

Expansiveness in/through *RHM*

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With *RHM*'s first publication year in the books, we stopped for a moment to consider how far we've come. In our first two double issues, our editors' introductions reflected on creating a scholarly dwelling place and shaping the field's social identity. As we were simultaneously working on this second double issue and our first special issue on Rhetoric of Public Health, forthcoming April of 2019, we were struck by the expansiveness of *RHM*.

By "expansiveness," we mean several things—wide-ranging and connective, open, and sustainable. The scholarship published in the journal, and the larger body of submissions we've received, has been wide-ranging in its topics and their stakeholders, theoretical frameworks and methodologies, combination of audiences, and forms. Even our authors have come from a variety of backgrounds—including law, regulatory bodies, and community activism—and positions—including translators, undergraduate and graduate students, and faculty from colleges of medicine and a range of other humanities and social science units. This pattern of expansiveness is particularly impressive given that the journal has also been a site for coalescing the field around a set of methodological, ameliorative, and other values; it shows the mutually reinforcing power of imagination and alignment in shaping the field's still-emergent identity and in creating a dwelling place for a diverse set of rhetorically minded folks.

One way in which imagination and alignment are reinforcing is through the connections across the range of published pieces. We've been deliberate

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about this—attempting to bring together, connect, and build on themes across the pages and issues of the journal. You can see such connectivity around issues of representation in regulatory processes and across the political influence on healthcare in the first double issue (vol. 1, nos. 1–2); around discussions of ethics, particularly ethics of engagement, in the last double issue (vol. 1, nos. 3–4) and extended by Lynch's piece on bioethics in this issue; around the embodied nature of RHM, as discussed in the last issues' dialogues and persuasion briefs and extended by Bivens here; and around extensions of discussions about right-to-try and wellness discourse forthcoming in future issues. Methodologically, the pieces published in *RHM* continue to make connections across a range of rhetorical theories and analytic approaches, some combined with other types of analysis, and in this way they demonstrate related but varied ways of attuning to the persuasive dimensions of health and medical discourses and practices.

In terms of the growing scholarly range and connectivity we've been describing, we might think of *RHM* as providing a "teleidoscopic" view of the field. A teleidoscope is like a kaleidoscope except with an open view that enables it to form patterns from outside objects, with the glass in the instrument also shaping the patterns. Each issue of the journal extends and forms new patterns of connections as it shifts our attention to expanded sets of topics, arguments, rhetorical approaches, audiences, etc., while maintaining some forms of symmetry and composition, particularly from *RHM's* rhetorical orientation. Each issue, that is, provides a freeze-framed view of connections across the field's scholarship and the myriad of health and medical practices it takes up, but with the understanding that the field will continue to turn the instrument and cast it in new directions, searching for expanded patterns.

In addition to publishing wide-ranging but interconnected scholarship, we have worked to make *RHM* an expansive site in its communicative openness and transparency (a sometimes-overlooked aspect of expansiveness in publishing). We will continue such openness by providing field updates about the journal's development, creating video and other explanations about how the journal works, encouraging new approaches and forms of scholarship, providing prospective authors advice about how to shape pieces for submission, publishing pieces that give robust accounts of methodology and supplementing them with "behind-the-scenes" conversations with authors, and, perhaps most importantly, providing submitting authors with

synthesized and prioritized directions for revision (if applicable). It is through such practices that we hope to expand the submissions we receive and successfully move through the review process.

Finally, we want to tie expansiveness to sustainability, a connection to which we return shortly. In her review essay about the rhetoric of medicine, E. Johanna Hartelius (2009) argues that our field faces “a sort of sub-disciplinary self-reckoning” and an “exigence of identity” (p. 458). She goes on to claim that RHM has to perform “sustainable scholarship,” which she defines as “research that offers sound and significant implications for the discipline from which the scholar originally drew his or her theory and method” (p. 466). In other words, Hartelius calls on scholars in subdisciplines of rhetoric to offer something to their own areas as well as to rhetoric as a larger field. The goal of sustainability has been one of our touchstones as we worked toward building the journal over this first year, and as we continue to accept manuscripts and plan special issues; this goal is why we encourage authors to develop the theory- and methodology-building aspects of their scholarship as they work toward publication.

This Issue’s Expansiveness

This issue brings you three research articles and a persuasion brief, all of which came to us as unsolicited submissions. We are pleased to see scholars experimenting with the journal’s alternative genres (persuasion briefs, dialogues, commentaries) and encourage even more of this going forward.

This issue opens with Kristin Bivens’ examination of a neonatal intensive care unit’s soundscape and the embodied experiences therein. Through her observational analysis of how the sounds and noises of physiological monitors disrupt and otherwise shape the care of infants by speaking and standing in for their bodies—a phenomenon she calls “rhetorical ventriloquism”—Bivens enriches our understanding of the sensorial dimensions of clinical caretaking. She calls on rhetoricians of health and medicine to be “earwitnesses” to sonic and aural experiences in clinical research settings, extending her previously published book chapter’s ethical consideration of the rhetorician’s embodied attunement and responsiveness in research (Bivens, 2018). The “sensuous training” Bivens proposes could also be useful to the range of clinical caregivers (including nurses but also parents and other family members) who embody such challenges as intermittent

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attention, alarm fatigue, and curtailed aural bonding—and, of course, to the health of infants themselves. Even in a piece primarily directed to rhetorical researchers, Bivens shows how a multi-sensory attunement to our embodied methodologies can have ameliorative implications for patients, providers, and caregivers. Thus, Bivens' argument usefully extends the stakeholders, stakes, and rhetorical repertoire for negotiating embodied research practices—a topic highlighted by the last issue's dialogue (Molloy et al.).

John Lynch's article in this issue shifts our teleidoscopic view of the field to a very different medical research site, taking us on an intertextual tour of references to Aldous Huxley's *Brave New World* (*BNW*) by both proponents and opponents of embryonic stem cell research and cloning in Congressional hearings and bioethicists' policy discussions. In comparatively analyzing allusory and allegorical references to *BNW*, Lynch shows how the former "allow a broader range of engagement and disputation" through varied "affective and cognitive associations," while traditional instances of allegory close or restrict deliberation by reinforcing conservative bioethics through a "narrow authoritarian reading" of the novel. Lynch also explains how the "ethical capacity of fiction mirrors the rhetorical openness of allusions," advancing our understanding of science fiction as a form of public deliberative discourse because it "reimagines and often reinforces contemporary issues and values." In the context of such recent developments as a Chinese scientist's reported use of CRISPR to create genetically modified twin baby girls, Lynch makes a compelling case for allusory and other commonplace rhetorical tools that enable fuller and more open ethical deliberation about biotechnology. His argument provides an answer to Celeste Condit's (2018) call in the inaugural double-issue to foster "shareable, realizable, humane-and-biosensitive discourses about the codes of the body" (p. 33) while also forecasting calls for more open forms of ethical policy deliberation taken up in the forthcoming special issue on the Rhetoric of Public Health.

In this issue's third research article, Elisabeth Miller shifts our teleidoscopic lens further toward commonplace health arguments and public political discourse, in this case around then-governor Chris Christie's presidential campaign. Miller adapts notions of "rhetorical disability," "recuperative ethos" (Molloy, 2015), and *kakoethos* (i.e., anti-ethos; Johnson, 2010) through her analysis of Christie's attempts, with mostly failed results in media responses, to regain credibility in the face of fat stigma

“in the cultural logics of the obesity epidemic.” Such logics, Miller explains, read fat as a “failure of health, self-discipline, and even morality,” and they relatedly emphasize the embodied appearance of fatness over “countervailing . . . ethical proofs.” With Bivens and Lynch, Miller shares the aims of fostering a more critical attunement to limiting rhetorics—in her case the “logics about fatness that have become invisible”—and encouraging more empowering alternatives. In extending rhetorical disability and *kakoethos* from earlier discussions of mental illness stigma to fatness stigma, Miller gives us an instructive example of the sustainable scholarship Hartelius (2009) describes.

Our issue wraps up with a persuasion brief that started as a class project. Sara Davis and Abby M. Dubisar (the former notably an undergraduate student—wow!) offer a feminist perspective on clinical communication to women seeking elective sterilization (specifically tubal ligation). Based on their comparative analysis of medical pamphlets aimed at women and men, online stories of women’s experiences and responses by physicians, and one author’s experiential knowledge, Davis and Dubisar explain how clinical discourse, including patient-provider interactions, often reinforces traditional views of motherhood in ways that call into question women’s informed judgment and reproductive autonomy. For example, pamphlets and some physicians reinforce warnings that women might later regret sterilization or that they should speak to their male partners about alternatives. Importantly, this persuasion brief is written for and to OBGYNs and individuals seeking sterilization, offering both groups specific advice about how to resist patient-disempowering discourse.

Embodying Hartelius’ sustainable scholarship, this piece also offers rhetoricians, as a third audience, suggestions for studying, improving technical discourses around, and teaching about patient-facing discourse that impacts women’s reproductive freedom. Like Miller, Davis and Dubisar bring to light less visible dynamics of persuasion, in part by asking what Judy Segal (2009) calls “prior questions” about how patients (women seeking tubal ligation) are rhetorically positioned as “certain types of decision makers and subjects.” By synthesizing the authors’ original analysis with other studies, and by making the observations and advice drawn from this body of feminist, rhetorically oriented research accessible to additional stakeholding audiences, Davis and Dubisar provide a useful example of what a persuasion brief can do.

Expansiveness as Sustainability

When read together, the pieces in this issue illustrate the expansiveness of RHM while also simultaneously pointing to “the boundaries that delineate disciplines, structuring the academic terrain, as they are encountered, crossed, and challenged” (Hartelius, 2009, p. 467). Along with the pieces in the first two double issues, these pieces widen our understanding of RHM through their analyses, arguments, and other features, but through a teleidoscopic view that extends and forms patterns from existing scholarly contributions within the expanse of RHM. Perhaps the strongest thread of contributions within this issue is in theory building, which can be thought of as component and type of methodology (Scott & Melonçon, 2008). We were struck by the range of theoretical inventiveness in these pieces, including Bivens’ notions of “rhetorical ventriloquism” and “earwitnessing,” Lynch’s nuanced explanation of the different features and functions of allusion and traditional allegory, Miller’s application of *kakoethos* and complication of recuperative ethos regarding the different rhetorical disability created by fat stigma, and Davis and Dubisar’s application of prior questions to health subjects’ positioning. Beyond their specific theoretical extensions, the authors model different ways rhetoricians can build theory, all of which involve engaging theoretical frameworks and concepts, moving and adapting them in new contexts and analyses, and making novel understandings and propositions available for future use. In this way, our reading of this issue’s contributions parallels Hartelius’ (2009) reading of Segal’s field-shaping *Health and the Rhetoric of Medicine* (2005), in that the issue “models what it entails to use rhetoric while at the same time replenishing it with new discoveries and insights” (p. 468).

We want to end by extending Hartelius’ (2009) idea that sustainability must be nurtured by keenly attending to the living impact of our scholarship, by encouraging readers to inventively use and adapt the scholarship developed from our modes of collective identification. We hope *RHM* continues to become a dwelling place for inclusive and sustained conversations about the persuasive dimensions of health and medicine, and a site that offers replenishing tools and insights for readers to take with them into their ongoing work. Our work is sustained not only, or even primarily, through the act of publication, but through its uptake in and across a range of practices and forums, including rhetoric and related fields but also in extra- and non-academic health and medical practices.

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