

## Socially Shaping the Field’s Identity through *RHM*

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### The Journal’s “Modes of Identification”

In the introduction to the inaugural double issue, we presented our vision for *RHM*’s ethos as a dwelling place (Hyde, 2004) for those doing rhetorically oriented work in health and medicine, and as an ambassadorial site for demonstrating how rhetorical study in all of its forms can inform the work of health and medicine’s wider stakeholders and practices. In this introduction, we aim to extend this call by imagining the journal as a site for building a community of practice, which, according to Etienne and Beverly Wenger-Trayner (2015), can be defined as “a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly” (para 1). This theory of social learning includes the three “modes of identification”<sup>1</sup> (Wenger, 2010)—namely engagement, alignment, and imagination—through which the journal helps shape the identity of the now-emerged community of *RHM* scholars.

First, our goal is to engage and expand a growing network of scholars through our editorial and marketing practices. For Wenger (1998), *engagement* is about the “active involvement in mutual processes of negotiation of meaning” (p. 173). Our editorial practices are designed to foster such involvement in several ways: 1) the journal has a distributed editorial team,

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<sup>1</sup>Wenger (1998) earlier described these as “modes of belonging.”

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including five associate and three assistant editors, and we draw on the expertise of editorial board members and other reviewers across a broad spectrum of relevant scholarly areas; 2) as editors, we do a great deal of development work with prospective and submitting authors, including phone and Skype conversations about how to prepare a manuscript for a particular submission type and how to implement requested revisions; 3) we have developed a series of videos to engage prospective authors with explanations of how the journal works, including submission types, decision categories, and our decision letters; 4) our fantastic assistant editors, Cathryn Molloy, Erin Trauth, and Ella Browning, interview authors to provide additional, “behind-the-scenes” discussions of methodology, exigency/stakes, implications, and other topics, and; 5) our assistant editors and editorial board members engage other relevant stakeholders (e.g., health practitioners, policymakers, advocacy groups) with the journal’s published pieces.

As Wegner (1998) explains, engagement “transforms communities, practices, persons, and artifacts through each other” (p. 175). The journal’s various forms of engagement should continue to strengthen our identifications and relationships as fellow RHM scholars, they should create artifacts and histories that help define the field, and they should build and extend shared concepts, methodologies, and bodies of knowledge. The journal is also a nodal point for a broader network of engagement forums and activities, mostly importantly through its connection to the Rhetoric of Health & Medicine Symposium, at which prospective authors workshop their scholarship-in-progress. The journal also helps anchor, as a key site of engagement, the Flux Facebook group and CCCC Medical Rhetoric standing group, and it co-sponsors various conference meet-ups and “third Thursday” online scholarship development sessions (look for Flux messages on how to join). Thus, the journal serves as a site for engagement around the mutual negotiation of meaning, including what it means to call our field the “Rhetoric of Health & Medicine,” and we hope the research published here will foster subsequent forms of scholarly engagement among and beyond rhetoricians.

Second, through its meaning-making and field-defining functions, the journal functions as a mode of *alignment*, which Wenger (1998) defines not in the narrow sense of standardizing, but as “coordinating our energy and activities in order to fit within broader structures and contribute to broader

enterprises” (p. 174). Of course, *RHM* was created through a sustained history of such coordination at preconferences, standing group meetings, workshops, informal huddles and meet-ups, websites, and other forms of scholarly activity. The continued crowd-sourced nature of this endeavor continues to shape the boundaries and possibilities of *RHM*.

A specific example of an aligning statement is the journal’s Focus and Scope, which explains its rhetorical orientation (further clarified in a video), and which describes the journal’s purview in terms of topics, methodologies, and spheres of practice. This and other descriptors of the journal’s mission and scope function to propose “a story of identity” that outlines the (changeable) boundaries of the *RHM* field. Another coordinating section of the journal’s website is our description of the different genres (including commentaries, dialogues, and persuasion briefs) published by *RHM*, and we have deliberately included multiple examples of these in the first two double issues to begin shaping the possibilities of their forms and common moves.

Other examples of alignment as coordination and parameter setting are enacted by the journal’s editors, reviewers, and authors. As editors, we have created the coordinating mechanism of review guidelines, developed in part by our outstanding reviewers. The review process functions as perhaps the most important mechanism of alignment with the broader enterprise of *RHM* as a field, and we can attest that our reviewers have focused much of their feedback on how manuscripts could be better situated in and contribute to ongoing conversations in the field. As explained by our “decision letters” video, our work as editors involves synthesizing and negotiating multiple perspectives in reviews around a shared vision and scholarly values.

The journal’s alignment efforts for the *RHM* community are also enacted by our authors, whose work helps to set, extend, and sometimes shift the field’s scholarly agendas and conversational threads, which we hope will increasingly include pieces published in *RHM*. These authors, with the help of our assistant editors, also help align the field’s “story of identity” for audiences and stakeholders beyond rhetoricians. Indeed, one of the primary goals of the persuasion briefs is to help other groups recognize our field’s distinct contributions to informing health and medical practices. Wegner (1998) points out that one of the benefits of alignment is “amplification” (p. 180), and the journal’s press and editorial team help amplify its

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recognition and impact through inclusion in key indexes and through the strategic circulation of published pieces to reach additional audiences.

We can further relate the journal's alignment functions to what Wenger (2010) calls forms of "stewarding [and we would add, distributed] governance" (n.p.) that seeks to advance the field around a collective and distinctive set of values. For example, through our review guidelines, author interviews, and other mechanisms, we've sought to reinforce the valuing of methodological inventiveness, care, and transparency, the latter including practice-level decisions and adaptations that are often left out of published studies. We value care both in terms of methodological rigor and the care we take in fostering this through our development work and review process. The perceptions of readers, including those outside of rhetoric, of the journal's rigor will be key to expanding the uptake of our field's scholarship. Such rigor applies to how we situate our work in relevant conversations (scholarly and beyond), how we approach, adapt, and describe our methodologies, how we make and support our arguments, and how we articulate and enable others to build on the implications of our findings.

The third mode of identification in which the journal participates is *imagination*, which for Wenger (1998) involves both creating identifiable "images of the world and ourselves" (p. 176) and "other meanings, other possibilities, other perspectives" (p. 178). This interplay is especially important for a rhetorically anchored yet multidisciplinary journal like *RHM*, as our forum must embody and reinforce the key characteristics of *RHM* scholarship but also remain open to new versions of it and expanded audiences and uses for it. In this sense, imagining our field is related to the means of engagement and alignment that Wenger describes—building an emergent, ongoing history of who we are out of "interacting trajectories," and managing the peripheries of this identity (p. 184). Wenger discusses the work of imagination as "connecting what we are doing to an extended identity," but one that allows us to see "ourselves in new ways," in our case as researchers who can contribute valuable knowledge to a range of material-discursive practices related to health and medicine (p. 185).

The scholarship published in *RHM* reimagines the field in several ways. Research articles contribute useful and applied knowledge for rhetorical scholars but also other stakeholders, as with Rachel Davidson's "rhetorical lessons" for caregiver advocacy groups in this double issue. Commentaries help set agendas for the field, as with Raquel Baldwinson's call for us to

consider a statement of ethics. Dialogues raise new considerations and begin new conversational threads, typically in collaboration among rhetoricians and other stakeholders. Persuasion briefs stake out new ways that rhetorical scholarship can inform health and medical practices.

Imagination, Wenger (1998) notes, requires the “ability to explore, take risks, and make unlikely connections” (p. 185). Along with the reviewers, we encourage this type of exploration—in methodology, theory building, and otherwise—within the parameters of the journal’s focus and scope, just as we facilitate connection-building with other health and medical stakeholders. With the goal of imagining our field in expanded ways, we encourage (prospective) authors to experiment with heterogeneous conceptual frameworks and methodologies that are uniquely responsive to the health and medical practices they engage. Notably, we as editors sometimes even push back against reviewers’ recommendations that risk stifling innovative aspects of research and/or the ways in which this research is presented. Yet another way we foster new directions for the field is to work with authors to imagine and tease out the implications of their studies for research and practice, including promising new questions or inquiries others could take up.

## Extending Our Field’s Identity in this Double Issue and Beyond

### COMMENTARY

As with the inaugural issue, we open this issue with a commentary aimed mostly at our already formed community of rhetoricians, intended to help us take stock of where we have been and where we can go. Extending several fairly recent conversations about the possibility of a RHM “code of ethics,” Raquel Baldwinson discusses the “paradox” of needing to articulate our ethical commitments “to broader publics” yet also resist limiting ethical codification and alignment. Baldwinson calls on us to broaden our consideration of ethics to include other traditions of ethical inquiry and the more implicit ways we engage ethical concerns in our research sites and interactions, and to “preserve rather than reduce both exigencies and barriers to codification.” In this way, Baldwinson weaves together the functions of alignment and imagination, ending with a proposal for a “statement of a rhetorical approach to ethics in health and medicine.” In a future issue, we hope to feature a

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dialogue that extends Baldwinson's thoughtful discussion and that begins to flesh out, in more concrete terms, the differences between a code and statement of ethics, what such a statement might include and look like, and how such a statement might function as a guiding document.

### RESEARCH ARTICLES

The first two research articles of this double issue also provoke rhetoricians and others to reconsider and expand our conceptual frameworks and ensuing research practices. An earlier version of the lead article, by Daniel Skinner and Berkeley Franz of Ohio University's Heritage College of Osteopathic Medicine, won the Judy Segal Top Paper Award at the 2017 Rhetoric of Health & Medicine Symposium. In "From Patients to Populations," Skinner and Franz make a compelling argument for replacing reconsiderations of the "problem" of patient compliance with a "post-compliance conception of medicine." Making a Foucaultian argument that the alternative rhetorical-conceptual frames of adherence and concordance reaffirm the dominant focus on disciplining individual patients in the context of the physician-patient relationship, Skinner and Franz propose a rhetorical move to rethink medical relationships through post-compliance. Beyond its capacity to view patient deviations as "productive," the rhetorical framework of post-compliance prompts such "first-order questions . . . as what it means to be a physician, and how patients and populations are related," while drawing on population- and community-based models of health. Such models can allow for community-driven advocacy and collaboration among "public health planners, healthcare professionals, and local residents." Skinner and Franz emphasize that a rhetoric of post-compliance must be accompanied by an analysis of power dynamics and an attention to new practices of medicine, noting the professional forces that still stand in its way.

In the second research article, Jason Kalin and David Gruber also launch new directions for rhetorical engagement, in this case with their proposed concept and research program of "gut rhetorics." In tracing how "bodies, affects, and microbes" are "calibrated" in research experiments despite their messier co-emergence through entangled intra-actions, Kalin and Gruber propose what they call "skilled probiotic experimentation" and play. In addition to turning rhetoric's ecological move inward, gut rhetorics reimagine the "rhetorical capacities" of the human body, including the capacity to "learn *through* sensual inquiry." Kalin and Gruber animate their

concept to playful but skilled engagements with microbiota. Though theirs is a project of radical reimagination, Kalin and Gruber nevertheless situate it in RHM and broader calls to account for the phenomenology and interaction of rhetorical composition, and in doing so show how new trajectories can emerge out of alignment and imagination simultaneously.

The next two research articles also turn their rhetorical analyses and implications outward to other audiences, in both cases beyond medical practitioners. In “Fetal Positions,” Beck Wise offers a rhetorical-cultural analysis of Damien Hirst’s public installation of bronze sculptures “depicting” the development of a human fetus. Wise usefully extends analyses of medical science’s visual-medical rhetoric to its rhetorical functions in public culture. After contextualizing the sculptures in relation to Hirst’s scientific and artistic “visual references” as well as their institutional and cultural location, Wise analyzes the sculptures’ “double movement” of accessibility and “scientific authenticity” and then, perhaps more importantly, critiques how they contribute to ongoing cultural-medical arguments for regulating women’s bodies, particularly through images that center the fetus and erase the woman. Through its explanation of how such visual instantiations of medicine can “address broader audiences” through “both logical and affective persuasive registers,” Wise’s analysis offers scholars and the publics encountering such visualizations more nuanced ways of recognizing the reinscription of medical authority and of negotiating their mediated relationships with it.

In this double issue’s final research article, Rachel Davidson presents a stock policy analysis of the statements of caregiving advocacy organizations, turning our attention to the material and rhetorical needs of this underserved stakeholder group. In her diagnosis of the statements’ rhetorical framing of the issue, Davidson shows how they successfully position the problems of caregiving as public in their costs to taxpayers, businesses, and social networks; at the same time, however, she argues that the statements’ focus on the home as the preferred location of caregiving forwards a partial solution that re-privatizes the issue and minimizes the need for public support. In the article’s final section, Davidson offers pro-caregiving groups a set of insightful and pragmatic rhetorical moves for improving their advocacy arguments, including an emphasis on the interrelated problems and broader contexts of caregiving, and a replacement of “home” with “community.” Davidson’s article illustrates the value of stock policy analysis for rhetoricians of health and medicine, but its accessible analysis and

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“community.” Davidson’s article illustrates the value of stock policy analysis for rhetoricians of health and medicine, but its accessible analysis and recommendations primarily target pro-caregiving groups. In this way, the applied knowledge Davidson develops works to engage other audiences with RHM scholarship and, in turn, shape their perceptions of our field and broaden the journal’s trajectory of influence. We hope to expand the journal’s publication of such multidisciplinary imagining work.

### DIALOGUE AND PERSUASION BRIEF

This double issue’s final two pieces, a dialogue and a persuasion brief, offer unique insights about the complexities and stakes of doing RHM work. In a dialogue coordinated and framed by Cathryn Molloy, a group of RHM scholars with deeply personal connections to their research discuss with one another the affordances and challenges of such embodied research. These scholars illustrate their affordances and challenges with references to context-specific but related negotiations of research exigencies, self-disclosures, representations, and ongoing management, also providing other scholars with a question-based heuristic for reflecting on such moves. This dialogue is an excellent example of how engagement, alignment, and imagination reinforce each other, as the contributors’ engagement around researching personal issues enables them to coordinate common considerations for the larger RHM community and to imagine new forms of self-reflection and self-care.

This double issue ends with a persuasion brief from associate editor Cynthia Ryan, who, like the dialogue contributors, manifests her embodied negotiation of research—and in her case, advocacy—informed by her personal connection to the topic. Through her vivid first-hand account of her experiences as a cancer patient and survivor, and through equally vivid stories of women living with cancer captured in her patient advocacy work on *The Alabama Project* and beyond, Ryan makes a compelling case for us to use our rhetorical skills with words and images to engage a continuum of academic and public audiences around the embodied complexity of living with disease or illness. Her own robust, situated depictions defy oversimplifications about cancer survivorship and demonstrate the power of merging the scholarly expertise of a rhetorician with the experiential knowledge of a patient and savvy of a public rhetor.



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also be read together as powerful illustrations of RHM's embodied vulnerabilities, including for the rhetorician herself.

Molloy et al.'s and Ryan's entries also complement and intersect with Baldwinson's provocation to articulate our rhetorical ethics. Reading the three pieces together brings out important issues and questions around defining, enacting, promoting, and caring for RHM and, more specifically, the ethical dimensions of what we do. These pieces encourage RHM scholars and those in related fields to consider ethics differently and *carefully*—in other words, to use imagination and engagement to realign our ethical commitments and share how they guide our work. As editors, we are committed to engaging ethical concerns consistently, across each issue, but also to foregrounding conversational threads explicitly focused on ethics. This is why we hope to feature a dialogue that responds to Baldwinson's commentary, and to later publish a special issue dedicated to the ethics of RHM research, including inter- and cross-disciplinary work and public engagement. Reading this and future issues through Wenger's (2010) modes of



Barbara Hefferon (drawn by Josh Prenosil).

identification clarifies how the journal serves as a site for the social articulation of our scholarship's boundaries, while simultaneously expanding them.

The same functions of building and expanding, aligning and imagining will be evident in our Winter 2019 issue—*RHM's* first special issue—on the Rhetoric of Public Health, guest edited by Jennifer Malkowski and Lisa. The journal's special issues function as more focused modes of identification for the field, fostering new forms of collective engagement, coordination, and invention around more specific topics, and imaging our field's interests and lines of inquiry in new ways. A sneak peek at the content includes an interview that Blake did with Lisa Keränen that asks her to think through how, and to what degree, *RHM* has extended since her 2014 special issue on public(s) in the *Journal of Medical Humanities*.

Collectively, the pieces in this double issue offer a range of contributions and takeaways—including conceptual, methodological, and pragmatic—for a range of stakeholders—including rhetoricians and other scholars, caregivers and providers, and patients and communities. They advance the journal's functions to shape the boundaries of the field's identity, in part through new or expanded forms of relationality (e.g., patients and populations, bodies and microbes, medical and public visualizations, personal health and research, academic and public arguments). They also demonstrate the range of fields and disciplinary areas where *RHM* work is done, such as communication, English, writing and rhetoric, and political science (among others). Considered alongside the publications in the inaugural issue, these pieces attest that our field is engaging, solidifying, and inventing in exciting ways.

## A Tribute to Engagement, Alignment, & Imagination

As with the inaugural issue, which featured a portrait of the late Carol Berkenkotter, this double issue includes a portrait of another of the field's "founding mothers," also beautifully drawn by the talented Josh Prenosil. It's fitting that this double issue's portrait is of Barbara Heifferon, who has such a sustained history of embodying the tenets of our community of practice. It was through the alignment of her two lives, as a medical practitioner and a rhetorician, that she formed an early idea of what would become the rhetoric of health and medicine (*RHM*). Through her engagement and imagination, she created early forums for like-minded scholars to gather,

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and the same engagement and imagination generated some of our field's foundational scholarship. Barbara's investment in a community of practice—even before it existed—was instrumental in creating a shared but open vision for RHM. Thank you, Barbara, for being such a generous, gentle, and effective leader of our community and field (including well before we were considered a field), and for continuing to lend your expertise as a *RHM* reviewer and editorial board member.

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