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Review of Interrogating Gendered Pathologies

Erin A. Frost and Michelle F. Eble, eds. Logan, UT: Utah State University Press, 2020. 292 pages. $34.95 paperback.

Erin Trauth & Ella R. Browning

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compared to activism around healthcare policy. Instead, she uses these stories to illustrate the complexities and contradictions associated with forming coalitional social justice movements in white supremacist spaces (effectively all contexts in the US).

The conclusion reiterates Chávez's central claims, including that US government agencies used the HIV threat as a rationale to imprison and/or exclude groups of people, many of them already alienized within the US. Chávez concludes with an analysis of what she describes as the book's most important contribution, to "hone our collective abilities to build coalitions to fight alienizing logic" (166).

Chávez's work is notable for its careful and detailed analysis of discourse around HIV migration bans and proposed quarantines, and it will surely become a central text for many in rhetorical studies. While *The Borders of AIDS* focuses on the early years of the AIDS crisis, the text is relevant to current scholars for a few reasons. Chávez's work illustrates the impact of racist policies on sex workers, Black communities, and other groups who, to this day, live in the wake of government decisions that place them at significantly higher risk of HIV. Chávez's focus on people—particularly Haitian political refugees—who are often at the peripheries of dominant historicizing of the AIDS epidemic serves as a reminder that the nearly unilateral focus on white gay men in veins of activism and policymaking left other communities behind, and we continue to exist in a public health landscape marked by those decisions. Further, her commentary on citizenship within the scope of a health pandemic with supposed foreign origins—and the way government responses to disease sharpen the definitions of citizenship—will surely resonate with those following the US government's response to the COVID-19 pandemic. Last, *The Borders of AIDS* serves as an insightful reminder that subjugated groups do not merely accept the effects of unjust policies. Instead, they have long histories of resisting and organizing coalitions to build more equitable worlds. Her attention to these rhetorical strategies and the broader claims her book makes about resistance and activism provide a rich theoretical ground for other scholars invested in social justice, citizenship, and rhetorical theory.

McKinley Green
George Mason University

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BOOK REVIEWS

Erin A. Frost and Michelle F. Eble, eds. ***Interrogating Gendered Pathologies.*** Logan, UT: Utah State University Press, 2020. 292 pages. $34.95 paperback.

Erin A. Frost and Michelle F. Eble's *Interrogating Gendered Pathologies* illuminates gender and its many implications for the rhetoric of health and medicine (RHM), holding space for rhetoricians to question and move to action on the issues at play when gendered norms are imposed on medicalized bodies. The collection asks us to look beyond medical data and diagnoses and also consider complexities of embodied experiences. Reminiscent of texts

such as Barbara Heifferon and Stuart C. Brown's *Rhetoric of Healthcare: Essays Toward a New Disciplinary Inquiry* (2008) and Lisa Melonçon and J. Blake Scott's *Methodologies for the Rhetoric of Health and Medicine* (2018), this important collection adds to the growing field of RHM, bringing together scholars addressing health and medicine from critical perspectives using a variety of theoretical approaches. Frost and Eble write:

> The field of rhetorics of health and medicine is a relatively newly established field; the books published to date have helped form a foundation. Still, much of this work focuses on in-depth studies of specific diseases or medical illnesses rather than taking thematic approaches that might reveal patterns across contexts of care. (13)

Interrogating Gendered Pathologies, then, is novel in its transdisciplinary goal to "point out, interrogate, and formulate tactics to intervene in unjust patterns of pathology," contributing to an important conversation about gendered norms in biomedicine (3).

Section one, "Sensory Experiences," explores lived, experiential data points, elevating and examining them in the same way other medical data is typically utilized. In "Corporeal Idioms of Distress: A Rhetorical Meditation on Psychogenic Conditions," Cathryn Molloy advocates for rhetorical listening in situations where a patient is experiencing symptoms unattributable to a clear-cut diagnosis. Molloy coins the term "corporeal idioms of distress" as a lens through which clinicians could scrutinize potential biases in the diagnostic process and further investigate conditions presumed to be psychogenic (29). Maria Novotny and Elizabeth Horn-Walker's "Art-i-facts: A Methodology for Circulating Infertility Counternarratives" describes "The ART of Infertility," a project in which "pieces of art act as a rewriting of what infertility stories get heard and make space for validating moments of biomedical failure" (46). Art becomes a way to uncover gendered constructions of infertility and can "work to intervene in the sociocultural pathologizing of infertility" (62).

Section two, "Patienthood and Patient-Provider Communication," offers directives for how to improve complex clinician–patient interactions. In "'We're All Struggling to Be a Complete Person': Listening to Rhetorical Constructions of Endometriosis," Leslie R. Anglesey examines patient experiences of endometriosis—including Anglesey's own. By discussing epistemologies and pathologies of female pelvic pain in tension with one another, the author illuminates the various ways female patients' complaints of pelvic pain are often dismissed. Anglesey suggests narrative medicine as a method that might help clinicians and patients to better partner and assist patients as they move through this complex disease and diagnosis. Lillian Campbell's "Simulating Gender: Student Learning in Clinical Nursing Simulations" aims to move past gendered nursing simulation training, focusing on a rhetorical material approach to advocate for intersectionality and an upheaval of outdated discussions of gender. Simulators are discussed "not just as static objects but also as apparatuses in action," and Campbell argues research on these simulations should study both the technical and the interpersonal (83). A stronger focus on orienting to and understanding differences in care for a range of gender scenarios is necessary, and pedagogical collaboration between rhetoricians of health and medicine and health instructors might improve nursing simulation practices. In "'I Felt Very Discounted': Negotiation of Caucasian and Hispanic/Latina Women's Bodily Ownership and Expertise in Patient-Provider Interactions," Leandra H. Hernández and Marleah Dean problematize clinicians' dismissal of female patients' concerns and lived experiences, asserting that we must examine the relationships between power and language in medical encounters. By analyzing womens' perceptions of the words and terms clinicians use to describe their bodies, the authors reveal how this rhetoric impacts patients' self-perception. Hernández and Dean call for healthcare providers to become more aware of the words they use in clinical encounters as well as the ways they utilize patients' lived experiences in concert with biomedical information.

Section three, "Social Construction of Illness/Biomedicalization of Bodies," investigates sociocultural elements of pathologization practices in several contexts. Colleen A. Reilly's "Orgasmic Inequalities and Pathologies of Pleasure" explores how female sexual anatomies and activities have been pathologized through medical literature touting the vaginal orgasm as a "superior" orgasm. Female sexual dysfunction thus operates as a "new hysteria" that encourages women to perceive something normal for them to actually be dysfunctional (134). In "From the Margins to the Basement: The Intersections of Biomedical Patienthood," Caitlin Leach illustrates "the process by which clinical research perpetuates normative gender-binary categories, renders racialized gender invisible, and ultimately excludes genderqueer and transgender people of color" by focusing on US cardiovascular disease and sexual dysfunction research (139). Kerri K. Morris's "Women and Bladder Cancer: Listening Rhetorically to Healthcare Disparities" analyzes the "troubled gender identifications" of bladder cancer diagnoses and treatment—including Morris's own (157). Frost and Eble wonder "what it might look like to return health and medical data to embodied experience" (12). In response, Morris writes, "We need to create discourse that breaks away from the dominating metaphors of women as mothers or reproductive beings in order to listen to them rhetorically" (168).

Section four, "Digital Medical Rhetorics," examines online messaging and communities that demonstrate the complexities at hand when these spaces talk about women, their health status, and the many roles they play over a lifetime. In "Bras, Bros, and Colons: How Even the Mayo Clinic Gets It Wrong Gendering Cancer," Miriam Mara studies the Mayo Clinic website, finding rhetorical patterns that suggest women's bodies are weak or will ultimately fail, leaning toward a construct that propagates excessive surveillance and discipline. By analyzing the differences between the Mayo Clinic website's discussions of breast, prostate, and colon cancer, Mara reveals how the site's rhetoric reinforces assumptions about women's bodies and undermines women's autonomy. Lori Beth De Hertogh's "Interrogating Race-Based Health Disparities in the Online Community Black Women Do Breastfeed" examines the history of African American breastfeeding narratives and advocates for more inclusive research, touching on many existing breastfeeding-related health disparities. Online communities such as "Black Women Do Breastfeed" (BWDBF) help create what De Hertough terms "counteractivist" and "parallel activist health texts" (189). De Hertough examines the BWDBF Facebook page and illustrates how the community uses social media to rewrite narratives about African American women's breastfeeding histories and present-day racial health disparities that portray Black women as somehow deficient. In "Gendered Risk and Responsibility in the American Heart Association's Go Red for Women Campaign," Mary K. Assad problematizes digital messaging from the AHA that reinforces outdated gender roles, implying that self-care is valuable in that it can enhance a woman's ability to remain a caregiver for others. Through a rhetorical analysis of the "Go Red for Women" campaign, Assad unveils how the AHA's messaging shows an "insistence that women view self-care as outwardly focused," reinforcing socially constructed gender roles as opposed to helping to critique them (216). While the campaign *could* question the notion that women should care for others before or over caring for themselves, it falls short in highlighting the many demands already placed on womens' lives.

Section five, "Textual Examinations," focuses on literature about health and medicine. Authors here critique the ways that race and class (Jordan Liz's "Pathologizing Black Female Bodies: The Construction of Difference in Contemporary Breast Cancer Research"), motherhood and mental health (Beth L. Boser's "Overcoming Postpartum Depression: Individual and Social Gendered Pathology in Self-Help Discourse"), and sex and gender (Sage Beaumont Perdue's "Making Bodies: Medical Rhetoric of Gendered and Sexed Materiality")

are taken up in medical rhetoric and medical literature. An important note on which the collection ends is Perdue's chapter on how medical literature, medical research, and even narrative medicine tend to focus on stories of transgender, nonbinary, and gender-nonconforming individuals' experiences with illness, rather than on the multiplicity of what it means for these individuals to live fully and materially. Perdue concludes with a call to readers: "From shared interests in medical rhetoric, narrative medicine, embodiment, and gender and sex livability, we can arrive at the horizon of together becoming flesh and finally recognizing transgender, non-binary, and gender-nonconforming individuals in all their multiplicity" (269).

Frost and Eble's *Interrogating Gendered Pathologies* creates spaces for rhetoricians to suggest interpositions that can break unjust medical traditions and improve patient experiences and health outcomes, moving conversations about rhetoric toward action. The collection is particularly valuable for teaching, as its organization was partially predicated on ensuring the sections are "manageable chunks that will be conceptually legible to students" (14). Throughout, the authors and editors highlight ways RHM might work against gendered pathologies, and Perdue's call for multiplicity in the concluding chapter points to a number of directions RHM scholars might take the field. This collection adds to important conversations and suggests actions that will help interrupt unjust patterns of pathology within biomedicine by better recognizing and prioritizing embodied experiences.

Erin Trauth
High Point University

Ella R. Browning
Bryant University

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BOOK REVIEWS

Maggie M. Werner. ***Stripped: Reading the Erotic Body***. University Park, PA: The Pennsylvania State University Press, 2020. 216 pages. $29.95 paperback.

Framing the erotic body as a site of embodied rhetoric, Maggie M. Werner invites readers into the world of strip teases and neo-burlesque shows and complicates the relationship between performer and viewer. *Stripped* is a part of the Rhetoric Society of America (RSA) Series in Transdisciplinary Rhetoric, and Werner's scholarship on embodied erotic rhetoric is informed both by performance studies and rhetorical studies. Werner encourages a reading of bodies as text, specifically, paying attention to not just the linguistic but also the symbolic communication carried by the body. Werner's book moves beyond "matter/discourse and oppressive/empowering binaries" through an analysis of the relationship between performer and viewer that includes ethnographic and autoethnographic inclusions of reflective