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Review of Kelly Pender's Being at Genetic Risk: Toward a Rhetoric of Care

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Being at Genetic Risk: Toward a Rhetoric of Care. Kelly Pender. University Park, PA, The Pennsylvania State Press, 2018. 174 pages, \$69.95 hardcover.

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Genetic risk is a flashpoint for many scholars of the rhetoric of health and medicine, as it involves a complicated calculus for the patient and for the rhetorical scholar. Kelly Pender's book, *Being at Genetic Risk: Toward a Rhetoric of Care*, takes up the question of genetic risk through her analysis of patients who test positive for the BRCA gene and then must decide if they will choose surgery or surveillance.

Her work questions the current conceptions of genetic risk. Pender cites the work of Annemarie Mol (2008), which questions the concept of a rational decision-maker patient role, "who, by weighing various options and exercising their purchasing power, can take control of their health" (p. 1). Pender's reading of Mol points out that a logic of choice is "shaped by a false binary between a paternalistic paradigm in which doctors make all the decisions and a civic/consumerist one in which patients can have what they want, this logic values and, indeed, valorizes a type of freedom that is beyond the reach of most patients" (p. 1). Pender cites a long rhetorical history of genetic risk and calls into question the current understandings of critique and constructivism as productive for those at risk by noting that her rhetoric of choice model provides, "a set of predictable but also well-meaning and perhaps even noble gestures that are important in form but almost entirely meaningless in substance" (p. 42). Instead, *Being at Genetic Risk* asks us to consider differently the problem of choice in genetic risk by demonstrating that patients at genetic risk do not need further critiques of the logic of choice, but rather an alternative that embodies the way those at risk think and talk about their experiences.

Pender asks us to consider an alternative way to consider genetic risk. Pender advocates for a rhetoric of care that provides, "a set of conceptual starting places, or topoi, that can be used to foster a rhetoric of care by highlighting those elements of being at risk that choice ... obstructs from view." (p. 2). In order to do so, Pender invokes *techné* as a way to rethink invention to, "provide inventive responses to the kinds of wicked problems that more traditional forms of critique have been unable to solve" (p. 3). Pender's work situates itself within what she cites as a move within the discipline toward invention as rhetorical practice to "provide inventive responses to the kinds of wicked problems that more traditional forms of critique has been unable to solve." (p. 3). To accomplish this goal, *Being at Genetic Risk* provides a thorough rhetorical analysis of guidebooks, interviews with BRCA patients, and discussion forum postings, as well as a praxiographic approach to MRI breast scans. Pender argues for a shift in the way that genetic risk is approached and conceptualized for scholars and patients. Her analysis pushes the reader to move beyond the binary of constructivism to consider that the language of rhetoric of choice for those who must make sense of genetic risk is, "as poor an ideal for those whose genes predispose them to a disease as it is for those who have a disease" (p. 1).

Students and scholars of rhetoric are encouraged by *Being at Genetic Risk* to rethink invention in ways that move away from a "hermeneutics of suspicion," (p. 3) to instead focus on how rhetoric can be made to perform in relation to genetic risk. To this end, *Being at Genetic Risk* is broken into four chapters which address both rhetorical and genetic risk concepts. In chapter 1, Pender

addresses the work of Mol (2008) as an entry point for rhetorical scholars to shift toward a rhetoric of care. Citing Mol's *Logic of Care*, Pender argues that genetic risk, such as BRCA testing and the resultant choices, are similar to and as worthy of attention as chronic diseases, such as diabetes in the case of Mol's work (2008). Pender provides a basic explanation of BRCA mutations in carcinogenesis. Pender notes that her explanation is basic, "owing to the fact that I am not a molecular biologist" (p. 12). However, a basic explanation is all that is needed as the goal of the chapter is not provide in-depth molecular biology, but to address how a rhetoric of care would function rhetorically. Pender demonstrates that the language of choice is misleading in the case of BCRA, even as the medicine and those diagnosed are faithful to rhetorics of autonomous decision making, nondirectiveness, and empowerment through knowledge, even when it is clear that choices are not freely made. Pender cites recommendations from the National Comprehensive Care Network as reinforcing the language of choice, even while Pender demonstrates that the "previvor" status of BRCA testing means that women do not have as much choice as the language would lead one to believe.

In chapter 2, Pender moves from a description of the rhetoric of care and the rhetoric of choice to addressing constructivist critiques of genetic medicine and risk. *Being at Genetic Risk* argues for scholars to move away from critiques centered in ideology, which argue for hidden ideological forces which scholars must expose. Pender cites a body of literature that focuses on eugenic intent as a predominate force in ideologic critiques as coming to similar conclusions, including the work of Abby Lippman (1991), Troy Duster (1990), Ivan Illich (1976), and Henk Ten Have (2001). While Pender notes that issues of race, gender, class, and sexuality are important and that "the destructive potential of genetic risk is so great" (p. 59), she urges movement beyond unmasking to a perspective of governmentality. Drawing from the work of noted sociologist Deborah Lupton (2000) and the work of Francois Ewald and Robert Castel (1991), Pender examines how governmentality points critics to different channels of power which encourage self-policing of patients and "to pursue risk-free lives" (p. 63). This shift from unmasking forces that constrain to acknowledging how subjects self-constrain then allows Pender to argue that the question scholars should attend to, "isn't just how ... fear of breast cancer persuade[s] women to remove healthy breasts but also what is happening to make risk appear real" (p. 66). Pender notes the "construction of at-risk women as patients without symptoms" (p. 67) obscures the difference between having cancer risk and having cancer. This empowers a hegemonic prophylactic mastectomy narrative which encourages patients to treat their risk as always already developing cancer.

In chapter 3, Pender introduces praxiographic inquiry as an alternative way to understand the risks of BRCA, noting that discourses of ideological critique require the critic to play the role of debunker in rhetoric of choice, which end up reinscribing those norms. Pender asks us instead to turn to LaTour's praxiographic inquiry as a way to get close to objects of medicine or science, without critiquing or debunking them (2007). Instead, Pender addresses how women enact BRCA risk every day, "through practices that compress, palpate, and image their bodies" (p. 73), which she investigates through analysis of mammography and breast MRI cancer screening processes through focus on "practicalities, material objects, technologies, and techniques" (p. 82). Through her careful attention to the "logistical messiness" of BRCA risk, Pender demonstrates that risk is not just something patients know, but something patients do that has

reality and material consequence in their lives. The trade offs that cancer patients, and supposed cancer patients (those yet without symptoms), make is logistically and emotionally taxing.

Finally, in chapter 4, Pender returns the concept of rhetoric of care, this time through the lens of architectural rhetoric. She notes that her goal is not to single-handedly create a rhetoric of care, but to “offer ‘discoveries’ that [she has] made through [her] engagements with BRCA-related discourses” (p. 103). To this end, Pender notes she diverges from much of the rhetoric of science, technology, and medicine (RSTM) work in that she doesn’t, “aim to explain what is happening in the ‘substantive field’ as much as [she] aims to change it” (p. 103) by focusing on invention as opposed to interpretation. Consequently, Pender turns her attention then not to interpretation of risk, but to how patients make sense of BRCA testing through ongoing clinical risk assessments, concern for quality of life to both those who choose prophylactic surgery and those who eschew it, and the recognition that often choice for BRCA patients is “between the devil and deep” (p. 130), meaning that having choices does not mean having good choices, but rather working to choose the least terrible option. Pender’s shift away from interpretation then allows her interviewees to speak for themselves as they participate in the invention of choice, and the sensemaking of choice, in on-going, perilous, and messy logistical situations.

Being at Genetic Risk is an ambitious work that aims to provide alternative methodology from critique and ideology in rhetorical studies of genetic risk, even as the author admits that no one work could entirely create a rhetoric of care for the at-risk. In the case of BRCA testing, and subsequent risk management, the author shares her personal story as an opening, elucidating how those who manage risk are positioned and prodded by “previvorship,” cultural expectations, and the field of medicine, which Pender supports with careful analysis of interviews, discussion posts, and guidebooks throughout her work. Pender’s call for a move from reductive critiques to a realization of the material risks and messy logistics of being BRCA positive are insightful and compelling for future studies of genetic risk. While this work may suffer a bit for the RHM reader from the effort to exhaustively explain theoretical choices, in doing so it is clear that Pender adds substantially to the work of rhetorical theory by drawing on multi-disciplinary fields to support future directions for rhetorical studies of risk through examining compulsory rhetorics of choice, exploring governmentality as alternative to ideology, and making space for rhetorical invention in risk.

Pender’s *Being at Genetic Risk* is a contribution to RHM as it adds to the body of knowledge about the rhetoric of breast and ovarian cancers, as well as adding substantially to rhetorical theory. Pender’s focus on what the rhetoric of choice obscures for those at genetic risk of BRCA provides many in-roads for rhetorical scholars of all stripes, including those studying breast and ovarian cancer in many contexts.

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