

# Lingering Reverberations and/as Challenges in the Rhetoric of Health and Medicine

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## Introduction

As we prepare to present this third issue of 2023, health and medical challenges around the globe continue to proliferate and accelerate in line with climate change, humanitarian crises, and conflict. Here in the United States, we're daunted each day by the news that women's rights; disability rights; LGBTQIA rights in general, and trans rights specifically, are increasingly under attack. Also, as conflicts rage around the globe, here at home gun and other forms of violence against Black and Brown persons and communities show no signs of abating. Not only do these issues linger as specters at the backdrop of all we do and experience, but they are also concretized in alarming and frightening ways in recent policies, legislation, and trends across the U.S. At the same time, the very things that would seem to offer some modicum of amelioration in the form of critical thought with the capacity to spur change—such as programs in humanities disciplines, arts initiatives, and books—are being disparaged, diminished, disbanded, and even banned.

While these issues are certainly not new (nor are they entirely separate or separable), they do seem to be particularly fraught, insidious, and

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especially toxic in the present as each day ushers in more and more bad news. During recent state legislative sessions, 44 states have introduced bills to restrict LGBTQIA rights, including “measures that would limit the ability to update identity and gender information on records and IDs, sports bans, and bans on gender-affirming care” (Burga, 2023, n.p.). Likewise, Gun Violence Archive (GVA), the nonprofit that provides free access to up-to-date and true information about gun-related violence in the U.S., shows 11,754 gun-related deaths as we write this introduction in early April of 2023. Devastatingly, too, just last month, 17-year-old Dalaneo Martin joined an overwhelmingly long line of Black Americans to lose their lives to overly aggressive policing when he was shot and killed by U.S. Park Police in Washington, D.C. after he was found sleeping in an allegedly stolen vehicle (Kilander, 2023). Seventeen years old.

Alongside these domestic crises, of course, migrant humanitarian crises around the globe continue to proliferate at alarming speed and, in some cases, such as in Turkey, natural disaster has left already highly vulnerable refugees in even more dire situations. Just days ago, meanwhile, the Covenant school shooting in Nashville, TN left many of us reeling once again over the absolute scourge of gun violence in this country. To make matters worse, 2023 is on track to surpass 2022 for banned books—a not easy task (Chang, 2023), and we are also facing “the steady divestment in the liberal arts,” which could, if left unchecked, turn America’s universities into “vocational schools narrowly focused on professional training” (Devereaux, 2023, n.p.).

In the midst of such daunting news (and “daunting” feels like an enormous understatement), we find ourselves meditating on the ongoing challenges in the worlds of health and medicine writ large (encompassing physical and mental wellbeing as well as public health) that present themselves as lingering reverberations—they emanate—and how we as RHM scholars who largely work in institutions of higher education must find apertures for our work through which we might intervene, which is a daunting prospect considering the enormity of these issues. All of these converging realities present a suffocating malaise.

These kinds of reverberations, of course, start at some central points of hate, ignorance, arrogance, apathy, fear, or some putrid combination of all of these, and then radiate out to various other instantiations.

While both physical and epistemological violence against minoritized communities happens in various sectors of human existence via highly concentrated centers of malevolence, their outer rings of reverberation manifest

themselves in various ways, such as medical racism and medical gaslighting, both of which can lead to adverse effects in terms of help-seeking and health-seeking behaviors, denials of care for trans healthcare, and more (Waller et al., 2022; Clement et al., 2015; Watson & Hunter, 2015). These issues can lead to irreparable damage and mental health breaking points, even death (Romanelli et al., 2018; Padula et al., 2016).

All of these issues are entangled and infectious. RHM work must encounter this highly complex and interrelated web of toxicity humbly and with the idea that healing some parts might have the capacity to instigate or even spread healing elsewhere. We must enter into these scenes of reverberation by critiquing the discursive behaviors that create and perpetuate these tableaux of violence, by proposing alternative ways of being, and by elevating and amplifying the overlooked work that is already out there such that its impact can be greater. The hope is that such work will create its own reverberations whose rings of resonance will be felt beyond our own narrow purviews.

A new multimodal feature of the journal called “Physician Stories Archive” (housed on the [medicalrhetoric.com](http://medicalrhetoric.com) website) offers one step towards this amplification work by pairing RHM scholars with in-the-trenches practitioners whose stories challenge us to think beyond the theoretical and to consider things far outside our own disciplinary horizons. For this new feature, we thank the tenacious and exceptionally generous physician Dr. Damali Campbell Oparaji and her collaborator, the genre-trailblazing writing studies superstar and RHM scholar Jess Restaino, both for the idea and for contributing the first iteration of the new series. This interview follows the authors’ two-year, weekly conversation project, which they built on the relationship of collaboration around issues of reproductive justice they’d begun while serving together as board trustees for their regional Planned Parenthood affiliate. Dr. Campbell Oparaji is an obstetrician/gynecologist in an under-resourced hospital in an urban center. In their short conversation (which readers can find here: [http://medicalrhetoric.com/restaino\\_campbelloparaji/](http://medicalrhetoric.com/restaino_campbelloparaji/)), she shares the story of a racist encounter with medical residents who were under her mentorship. Damali and Jess organize the interview, as they describe, “around a brief, focused series of questions that greatly simplify [Jess’s] role as interlocutor and bring into highly visible relief the story Damali decides to tell.” As the authors explain in their introduction to this new archive, what readers and viewers will get is “a snapshot of lived clinical experience which deserves centering and

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study, and which stands to disrupt some of the roots of our work in rhetoric of health and medicine." Scholars interested in working to collect physicians' stories for this project can write to [rhm.journal.editors@gmail.com](mailto:rhm.journal.editors@gmail.com).

### In This Issue

We are fortunate to have excellent content in this issue that also does the work of unsettling these lingering reverberations in the worlds of health and medicine. In the lead article for this issue, for example, Dan Kenzie makes a convincing case for why clinical trials fail when they are used to study treatment options for conditions that are complex, heterogeneous, and unpredictable. To make this argument, Kenzie relies on the case of two large trials for progesterone as a traumatic brain injury (TBI) treatment. Presenting readers with data from published discourses among researchers about these failures, Kenzie uses theories of *kairos* and multiple ontologies to show how evidence-based medicine slates TBI as a consistent diagnostic category such that it is easier to fit into randomized controlled trials frameworks. However, since multiple temporalities and spaces are not sufficiently coordinated in TBI, these trials ultimately fail. Kenzie's contribution here makes a strong case for the need to develop alternative mechanisms through which to study TBI.

Next, Tyler Snelling presents the case of a 2015 zine titled *Women of Color #11: Food and Family History* to show how fourteen women of color push back against limiting biomedical frameworks to reveal how rituals surrounding food can function as vital moments for healing psyche, soul, and body. Using this zine to highlight vernacular forms of care and to call out violent processes of alienation in Western foodways, Snelling shows how these zine authors encourage wellness for themselves, their families, and their communities in ways that challenge narrowly defined biomedical iterations of wellness. Snelling concludes by calling on those of us in the rhetoric of health and medicine to expand where and what we study by thinking about health as physical, emotional, and spiritual wellness. This expansive view of what counts as our purview is increasingly important given the many and overlapping challenges we are all facing as human inhabitants of this planet at present.

Readers will, then, find Madison A. Krall's essay "Regulatory Rhetoric and Mediated Health Narratives: Justifying Oversight in the Sherri Chessen Finkbine Thalidomide Story" analyzes *New York Times* and *Arizona Republic*

coverage of Sherri Chessen Finkbine's decision to terminate her pregnancy. Finkbine had taken sleeping pills containing thalidomide in her first trimester. During the summer of 1962, news media brought the issue of drug regulation to the public's attention in a pivotal way when broadcasting journalists reported on Finkbine's decision. Krall draws from Finkbine's legal case to demonstrate how the media coverage surrounding Finkbine's story offered discursive justification for extensive legislative regulation of women's bodies. Krall argues that three argumentative warrants dominated the mediated narratives, which situate women as: (1) inconsistent and hysterical; (2) overtly dependent on others for guidance and support; and (3) incapable of providing concrete cautionary counsel. Ultimately, Krall argues that these specific, mediated warrants functioned to define and contextualize regulation and regulatory discourse in the context of women's health in the years to follow, including the U.S. Supreme Court's ruling overturning *Roe v. Wade* in the twenty-first century.

We are also very pleased to share a highly astute dialogue on pandemic rhetorics, led by Ryan Mitchell. The conversation Mitchell presents, which began at the 2021 Rhetoric Society of America Institute workshop on Pandemic Rhetoric(s), brings together graduate students with early-career, mid-career, and established RHM scholars to discuss a keyword that has structured political, social, and biomedical thinking about COVID-19: un/precedented. This dialogue puts forward an important contribution to discursive studies of the COVID-19 pandemic: when the newness of the pandemic is emphasized, it can allow for and limit our capacities to meet the pandemic's tremendous exigencies head-on. The dialogue concludes by offering possibilities for interdisciplinary and longitudinal research into the far-reaching effects of contagious disease.

This issue also includes three excellent, open-access book reviews, and for these we thank our book reviews editor Edzordzi Agbozo for his vital work in soliciting and editing these contributions to the journal. The first, by Cristina De León-Menjivar, overviews Megan O'Rourke's *The Invisible Kingdom: Reimagining Chronic Illness* and concludes that, as a whole, O'Rourke's work is a complementary text that can support the work of RHM scholars by providing a first-hand account of the chronic illness experience through a lens that acknowledges the many cultural aspects and historical-social factors that influence this difficult journey.

As well, Julie Gerdes reviews Erin A. Frost and Michelle F. Eble's edited volume *Interrogating Gendered Pathologies*. This collection, says

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Gerdes, is a welcome step towards praxis and critical interrogation that has the potential to reshape harmful, oppressive health systems. One of the strengths that Gerdes identifies is that this text incorporates interdisciplinary and intersectional approaches—a move Gerdes suggests that more RHM work should do.

Finally, Yeqing Kong reviews Michael J. Madson's *Teaching Writing in the Health Professions: Perspectives, Problems, and Practices* which, says Kong, brings together a diverse set of evidence-based empirical studies in medicine and public health, nursing, allied health and pharmacy, and other inter-professional contexts to address multiple topics in academic, clinical, and community settings, ranging from curriculum (re)design to online instruction, writing center partnerships, knowledge transfer, literacy studies, and workplace writing. This text promises to be of value, then, across contexts.

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