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Story, Drawing, Loss, and Learning

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Introduction

As J. Blake Scott, Judy Z. Segal, and Lisa Keränen (2013) observed in *Poroi,* rhetorics of health and medicine (RHM) encompass a wide range "of health texts, artifacts, genres, and practices," which "allows rhetorical scholars interested in medicine and health to address more fully the constellation of symbolic and material rhetorics that influence daily life and public meanings and practice" (p. 2). In examining, creating, and analyzing these broad swaths of types of texts, RHM scholars are "blunting the rigid edges of discipline as we attempt to make sense of the medical issues that people experience and share", as A. J. Holmberg (2024, n.p.), one of Kim's students—who also serves as a research assistant for *RHM*—wrote in a response paper for a rhetorics of health and medicine graduate course last year. We love the phrase "blunting the rigid edges of discipline," wholeheartedly agreeing that RHM routinely harnesses the power to work across several fields in pursuit of better understanding, better communication, better models, and better practices.

One such method of inquiry, both within and beyond RHM, involves the telling and sharing of stories, whether via text, drawings, or other forms of visual-textual expression. Molly Kessler (2022) reminded readers that "[s]tories in health and medicine are powerful. They help us navigate

illness, build communities, and make sense of our lives and experiences with disease, death, and acute issues" (p. 8). Similarly, writing of and through her grief at the loss of her friend, Jessica Restaino (2019) wrote of her work: "my function . . . is rooted in my rhetorical subjectivity, my movement into becoming one who has lost, and who thus comes to write—to continue to produce text, to strive to understand—out of a place or space of loss; this space is uniquely without recognizably traditional answers, victories, or certainties" (p. 59). Both Kessler and Restaino point to the power and value of sharing stories about difficult lived experiences with health and medical issues.

Stories have value across encounters, from the personal to the clinical. Kim has written elsewhere that "complicated diagnosis requires more than information: the complicated diagnosis, or treatment, requires access to knowledge, expertise, and an understanding of an individual's body in context" (Hensley Owens, 2011, pp. 228–229). Stories are often the only way to provide that understanding of a body in its own context, whether to aid diagnosis and treatment decisions, to increase empathy, or to make connections with others who share specific experiences.

Jenell Johnson's (2018) *Graphic Reproduction: A Comics Anthology* focused on a distinct method of sharing difficult personal health and medicine stories as comics, noting that doing so disrupts expectations:

> In the seemingly simple act of privileging the patient's experience, graphic medicine offers a direct challenge to the authorship of the narrative that characterizes the medical encounter and shakes the subject-object relationship in which "agent" is applied only to the healthcare provider and "patient" is applied to, well, the patient. (p. 5)

Thus, a story told in comic form can effect a radical change in perspective.

Comics also offer accessible and relatively swift insight into specific and sometimes devastating experiences. Two book-length examples are Sara Leavitt's (2012) *Tangles: A Story about Alzheimer's, My Mother, and Me* and Dana Walrath's (2013) *Aliceheimer's: Alzheimer's Through the Looking Glass*, both of which helped Kim get something of a handle on what her good friend was experiencing when that friend's mother was diagnosed with Alzheimer's. The books also, in turn, helped that friend feel somewhat less alone. These graphic novels were easy to process and share, even

with someone in a state of overworked overwhelm, requiring far less investment of time and energy than an academic article or a traditionally written memoir.

Beyond comics' value as a storytelling form of catharsis and connection, asking research participants to make drawings can be a valuable research method. For example, Lydia Dixon (2020), for an ethnographic study of Mexican midwives, asked them "to draw pictures of what birth looked like in public hospitals and under their ideal conditions," noting that some "drew detailed cartoons, while others drew abstract artistic representations" (p. 526). Dixon then analyzed these drawings, focusing on "the placement and treatment of birthing women in these drawings" (p. 526). The resulting images and Dixon's visual-rhetorical analysis of them allowed her to access the complexity of the midwives' views of childbirth, demonstrating the paternalism of the Mexican birth system, which coincided with a distinct, persistent lack of patient agency in hospital births. The drawings also revealed the midwives' views of ideal birth circumstances, which centered patients in dramatically different settings.

As with Jenell Johnson's example, comics altered perspectives, and as with the graphic novels read and shared with a friend about dementia, these images enabled a different kind of knowing and action. Dixon used the images she gathered to document the midwives' work toward changing "the [overarching] Mexican birth narrative and to make women become, in the midwives' words, "*las protagonistas de sus propios partos*"—the protagonists of their own births" (p. 522). The drawings unlocked layers of meaning, demonstrating the scholarly benefit of what may be undervalued and underutilized, but important, forms of expression.

Graphic RHM

In the spirit of recognizing the value of drawing, and particularly comics, for RHM, we remind readers that in the introduction to issue 6.4, "Celebrating Unexpected Research Questions" (2023), *RHM* editors announced the publication of the first "'Graphic RHM,' our new digital column of original comics accompanied by artist statements," which is open-access and lives on our website: http://medicalrhetoric.com/graphicRHM/ (Hensley Owens & Molloy, p. 368). We are delighted to announce that the much-anticipated second installment of the column is now available. Readers of the print version of the journal will find an excerpt of Catherine Gouge

and J. Blake Scott's introduction to the new column alongside a teaser comic by Ann E. Fink at the end of this issue. We invite and encourage all readers to visit the medical rhetoric website (specifically, here: https://medicalrhetoric.com/graphicRHM/home/archive/column-2/column-2-introduction/) to view the full introduction, the comics, and their accompanying artist statements.

We also want to remind readers that the "Graphic RHM" column welcomes submissions for comics from scholars at any level and stage of comic-making—one need not feel like an "artist" to submit, and comics can address any RHM-related topic. The "Graphic RHM" co-editors, Catherine Gouge and J. Blake Scott, are happy to accept submissions and questions about the column: They can be best reached at GraphicRHM@gmail.com.

In This Issue

This issue of *RHM* offers a range of articles that address storytelling, starting with Nathaniel Aron's article, "The Ambiguous Narrative of *Dick Johnson is Dead* (2020)," which offers a nuanced analysis of a documentary about a person with dementia, who is both present and absent. Demonstrating that the film offers viewers an immersive simulated experience of the simultaneous absence and presence of a person with dementia, Aron's argument focuses on the concept of ambiguous loss, exploring how ambiguity functions in the context of dementia narratives and the effects of that ambiguity on the grieving process. Aron concludes that "narrative ambiguity offers a valuable alternative framework for understanding ambiguous loss and broader narratives about individuals with dementia."

Next up is Kayla Rhidenour, Robert L. Mack, and Kristen L. Cole's "Making Amends to the Dead: Reparative Ethos in Veteran Expressions of Survivor's Guilt," which analyzes how veterans express survivor's guilt through "narrative acts of reparation." Their study examines veterans' poetry to understand how they rhetorically process their survivor's guilt, demonstrating that such writing offers inward-facing benefits, in which rhetoric is focused on healing rather than persuasion. The authors argue that survivors' guilt is not only a psychological condition, but a crisis of ethos, one that can be addressed through writing that demonstrates "a complex interplay between military ethos, psychological introjection, and narrative reparation." The study thus increases understanding of healthcare and the benefits of creative expression for veterans' mental health.

In "Valuative Alignment and Doing Vaccine Anecdotes with Moral Foundations Theory," Miles Coleman discusses the persistence of vaccine hesitancy, even while acceptance of vaccines is relatively high. The article focuses on the various possibilities of storying—of sharing vaccine anecdotes in particular ways—to affect a vaccine-hesitant (not vaccine-resistant) audience. Relying on moral foundations theory, Coleman analyzes pro-vaccine anecdotes to determine where such stories can align with the values of a vaccine-hesitant audience in productive ways, as well as where such stories may not align, and therefore alienate, such audiences.

The final article in this issue, "Using Natural Language Processing to Rhetorically Contextualize Audiences: Vaccine Sentiment Analysis of Newspaper Comments, 2017–2023," by Aaron Beveridge, Meriel Burnett, and John R. Gallagher, deals less specifically with storytelling, but nevertheless tells an important story through its demonstration of the value of sentiment analysis. The authors conducted a big data study comparing vaccine-related newspaper comments to non-vaccine-related comments in the *New York Times* from 2017 to 2023 (n = 22,330,999). They show that while prior to COVID-19, the trend of overall comments aligned with vaccine-specific comments in terms of negativity and positivity, that trend changed after COVID. They note that vaccine-related comments became "more negative and volatile" than other comments in the general pool, which "raise[s] additional questions about the nature of the negativity for vaccine related comments." They also offer a dataset other scholars can use for follow-up research into how the public responds to vaccine policy. The authors make a strong case for using data science and natural language processing tools as a precursor to more traditional rhetorical analysis in RHM.

Next, we draw readers' attention to Elena Kalodner-Martin's review of *Rebel Health: A Field Guide to the Patient-Led Revolution in Medical Care*, by Susannah Fox, which is available, as all *RHM* book reviews are, as an open-access read on the medical rhetoric website in the "Journal" section: https://medicalrhetoric.com/journal/. Kalodner-Martin describes Fox's *Rebel Health* as a "timely examination of the transformative power of patient-led movements in healthcare." The review details how the book, by drawing on stories of research participants across the four "archetypes" of patient, caregiver, provider, and innovator, blends the genres of testimonial, "field guide," and call-to-action. These unique features help its audience learn to recognize, communicate, and take action about inequities and inefficiencies in healthcare.

Our final book review for this issue is Hua Wang's review of *A History of Rhetoric, Sound, and Health and Healing*, by Kristin Marie Bivens. Wang describes Bivens' investigation into how "medico-sonic knowledge," or the interpretation and use of bodily sounds, has been rhetorically constructed and how it has circulated over time. The book explores the history of bodily sounds at the center of various diagnosis, treatment, and healing processes. Bivens asks RHM scholars to prioritize sound in their research; she introduces a framework that supports understanding sound as valuable rhetorical data and helps scholars give careful attention to sensory interactions, sonic environments, and listening practices. Wang finds that "Bivens's book not only complements earlier RHM expansions . . . but also sets a new course by introducing sound as a critical rhetorical lens, making this work a landmark contribution to the evolving field."

References

Dixon, Lydia Z. (2020). Making women into protagonists: Midwives reimagine the Mexican childbirth narrative. *Medical Anthropology*, *39*(6), 521–537. https://doi.org/10.1080/01459740.2020.1714609

Hensley Owens, Kim. (2011). Rhetorics of e-health and information age medicine: A risk-benefit analysis. *JAC*, *31*(1–2), 225–235.

Hensley Owens, Kim, & Molloy, Cathryn. (2023). Celebrating unexpected research questions. *Rhetoric of Health & Medicin*e, *6*(4), 365–371. https://doi.org/10.5744/rhm.2023.4001

Holmberg, A. J. (2024). "Instigator #10." [Unpublished manuscript.] Northern Arizona University.

Johnson, Jenell. (Ed.). (2018). *Graphic reproduction: A comics anthology*. Pennsylvania State University Press.

Kessler, Molly. (2022). *Stigma stories: Rhetoric, lived experience, and chronic illness*. The Ohio State University Press.

Leavitt, Sara. (2012). *Tangles: A story about Alzheimer's, my mother, and me*. Skyhorse.

Scott, Blake, Segal, Judy Z., & Keränen, Lisa. (2013). The rhetorics of health and medicine: Inventional possibilities for scholarship and engaged practice. *Poroi*, *9*(1), 1–6. https://doi.org/10.13008/2151-2957.1157

Restaino, Jessica. (2019). *Surrender: Feminist rhetoric and ethics in love and illness*. Southern Illinois University Press.

Walrath, Dana. (2016). *Aliceheimer's: Alzheimer's through the looking glass*. Pennsylvania State University Press.

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