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RHM's Community as a Source of Hope in Traumatic Times

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Introduction

As we prepare this fourth issue of volume eight, we join so much of the world in mourning—for ongoing conflicts that lead to indiscriminate and widespread death, destruction, and seemingly insurmountable pain and suffering, for the many lives cut off at alarmingly young ages and in increasingly (and unthinkably) cruel ways, and for the acceleration of climate change and the simultaneous erosion of environmental protections. Mired in the late capitalist Anthropocene and watching our democracy wither, it seems safe to say that we are in a state of collective trauma. Just as generative AI pushes full throttle into our lives, institutions, and professions, the humanities are fading out, or, more accurately, being stamped out even as so many are working so very hard to keep doing the work.

Eugene Koh (2021) has argued that beginning the complex process of healing collective trauma requires, among other things, a safe, supportive environment and acknowledgement of suffering, as "the scale and depth of human cruelty is indeed beyond comprehension. Somehow, the acknowledgment of the reality of what happened by bystanders helps one to digest what is otherwise unthinkable" (p. 125). Of course, there are many other elements involved in the multifaceted project of healing collective trauma,

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yet it is encouraging that these two elements—a soft place to land and an acknowledgment of how terrible things have gotten—are both present in the pages of this journal and in the community that animates its existence. The journal, as Lisa Melonçon and J. Blake Scott intended it to be when they created this space, has truly become a dwelling place. That is to say that amidst the truly dire and daunting times in which we find ourselves entrenched in 2025, the journal is a place where we can see glimmers of the work that is still being done to sustain the values we hold close, such as dignity and rights to health and wellbeing for all human persons. There is hope in this work.

When rhetoricians of health and medicine first convened to find a dwelling place, there was a hope that inviting those working at the intersections of the human and social sciences with a common interest in using rhetorical theories and lenses to make sense of complex health and medical phenomena would lead to the emergence of a solid, yet permeable field of study where newcomers could get their bearings and get mentoring and where those further along could find collaboration and support—especially when such supports once seemed so scarce and diffuse. Over the past eight years of the Rhetoric of Health & Medicine (RHM) journal, 12 years of the Rhetoric of Health and Medicine (RHM) Symposium, and 14 years of medicalrhetoric.com, it seems that we've gotten closer and closer to this collective goal, and one sure sign of the success of this movement is the newly appointed and very strong inaugural leadership team for the RHM Society, including President: Christa Teston—author of a variety of exemplary RHM texts, such as the monographs Doing Dignity: Ethical Praxis and the Politics of Care (Teston, 2024) and Bodies in Flux: Scientific Methods for Negotiating Medical Uncertainty (Teston, 2017); Vice-President Justiss Burry—an emerging RHM scholar whose research takes up metis and embodiment and who contributed to a chapter on the state of the field (Burry & Melonçon, 2024); Administrative Officer: Hannah Taylor early career scholar whose work focuses on feminist topics in RHM (Taylor, 2025); Graduate Student Rep: Cassidy Rempel—a PhD student at UW-Madison whose work focuses on the somatic effects of metaphors of pain and the ways they may impact marginalized groups; and Member-at-Large: Julie Gerdes—expert in international risk communication and vaccine rhetorics (Rockwell et al., 2021). This truly outstanding team, then, represents a wide variety of research specialties in RHM and is poised to help the field to continue to grow.

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Also in process is the assembling the first replete *RHM Handbook*—a text that seeks to both chart where the field has been and where it needs to go next on a number of key issues (Melonçon, Molloy, & Scott, forthcoming). Just as there is a sense that the field has arrived, there are also efforts underway to increasingly create a welcoming and open community where anyone with RHM interests, or, indeed, interests that challenge and extend RHM work, might find an intellectually rich community where their ideas can be heard and nurtured. The journal, now concluding its 8th volume, has become a flagship dwelling place for a lot of great scholarship and has benefited from the various initiatives that have surrounded it as it has grown.

All of these signs, we think, indicate that the community has become a source of hope during difficult times. For many years, as well, and even recent ones, people would describe RHM as a new or emerging discipline, yet there is a real sense that at this point the field is maturing, that it's no longer so much in the process of emerging as much as it's in the process of continual growth. We've reached solid ground, yet the complexities that made the work we do necessary continue to grow and even outpace us. What does this solid ground mean for the field? For us, it means that the widening boundaries and the openness that have come to characterize the work we do and the work we aspire to do position the field as a sort of softlanding place for those doing very hard work during extremely difficult times. As Cathryn ends her term as co-editor after nearly nine years with the journal (first as assistant editor and more recently as co-editor), it's encouraging to see new voices and expansion. We will need many voices, perspectives, and projects to continue this endeavor.

In This Issue

This issue has a number of excellent examples of RHM work that is contributing to this expansion of voices and perspectives.

In the lead article, Kenneth S. Zagacki and Andrew R. Binder's "The Role of Image Repair Strategies in the Jesse Gelsinger Case" makes use of William L. Benoit's image repair theory to examine the case of Jesse Gelsinger—a patient who died during a gene therapy clinical trial. Arguing that health and medical professionals apologizing for biomedical tragedies risk demeaning the public they have already harmed, they take up the work of theorizing image repair's essential, yet contradictory role in

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dangerous frontier biomedicine. To make this argument, they rely on a connection between image repair strategies and the rhetorical concepts of synecdoche and metonymy.

Next, readers will find Shanna Cameron's article in which she analyzes 320 online postings, 84 published narratives, 30 surveys and written reflections, and 10 interviews in an online health community for Asherman syndrome (AS)—a rare illness that develops after reproductive surgery. Her essay demonstrates the ways that rhetorical tactics help patients make embodied health decisions. This article shows how patients incorporate online information into their decision-making practices by accumulating embodied knowledge, tailoring questions, insisting on specific treatments, and switching healthcare providers. Cameron ultimately and convincingly argues that patients' rhetorical tactics, when shared and accumulated over time, can transform treatment outcomes.

Readers will also find Dorthea Roe and Jens E. Kjeldsen's project examining health crises and how they are established as issues of public interest that are worthy of attention and action. They do so by offering up the case of influencer Ingeborg Senneset—a non-governmental actor and influencer and the establishment of antimicrobial resistance (AMR) as a formidable health crisis. This influencer does so by: enacting what the authors describe as a multiple ethos implying both the expertise of a professional and the authenticity of an ordinary person; relying on narratives of fear with a rational grounding; and establishing and working rhetorically within a diverse digital ecology where she publishes, posts, and comments on several different platforms, where the different posts and publications reinforce each other.

In the final research essay in this issue, Brian Le Lay and William Keith examine the rhetorical infrastructure of vision care and its impact on patients with eye movement disorders. They explore how an intellectual account that describes eyes as cameras—an account that influences conceptual systems aimed at quantifying and classifying gradations of acuity—shapes clinical practices of measurement and correction in vision care. For patients with eye movement disorders (EMDs), which are complex, not easily treated, and often incurable, the acuity-centric system of vision care often reduces their experiences to standardized assessments that fail to address the full scope of their needs. Bringing together RHM research, quality-of-life studies, patient testimonies, and qualitative responses from a survey they conducted of people with EMDs, they

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examined patients' frustrations within a system that prioritizes acuity correction over a nuanced understanding of their complex conditions.

Finally, there are two book reviews in this issue: Kari Lundgren's review of Fitter, Happier: The Eugenic Strain in Twentieth-Century Cancer Rhetoric by Lois Peters Agnew and Sharmin Sumaiya Sarker's review of Sex and the Planet: What Opt-In Reproduction Could Do for the Globe by Margaret Pabst Battin. We hope readers find as much value in this work as we do.

Coming Soon

Soon, *RHM* will seek a new co-editor to join Fernando Sánchez for a five-year term beginning in summer 2026. Be on the lookout for the call for applications, and please consider throwing your hat in the ring for this leadership and service role.

References

- Burry, Justiss W., & Melonçon, Lisa. (2024). Rhetoric of health and medicine. In Oxford research encyclopedia of communication, https://doi.org/10.1093/acrefore/9780190228613.013.1442
- Koh, Eugene. (2021). The healing of historical collective trauma. Genocide Studies and Prevention: An International Journal, 15(1), 115–133. https://doi.org/10.5038/1911-9933.15.1.1776
- Melonçon, Lisa, Molloy, Cathryn, & Scott, J. Blake. (Eds.). (forthcoming). *The Routledge handbook of the rhetoric of health and medicine*. Routledge.
- Rockwell, Michelle S., Stein, Jeffrey S., Gerdes, Julie, Brown, Jeremiah, Ivory, Adrienne Holz, & Epling, John W. (2021). Trust in healthcare and trust in science predict readiness to receive the COVID-19 vaccine in Appalachia. 15(1), 115–133. https://doi.org/10.5038/1911-9933.15.1.1776
- Taylor, Hannah. (2025). Making privates public: Radical representations and coalition-building in The Vulva Gallery. *Women's Studies in Communication*, 48(1), 1–17. https://doi.org/10.1080/07491409.2024.2431327
- Teston, Christa. (2017). Bodies in flux: Scientific methods for negotiating medical uncertainty. University of Chicago Press. https://press.uchicago.edu/ucp/books/book/chicago/B/bo25793257.html
- Teston, Christa. (2024). *Doing dignity*. Johns Hopkins University Press. https://doi.org/10.56021/9781421448763