

*Women's Health Advocacy: Rhetorical Ingenuity for the 21st Century*. Jamie White-Farnham, Bryna Siegel Finer, and Cathryn Molloy, Eds. New York, NY: Routledge 2019. 218 pages, \$44.95 paperback, \$40.46 electronic. Publisher webpage: <https://www.crcpress.com/Womens-Health-Advocacy-Rhetorical-Ingenuity-for-the-21st-Century/White-Farnham-Finer-Molloy/p/book/9780367192259#googlePreviewContainer>

The edited collection *Women's Health Advocacy: Rhetorical Ingenuity for the 21st Century* examines the discourses and practices that shape women's experiences in health care and explores the creative rhetorical means that women use to exert agency and enact change, both for their own bodies and for others. In drawing not just on medical rhetoricians' experiences but on those of non-academic women's health activists, this collection offers a look into how people engage in acts of resistance both inside and outside the academy, the health care clinic, online health forums, and more. The texts in this essay are joined in demonstrating women's rhetorical ingenuity, or "the practice of creating one's own rhetorical means in highly charged, often technical, yet extremely personal, rhetorical situations" (White-Farnham & Molloy, 2).

As this collection of authors explore, acts of health advocacy are necessarily activist and rooted in the ability to negotiate complex rhetorical situations and navigate multiple literacies (Siegel Finer, p. 208). From exploring what the advent of self-publishing on Web 2.0 offers those composing their own illness narratives (Wallace) to an analysis of the intended and unintended consequences of instances of slut shaming in legal settings (McMillan), *Women's Health Advocacy* takes a wide exploratory stance on how women can—and do—practice rhetorical ingenuity to affect discursive and material changes in their health maintenance and treatment.

These stances are arranged in three different yet overlapping sections: rhetorics of self, rhetorics of/and the patient, and rhetorics of advocacy.

Section 1, “Rhetorics of Self,” explores how personal writing, both on and offline, is an act of rhetorical ingenuity. While women are often instructed to become active participants in their health care, this is often difficult and confusing to do within the traditional biomedical model. The women in this section explore how different forms of self-sponsored writing allows them to form connections with other patients, share knowledge, seek alternative forms of treatment, and exert agency over their bodies and health care.

Donna Laux’s claim that “knowledge is power” in the opening vignette for the section is echoed throughout these essays (p. 11). Whether in the case of Laux’s endometriosis, PCOS (McKinley), lupus (Pengilly), or infertility (Novotny & Hertogh), medical authorities often intentionally and unintentionally reinforce rhetorics of doubt and deterrence, instead of rhetorics of empowerment, over women seeking to make contextually based and fully informed decisions about their health (Pengilly, p.50). As Hensley Owens explores, writing, whether privately self-sponsored in journals or directed to a public audience in blogs or speeches, is a form of activism that advocates for pedagogical awareness, alternative solutions to care, and empathy (pp. 20-21). Given the widely available platforms for social networking and avenues for digital publishing in Web 2.0, women in this section and beyond often engage in their activist efforts by turning to online spaces (Wallace).

Determining how to compose and circulate illness narratives and for what audiences is a complex negotiation of rhetorical choices. The authors in this section demonstrate that this rhetorical ingenuity is geared toward “making the invisible visible” by using their own creative, reflective, and academic writing (Hensley Owens, p. 17). Together, these authors offer a look into how self-sponsored writing and individual rhetorical action is still activist in nature and is work that fosters agency, empowerment, and connectivity. While this rhetorical ingenuity often

occurs in noninstitutional sites, the articles within this section explore how individuals are still able to maintain strong doctor-patient relationships and use such spaces as resources for *increased* options, not *limited* opportunities. These texts also point to how individual actions, such as disclosure, can additionally influence larger conversations, such as discourses surrounding insurance coverage packages in academic institutions (Hensley Owens) and legislative campaigns (Novotny & Hertogh).

The second section examines how the discourses and practices of medical, legal, and corporate systems affect how women participate in their health. Texts in this section explore women's rhetorical ingenuity in resisting and subverting structures that impede access to their care with a focus on misrepresentation of women and hierarchical models that privilege some bodies over others.

Building from a "rhetoric of self," Janeen Qadri's opening for this section explores how her negative experiences in lupus management have led her to pursue patient advocacy work with a focus on providing clear information and strategies for effective provider/patient communication. Since women's bodies—and their knowledge about them—is often dismissed, Qadri begins to uncover one way that seemingly helpful interventions play a part in reinforcing power imbalances between biomedical models of care and women's health and care. Other examples of these value-laden but standardized medical practices and procedures included in this section include the well-woman visit (Whitney), plans for labor and delivery (Rysdam), vaccinations (Fitzgerald), immunizations (DeTora & Malkowski), and injury recovery protocols (Tadros). By looking to the ways that clinics, individual practitioners, and pharmaceutical companies determine whose bodies are normal, acceptable, and valid, the texts in this section explore not just the many ways in which personal agency is undercut, but also the ways that

women practice rhetorical ingenuity by decoding, exposing, and resisting these oppressive discourses.

Throughout this section, authors individually discuss their efforts at health activism, and the unexpected need to perform this activist role ties these texts together. The sudden diagnoses, unexpected injuries, and pressures to accept “standard” plans of treatment demonstrate how gendered, heteronormative, and raced systems of value influence the care that women do—and often do not—receive. Efforts geared at facilitating consent and practicing strategic contemplation (Rysdam), engaging in critical audience analysis (Fitzgerald), unpacking rhetorical appeals (DeTora & Malkowski), and reclaiming textual agency (Tadros) explore how these instances of rhetorical ingenuity restore personal agency and challenge oppressive structures that continue to fail women’s health. Additionally, this section provides frameworks for how instructors, students, and patients might analyze and subvert direct and circulating messages regarding women’s bodies and care with concrete examples of what this resistance can look like.

The final section, “Rhetorics of Advocacy,” situates women’s rhetorical ingenuity in public spheres as it pertains to the health and health care of themselves and others. This section explores how acts of public writing and rhetoric ultimately disrupt disempowering narratives in spaces from the doctor’s office to legislation, with a continued focus on patient advocacy and agency.

April Cabral begins by discussing how her devastating—and unexpected—diagnosis of Stage 4 breast cancer led her to engage in cancer research fundraising as a public rhetorical action that both brought her a sense of empowerment and support while still providing resources to others. This dual nature of personal and public impact is also taken up in a range of other sites

beyond fundraising efforts, such as the courtroom, popular culture, clinics and hospitals, and health care materials. By looking to how rhetorics of efficiency (Cabral), patient activation (Dean), scavenging and storying (Klostermann), and exposing underlying narratives in accepted discourses about birth control (Bivens, Cole, & Koerber) and sexual freedom (McMillan), the texts in this section demonstrate how patients engage in advocacy efforts that benefit not only their personal health, but also the health of others.

What sets this section apart from others is not the attention to oppressive discourses and practices in health care, but the spaces in which it occurs. The rhetorical ingenuity demonstrated in “Rhetorics of Advocacy” focuses on the efforts of women in public arenas, or sites in which interventions and research results *do* make it back to communities of belonging or study (Dean, p. 155). The literacy strategies used within these pieces may be interesting resources for instructors looking to compare and contrast how rhetorical awareness leads patients to make informed decisions about the type of resistance that they enact in different spaces. Furthermore, this section may be generative for those looking to engage in public health advocacy work in their own lives.

From the personal blog to the delivery room and from vaccinations to chronic pain, these texts explore the range of what advocacy work in health care can look like and the many forms that rhetorical ingenuity can take. The strength of this collection is in its steady pursuit to bring together academic and nonacademic voices and to demonstrate how feminist theory and practice and the rhetoric of health and medicine (RHM) have much to offer one another. This collection offers tangible examples of the work that has been done to challenge oppressive and normalizing health narratives, and it also points to what work still needs critical attention and care.

The call for future work involves moving beyond “bikini medicine,” or a disproportionate focus on the health of women insofar as it pertains to breasts and reproductive organs (Siegel-Finer p. 204). The sexism and “pinkwashing” of the medical industrial complex have increased disparities in care for women—and diverted attention from the issues most likely to kill them (Siegel-Finer p. 207). While Siegel-Finer does acknowledge that the topics of *Women’s Health Advocacy* may inadvertently further attention to bikini medicine, the focus on activism within this collection demonstrates that the authors, academic and not, are dedicated to exploring and creating material, rhetorical, and discursive change in health care for themselves and others, both inside *and* outside issues demarcated as “women’s health.”

Given the collection’s interdisciplinary focus, this book can support learning in feminist rhetorical studies and RHM in a range of academic and practical contexts or can be supported with readings and theories from other disciplines, such as Composition and Rhetoric, Gender and Sexuality Studies, Communication Studies, and Professional Writing and Technical Communication. What is perhaps most beneficial, and most powerful, to any reader are the stakes: the ways that women’s rhetorical health ingenuity can and does save lives, and what still needs to be done to intervene in oppressive and limited health discourses.

With calls for scholars to lend our expertise, power, status, and knowledge to those in the communities we are a part of or those we study by providing resources and facilitating action, this collection opens as many doors for future work as it does for present thinking. By demonstrating how rhetorical awareness and literacy practices are bound up in the political, economic, and social realities of health care, this book is a particularly helpful resource for those looking to situate their own thinking and care in larger conversations within RHM or those considering what a feminist lens may offer in examinations of medicalized bodies. What’s at

stake is more than our own personal health, and the spaces for intervention are beyond our own bodies; we must take efforts at health advocacy and activism beyond the academy and “to the places where rhetorical ingenuity can save our lives” (Siegel Finer, p. 211).

**Notes about the Reviewer:**

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