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To cite this article: Robin E. Jensen (2015) An Ecological Turn in Rhetoric of Health Scholarship: Attending to the Historical Flow and Percolation of Ideas, Assumptions, and Arguments, Communication Quarterly, 63:5, 522-526, DOI: [10.1080/01463373.2015.1103600](https://doi.org/10.1080/01463373.2015.1103600)

To link to this article: <http://dx.doi.org/10.1080/01463373.2015.1103600>



Published online: 05 Nov 2015.



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An Ecological Turn in Rhetoric of Health Scholarship: Attending to the Historical Flow and Percolation of Ideas, Assumptions, and Arguments

Robin E. Jensen

The “Rhetoric Of Health” is a relatively new scholarly subfield, although insightful rhetorical analyses about health-related issues (e.g., Solomon, 1985; Vanderford, 1989), as well as compelling health communication studies focused on discourse (e.g., Lupton, 1994; Sharf, 1990), have been in circulation for many years. Scholars such as Condit (1990; 1999), Scott (2003), and Segal (2005a) set the stage for more formal recognition of what research situated in this area engages and accomplishes, arguing, in Segal’s (2005b) case, that the rhetoric of health is driven by “rhetorical theorists, historians, and analysts who have turned [their] attention to the study of health and medicine as a persuasive discourse” (p. 316). In recent years, conferences, special journal issues, and professional organizations have been dedicated to considering how this particular area’s tools and findings can best contribute to larger goals, goals related to the analysis of rhetorical constructions of “health,” “well-being,” and “medicine” in specific contexts, across time, and according to a range of different subject positions. In this essay, I draw from my own and others’ scholarly trajectories to delineate what I see as one of the rhetoric of health’s major objectives—the articulation and tracing of health-related arguments in and through time—and outline some concrete ways in which scholars in this area might contribute to that aim.

Scott et al. (2013) characterized the focus of analysis in rhetoric of health scholarship as “a broad array of health publics, their *nomoi*, and their discursive practices” (pp. 1–2). This attention to “the broader set of health texts, artifacts, genres, and

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practices” (p. 2) necessarily engages other areas of established communication research related to medicine, science, technology, risk, and health broadly conceived, not to mention a range of scholarly trajectories outside of communication studies related to the medical humanities, nursing, public health, and bioethics, to name just a few. Given these many points of intersection, the rhetoric of health tends to be grouped together and/or conflated with endeavors labeled in these other ways. But while research in this area is inherently and inescapably intra-and-inter-disciplinary, rhetoric of health scholarship is not without its own distinct methods, modes of analysis, and contributions. These contributions speak to the ways in which health-related ideas are communicated and thereby constituted and otherwise imbued with symbolic resonance, as well as the ways in which they relate to each other within what Edbauer (2005) described as overarching “rhetorical ecologies” (p. 5).

It is this latter focus on rhetorical ecologies of health that I champion here, not as the only valuable way in which to contribute to conversations within the rhetoric of health but, rather, as a path relatively untrodden and underdeveloped yet teeming with the potential to help decipher the moving target that is “health” and its related constructs. More specifically, I am interested in promoting scholarship that attends to the processes through which health-related ideas, assumptions, and arguments have been communicated by and in relationship with the technical sphere, public or mainstream audiences, counter-publics, and vernacular or lay constituencies. Scholarship in this vein complicates these categories by considering their interactions and mutual evolutions. It also necessarily engages in some form of rhetorical history as it takes up a “framework of *affective ecologies* that recontextualizes rhetorics in their temporal, historical, and lived fluxes” (Edbauer, 2005, p. 9 [emphasis in original]). By attending to health rhetoric’s encounters with diverse discursive, sociocultural, and material variables such as affect, this path trades depictions of static rhetorical situations and elements for accounts of rhetorical movement and transformation.

Two Models for Engaging a Rhetorical Ecology Approach

On the whole, I see this orientation playing out in two different but related ways for rhetoric of health research. First, this kind of work can function in terms of what might be called a *flow* or *circulation model* by tracing the communication of ideas, assumptions, and arguments along a largely chronological timeline. Guiding questions for this research might concern, for instance, the ways in which one moment’s rhetoric constitutes specific aspects of health and flows into and otherwise relates to corresponding depictions, or the means through which scientific “discoveries” and popular vernacular metaphors interrelate over time to situate certain health-related conditions as medical in nature. The common denominator in these cases is the focus on temporal connection and the interaction of different kinds of rhetoric—along with a range of other variables—to constitute broader health landscapes.

Examples of this research trajectory can be found in Scott’s (2006) astute analysis of the pharmaceutical industry’s appeals to *kairos* in the face of post-9/11 bioterrorism. Drawing from the theoretical work of Edbauer (2005), Doyle (1997), and Beck

(1992), Scott posited a viral conceptualization of health rhetoric wherein rhetorical constructions of health risks, in particular, “are continuously recast, often in unpredictable ways, by shifting power networks and through contradictory processes and structures that span and move across local and global boundaries” (p. 137). Although Scott’s essay speaks only implicitly to the relationships among different types of rhetoric, its reading of the so-called unintended, “boomerang” effects of health rhetoric highlights the transformative nature of discourse as it flows across fields, actors, and rhetorical-cultural networks (p. 132).

Correspondingly, my analysis of the medicalization of infertility in the 1930s and 1940s offers an account of health rhetoric in terms of circulatory flow (Jensen, 2015). Therein, I trace how assumptions, tropes, and arguments grounded in the modern chemical sciences contributed to a public vocabulary that constituted infertility in terms of failed or imbalanced chemical interactions. This work reveals not a top-down flow from technical spheres of discourse to popular and lay spheres but, rather, a complex of discourses, as well as sociocultural and material variables, that—in Edbauer’s (2005) words—“move[d] across” each other, transforming all the while (p. 20). Infertility in the early 1900s, then, can be understood as functioning in ways far more nuanced and resistant than a technical mandate would countenance.

Second, beyond the flow model, rhetorical ecologies of health scholarship can play out in terms of what might be called a *percolation model*, which functions by drawing connections between health rhetoric in different, distinct time periods. This model—based loosely on the philosophy of Serres (1991, 1995)—speaks not to the circulation of temporally connected ideas but, rather, the ways in which historical arguments about health percolate up at distinct, chronologically disjointed moments. Serres conceptualized history and the history of ideas as a wadded up piece of paper that, when smoothed out into a chronological timeline, may appear nonsensical. He argued that the ideas, assumptions, and arguments of particular historically distinct moments often re-emerge and repeat themselves in vastly different time periods. What this means for rhetoric of health scholars is that the exploration of health as it was conceptualized in even the distant past can be understood less as an exercise in the mere appreciation of other people and ideas and more as a valuable contribution to delineating conceptualizations of health today that may not follow a linear or rational logic.

My research on the rhetoric of sex education during the Progressive Era offers an example of this type of scholarly alignment. Therein, I draw from early U.S. arguments in favor of implementing “social hygiene” courses in the public schools to situate and categorize contemporary arguments about sex education curricula. Although much time has passed between the Progressive Era and the twenty-first century (and this early advocacy gained little momentum over directly subsequent decades), I argue that arguments about sexual health and education from the turn-into-the-20th century have percolated up in the twenty-first, albeit under different guises. For instance, Progressive Era social purists’ agendas align fairly closely with contemporary abstinence-only-until-marriage curricula, while today’s comprehensive sex education advocates employ many of the same science-based appeals so popular among Progressive Era social hygienists (Jensen, 2007; 2008; 2010). All of this is

not to say that health rhetoric of the past necessarily sheds light on health rhetoric of the present. Rather, I argue that rhetorical history projects can, in some cases, provide theoretical guidance for making sense of health as it is currently constituted.

It should also be noted that the percolation model lends itself especially well to multi-method scholarship. For instance, rhetorical history work on any given health issue may reveal ideas, assumptions, and arguments that seem to be repeating themselves in contemporary times. In this respect, historical analysis can offer scholars of the present day justification for including specific questions in interview protocol to test whether those constructs may, in fact, be percolating years later. And this process can also be constructively reversed as contemporary ideas, assumptions, and arguments about health are delineated via qualitative research and then, subsequently, function to offer sensitizing constructs for analyses of health rhetoric of the past. This sort of back and forth work between different time periods and different methodologies has made up the bulk of my larger rhetoric-of-health research line as I have joined with colleagues (whom draw from empirically driven health communication perspectives) to study contemporary arguments about public sex education (e.g., Bute & Jensen, 2011; Carrion & Jensen, 2014) and infertility (e.g., Bute & Jensen, 2010; Jensen & Bute, 2010). I employed these qualitative findings as jumping off points for historical research on health, or I was guided through the qualitative research process, in part, by my previous rhetorical history analyses.

Opportunities for Collaboration

In sum, this essay provided a brief overview of a rhetorical ecology orientation to rhetoric of health scholarship. The two specific models through which this type of research has been shown to play out may seem to be at-odds with one another. However, I contend that, because rhetorical ecologies of health are as complex in their form as they are in their content, rhetoric of health research must not be dichotomized by those who subscribe to flow-versus-percolation models. In fact, it may be the case that these orientations have the potential to function well in combination with each other to strengthen longitudinal claims about health rhetoric as it both circulates within distinct moments and as it percolates over and outside of chronological time in specific cases. The interconnections between these seemingly dissimilar orientations to rhetoric of health scholarship also suggest the value that rhetorical ecologies of health have for quantitative and/or qualitative health communication scholars. For instance, the delineation of the ways in which rhetoric moves through spheres, transforms in the process, and even seemingly jumps across time periods can offer productive analytical categories for those interviewing, surveying, or otherwise empirically studying “health” in contemporary settings. On the whole though, whether used in combination with empirical methodology or not, what rhetorical ecologies of health scholarship afford researchers is the ability to account for the ways in which “health” has been and has come to be, and to better track the progression or percolation of its specific symbolic force.

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