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Keeping Care at the Core of RHM

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In the television adaptation of Emily St. John Mandel's *Station Eleven* (Somerville et al., 2021-2022)—a post-apocalyptic tale depicting the aftermath of a pandemic outbreak exponentially swifter and more deadly than COVID-19—an 8-year-old white girl, Kiki, and Jeevan, a late-blooming Indian-American man, under-employed in his familial context, survive together. Jeevan becomes Kiki's caretaker, reliably ensuring her safety and often putting her needs ahead of his. As he is clearly saving her life, though, she is also saving his, as his sense of duty to her helps him through panic attacks and at least one moment of suicidal ideation. They become, in short, one another's new family.

Circumstances beyond either of their control eventually separate the two, and the exquisite cruelty of their separation underscores a key point of the show: the fact that the swift demise of communication technologies that connect across communities—the inability to make phone calls, find far-flung friends and family, or gain any information outside one's immediate orbit, shrinks every survivor's world beyond recognition. Jeevan and Kiki each learn to survive without the other—although notably, they learn to lean on and care for others, once again forging new families out of strangers. Jeevan, Kiki, and their constructed communities in *Station Eleven* seem to follow advice to "construct goodness with whatever life throws at you" (VandeHei, 2024, n.p.). The show demonstrates that it is those who form new communities, who create new family out of strangers,

who rely on those around them and (eventually) invite others in as well, are those who not only survive but (eventually) thrive in the dystopic time beyond the pandemic.

What does this little story about a science fiction show have to do with the rhetoric of health and medicine (RHM)? Nothing. But also: everything? RHM is a field that values past and extant communities, but also strives to create new connections; RHM is a field that grapples with medical trauma and seeks a path through and beyond it; RHM is a field that bridges gaps between what is known and unknown, explicit and implicit, healing and damaging. In our own pandemic and post-pandemic contexts, we have been collectively lucky to have communication and infrastructures relatively unharmed—our technological access to one another has not disappeared, and in some ways has been (arguably) strengthened by the proliferation of Zoom meetings and the like, which allow for rich, care-filled collaborations across time and space. RHM is a growing field that routinely focuses on what it means to care for humans on a global and individual scale. This notion of care is more than a touchy-feely concept. Annemarie Mol and Anita Hardon (2020) position care as an activity of "practical engagement," one that is "meant to culminate in something . . . 'good'" (p. 185). Mol and Hardon explicitly invite readers to use care as an analytical framework.

Here we take up Mol and Hardon's (2020) invitation to consider how caring as a frame fits "situations in which, while control is out of reach, aiming for improvement is nonetheless worthwhile. These are situations [. . . that] require adaptable, iterative bricolage, and creative, non-linear tinkering" (p. 194). Health and medicine are areas in which absolute "control is out of reach," and each benefits from tinkering and adaptation—so, too, does our field's study of their rhetorical contours. RHM has always been centered on care, both topically and in its focus on building community among scholars.

In the editors' introduction to volume 3 issue 3 of this journal (2020), the editors, J. Blake Scott, Lisa Melonçon, and Cathryn Molloy wrote about the field's need to be both helpful and humble in its varied responses to the COVID-19 pandemic. The introduction, titled "RHM Generosity," highlighted various ways RHM had already and could continue to enhance understanding and communication and ways the field could be generous to those within and outside of it in pursuit of those important goals. The authors referenced several publications by RHM scholars, many of which

featured personal narrative. The core focus, in those early days of the pandemic, was on how we might help one another and the world through the pandemic. At the time, keeping scholarly trajectories afloat felt taxing for many for a variety of reasons, and the editors wanted to stress the need for forbearance and latitude in terms of productivity (Scott et al., 2020). Inherent in generosity as an imperative, of course, is also this same notion of care.

The RHM community, which Melonçon (n.d.) has described on the Medical Rhetoric website as "an un-organization of scholars in RHM," continues to expand and further professionalize, growing beyond its roots (n.p.). With an official RHM Society on the brink of becoming a reality this calendar year, it makes sense to consider how the field might explicitly continue to operate with an ethic of care (Gilligan, 1977). The first RHM Symposium in 2013, which wasn't yet called an RHM Symposium, but "Discourses in Health and Medicine," included among its goals "to have the opportunity to talk with each other and discuss pressing issues around health and medical discourse." While that symposium took place in person, and while the explicit goal of "symposium" in the first place focused on in-person conviviality, in 2020 the RHM Symposium was held asynchronously, demonstrating the adaptability of the field at a time when travel to an in-person gathering was, if not outright forbidden everywhere, strongly advised against. And while that 2020 symposium was *different* than any in-person gathering, its organizers strove to help attendees overcome the distance everyone felt and to provide varied opportunities for human engagement through the technology. Caring for the human experience of that online symposium in an awkward time for the world is an example of the throughline of care we hope to continue to see in the field moving forward, in our engagement with one another as much as in our scholarship.

RHM, moreover, bridges multiple fields and subfields, and allows ideas to percolate across various ways of knowing. Like physical bridges, the field connects communities that might otherwise be isolated; bridges allow for the ready transfer (we had initially written "free transfer," but then we remembered that such bridges often require a toll payment) of goods, humans, and ideas. Sometimes metaphorical bridges are constructed from inviting entirely different perspectives, as RHM strives to do and as *Rhetoric of Health & Medicine* (*RHM*) explicitly invites. To illustrate this concept, we share a brief story that Mol and Hardon (2020) relate, describing the "origin" of the ethic of care (p. 187).

Mol and Hardon (2020) revisit a story Carol Gilligan (1977) introduced as a math problem turned ethical dilemma in which developmental psychologists tell children about "a man who could only save the life of his wife by stealing medicine" (Gilligan, 1977, as cited in Mol & Hardon, 2020, p. 187). The goal was to determine how mature the children were, balancing the principle of the dignity of human life against the principle of ownership. Instead, some children "proposed that perhaps the man could talk with the pharmacist about his wife's situation," displaying a humanity beyond the binary proposition posed to them, thus upending the intended experiment (p. 187), but opening up a new world of inquiry. Mol and Hardon suggest that this incident demonstrates an ethic of care, which does not "operate through weighing the relative value of general principles but by negotiating specific, situated concerns" (p. 187). It is precisely this kind of specific, situated negotiation that RHM scholars take up in their work and which we as editors are proud to share with readers.

In This Issue

This issue opens with an article by Tori Thompson Peters, "Invisible Conquest: Medical-Military Topoi and the Yellow Fever Vector." Peters explores a moment in history when the United States was fighting both a war against Spanish colonial rule and another against yellow fever. She crafts a rhetorical history of the discovery of the "mosquito vector for yellow fever" and documents how medical-military topoi describe victory over the virus. Relying on historical pamphlets and digital archives, Peters traces the history of medical-military topoi across the first half of the 20th century. She concludes by examining the rhetorical nature of U.S. borders and demonstrates the various international effects of medical-military topoi.

Up next is Kristin LaFollette's "Rehumanizing Rhetoric, Recuperative Ethos, and Human Specimens: A Case Study of the Indiana Medical History Museum," a case study of the Indiana Medical History Museum's (IMHM) "Rehumanizing the Specimens" project. The study examines how medical museums use language to rehumanize specimens that have historically often been reduced to an illness, injury, or curiosity. LaFollette traces how the IMHM used historical records and documents to craft life stories for 48 people whose specimens had been on display, finding that the narratives effectively use both rehumanizing rhetoric and recuperative ethos. The article demonstrates how the life stories offer new dignity and

illustrates the power of language, which LaFollette notes can provide a pathway not only for museums, but for healthcare providers as well to develop fully human, empathetic understandings through narrative.

Philippa Spoel, Michelle Reid, Emily Cooke, and Catherine Copley follow with "Risk Metaphors in Canadian COVID-19 Public Health Communication," which investigates Canadian COVID-19 updates during the first year of the pandemic for metaphorical connotations of "risk" terminology. The study reveals conflicting notions and configurations of risk. For example, they find that risk is at once a personal possession and an external location and that it is a feature of people as well as of spaces and activities, among others. The authors grapple with these complicated metaphorical meanings to examine how they affected beliefs in the governmental messages as well as beliefs about individual responsibility. The study suggests that COVID-19 public health updates actually targeted a specific kind of active citizen, rather than the population broadly, and that in doing so, more health risks were imposed on citizens who were not the target audience, and who are framed in the essay then as "less valued." The study offers new ways of examining "risk" language within the context of health and medical communication.

Sara Biggs Chaney authored our final article, "ADHD and Rhetorics of Delinquency." Biggs Chaney focuses on both ADHD and delinquency as rhetorical constructs. She asks why the field of psychology has directed significant attention to the link between ADHD and delinquency and how, in rhetorical terms, ADHD relates to delinquency within the episteme of psychology. By examining the rhetorical history of ADHD, Biggs Chaney reveals how the diagnosis is inextricable from racialized rhetorics of juvenile delinquency; she links the rhetoric of ADHD with the goal of maintaining carceral systems, racial capitalism, and more, demonstrating the power of the rhetorical domain of crime.

Issue 8.1 also includes Rachel Bryson's review of Christa Teston's excellent book *Doing Dignity: Ethical Praxis and the Politics of Care* (2024)—a text that Bryson describes as "careful" at its core is and that it offers readers an intimate look into the structural frameworks that shape the experience of care for those involved in rhetorical, care-based medical interactions. Bryson calls attention to Teston's "richly varied methods, careful analysis, and commitment to rhetorical practice," which, she argues, makes it a model text for those doing work at the intersections of healthcare, disability, rhetoric, ethics, and care.

We are also pleased to include Darlene Johnston's review of *Patients Making Meaning: Theorizing Sources of Information and Forms of Support in Women's Health*, by Bryna Siegel Finer, Cathryn Molloy, and Jamie White-Farnham, which resides on the Medical Rhetoric website: (https://medicalrhetoric.com/journal/vol-8-issue-1/). Johnston describes how the three authors define health flashpoints, or the moments when a new diagnosis ruptures previous perceptions and upends everything in one's life. The authors explore women's various rhetorical encounters in health-related circumstances and how those encounters shape their experiential knowledge, with a focus on three key health flashpoints: breast cancer, menopause, and the sobriety journey for women.

Looking Back

With this first issue of the new year, we would like to extend our sincerest gratitude to several folks who have helped the journal run smoothly over the last year, making contributions through this issue. We thank Syd Tigert, who served as a research assistant for the journal at Northern Arizona University 2023-2024; Holli Flanagan and Shannon Young, doctoral candidates at the University of Delaware, who served as copy editors 2023-2024; Brittany Smart, who advertised new issues and spread journal news as an Assistant Editor 2023-2024; Amy Reed, who created dynamic content to help share the work that *RHM* authors are doing, and Bryna Siegel Finer, who has moved from Assistant Editor to Associate Editor. We also thank all of our RHM Board Members, our entire editorial team, and our reviewers, without all of whom there could be no *RHM* journal.

Looking Ahead

We welcome with this issue our new co-editor, Fernando Sánchez, Associate Professor of English in Professional Writing at the University of St. Thomas. Sánchez previously held the position of Assistant Editor at *RHM* and we are delighted to have him formally join the co-editing team.

Our next issue of *RHM* (8.2) is a special issue co-edited by Justiss Wilder Burry and Melissa Stone. Titled "'Down Home, Down the Street': Examining Rural Health in the Rhetoric of Health and Medicine," the special issue examines the complex issues surrounding healthcare in rural areas. The issue seeks to make rural communities' relationships with access to health and medicine more visible. The pieces collectively focus on this

question: How can RHM-focused rhetorical analyses of visibility, awareness, and research in rural communities both contribute to the field and help improve rural healthcare conditions?

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