

*Interrogating Gendered Pathologies*. Erin A. Frost & Michelle F. Eble, Eds. Louisville, CO: University Press of Colorado, 2020. 279 pages, \$34.95 paperback, \$28.95 e-book, \$14.50 30-day e-book rental. Publisher webpage: <https://upcolorado.com/utah-state-university-press/item/3819-interrogating-gendered-pathologies>

Erin Frost and Michelle Eble's edited collection *Interrogating Gendered Pathologies* strategically centers gender in its wide spectrum of studies on experiences of biomedical pathologization, including medicalization, normativization, and surveillance within biomedicine. The editors argue that gender, pathology, and inequities exist within a long history of using technical and scientific means of persuasion to perpetuate patriarchal care. Each chapter demonstrates how this frame, in turn, attempts to neutralize and erase the experiences of female, nonbinary, and transgender individuals. While the editors acknowledge the important role of intersectional identities in the study of gendered health(care), they lament that most responses to the call for this collection focused on female identities despite the open focus on gender.

The book is organized into five sections meant to focus on either concepts or modes of communication. Below, I summarize how each section supports an argument that medical institutions, mass communication, and scientific texts perpetuate patriarchal frameworks of pathology. Then, I transition to an analysis of the strengths and effectiveness of the edited collection.

### ***Section I: Sensory Experiences***

In their introduction, Erin Frost and Michelle Eble frame section one as delivering on a promise to privilege experiential evidence “in the same way traditional medical knowledge is often privileged” (p. 15). The two chapters of this section present theoretical approaches and examples of how researchers might center experiential information in the study of gendered pathology.

In chapter one, Cathryn Molloy accounts for psychogenic-physical symptoms through the method of clinical rhetorical listening. She uses patient examples from published works and pulls on existing literature to outline "idioms of distress," or "social, cultural, and interpersonal ways of expressing, explaining, and dealing with distress and suffering" (p. 33). One of her central claims is that framing symptoms as simultaneously psychological and physiological might lead to more equitable diagnostic testing distribution. She illustrates the gravity of the issue through high-stakes examples, in which she recognizes the challenges of provider behavior change and the need for patient self-advocacy.

In chapter two, art-i-facts, Maria Novotny and Elizabeth Horn-Walker outline a feminist methodology that investigates the perception of women in healthcare through a phased approach that includes pre-interview forms, interviews with artists about their work, and a final phase of transcription and transformation of interviews into a brief narrative. After describing and providing rationale for this methodology, the writers provide two participant examples and conclude that art “may work to intervene in the sociocultural pathologizing of infertility” (p. 62).

### ***Section II: Patienthood and Patient-Provider Communication***

The second section of the book focuses on experiences and interactions of patients, particularly with healthcare providers. This section contains three chapters that focus on female patienthood, largely as it is constructed through absence—an absence of recognition of endometriosis, of females in medical training simulations, and of women's experiential knowledge in interactions with providers.

Each chapter in this section uses different methods, with the first focusing on autoethnographic storytelling about personal experience, the second using observations and field work of clinical training sessions, and the third pulling on interviews with Caucasian and Hispanic/Latina patients. In chapter three, Leslie Anglesey connects the epistemology of chronic pelvic pain in women to pathology as it is perceived by medical doctors trained in identifying the etiology of endometriosis. Using her own experience with medical authorities as a patient and clinical trial participant, Anglesey explains how incommensurable discourses about pain itself lead to delayed diagnosis. She also highlights the tension of health authorities who aim to discursively coach patients through communicating their own pain.

Chapter four shifts out of experiential knowing and into experiential learning. Lillian Campbell uses a feminist material rhetorical lens to analyze the interactions of nursing students with a robotic simulation that had been retrofitted with a plastic vagina, bra, and feminine accessories to signify both sex and gender. She argues that establishing gendered expectations for student care risks stereotyping and erasing intersectional identities. The chapter uses examples of disruptions during simulations as positive moments for questioning and modifying gendered care and for being responsive that could be expanded to class and race stereotypes.

The final chapter of this section brings readers back to experiential knowledge. Using female patient interviews among white and Hispanic/Latina patients, Leandra Hernández and Marleah Dean analyze perceptions that interviewees have both of their providers and of their own experiential knowledge in these interactions. Through these interviews, they find that female patients a) are framed as in need of fixing, or pathologized, and b) felt that providers denied their own experiential knowledge.

### ***Section III: Social Construction of Illness/Biomedicalization of Bodies***

The middle section of the book contains three chapters that are meant to provide “perspectives on sociocultural elements of pathologization practices” (p. 16). First, in chapter six, Colleen Reilly critiques the discourse around androcentric orgasm and sexual pleasure that runs rampant in medical literature both in academic papers and in web-based public platforms like WebMD and the Mayo Clinic. In chapter seven, Caitlin Leach covers intersectionality in biomedical patienthood. Leach’s work argues that “increased representational visibility can be problematic within unjust institutions” (p. 139) such as the medical system in the U.S. Leach uses examples from the rhetorics of cardiovascular disease and sexual dysfunction to highlight the shortcomings of patient centeredness when our medical system’s framework only further subjectifies and interrogates those patients once they are at the center.

Chapter eight interrogates gendered aspects of bladder cancer, which Kerri Morris outlines as a condition that, while more prevalent in men, is more fatal in women. Morris identifies the gendered reproductive potential of women as an issue that masks symptoms and delays diagnosis. Using Ratcliffe’s theory of rhetorical listening, Morris identifies this delayed diagnosis as a rhetorical problem in doctor/patient communication and suggests that communities (provider, educator, and patient alike) need to be empowered to listen rhetorically to locate nonidentification.

### ***Section IV: Digital Medical Texts***

Sections IV and V focus on artifacts of analysis in the form of digital and text-based media, respectively. The final two sections each contain three chapters that examine cases or studies of specific contexts of gendered pathology.

Chapter nine, “Bros, Bras, and Colons” focuses on cancer care rhetorics on the Mayo Clinic website. Analyzing sections on breast, prostate, and colon cancers, Miriam Mara identifies how the popular website supports inaccurate beliefs that women are more prone to cancer and to their bodies turning against them with age than men. She reveals that, by reinforcing these myths, medical authorities like this website encourage increased surveillance of women through screening and minimize their own autonomy in choosing care.

In chapter ten, Lori Beth De Hertogh analyzes texts of the online community “Black Women Do Breastfeed” (BWDBF). Her chapter employs a review of statistics about breastfeeding rates among racial groups in the U.S. and a brief history of enslaved African women who were forced to breastfeed white slaveowners’ children. It also introduces three terms for texts in her sample: *activist health texts*, *counteractivist health texts*, and *parallel health texts*, which all support women in the online community to navigate health information.

The last chapter of this section is Mary K. Assad’s analysis of the American Heart Association’s Go Red for Women website. In it, she argues that Go Red reinforces the very critiques it raises of gender-based expectations of women. Calling for the inclusion of non-technical writing in our analyses of medical advocacy sites, Assad’s chapter highlights how the Go Red site constructs gender-specific risks of self-neglect and deference to children’s (or husbands’ or household) needs. Assad’s chapter then turns to the web campaign’s ironic emphasis on care for others as a key motivating factor for self-care.

### ***Section V: Textual Examinations***

The last section of the book focuses on studies that critique texts specific to gendered pathologies: biomedical research articles on gendered and racialized genetic risk, a popular self-help book on postpartum depression, and a digital guideline document on transgender care.

In chapter twelve, philosopher Jordan Liz critiques population genetics discourse using case studies of two scientific articles on African American women’s susceptibility to breast cancer. Careful to reject generalization on a sample size of two studies, Liz presents three problematic assumptions in his study of genetics, race, and breast cancer: 1) prioritizing (middle- and upper-class) white women in study design; 2) the studies’ default to genetic causation based on the presupposition that genetics is the only option if socioeconomic factors impact disease prevalence in one race but not in another; and 3) the normalization of white, European bodies (and their genes) across historic research. Liz argues that these studies represent a larger paradigm within biomedical research.

In her chapter on self-help discourse, Beth Boser performs a rhetorical analysis of the popular book *This Isn’t What I Expected: Overcoming Postpartum Depression*. She finds that the text constructs the causes of postpartum distress as both individual/biological and collective/social but that individual women are rhetorically guided to more effectively navigate social causes. This chapter supports the book’s central argument by pointing out how this paradoxical construction reifies traditional gender roles.

Sage Beaumon Perdue’s analysis “momentarily suspend[s] normative structures of gendered and sexed materiality” (p. 256) and instead centers transgender, nonbinary, and gender-nonconfirming bodies in his review of theory and of a digital transgender care document. Perdue uses the metaphor of *site/sight* and Salamon’s interpretation of Merleau-Ponty to problematize a dominant clinical and social framework that erases gendered embodiment and phenomenology in favor of public image. This chapter ultimately suggests that narrative medicine of gender and sex

that extends beyond illness could help transform medicine into an endeavor that recognizes the multiplicity of transgender, gender non-conforming, and non-binary individuals.

### **Analysis of the Collection**

As a queer cisgender woman who studies the rhetoric of health and medicine (RHM) and who recently underwent three operations within four years to try to manage pelvic pain and associated issues, I was eager to get my hands on this collection. Given the field's interest in the construction of gender, health, and disease, this kind of collection was long overdue. Its transdisciplinary goal—to “point out, interrogate, and formulate tactics to intervene in unjust patterns of pathology” (p. 3), is ambitious and admirable.

Perhaps because of the ambition of the book, as well as the youth of the blossoming gendered health subfield of RHM, many of its chapters only graze the surface of issues of intersectionality and of non-binary gender identities. Nevertheless, the book recognizes the importance of these issues and acknowledges them from title through various chapter discussions. A couple of notable chapters (seven and fourteen) provide theoretical arguments using an intersectional approach that will be helpful to future scholars of RHM, and still others (chapters five, ten, and twelve) examine case studies at the intersection of race and gender. As such, the collection sets a foundation for future scholars to design thoughtful studies that put gendered healthcare experiences at their core.

While this book sits solidly in the field of RHM, Frost and Eble meaningfully include contributions from a wide range of disciplines: technical and professional writing, communication studies, philosophy, pharmacy, women's studies, and visual art. The range of disciplinary homes feels a bit jarring at times, but the chapters nevertheless successfully cohere around the central aim of critiquing and questioning the patriarchal construction of gender and dominance of male-centered health research and care.

Given the enormous challenge of organizing an interdisciplinary collection in a budding field, I applaud the editors' identification of sub-sections. However, it felt like some sections wanted to focus on methodological approaches or modes of communication, others on theory, and perhaps others on sites of study (including experiences). As a reader and a teacher making reading recommendations to students, I found the orientation of the final two sections the most digestible. An alternative organization might help readers locate their own work within a set of studies by focusing on issues of reproductive health, caretaker or parental health, gendered disease (including cancer) and diagnoses, etc. Otherwise, the book could have done away with the sections altogether, as the intra-text citations that many authors employed were very effective.

I was surprised that the collection didn't offer more historiography given how long funding and training for medical research specific to female, transgender, and intersex has been inequitable. I was also surprised to see so little interrogation of the ways that a cisgender male identity experiences pathology—not because I understand this as a space that needs advocacy or more research but rather that I believe that interrogating the social and cultural experiences of patients in privileged identities can help us map an entire range of gendered pathology that will move us towards social change. Again, I see this as a sign of the youth of our studies in the subfield rather than a shortcoming of the editors or contributors, and I expect that as we continue to uncover and push against harmful patriarchal health systems, we will begin to see even more studies that incorporate a wide range of methodologies, collaborations, and (inter/trans-national) sites of study.

This collection is a welcome step towards praxis and critical interrogation that has the potential to reshape harmful oppressive health systems. I hope that as our studies into gendered

care grow, we will continue to incorporate interdisciplinary and intersectional approaches, as this book has begun to model.

**Notes on contributor**

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