (2020). *Vaccine rhetorics*. Ohio State University Press.

Petersen, Anne Helen. (2020, May 2). This doctor is suggesting COVID-19 lockdowns are a conspiracy to take away your freedom. *BuzzFeed News*. https://www.buzzfeednews.com/article/annehelenpetersen/annie-bukacek-montana-coronavirus-covid-lockdown-protests?fbclid=IwAR1iei_Hjs0T_ynhmUBJnhzw-a3oUeL-oKeBvU3y3O2kdieXA9FCxglvXKg

Ryan, Cynthia. (2020, May 2). Welcome to the kingdom of the sick. *Salon*. https://www.salon.com/2020/05/02/welcome-to-the-kingdom-of-the-sick/

Ryan, Cynthia. (2020, June 8). My mother has Alzheimer's. The coronavirus only makes it harder to care for her. *Los Angeles Times*. https://www.latimes.com/opinion/story/2020-06-08/coronavirus-covid-pandemic-nursing-home

St.Amant, Kirk. (2020). Communicating about COVID-19: Practices for today, planning for tomorrow [Editorial]. *Journal of Technical Writing and Communication, 50*(3), 211–223.

Yu, Han. (2020, May 28). Response to "Make COVID-19 visuals gross." *BMJ Medical Humanities Blog*. https://blogs.bmj.com/medical-humanities/2020/05/28/response-to-make-covid-19-visuals-gross/

Wilkinson, Alissa. (2020, April 15). Pandemics are not wars. *Vox*. https://www.vox.com/culture/2020/4/15/21193679/coronavirus-pandemic-war-metaphor-ecology-microbiome

World Health Organization. (2017). Communicating risk in public health emergencies: a WHO guideline for emergency risk communication (ERC) policy and practice. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/259807/9789241550208-eng.pdf;jsessionid=B9D7A684E59FFB11ADB95069A43FD21D?sequence=2