

RHM's Relations and Relationships

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On the Focus and Scope page of the journal's website, we describe *RHM* as a "multidisciplinary" journal that publishes rhetorical studies, and then go on to reference publishing "interdisciplinary and transdisciplinary research" that "can combine rhetorical analysis with any number of other humanistic or social scientific methodologies." We still think, in some ways, that both the journal and field of RHM can be described as multidisciplinary, interdisciplinary, and transdisciplinary at the same time; beyond drawing from a number of scholarly areas, for example, our collective research often synthesizes and integrates (in a holistic way) concepts, methods, and findings from these areas, creating new hybrid forms of scholarship that are not fixed within disciplinary boundaries. At the same time, we recognize that these prefixed designators can mean different things, and that our use of all three at once suggests a field still very much in flux and with blurred boundaries, even if we can also point to some common characteristics and a growing body of scholarly positioned primary *as* RHM (Scott & Melonçon, 2018; Melonçon & Frost, 2015). As we argued in our introduction to the *RHM* volume 1, numbers 3–4 double issue, establishing the identity of our field entails an ongoing attention to forms of engagement, alignment, and imagination, including the ways these interact. An example of this interaction is our encouragement, as editors, of research that contributes to existing scholarly conversations by rhetoricians of health and medicine *and* experiments with imaginative and responsive methodological frameworks. Attending to this interplay is especially

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important for an emergent field that seeks to establish and promote a common body of rigorous rhetorical contributions generated by an expanding community and valued by a range of health and medicine's stakeholders.

Discussions of RHM's lineage and relations have noted the varied and sometimes multiple affiliations of scholars "who conduct rhetorically attuned analyses" of health and medical discourse, pointing to our intersections with a number of other scholarly areas, fields, or disciplines (see, for example, Malkowski, Scott, & Keränen, 2016). Indeed, in our collaboratively developed proposal for this journal, we mention several key relations and intersections beyond the "parent" field of rhetorical studies, including technical and professional communication (TPC); health communication, particularly critical-interpretive threads (see Lynch & Zoller, 2015); the health humanities; disability studies; and the rhetoric of science, especially regarding studies of medical science and research. Indicative of this latter relation was the deliberation about adding "Medicine" to the organizational name of the Association for the Rhetoric of Science and Technology (so, from ARST to ARSTM), finalized in November 2015. Additionally, RHM work has been acutely concerned with, and responsive to, its relationships with health and medical areas and publics—a topic that has been the subject of multiple RHM Symposium plenary sessions.

The 2019 RHM Symposium, which unfortunately was cancelled because of Hurricane Dorian, had the theme of "Pushing Boundaries," and for the program we had planned several discussion-based sessions led by interdisciplinary scholars on the intersectional relationships (and perceived or imagined boundaries) between RHM and four other areas: the rhetoric of science, TPC, disability studies, and health communication. Of course, questions and discussions about the boundaries of disciplines, methodologies, and inquiries are hardly new (particularly in the social sciences), but now that RHM has a (growing) body of declarative knowledge, we have a kairotic opportunity to think through the idea of boundaries together.

As historian of science and medicine, William Rankin wrote in a review essay, "Academic disciplines [and here we could also specify their boundaries] are a comfort and a cage: Their shared literature creates communities and defines common problems, but they can also inhibit the exploration of uncharted territory" (n.p.). After raising generative questions about RHM's boundaries, intersections, and relations vis-à-vis other areas, at the Symposium we planned to encourage interested participants to organize dialogues around them, targeting publication in *RHM* or

elsewhere. Because we hope this is still possible, in this introduction we want to pose several sets of questions as catalysts for dialogues, commentaries, or other follow-up work.

Because we want to be cautious about assuming or promoting particular boundaries, the questions and observations we raise here are framed primarily by the concepts of relations and relationships, as in “Who are our scholarly kinfolk (hereditary and chosen)?” and “What kinds of relationships have emerged and do we want to nurture with these relations?” As we continue to imagine and define our field and its permeable intersections and boundaries in new ways, we might be cognizant of the following set of questions.

Larger Questions

- What are the relative advantages of defining ourselves as a scholarly field? As emerging, emergent, or established?
- In what ways is RHM interdisciplinary, cross-disciplinary, multidisciplinary, and/or transdisciplinary? When and why might we tactically characterize ourselves as one or more of these?
- What are the affordances and constraints of defining our field’s boundaries, and in particular ways? What else might we do—for example, push against, resist, complicate, blur—with or to boundaries? What other metaphors could we use to define our focus and scope?
- How might we define the scope of health and medical practices (discursive and otherwise) as the purview of our inquiries?
- How can we develop methodologies—including guiding values, theoretical frameworks, and methods of data collection and analysis—that are responsive to the high-stakes contexts and discourses we study?
- How can we develop rhetorically oriented theories and methodologies that inventively draw from a range of fields and approaches and that are useful to multiple sets of scholars?
- In what combinations of venues might we place and share our work to continue to build the field of RHM and reach important and new stakeholders?
- To what extent, and how, should we position our work as contributing to RHM, and situate it in existing RHM conversations, depending on the venue? In other scholarly or non-scholarly conversations?

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- To what extent and how are our scholarly identities as rhetoricians of health and medicine shaped by and accountable to institutional structures and processes?

Questions about Relations with Other Areas

- What are the most productive frameworks for defining our relationships with other areas, fields, or disciplines?
- What should we remember about our history of relations with other scholarly areas, and how can we honor these relations, while distinguishing ourselves as unique?
- How are our relationships with other scholarly areas shaped by, and how might they shape, our relationships at our institutions, in the academy, and beyond, particularly when higher education is increasingly promoting interdisciplinary and applied research to address societal problems?
- To what extent should we position our work as, and affiliate ourselves with, RHM and any other field(s) at the same time or across different contexts?
- How can we mentor younger scholars to simultaneously identify as rhetoricians of health and medicine but also other types to maximize their opportunities for success?
- What should we consider around the possibility of forming our own association, and, if we pursue this, how could we do so in way that productively engages ARTSM, RSA, and other related organizations?

These questions aren't exhaustive, of course, and there are likely more productive ways to frame them—so please join us in shaping this ongoing discussion of where we came from, who we are, and what we can be.

Along with the Symposium theme and the possibility of developing dialogues or commentaries around this, the nature of the pieces published in this issue create an exigency for our introductory call. Jodie Nicotra's review essay illuminates how selected RHM studies also draw on and extend work in disability studies and feminist and cultural studies; that Scott Graham contextualizes a hitherto unpublished manuscript as part of Kenneth Burkes' interdisciplinary work around the rhetoric of science; that Russell Kirkscey and Carol Reeves offer studies with strong connections

to and implications for public health communication, and; that Kirkscey, along with Lillian Campbell and Elizabeth Angeli, relate their studies to TPC research, the latter also to studies of embodied and material rhetorics.

In this Issue

In the lead article of this issue, Lillian Campbell and Elizabeth Angeli provide a model of how to squarely position a study in/as RHM, but do so in a way that draws from and develops implications for other scholarly areas and for healthcare pedagogy and practice. Their article brings together the results of two rigorous rhetorical field studies of different healthcare contexts—clinical nursing simulations and EMS responses outside of hospitals—to develop a theory of practitioner intuition related to phronesis and a “taxonomy for the various [external and internal] cues that trigger intuitive action . . . at different stages of care.” In contributing to work on materialist and embodied rhetoric, Campbell and Angeli demonstrate the value of focusing questions on “human learning and decision-making” beyond both “rational” cognition and unconscious ability. In addition to its theory-building contributions, this piece offers a useful example of how to integrate iterative data analysis in a cross-contextual, multi-sited study with varied types of data.

Next, Russell Kirkscey’s study combines deliberative rhetoric with problematic integration theory to analyze of noncommercial webpages about cancer genetic screening. Building on his concept of “gateway documents” (that is, documents that provide early information in health users’ decision-making processes), Kirkscey’s analysis shows how these webpages anchor “multidimensional communication events in which disadvantages and benefits shift—and sometimes transpose—according to the embodied knowledge of each person.” Like Campbell and Angeli, Kirkscey attends to the embodied interactions of healthcare participants (including, in his study, “past relational difficulties”) and proposes new rhetorical considerations for them. Kirkscey’s analysis develops two sets of *topoi*—around embodied knowledge and scientific knowledge—that can help writers of cancer genetic screening webpages move beyond a “simple focus on benefits and disadvantages” to a more relational, responsive framing of deliberation. In this analysis that could be considered both interdisciplinary and multidisciplinary, Kirkscey adeptly illustrates how to position a study in multiple

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scholarly areas at once, here RHM and health communication, in order to enrich its insight and implications.

In this issue's third research article, Carol Reeves gives us a rhetorical-historical study of the inebriety movement in the United States and Great Britain from 1870–1930, documenting a “lost rhetoric of addiction arising out of a context of concept and disciplinary formation.” Reeves' analysis of a carefully selected dataset of medical journal papers, including three rhetorical modes and three patient tropes therein, reveals a “rich intermingling of scientific, literary, and political rhetorics” that emphasize environmental factors of addiction and that humanize and personalize people with addiction disorder. This analysis, which runs “against the grain of previous social histories of the medicalization of addiction,” holds promise, Reeves explains, for countering “our tendency to blame the individual rather than our own ignorance and neglect,” and even for complicating a person-centered rhetoric that is still label-oriented. In addition to extending Robin Jensen's (2015) call for ecological rhetorical histories of health and medicine that account for the (potential) cross-historical percolation of ideas, Reeves shows how to situate a rhetorical history in both RHM and in multidisciplinary social histories of addiction.

In the rest of this issue, we are pleased to feature two firsts for *RHM*: a previously unpublished manuscript of Kenneth Burke's, with introduction and bibliographic discussion by Scott Graham, and a review essay by Jodie Nicotra. Upon “discovering” Burke's (1927) “Tentative Stages of Progression for an Address at Geneva” in his archival research, Graham recognized its resonance with contemporary challenges around science-policy deliberation and decision-making in the face of “wicked” problems. This draft address, which was never delivered, was ghostwritten for the head of a League of Nations Advisory Committee on the regulation of opium. Extending Debra Hawhee's (2004, 2009) work on Burke's ghostwriting and subsequent scholarship resisting the stigmatization of drug use/addiction, Graham explains how Burke proposes a rather “audacious” new dual Advisory Committee structure: a “disinterested” panel of accomplished citizens such as academics, jurists, theologians, economists, etc., and the actual decision-making committee of drug experts, with the former establishing “moral” (communitarian rather than capitalist) criteria by the latter would be chosen. Through engaging such work, Graham argues, we might add to Hawhee's descriptor of Burke as a rhetorician of science the title of rhetorician of “health, medicine, and public health policy.” Like Reeves (who

references, via Jordynn Jack [2014], Burke's ghostwriting about addiction), Graham invokes Jensen's "percolation model" to note the value of learning from public health responses and arguments supporting them that were "before their time."

Wrapping up this issue is Jodie Nicotra's review essay of three recently published books (including one collection) by Amanda Booher and Julie Jung (2018), Melanie Yergeau (2017), and Amy Koerber (2018), which individually and collectively explore "RSTM at the Intersection of Feminism and Identity." Here Nicotra engagingly and astutely connects the books to our field through their inventive methodologies, and especially theoretical frameworks around gender, queerness, and disability. These books, Nicotra argues, "reassert the value of a rhetorical approach to science, technology, and medicine, even as they push the boundaries of rhetoric."

Like so many RHM studies, those presented in this issue share an explicit concern for the ethics of health and medical practices, including with vulnerable populations in mind. Given this discernable "through line" in our field, and given Baldwinson's call for a statement of rhetorical ethics that "mediates the health and humanities divide," we are working on a special section of the journal for late 2020 that continues these conversations and reinforces RHM's relations and relationships.

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