

The Rhetoric of Chronicity

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According to the Centers for Disease Control, six in 10 adults in the United States have a chronic disease and four in 10 have two or more chronic conditions. These illnesses have become the leading causes of death and disability in the U.S. and cost \$3.3 trillion annually in health care expenditures (CDC, 2021a). As such, chronic illness is often positioned by government officials and medical practitioners as one of the major health crises of the 21st century.

In healthcare settings, “chronic” is defined in terms of time, as exemplified in the CDC’s definition: “Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both” (CDC, 2021b, para. 1). This rendering of chronic may seem self-evident enough but it also points to the unusual conventions that structure understandings of time in medical settings. The arbitrary exactness of 365 days coupled with the evasive temporality of “ongoing,” “limit,” and “daily living,” for example, highlights the rhetorical character of chronicity and the imperative for performing cultural critique of medical discourse.

As the articles in this special issue suggest, “chronicity” has both material and symbolic rhetorical implications due to its relationship to our ideas of time (*chronos*) and space (*tropos*). Rhetorical studies have frequently drawn on M. M. Bakhtin’s concept (1981) of the chronotope in relation to writing activities (Mutnick, 2006; Prior & Shipka, 2003; Schryer, 1999) and

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argumentation theory (Jack, 2006). As Michael Holquist has noted, “The chronotope is the instrument that permits calibration of the time/space coordinates without which thinking and communication—human understanding, indeed—would be impossible. Quite simply, chronotopes provide the clock and the map we employ to orient our identity in the flux of existence” (2009, p. 10).

In defining Bakhtin’s concept, Paul Prior and Jody Shipka stated: “For Bakhtin, the chronotope became emblematic of a fractured ontology—a complex fluid unfinalized and unfinalizable world—in which representational chronotopes (those on paper, in talk, and in the mind) co-evolved with embodied chronotopes, the actual concrete times places, and events of life” (2003, p. 186). Within the rhetoric of health and medicine, Sarah Ann Singer and Jordynn Jack (2020) extended these ideas about fractured or fluid time and space as they define chronicity as “a rhetorical, multilayered process of identification” (p. 125). Drawing on the literature about chronicity in medical anthropology, Singer and Jack explained that in anthropology, chronicity is seen as a problematic shift in identity. Their work argued that such understandings of chronicity see it as an identity that follows a diagnosis that “is singular and stable” and that such illnesses “unfold in a linear fashion” (p. 126). If we view it with a rhetorical lens, however, the shift can have productive elements.

Chronicity has been a productive tool for reimagining the evolution of conditions that were once classified as acute but are now actualized differently, as is the case with the preponderance of conditions now conceived as “manageable.” Many progressive chronic illnesses, such as diabetes and alcoholism, suggest that the physical dimensions of disease do shift over time. Singer and Jack’s research (2020) argued that the rhetorical process of identification for a person with a chronic illness is similar. For example, the ways HIV has morphed from an epidemic to an endemic disease required not just scientific breakthroughs but shifts in patient empowerment, medical accessibility, and an accounting of the motives of those who resist radical cultural transformation. Jeffrey A. Bennett (2018) used debates surrounding the introduction of the HIV-prevention medication pre-exposure prophylaxis (PrEP) to explore the implications this pharmaceutical had on the civic identities of queers, their safe-sex practices, and AIDS advocacy. He investigated how the uptake of such technologies positioned users as “chronic citizens,” a rendering of cultural citizenship that influenced the ways scholars and activists understand the traditional postulates of duty

and pleasure, the gradual nature of social change, and the worldmaking possibilities that reside in sometimes unexpected places.

The relationship between chronicity and narrative has also received ample attention from scholars working in the rhetoric of health and medicine. Narrative's complicated relationship to time situates it as a natural site of fascination for those who ponder the ways chronicity constitutes medical causality, scientific verifiability, and patient experiences, among others. Molly Kessler's (2022) scholarship, for example, interrogated how stigma is rhetorically crafted in order to address the experiences of people living with ostomies and chronic GI conditions. Her writings engaged with a variety of cultural sites that sustain, reproduce, and resist the rhetorical parameters of stigma. Kessler's uptake of praxiography as a methodological approach provided a generative way to account for patients' lived experiences and to derive theory from the quotidian flows of everyday life. Perhaps most compelling is her interview data with people living with chronic conditions, which she utilized to explore the intricate meaning making practices that structure *patient* understandings of these conditions. Kessler conducted over 200 hours of participant-observations with people living with ostomies and GI issues and interviewed 20 people living with these same conditions. She focused on the lived experiences of these communities to scrutinize how narratives make these conditions intelligible while simultaneously unpacking and undoing the stigma lodged against these patients.

The gradualism that often underlines chronicity's place in health and medicine also demands attention to the otherwise mundane rhetorics that structure life with these conditions. Sometimes these discourses are enlivened by catalytic events such as diagnosis origin stories but are more frequently brought to life by otherwise banal terminologies, as the above reference to "management" suggests. Bennett (2019), for example, found that management is not a transparent marker of chronic conditions but operates as a shorthand for multiple rhetorics that deal with disparate phenomena such as sociality, relationality, food consumption, institutional support, ideologies of health, medical edicts, and perhaps most important, moral worth. Bennett's research contended that entering the labyrinth of management discourse reveals its contours to be more serpentine than transparent, riddled with discrepant messages and incommensurable impulses, which directly affects how a disease like diabetes is interpreted, understood, and treated. For instance, Bennett argued that in

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some settings diabetes is positioned as a disability in part “because diabetes is made culturally intelligible as an aberration of normative health accompanied by a litany of medical repercussions and burdensome maintenance practices” (p. 114).

Lora Arduser (2017) also addressed these “maintenance practices”—aligning them with a type of embodied labor in her rhetorical examination of diabetes. Through an analysis of the discourse of both people with diabetes and health care providers, she offered a model for patient agency that supports the definitions offered for chronicity in this issue in that it advocates for a relational, fluid concept of agency that blurs the boundaries between medical experts. This moves us from a physical manifestation of chronic illness to one that is rhetorical. From chronic to chronicity. . . a state of being. This shifts concepts of chronic and chronic identity to an ontology rather than a representation.

Summary of Special Issue

We see this special issue as an opportunity to create a robust and cohesive body of scholarship on the rhetoric of chronicity. How chronic diseases and conditions get rhetorically defined as “chronic,” and who has the power to make these definitions, have ramifications about how both individuals with chronic illnesses and rhetorical scholars encounter “chronicity.” These engagements—from personal healthcare management to patient advocacy efforts to medical protocols and research—highlight tensions around rhetorical definitions of identity and agency.

In “Patients as Researchers: Chronicity, Health Data, and Emergent Attribution Practices,” Sarah Singer examines how scientists and other researchers frame and integrate online patient registry data as sources into their work in peer-reviewed journals. Her rhetorical analysis of the articles suggest that while patients’ labor through traditional acknowledgements and tangible benefits to patient communities are outcomes of this research, ethical issues also arose from the way patients are characterized in these documents. Her case study extends how we theorize chronicity by connecting the concept to activities of seeking legitimacy through documentation, and she argues that “since ‘conditions that count as chronic have shifted over time’ (p. 129), more conditions are becoming chronic and patients are seeking ways to establish legitimacy of these contested conditions, build community, and participate in research.”

Bryna Siegel Finer's persuasion brief "I've Never Felt Right After Chemo: The Chronicity of Post-Chemotherapy" constructs chronicity in the absence of disease, revealing the post-chemotherapy state to be a chronic condition. She argues that cancer once it has left the body, is not truly gone. Rather, cancer survivorship rhetorics "overshadow the realities of cancer treatments and their capacity to permanently alter the bodies and minds of patients, rendering them chronically ill, disabled, altered, changed." As one of her study participants stated: "My cancer was gone, but my body had been irreversibly changed." This post-treatment identity and the physical side effects of treatment, such as mouth ulcers, chemo-brain, joint and muscle pain, and fatigue, are an embodied chronic reality; patient "live" that chronicity, according to Siegel Finer. Ultimately, her brief argues for advocacy through these embodied health subjects (Ryan, 2018) and their voices, and offered suggestions for more transparent rhetorical and embodied practices for oncologists treating post-chemotherapy patients, and for scholars in the rhetoric of health and medicine who can impact literacy practices related to chemotherapy education.

Amanda Friz utilizes rhetorical enactment theory and new materialist methodologies to engage novel pathways for caring for people living with Alzheimer's disease. She analyzes interview transcripts from both Alzheimer's patients and caregivers to better understand how chronicity shapes the experiences of people living with the disease. Friz argues that chronicity is a form of rhetorical action that is distributed not only among human and nonhuman agents but also across moments, which redirects attention to time and timing. Chronic illness, she suggests, is enacted through three material-discursive practices that include: ontological practices that enact reality, alignment practices that facilitate or disrupt cooperation among entities, and mnemonic practices that enact and outsource memory among caregivers. She concludes that Alzheimer's disease presents a challenge to typical renderings of chronicity because it necessitates a rethinking of the concepts such as agency, *kairos*, and *chronos*.

Kristen Cole combines autoethnography and rhetorical analysis in her study of Humira commercials to contemplate the lived experience of chronicity. She contends that the direct-to-consumer advertisements operate through a "curative imaginary," which assume a desired bodily normativity and "normative orientations to time" while offering pharmaceutical intervention as a corrective to Crohn's disease and irritable bowel disease (IBD). Looking to thirteen of the corporation's promotions, Cole focuses

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on the ways temporal relations, character relations, and spatial relations organize the representations. As a corrective, she advocates for an understanding of “crip time” that better captures the array of experiences that people with Crohn’s disease and IBD live with on a daily basis. She ultimately found that the commercials omit the fact that Humeria is a technology of longevity, which is an experience of time not welcome by all who live with the aforementioned conditions. The privileging of short-term solutions neglects the effects of these treatments, which she noted can be more intrusive than the symptoms of conditions such as IBD. Crip experiences of time, Cole tells us, “anticipate a chronic future, where the chronically ill and immune-typical co-conspire to retreat from the curative imaginary.”

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