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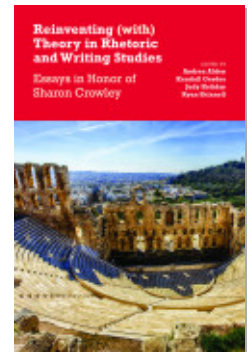
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THEORY BUILDING IN THE RHETORIC OF HEALTH AND MEDICINE

J. Blake Scott and Catherine C. Gouge

In asserting that theories are rhetorical inventions—“depictions or assessments produced by and within specific times and locations as a means of opening other ways of believing or acting” (28)—Sharon Crowley (2006) points to their ideological and performative dimensions. Theories can constitute and support ideologies, or networks of values, that shape what we believe and how we make judgments and otherwise act. In addition to being products of rhetorical performances themselves, theories can motivate such performances and interventions through the understanding, belief, judgment, and exigency that they enable. In this chapter, we want to extend the consideration of these dimensions to the critical and creative act of theory building, which we similarly consider to be inventive, contextualized, and value-driven methodological performance. We use the phrasing “theory building” here to call attention to the act of creating, extending, or adapting theory as an intentional practice and as a key contribution of rhetorical inquiry. Although “theorizing” can be thought of as the process of working through an issue and “theory building” as consciously developing the tools and approaches for *how* to do such work, in this chapter we seek to draw attention to what they have in common, to understanding both as situated modes of inquiry. By extension, “theory” can also be conceptualized as a process, but we might distinguish it from theorizing and theory building as a particular articulation of a theorizing process, one that can travel and be adapted in new contexts.

As an elaboration on this understanding of theory building as an important mode of rhetorical inquiry in itself, we consider how it functions as a methodology or approach to studying and interpreting the rhetoric of health and medicine (RHM). RHM is an emergent and quickly growing scholarly area that draws on rhetorical theory to study the persuasive practices in and around health and medicine (see Scott

and Meloncon 2018 for a useful discussion of RHM's distinguishing characteristics in methodological terms). We hope this chapter both makes a particular case for valuing theory building in RHM *and* unpacks, through the case of RHM, the broader argument for moving from viewing theory as informing methodology to the act of theory building as itself a methodology. The rhetoric of health and medicine has increasingly focused on building knowledge through mixed method and empirical studies, raising questions about the role of theory building and theorizing in projects that are often explicitly about solving practical problems in health and medicine. The high stakes of RHM and of the phenomena it studies create a heightened need for carefully inventing (with) theory and even approaching theory building as an act of care.

Drawing extensively on feminist science studies scholars, we offer an extended definition of theory, then discuss how theory building functions as a methodology, and explore why the attuned theory building we encourage is important to RHM and rhetorical studies more broadly.

WHAT CAN THEORIZING AND THEORY DO?

One way to define something is to bring its energy and presence into relief by considering what it is not, and that is where we begin our discussion of the nature and functions of theory. We are not working with a notion of theory as a comprehensive, coherent conceptual scheme for exhaustively explaining, generalizing, or predicting phenomena (see Kaplan 1964; Kerlinger 1973); nor do we understand theory building as the practice of discovering generalizations that constitute the fixed frameworks of theories.¹ Instead, we share Crowley's understanding of both as highly contextualized. Although the classical Greek term *theorein* can be translated as studying "from afar," Crowley interprets this to mean the engaged and embedded, rather than detached or removed, study of a production or performance from a critical perspective that is both affected by and affecting the performance (2006, 27–28). If theorizing is a situated inventive act, as Crowley argues, then it cannot be context agnostic; theory's interestedness comes from its entanglements with material-discursive practices, including embodied ones. Karen Barad's theory of agential realism accounts for the ways that "theorizing, like experimenting, is a material practice" (2007, 55). "To theorize," Barad argues, "is not to leave the material world behind" (55); rather, "Theories are living, breathing reconfigurations of the world" (2012b, 207). It follows, then, that theory need not be deterministic, the predictable consequence of a fixed screen. Rather than predicting, theory and theorizing

might be most useful when they facilitate attunements and orientations by sensitizing, adapting, and reconfiguring. A specific theory's "strength," Annemarie Mol proposes, "is not in its coherence and predictability, but in . . . its adaptability and sensitivity" (2008, 262).

Theorizing and theory building, as we are defining them, are ideologically and contextually situated modes of inquiry that can help us pose questions, critically interpret enactments and impacts, and provisionally make sense of practices, means, and goals. They are epideictic projects that are about "accounting for how practices matter" (Barad 2007, 90) and crafting affirmative politics and ethical strategies that can be used as "navigational tools" to support a "robust praxis of collective engagements with the specific conditions of our time" (Braidotti 2011, 18). This understanding of theorizing as a rhetorical practice of making sense of what matters is informed by scholars who foreground theory's invention and intervention in intimate time-space entanglements. Paula Treichler points towards this connective rather than distancing role in her claim that theory, ultimately, "is another word for *intelligence*, that is, for a thoughtful and engaged dialectic between the brain, the body, and the world that . . . [they] inhabit" (1999, 2).

Beyond the more familiar approach to defining theory in either/or terms about what it is and what it is not, we want to discuss the functions of theory and theorizing, including attuning and setting a course for our attention as RHM scholars. What are we doing when we enact theories, when we theorize, and when we build theories, and what do our theoretical enactments "do"? According to rhetoricians studying health and medical practices and phenomena, theories can do many things. They can "explain" and "elucidate" (Fountain 2014, 21, 23). They can, according to Treichler, "help us understand the complex relation between language and reality, between meanings and definitions—and how those relations help us understand [specific conditions] and develop interventions that are more culturally informed and socially responsible" (4). They can help to "tell cases, draw contrasts, articulate silent layers, turn questions upside down, focus on the unexpected, add to one's sensitivities, propose new terms, and shift stories from one context to another" (Mol et al. 2010, 262). A theory of multiple ontologies, S. Scott Graham and Carl Herndl write, can "reduce agonism" and "make cooperation possible" (2013, 115). Theories can even constitute forms of caring, as we will later discuss.

We prefer thinking about both theories and theorizing as practices that energize trajectories of thought in the sense that the ideas and practices that emerge are directed—they have an energy behind them.

Theories can be valuable for orienting, energizing, and even disputing trajectories of thought, facilitating new and alternative attunements to situations. As Mol describes it, theory can be “disrupting, attending to surprises, uncovering, conditioning one’s sensitivities, enabling attunement, more than offering an exhaustive explanation, determinist scheme” (2008, 261).

Crowley offers an example of theory (and theory building) that highlights its functions to connect and disturb. Drawing from the cultural studies notion of articulation, Crowley defines ideologic as “connections made between and among moments (positions) that occur or are taken up within ideology” (2006, 60). “The morpheme–logic,” she further explains, “is intended to convey that, within ideology, beliefs connect, disconnect, and reconnect with regularities that can be traced” (76). Crowley points to the ideology of neoliberalism as a case in point, stating that it “illustrates how beliefs in hegemonic values and practices may be rearticulated” in a way that “legitimizes free-market capitalism and globalization by associating them with democracy and traditional liberal values” (e.g., freedom, progress) (77). Rhetoricians can trace such realignments across cultural discourses in specific moments. Philippa Spoel et al. (2014) offer an example of neoliberal ideologic in their study of people’s reactions to government “healthy citizenship” campaigns in Canada and the UK. In addition to explaining how these campaigns co-opt liberal notions of personal health management and empowerment in order to shift the responsibility of healthcare from the government to individuals, their study found that the interviewees used a “logic of disassociation” to discern discrepancies between government messages about and its material support of healthy living (131). Crowley explains that identifying ideologic can help “invent means of disarticulating beliefs that circulate within a given ideology, and exposure of untenable connections might assist with the project of disarticulating systems of belief” (77), as she does with rhetorics of religious fundamentalism, and as the citizens that Spoel et al. (2014) engaged did with healthy citizenship campaigns.

We hope our discussion and these examples extend Crowley’s observation of theorizing as rhetorical invention to illuminate some specific ways it is rhetorical. In addition to being contextually embedded and performed, theorizing, like rhetoric, is an enactment that is partial and provisional, inventive and receptive, connective and adaptable, provocative and transformative. It is knowledge generating but also modes of action, or, following Barad, modes of intra-action. Theorizing, like rhetoric, is about directing attention to and helping attune to what is possible and desirable. Next, we turn to a fuller discussion of what it

means to build theory, and how we might consider this activity to be a methodology worth unpacking and vital to the inventive and interventive potential of RHM.

WHAT DOES IT MEAN TO BUILD THEORY?

Because sense making and theoretical orientations are fluid / in flux and feed back into looking (again, only differently) as new ideas, awarenesses, attunements, practices, (and, yes) theories become a part of what we propose we might think of as a theoretical trajectory, a trajectory that as it moves through the world and engages with different phenomena is both transforming and transformed. Barad and Donna Haraway (1997) have both characterized this process of transformation as diffractive—a transformation for which ideas and other phenomena work through one another to produce something new for each thread or trajectory.

Mol proposes that the value of theorizing and theory building is that it offers those who engage with it a kind of adaptable attunement: “a ‘theory’ is something that helps scholars to attune to the world, to see and hear and feel and taste it. Indeed, to appreciate it . . . a ‘theory’ is a repository of terms and modes of engaging with [and interpreting] the world, a set of contrary methodological reflexes” (2008, 262). Theory building is interested and invested in these kinds of becoming because to do such work is to care about how and why things matter, “to tell the stories of what happens to them as they flow, mix, mutate” (Ingold 2011, 30). To engage in theory building is to develop and enact a sensitivity and response-ability to unfolding phenomena that matter, to “be lured by curiosity, surprise, and wonder” about the unfolding phenomena that matter (Barad 2012b, 207). Crafting ways of making sense of the world with theory might be thought as a kind of wayfaring (cf. Ingold 2011, 143) to account for the way that knowledge is transformed and transforming as it moves through the world.

In discussing theory building as a methodology, we draw on Sandra Harding’s notion of methodology as a “theory and analysis of how research does or should proceed” (1987, 3), which she distinguishes from method as a “technique for . . . gathering” and analyzing phenomena (2). Methodology involves research methods or techniques, but it also encompasses more, including the ideological lens underpinning the approach and its assumptions, the specific contextual enactments and adaptations of techniques, and a metatheoretical analysis of why and how the research approach should be enacted (see also Sullivan and Porter 1997). Thus, theory is an important part of any methodology,

from its exigency to its ideological and epistemological framework to its enactment and rationale. But we want to elaborate on this to consider the ways that theory building can be considered a distinct type of methodology whose goals and approaches primarily revolve around the development and transformative adaptation of theory as a form of sense making. Like other types of methodologies, theory building makes an argument (sometimes implicit) about why and how to engage in research, both through methods but also contextualized practices.

Our proposition also draws on Haraway's and Barad's discussions of diffraction as a way of understanding methodology and theory building more specifically. Haraway argues that diffraction, or "the production of difference patterns," across a history of interactions in the world (1997, 34) is a critical practice that works "to make a difference in the world, to cast our lot for some ways of life and not others," adding that to do this "one must be in the action, be finite and dirty, not transcendent and clean" (36). This provocation moves us away from theorizing and theory building as analytical processes characterized by ontological and epistemological separation and distance between ideas and phenomena, theories and praxis.

Barad extends Haraway's distinction between diffraction and reflexivity in proposing a diffractive methodology that is "respectful of the entanglement of ideas and other materials in ways that reflexive methodologies are not" (2007, 29). For her, this respectfulness and response-ability entail turning our methodological "apparatuses . . . to the particularities of the entanglements at hand" (74), "marking differences [or diffraction patterns] from within as part of an entangled state" (89), and remaining "rigorously attentive" to the specific and nuanced details of such differences and arguments about them (93). "Diffractive readings," Barad explains, "bring inventive provocations; they are good to think [and we would add, feel and otherwise experience] with. They are respectful, detailed, ethical engagements" (2012a, 50).

HOW CAN THEORY BUILDING BE ENACTED IN THE RHM?

Haraway's and Barad's methodologies for diffractive reading suggest some specific exigencies for and approaches to theory building in RHM, some of which overlap with the theory building moves discussed by Karen Schriver (1989) in her review of empirical rhetoric and composition research. We think elements of both discussions can be useful in recognizing the various ways RHM scholars have built and can build theory, whether or not their research had empirical elements.

Working from the premise that theory building, like theorizing, is about engaging, provoking, and provisionally speculating rather than solidifying, cohering, or exhaustively explaining, we want to outline, borrowing and adapting from Schriver and Barad, some “inventional points of departure” for theory building (Schriver 1989, 280). Theory building in the RHM (and rhetorical studies more generally) can develop from the following scholarly moves, among others:²

- *Studying how entangled health and medical practices “intra-act” to produce certain meanings, material entities, and boundaries over others* (Barad 2007, 33). Such study does not assume predetermined agents or causal relationships (279). As Barad suggests, this theory building approach can generate insights about how the coagents of health and medicine comaterialize and also matter, in the sense of producing meanings, through phenomena. It can also help us pay attention to the changing reconfigurations and inter-animations of such coagents that include various forms of embodiment—including the researcher’s—and a range of nonhuman entities (technologies, medicines, clinical environments, disease agents and conditions, etc.). For example, in her study of intra-actions involving new mothers in neonatal intensive care units, Kristin Bivens’s (2018) attention to her participants’ changing embodied responses to her own embodied presence as a researcher enabled her to notice particular ways they signaled what she calls “microwithdrawals of consent”—a new concept for attuning and responding to people’s changing needs and desire to participate in RHM research. For another example, we point to Christa Teston’s (2016) study of how intra-actions among patients, providers, assistive technologies, and other entities in healthcare settings make possible particular understandings of and professional practices around human dignity.
- *“Making speculations based on existing theory”* (Schriver 280) *with new research (e.g., new sites of entangled healthcare practices, new forms of engagement and analysis) that extends or disrupts the existing theory.* Because theorizing is an embedded act, such a move always requires theory’s attunement to the practices at hand. Scott (2003) offers an example of this in his rhetorical study of HIV testing practices, examining how they discipline, in a Foucauldian sense, testing’s subjects; in doing so, this study extends theorizing about disciplinary power to specific forms of disciplinary rhetorics (e.g., the knowledge enthymeme and scales topos) and their counterproductive effects on healthcare.
- *Fleshing out additional nuances or contingencies of an existing concept or theory with new research.* Like the previous move, this inventional point of departure takes seriously the idea that theory should be contextually attuned. Kimberly Emmons, in her study of gendered depression discourse and women’s possible responses to it, offers an adaptation of biopower with her concept of “rhetorical care of the self,” which

entails a critical questioning of gendered messages and cultural-medical responses to illness (2010, 17). In his historical study of how protein became a central concept in dietary health discourse, Nathan Johnson (2018) develops two concepts—republication and translation—for identifying the functions of background, infrastructural knowledge work, thereby advancing rhetorical infrastructure theory and method.

- *Attentively reading ideas and “insights through [rather than against] one another in ways that help illuminate [fine-grained] differences” and relationships; such a reading avoids starting with one set of ideas as a “fixed frame of reference”* (Barad 2007, 30). A good example of this move is Graham’s study of pain medicine research and policy making. Resisting the move of making either rhetorical theory or ontology a foil for the other and pointing to the “theoretical symmetry” in rhetoric’s and STS’s turn to new materialisms (2015, x), Graham develops a taxonomy of rhetorical-ontological “calibrations” used by multidisciplinary pain science scholars.
- *Reexamining a theoretical framework and its assumptions after “noticing an incongruity in the way an interpretive community conceptualizes” the framework* (Schriver 1989, 281). Heather Zoller (2005) demonstrates this move in comparing theoretical concepts for and approaches to studying activist communication and health activism, before discussing how a critical-interpretative orientation focused on various dimensions of power can broaden health communication research.
- *Noticing and responding to interpretive gaps or “blind spots” of an existing theoretical framework.* Among other reasons, gaps can form from not paying attention to specific embodied experiences and perspectives that matter. In their study of a rural community’s skeptical responses to a school-based vaccination effort, Heidi Lawrence et al. respond to discourse-centered, flat, and generalizing notions of medical (antivaccination) publics to offer an alternative account of local publics that make decisions based on shared beliefs and psychosocial experiences (2014, 112). Through addressing a limitation of some rhetorical public theory, these scholars offer physicians and parents more attuned understandings of one another’s situated perspectives (113).
- *Exploring alternative explanations of material-discursive practices through different or modified theories, and perhaps conducting research “designed to discriminate among the theories”* (Schriver 1989, 281). In her field study of the day-to-day social-rhetorical interactions of people with chronic mental illnesses at an outpatient facility, Catherine Molloy also offers an alternative explanation of patient agency. She identifies and explains three specific ways mental health patients rhetorically and agilely recover credibility—a “recuperative ethos”—in their day-to-day social interactions at the facility (2015, especially 144).
- *“Theorizing by analogy or metaphor” in order to understand practices in a new way* (Schriver 1989, 281). Although Barad moves away from such

theorizing in her work, we still view it as potentially useful and provocative but think, like other forms of theorizing, it should take care to attend to detail and nuance. Treichler provides an example of this move in her call for a “epidemiology of signification—a comprehensive mapping and analysis” of the multiple, contradictory meanings around AIDS (1999, 39). Rather than a loosely applied metaphor for approaching cultural-rhetorical analysis, this concept and methodology were generated from a systematic and nuanced exploration of how biomedical (including epidemiological) and other cultural discourses and meanings travel, inflect one another, and shape people’s experiences with the disease.

As a scholarly area that engages a range of theoretical and methodological traditions as well as a range of discursive-material practices, the RHM has by and large taken its methodological ethic seriously, avoiding simple, imprecise, removed, and mimetic analysis. The high stakes of health and medical practices create urgent exigencies for becoming better attuned to, creating better understandings of, and provoking better responses to the ways agencies do and should emerge from them. Health and medical practices are punctuated by what we might call “wicked problems”—that is, complex and ill-defined problems that resist transferrable and sustained solutions (see Conklin 2005)—requiring an embedded, contextually attuned approach to theorizing. In addition, as patients, consumers, and other types of embodied health subjects, RHM scholars are always already entangled in the practices we study, and we therefore bring personal exigency and responsibility to engaging in what Treichler describes as a “thoughtful and engaged dialectic between the brain, the body, and the world that the brain and the body inhabit” (2). For Treichler, “how to have theory in an epidemic [of AIDS]” is a pressing and necessary question. This is because theory is “about people’s lives” (3), a lens for discerning, interpreting, and ethically responding to meanings but also lived, embodied experiences around health and illness. In the context of her research, Treichler discusses the challenge of “learn[ing] to live with” and theorize the “disjunction” that AIDS is both culturally constructed and “a real source of illness” (40).

To further illustrate how the RHM has opened up trajectories of theorizing and developed alternative interpretive lenses, we turn now to two clusters of theory building, one around rhetorical ecologies and the other around rhetorical agency.

Extending work on rhetorical ecologies into historical research, Robin Jensen’s “percolation model” traces how “ideas, assumptions, and arguments of particular historically distinct moments” percolate up in familiar and new ways in different time periods (2015, 524). Jensen’s

research illustrates such diachronic connections and repurposings in linking science-based arguments of Progressive Era social hygiene discourse to those of contemporary sex education discourse. Another example extends theorizing of rhetorical health ecologies not across historical time periods but infrastructures for sociocultural circulation. Through his study of women's "social hygiene" lectures in the early 1900s, Dan Ehrenfeld (2018, 45) develops the concept of "ecological investment" to capture how the "constituent parts of complex ecologies [including specific people] 'invest' in the maintenance of circulation infrastructures" (45) supporting the circulation of medical rhetoric, thereby altering these infrastructures. Ehrenfeld explains that one exigency for developing this concept was incongruity among the ways existing understandings of rhetorical ecologies account (or fail to account) for the contributions and impact of individual rhetors.

Others have built theories in health and medicine by thinking about the orientations and assumptions about agency at work in different health/medicine-related rhetorical practices. Kim Hensley Owens's (2015) study of women's experiences writing and enacting their birth plans examines the specific contexts and ways in which these experiences both constrain women's rhetorical agency and open up new forms of rhetorical possibility. Amy Koerber's (2013) study of breastfeeding rhetorics and practices similarly emphasizes the ambiguity of rhetorical-embodied agency in the face of regulatory disciplinary power, arguing that breastfeeding women can potentially disrupt dominant norms by making their embodied practices visible. Both scholars advance nuanced, contingent, and intercontextual understanding of rhetorical agency. Catherine C. Gouge's body of work about compliance frameworks attempts to amplify the compliance logics that impact rhetorical practices and processes in health and medicine. In one project, for example, she brings together rhetorical theory (e.g., from Burke, Hawhee) and the concept of "desire paths" (from urban design and landscape architecture) in order to propose a new approach to paying attention to and valuing patients' divergent texts and practices associated with clinical encounters, drug-approval processes, and large-scale clinical trials (Gouge 2018). To do this work, Gouge reaches outside of the disciplinary boundaries of conventional rhetorical scholarship to connect and reinterpret ideas from different fields (including feminist and disability studies, philosophy of the body, and narrative medicine) through one another, carefully noting the particular contributions of each. In addition to reading insights through one another and using an analogy or metaphor (e.g., desire paths) to differently understand a

phenomenon, Gouge's work responds to an interpretive blind spot and proposes an alternative explanation. In contrast to rhetorical theorizing that interprets noncompliance as a rhetorical failure to be fixed, Gouge foregrounds how revaluing divergent acts and seeing them as productive contributions to an ongoing negotiation might afford more emergent and empowering forms of care.

TOWARD THEORY BUILDING AS A FORM OF CARE

Although he doesn't reference theory building explicitly, Jay Dolmage considers theorizing as itself a form of care; "to care about the body is to care about how we make meaning," he writes, suggesting less a disjunction than a mutually conditioning entanglement (2013, 4). In engaging the question "Why do we care?" Treichler asserts that theory is "about people's lives" (3), a mode of discerning, interpreting, and ethically responding to meanings but also lived, embodied experiences around health and illness. In this sense, theory building emerges as a means and form of making provisions for the health or welfare of others, to invoke a common definition of care. All of the functions of enacting theory that we've been describing—attuning, engaging, adjusting, responding, energizing, provoking—can be shaped by values and acts of caring—caring for our research practices, the phenomena of which they are a part, and the embodied stakeholders that participate in both.

Just as theory needs care, care needs theory. In their introduction to *Care in Practice*, Mol et al. propose that care practices need to be thoughtfully "attended to"—they need theory—because "such articulation work may help to make the specificities of care practices travel" (2010, 10) and, moreover, can make specific care practices "easier to defend in public spaces where it is currently at risk of being squeezed" (10).

Key ethical considerations for theorizing and theory building, as those studying rhetorical practices of health and medicine often observe, are praxis oriented: They are about finding ways to make provisions for those with the most at stake, about accounting for the asymmetrical power dynamics of caring, about acknowledging influences and priorities, about making "guarded claims and qualified conclusions" (Schriver 1989, 274). In their discussion of the "Politics of Care in Technoscience," feminist STS scholars Aryn Martin et al. call attention to "the privileged position of the caring subject" which requires a care ethic of response-ability, characterized not by a "prescription" for caring but "a researcher's *capacity and willingness* to be moved, in both the affective and kinesthetic senses" of that word, toward an ameliorative

response (11). They go on to encourage researchers to hover in the moments of *potential* movement, to “expose and to question the self-evidences that would otherwise prescribe its proper objects, as well as its seemingly necessary directions, temporalities, intensities, and forms of action” (11). We similarly propose that rhetoricians attend to our response-ability, asking, “who or what tends to get designated the proper or improper objects of care” (12) and who determines whether and how theory building is ameliorative, for whom, and based on what criteria.

The approach to theory building we propose—one that values the attunement of systems of care to collectives and individuals—enables a material ethics and helps us trace the material effects of knowing and understanding. It helps with the project of making sense of what our material-discursive entanglement in the world discloses to us about ethical practice. Barad terms this an “ethico-onto-epistemological” project to recognize the “intertwining of ethics, knowing, and being” (2007, 185). Rosi Braidotti argues that in a world where “quantitative differences for the sake of commodification and profit” (2011, 17) often take priority, “theoretical care,” “conceptual creativity,” and “ethical courage” are needed to support a “qualitative shift of perspective” (9, 17).

Such an ethics is not content with theorizing from afar, or the loose adaptation, hybridization, or creation of theory for theory’s sake. It offers more than a reflexive, critical takedown. “Critical” enactments of theory building are most powerful and productive, we posit, when they do more than offer what Braidotti has called “a sterile opposition” (2011, 6). When it is not about opposition or exclusion, critique can be a creative and generative “engagement of the conceptual imagination in the task of producing sustainable alternatives . . . creative efforts aimed at activating the positivity of differences as affirmative praxis” (6).

Theorizing and theory building can generate “useful knowledge” that can help scholars and other stakeholders better understand unarticulated goals, relationships, functions, and effects of health rhetorics and practices (Segal 2005, 4). In this vein, Judy Segal proposes using rhetorical theory “heuristically, as probes” (16) for investigating problems in health and medicine. As an example of this type of contribution, Segal points to Scott’s (2003) work on theorizing the disciplinary rhetorics of HIV testing. Beyond disarticulating the dominant ideologic by which testing’s material-discursive practices diagnose subjects according to risk in order to protect some and guard against others, Scott seeks to rearticulate an alternative “ethic of responsiveness” that, among other things, is attuned to the interdependency of testing’s stakeholders (234).

In other cases, theorizing and theory building can generate insights that can be taken up more directly to improve health experiences. We can see this in Mol's (2008) rearticulation of a logic of choice into a logic of care; in addition to showing how the dominant "logic of choice" figures patient agency around what is available to consumers or as a kind of exercise of citizenship (both of which prefigure the individualized, ethical role of the patient as one premised on making the right choices), Mol opens up an alternative logic of care that can "meticulously attend to the unpredictabilities of bodies" and experiences of patients (14), attend to "facts and values jointly" (53), carefully adapt and "fine-tune" biomedical research and technology (99), create collective spaces for healthcare storytelling and experimentation (102), and "doctor patiently" (108). "Because . . . caring itself is a moral activity," Mol explains, "there is no such thing as an (argumentative) ethics that can be disentangled from (practical) doctoring" (91). A more specific instantiation of a logic of care, Gouge's (2018) work on desire lines offers another example of (potentially) applied RHM research that provides an alternative way to understand, value, and learn from—rather than jump to fix—divergent practices, such as when people do not take medications as prescribed, when people who smoke are diagnosed with cancer and continue to smoke, or when Alzheimer's patients leave care facilities attempting to return to a home that is no longer theirs.

Practices in health and medicine ought to take seriously the importance of fit in care practices; they ought to value attunement to the unstable relationships among actors and environments, documents and bodies, and acknowledge the ongoing, fluid co-construction of knowledges, agencies, and meaning. And doing this requires both theorizing and theory building as value-laden acts of responsiveness and invention. We hope that scholars in RHM continue this work, engaging with other fields of inquiry (e.g., bioethics, medical anthropology and sociology, disability studies, feminist science studies, and philosophy of the body) that share similar perspectives on the value of theory. Recognizing the inventive and methodological nature of theory building can help us carefully consider the orientations that move us to study in different ways, those that can teach us how to productively "learn to be affected by" the world (Mol 2008, 262). We hope that RHM and rhetorical studies more broadly continue to motivate, open, and expand trajectories of theorizing as forms of care and that those trajectories support the rhetorical practices necessary to attune, engage, provoke, and invent.

NOTES

1. Kerlinger's (1973) definition of theory continues to be cited frequently in behavioral and scientific research. Scientific (e.g., from the U.S. National Academy of Sciences) and dictionary definitions of theory continue to emphasize its comprehensive explanatory and even predictive power. In his classic and also widely cited *The Conduct of Inquiry*, philosopher Kaplan characterizes theory as a "device for interpreting, critiquing, and unifying established laws . . . guiding the enterprise of discovering new and more powerful generalizations" (1964, 295).
2. See Scott and Meloncon (2018) for a similar discussion of theory building in RHM.

REFERENCES

- Barad, Karen. 2007. *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning*. Durham: Duke University Press.
- Barad, Karen. 2012a. "'Matter Feels, Converses, Suffers, Desires, Yearns, and Remembers': Interview with Karen Barad." In *New Materialism: Interviews and Cartographies*, ed. Rick Dolphijn and Iris Van der Tuin, 48–70. London: Open Humanities Press.
- Barad, Karen. 2012b. "On Touching—The Inhuman That Therefore I Am." *Differences* 23 (3): 206–23.
- Bivens, Kristin Marie. 2018. "Rhetorically Listening for Microwithdrawals of Consent in Research Practice." In *Methodologies for the Rhetoric of Health and Medicine*, ed. Lisa Meloncon and J. Blake Scott, 138–56. New York: Routledge.
- Braidotti, Rosi. 2011. *Nomadic Subjects: Embodiment and Sexual Difference in Contemporary Feminist Theory*. New York: Columbia University Press.
- Conklin, Jeff. 2005. *Dialogue Mapping: Building Shared Understanding of Wicked Problems*. Hoboken, NJ: Wiley.
- Crowley, Sharon. 2006. *Toward a Civil Discourse: Rhetoric and Fundamentalism*. Pittsburgh: University of Pittsburgh Press.
- Dolmage, Jay Timothy. 2013. *Disability Rhetoric*. Syracuse: Syracuse University Press.
- Ehrenfeld, Dan. 2018. "Ecological Investments and the Circulation of Rhetoric: Studying the 'Saving Knowledge' of Dr. Emma Walker's Social Hygiene Lectures." In *Methodologies for the Rhetoric of Health and Medicine*, ed. Lisa Meloncon and J. Blake Scott, 41–60. New York: Routledge.
- Emmons, Kimberly K. 2010. *Black Dogs and Blue Words: Depression and Gender in the Age of Self-Care*. New Brunswick: Rutgers University Press.
- Fountain, T. Kenny. 2014. *Rhetoric in the Flesh: Trained Vision, Technical Expertise, and the Gross Anatomy Lab*. London: ATTW/Routledge.
- Gouge, Catherine C. 2018. "'No Single Path': Desire Lines and Divergent Pathographies in Health and Medicine." In *Methodologies for the Rhetoric of Health and Medicine*, ed. Lisa Meloncon and J. Blake Scott, 115–37. New York: Routledge.
- Graham, S. Scott. 2015. *The Politics of Pain Medicine: A Rhetorical-Ontological Inquiry*. Chicago: University of Chicago Press.
- Graham, S. Scott, and Carl Herndl. 2013. "Multiple Ontologies in Pain Management: Toward a Postplural Rhetoric of Science." *Technical Communication Quarterly* 22 (2): 103–25.
- Haraway, Donna J. 1997. *Modest_Witness@Second_Millennium.FemaleMan_Meets_Onco Mouse: Feminism and Technoscience*. New York: Routledge.
- Harding, Sandra. 1987. "Introduction: Is There a Feminist Method?" In *Feminism and Methodology*, ed. Sandra Harding, 1–14. Bloomington: Indiana University Press.
- Ingold, Tim. 2011. *Being Alive: Essays on Movement, Knowledge and Description*. New York: Routledge.

- Jensen, Robin E. 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): 522–26.
- Johnson, Nathan R. 2018. "Infrastructural Methodology: A Case in Protein as Public Health." In *Methodologies for the Rhetoric of Health and Medicine*, ed. Lisa Meloncon and J. Blake Scott, 61–78. New York: Routledge.
- Kaplan, Abraham. 1964. *The Conduct of Inquiry: Methodology for Behavioral Science*. Piscataway, NJ: Transaction Publishers.
- Kerlinger, Fred N. 1973. *Foundations of Behavioral Research*. 2nd ed. New York: Holt, Rinehart, and Winston.
- Koerber, Amy. 2013. *Breast or Bottle? Contemporary Controversies in Infant-Feeding Policy and Practice*. Columbia: University of South Carolina Press.
- Lawrence, Heidi Y., Bernice L. Hausman, and Clare J. Dannenberg. 2014. "Reframing Medicine's Publics: The Local as a Public of Vaccine Refusal." *Journal of Medical Humanities* 35 (2): 111–29.
- Martin, Aryn, Natasha Myers, and Ana Viseu. 2015. "The Politics of Care in Technoscience." *Social Studies of Science* 45 (2): 1–17.
- Mol, Annemarie. 2008. *The Logic of Care: Health and the Problem of Patient Choice*. New York: Routledge.
- Mol, Annemarie, Ingunn Moser, and Jeannette Pols. 2010. "Care: Putting Practice into Theory." In *Care in Practice: On Tinkering in Clinics, Homes and Farms*, ed. Annemarie Mol, Ingunn Moser, and Jeanette Pols, 7–27. Bielefeld: Transaction-Verlag.
- Molloy, Catherine. 2015. "Recuperative Ethos and Agile Epistemologies: Toward a Vernacular Engagement with Mental Illness Ontologies." *Rhetoric Society Quarterly* 45 (2): 138–63.
- Owens, Kim Hensley. 2015. *Writing Childbirth: Women's Rhetorical Agency in Labor and Online*. Carbondale: Southern Illinois University Press.
- Schriver, Karen A. 1989. "Theory Building in Rhetoric and Composition: The Role of Empirical Scholarship." *Rhetoric Review* 7 (2): 272–88.
- Scott, J. Blake. 2003. *Risky Rhetoric: AIDS and the Cultural Practices of HIV Testing*. Carbondale: Southern Illinois University Press.
- Scott, J. Blake, and Lisa Meloncon. 2018. "Manifesting Methodologies for the Rhetoric of Health and Medicine." In *Methodologies for the Rhetoric of Health and Medicine*, ed. Lisa Meloncon and J. Blake Scott, 1–23. New York: Routledge.
- Segal, Judy Z. 2005. *Health and the Rhetoric of Medicine*. Carbondale: Southern Illinois University Press.
- Spoel, Philippa, Roma Harris, and Flis Henwood. 2014. "Rhetorics of Health Citizenship: Exploring Vernacular Critiques of Government's Role in Supporting Healthy Living." *Journal of Medical Humanities* 25 (2): 131–47.
- Sullivan, Patricia, and James E. Porter. 1997. *Opening Spaces: Writing Technologies and Critical Research Practices*. Westport, CT: Ablex.
- Teston, Christa. 2016. "Dignity and the Posthuman Patient." Paper presented at the Rhetoric Society of America Biennial Conference. Atlanta.
- Treichler, Paula A. 1999. *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*. Durham: Duke University Press.
- Zoller, Heather M. 2005. "Health Activism: Communication Theory and Action for Social Change." *Communication Theory* 15 (4): 341–64.