

Rhetorical ethos in health and medicine: Patient credibility, stigma, and misdiagnosis; Cathryn Molloy, Routledge Taylor & Francis Group, 2020. 180 pages, \$52.95 Paperback

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Many of us may have encountered situations where our doctors are skeptical of the symptoms we describe, leading to misdiagnosis or delayed treatment. Nevertheless, patients' stories are pivotal in the diagnostic process. In *Rhetorical ethos in health and medicine: Patient credibility, stigma, and misdiagnosis*, Cathryn Molloy argues for patients' vernacular credibility: that is, rhetorical ethos. Unfortunately, this rhetorical ethos is often unfairly dismissed, as healthcare providers hesitate to consider it during diagnosis due to being influenced by various stigmas and biases, especially when dealing with patients facing complex mental and physical health issues. In her book, Molloy illustrates how stigmas and biases affect clinical settings, demonstrating how patients with complex mental and physical health issues strategically build and rebuild their credibility to empower themselves by using vernacular strategies in everyday health and medical contexts. She contends that acknowledging and elevating the significance of rhetorical ethos performs crucial epistemological functions. Doing so would also expose stigmas and biases, revealing the unequal power dynamics in clinical settings that exclusively concentrate on biomedical frameworks, thereby contributing to medical oppression.

Summary

Molloy begins the opening chapter of the book with a patient's story and highlights that dismissing patients' expressions as mere psychological manifestations—based on demographic markers such as gender, sexual orientation, non-binary identity, race/ethnicity, and economic status—can lead to delayed diagnosis and inadequate treatment. Molloy emphasizes the adverse effects of stigmas and biases on contested diagnoses, unexplained behaviors, and mental disabilities, underscoring how stigmas and biases can impede clinical judgment. She argues against the separation of mental and physical health treatments, pointing out that this approach may not yield the best outcomes for patients. Some patients, she notes, turn to new media to share their stories and call attention to these issues. She states that this book aims to address these complex issues through vernacular engagements with rhetorical ethos. Molloy then explores how patients' vernacular credibility is theorized in various fields and how these fields construct and mobilize ethos. Additionally, the chapter discusses the theoretical framework, research methods, and methodologies employed in the book. Overall, the first chapter introduces the pivotal concepts of patients' vernacular credibility and rhetorical ethos, elucidating their impact and why they should be addressed in clinical settings.

In Chapter 2, titled "Vulnerable rhetors and stigma in health and medicine," Molloy presents a compelling argument for the use of rhetorical ethos as a framework to examine the influence of stigmas and abuses on patterns of persuasion within the context of social reproduction. Delving into existing literature and relevant media texts, she examines various stigmas and biases

prevalent in health and medical care. She points out that implicit bias and anchoring bias contribute to the dismissal or compromise of patients' credibility, which further emphasizes the need for a comprehensive understanding of these issues in the realms of health and medicine.

In Chapter 3, “Contested diagnoses and ethos: How patients push back when care providers misdiagnose somatic symptoms,” Molloy delves into how patients “have developed savvy rhetorical tactics to bolster their credibility in everyday clinical encounters such that their medical conditions were eventually acknowledged” (p. 54). This chapter emphasizes ephemeral rhetorical moves that frequently surface in everyday medical exchanges. Molloy specifically explores instances where patients, through their cumulative experiences in clinical settings, have developed adept approaches to counter care providers' assertions that their symptoms are psychogenic. By adopting these shrewd tactics, patients successfully enhance their ethos, ultimately securing accurate diagnoses for their medical conditions. The chapter sheds light on the resilience and resourcefulness demonstrated by patients navigating the challenges posed by mistrust, ultimately underscoring the importance of these ephemeral moves to appeal to ethos in achieving more precise medical outcomes.

In Chapter 4, titled “Phantom limb pain and tacit appeal to ethos: When patients’ self-knowledge exceeds existing clinical knowledge and predicts future clinical findings,” Molloy conducts a retrospective examination of archival materials that document how American Civil War amputees strategically employed tacit approaches to establish rhetorical ethos after facing stigmatizing experiences related to wartime limb loss or phantom limb pain. By analyzing surveys in which these amputees described their physical and mental states post-amputation, Molloy contends that these individuals skillfully appealed to ethos by highlighting their mental well-being and astute self-knowledge. She argues that the stigma the amputees faced not only stems from their perceived inferior status in the eyes of 19th-century contemporaries but also connection to their claims of retaining feelings in their absent limbs. Molloy asserts that these appeals within the survey space emphasize that these patients’ disabled subjectivities did not diminish their personhood, their overall health remained intact after amputation, and their disabled status was significantly influenced by the limitations of available prosthetic technologies during that period.

Chapter 5, “Recuperative ethos and agile epistemologies in mental health and beyond: Toward a vernacular engagement in mental health ontologies,” centers on ethnographic research conducted at an outpatient facility catering to individuals with chronic mental health diagnoses. Molloy's primary argument in this chapter is that individuals who have experienced a loss of credibility due to mental illnesses can reclaim their standing through the practice of recuperative ethos and agile epistemologies in day-to-day discursive interactions. She asserts that, because of these practices, individuals can not only recover their credibility but also rebuild the personal, social, and professional standing that is often compromised during acute phases of mental illness experiences. The chapter thus explores the transformative potential of vernacular engagements in

mental health ontologies, shedding light on the mechanisms through which individuals navigate and reconstruct their identities within the context of chronic mental health challenges.

Chapter 6, titled "Toward a methodology for studying everyday ethos in clinical settings," serves as the concluding chapter of the book. In this chapter, Molloy urges researchers to embrace a methodology for future investigations into vernacular credibility across diverse health and medical contexts, exploring the potential of rhetorical ethos to illuminate complex issues. The chapter advocates for an open-minded approach to encouraging the utilization of everyday utterances or vernacular language to construct new theories that possess the flexibility to adapt to evolving health and medical contexts. By emphasizing the importance of such an approach, the conclusion calls for continued exploration of vernacular credibility, underscoring its relevance in advancing our understanding of intricate challenges within clinical settings and beyond.

Analysis

The book reveals the substantial impact of stigmas and biases related to gender, disabilities, and mental illness on doctors' judgments. By exploring patients' everyday vernacular practices within health and medical contexts, the book effectively demonstrates how patients skillfully employ tactics developed through clinical interactions to challenge care providers' diagnoses, regain credibility, and ensure accurate diagnosis and treatment. The book adopts a comprehensive approach, collecting both synchronic and diachronic data through interviews, archival materials, and ethnographic observations across diverse health and medical settings. Molloy meticulously examines these artifacts to argue that patients' rhetorical ethos plays a crucial role in achieving accurate diagnoses and addressing stigmas and biases rooted in gender, race, and mental and physical disabilities within healthcare contexts. The book also highlights the enduring issue of dismissing or compromising patients' ethos, underscoring the need for immediate attention from care providers to establish a fair and equitable healthcare system.

One notable strength of this book lies in its unique perspective on framing inquiries into everyday speech and writing and their role in patient empowerment. Molloy presents ethos not as a static concept, but as a dynamic one, shedding light on the various ways patients mobilize in everyday contexts. While previous studies on ethos primarily concentrated on either the speaker's reputation or the construction of credibility in persuasive acts, this book adopts a pre-Aristotelian interpretation of ethos as a dwelling place, offering the potential for reconciling these two perspectives. In the rhetoric of health and medicine (RHM) field, existing research has explored vernacular ethos as a dwelling place, focusing predominantly on how medical professionals and caregivers enhance their credibility (Anderson, 1989; Bordelon, 2016; Keranen, 2010; Rothfelder and Thornton, 2017; Segal, 2005; Uthappa, 2017). In contrast, drawing inspiration from prior scholarship, this book directs its focus on vernacular ethos by examining patients' everyday talk and writing rather than healthcare providers' interactions in clinical settings.

Chapter 2 specifically illustrates how stigmas and biases rooted in gender, race, and mental and physical disabilities often lead to the dismissal or compromise of patients' vernacular ethos in clinical settings. This, in turn, often results in misdiagnosis and delayed treatment, perpetuating medical disparities and oppression within health and medical contexts. Recognizing and elevating patients' credibility becomes imperative to address these disparities. The vernacular approach to patients' ethos presented in this book is, therefore, a worthwhile subject for theoretical exploration. Moreover, the book demonstrates a commendable interdisciplinary nature, intersecting with fields such as RHM, mental health rhetoric research, disability studies, the rhetoric of science, and the rhetoric of science, technology, and medicine. Scholars and researchers from these disciplines can adopt this vernacular ethos approach, potentially empowering the disenfranchised to make a meaningful impact by analyzing the effectiveness of these appeals in their research.

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