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Book Reviews

A Review of *A History of Rhetoric, Sound, and Health and Healing*

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A History of Rhetoric, Sound, and Health and Healing; Kristin Marie Bivens, Taylor & Francis, 2024. 142 pages, $53.99 Hardcover

In the field of Rhetoric of Health and Medicine (RHM), most scholarship has centered on language, discourse, patient narratives, and institutional rhetorics, with limited sustained attention to sound, listening, and embodiment. *A History of Rhetoric, Sound, and Health and Healing* by Kristin Marie Bivens addresses this critical gap as the first book-length study to foreground sound as a rhetorical and sensory phenomenon within medical rhetoric. Drawing on pan-historiography, feminist materialism, and rhetorical ventriloquism with illustrative case studies, Bivens investigates how "medico-sonic knowledge," the interpretation and use of bodily sounds, has been rhetorically constructed and circulated over time. By centering practices of listening and embodied sound, the book challenges dominant vision-centric epistemologies and highlights how sound functions in the production and transmission of care, authority, and medical knowledge in both clinical and cultural contexts. Through the proposed framework of "sound in all research" (SiAR), Bivens compellingly argues that sound should be viewed as central, not peripheral, to rhetorical inquiry in health and healing.

The book opens with an introduction to the critical importance of sound

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and listening, elements often overlooked in favor of visual modalities. It begins by defining key auditory concepts using Michel Chion's taxonomy of listening modes: causal (identifying source), reduced (focusing on sound qualities), and semantic (extracting meaning). Together, these modes form what R. Murray Schafer calls "sonological competence," essential for interpreting bodily and environmental sounds in clinical contexts. Positioning "medico-sonic knowledge" at the core of her argument, Bivens shows how diagnosis, treatment, and healing processes have relied on bodily sounds. She exposes how rhetoric mediates these practices, making nonverbal sounds meaningful within medical discourse. Embracing a feminist materialist methodology, Bivens urges scholars to pay attention to what sensory phenomena deserve notice, drawing attention to both historical and contemporary consequences of sonic practices. The author outlines her use of pan-historiographic methods that trace sonic rhetorical practices across time and place, integrating broad historical inquiry with focused attention on embodied listening in specific medical environments like neonatal intensive care units (NICUs). Sound, she argues, is not merely a backdrop, rather, it is an active rhetorical force that shapes perceptions, emotions, authority, and care in clinical spaces. Finally, Bivens introduces her SiAR framework, a methodological intervention urging scholars to foreground sound in health-related research. SiAR advocates for rigorous attention to sonic environments, listening practices, and embodied sensory interactions as meaningful rhetorical data. Chapter 1 thus lays the theoretical and methodological foundation for the book, positioning sound as central to understanding health, healing, and medical discourse.

Chapter 2 traces the historical and cultural lineage of *auscultation* (listening to internal body sounds) and *percussion* (tapping the body to assess its condition) across ancient Mesopotamian, Egyptian, Indian, Greek, and Roman medical traditions. Bivens argues that these sonic diagnostic practices, which are often considered modern Western inventions, have much deeper and more diverse roots than commonly acknowledged. By situating these practices within a global and historical context, Bivens highlights how sound and listening have always been vital to the art of healing. The chapter opens by challenging the dominant narrative that attributes the origins of auscultation to 19th-century Western medicine. Bivens uncovers evidence of similar sonic practices in ancient Mesopotamian diagnostic texts, where listening and interpretation of bodily signs were already deeply embedded in medical

routines. Egyptian medicine, with its spiritual and ritual dimensions, also incorporated auditory techniques as part of diagnosis and healing. Likewise, in ancient Indian Ayurvedic practice, listening to bodily sounds was tied to holistic understandings of balance and health. Greek and Roman sources, such as Hippocratic and Galenic texts, further demonstrate that physicians used their ears—not just their eyes and hands—as instruments of observation. Through these examples, Bivens builds a rhetorical genealogy that underscores the sensory, material, and epistemological importance of sound in medical history. Ultimately, the chapter positions sound not as an auxiliary or modern add-on but as an essential, longstanding mode of knowledge-making in medicine. By foregrounding these global traditions, Bivens calls for a more inclusive and sonically attuned historiography of health and healing, one that values listening as a core rhetorical and diagnostic practice.

In Chapter 3, Bivens further develops the rhetoric–sound interplay as central to understanding sound's role in health and healing. She adopts a diachronic approach to trace how sonic practices in medicine evolve across geographic and temporal boundaries. She argues that sound, when intentionally deployed through diagnostic, prognostic, and therapeutic technologies, draws and amplifies rhetorical power in contemporary Western biomedical systems. A key focus of this chapter is René Laënnec's invention of the stethoscope and his foundational text *De l'auscultation mediate*, which Bivens identifies as a pivotal moment in medico-sonic history. The stethoscope not only mediated access to internal bodily sounds but also restructured clinical authority by legitimizing auscultation as a diagnostic method. This invention represents a rhetoric–sonic interplay where sound becomes a persuasive clinical tool grounded in technological mediation. Bivens also examines how contemporary sonic technologies, such as ultrasound, fetal heart monitors, and physiological alarms, extend the use of sound beyond diagnosis to prognosis and therapy. These technologies enable clinicians to predict health outcomes or intervene therapeutically while reinforcing their authority through sonic presence. At the same time, she gestures toward the rhetorical influence of sound in unintentional or ambient ways. Hospital monitors, machine alarms, and even silences can shape emotional and communicative experiences in clinical spaces, reinforcing medical control or introducing stress. This chapter argues that the intentional and unintentional uses of sound in biomedical contexts reflect sound's deep integration with rhetoric. Through diagnostic tools and the sonic environment of care, sound participates in the circulation of knowledge, authority, and embodiment,

making it central, not peripheral, to healing.

Chapter 4 serves as a key case study chapter in which Bivens deepens her exploration of the rhetorical and embodied functions of sound in healthcare environments. Drawing on feminist materialist theory and rhetorical methods, Bivens theorizes sonicity and aurality as crucial elements of the NICU's soundscape, especially in contexts where sound is not deliberately produced for medical purposes but still plays a pivotal role in shaping care. The chapter unfolds through several interwoven elements. First, Bivens explains how healthcare environments like the NICU are saturated with non-verbal, mechanical, and ambient sounds generated by technologies such as physiological monitors, ventilators, and automated medication dispensers. These unintentional or ambient sonic elements contribute to what she terms the *soundscape* of the NICU. These sounds not only signify critical medical information but also carry affective and rhetorical force, subtly shaping the behavior, emotions, and attentiveness of caregivers. Biven then introduces the concept of rhetorical ventriloquism, a practice where healthcare professionals speak on behalf of patients (especially non-verbal ones like neonates), interpreting or projecting meaning onto sounds heard from machines or the infant body. This practice reflects the rhetorical act of earwitnessing, where listening becomes a form of clinical judgment and care. She emphasizes that earwitnessing in the NICU is not a neutral process, rather, it is embedded in disciplinary practices that shape and train clinicians' sensory engagement. Through repeated exposure and training, practitioners develop a sensuous expertise in discerning which sounds demand attention and how to respond. This sensorial training reinforces institutional norms and contributes to the rhetorical ecology of the NICU, where listening becomes an ethical and epistemic act central to patient care.

The final chapter, Behaving as responsible researchers in sonic health, healing, and hospital spaces, is highly instructional in nature. Bivens synthesizes insights from previous chapters to offer a clear ethical and methodological framework for researchers working at the intersection of rhetoric, sound, and medicine. Her positions sound not only as a sensory and rhetorical phenomenon but also as a disciplinary force in clinical contexts, one that shapes behavior, governs professional conduct, and organizes space and care. Bivens begins by emphasizing sound as discipline in hospital settings, where sonic norms regulate who speaks, who listens, and how technologies like alarms and alerts structure workflows and responses. These norms cultivate auditory habits and bodily comportment, making sound an organizing mechanism of

power and control in healthcare spaces. She then turns to listening as rhetorical shorthand for attention, a practice that requires researchers to move beyond passive hearing and instead engage in sustained, embodied, and ethical listening. Listening in clinical spaces is framed as both a method of inquiry and an ethical responsibility, especially when dealing with vulnerable populations or power-laden institutional hierarchies. The chapter's centerpiece is Bivens's methodological call for "sound in all research", a framework that encourages scholars in RHM to systematically account for sonic dimensions in their work. She outlines practical techniques for data collection and analysis, including audio recording, note-taking on ambient soundscapes, and critically reflecting on the researcher's own auditory presence and impact in space. Bivens advocates for ethical and responsive behavior in health and hospital settings. She calls for researchers to remain reflexive, transparent, and attentive to how sound mediates care, authority, and representation. The chapter closes with a powerful reminder that to study sound in medicine is to engage deeply with issues of justice, access, and care responsibly and respectfully.

Analysis

Kristin Marie Bivens's (2025) *A History of Rhetoric, Sound, and Health and Healing* offers a distinctive contribution to the field of RHM by placing sound and listening, which is often overlooked in favor of textual, visual, and discursive modes, at the center of rhetorical inquiry. While foundational RHM scholars, such as Judy Segal's (2005) *Health and the Rhetoric of Medicine* and Lisa Keränen's (2019) scholarship on biosecurity and public health, engage deeply with how language constructs authority, risk, and patient identity, Bivens builds on this foundation by demonstrating that sound is not merely a backdrop to clinical practice but a powerful, embodied form of meaning-making. Her concept of "medico-sonic knowledge" positions listening as vital to diagnosis, care, and professional training. Through the introduction of the SiAR framework, Bivens pushes the methodological boundaries of RHM, advocating for the integration of aurality and sonicity into rhetorical research. Her approach distinguishes her work from traditional scholarship that privileges written and visual texts. Covering a wide historical range from ancient Mesopotamian medicine to the soundscapes of contemporary neonatal intensive care units, Bivens's case studies offer rich, embodied insight into how sound mediates authority, care, and clinical practice.

This book will benefit a wide range of readers. Scholars in RHM will gain new conceptual tools, such as medico-sonic knowledge and SiAR, to rethink how communication in healthcare settings functions beyond visual and textual channels. Those in rhetoric and writing studies will appreciate how Bivens extends rhetorical theory into sensory and material realms, while interdisciplinary readers in sound studies, sensory studies, or the medical humanities will find her analyses of healthcare technologies and sonic environments particularly illuminating. Importantly, the final chapter offers practical guidance for students and researchers conducting ethical, rhetorical, and qualitative research in hospital spaces. In this way, Bivens's book not only complements earlier RHM expansions by J. Blake Scott and Lisa Melonçon (2017) but also sets a new course by introducing sound as a critical rhetorical lens, making this work a landmark contribution to the evolving field.

References

Bivens, Kristen. M. (2025). *A History of Rhetoric, Sound, and Health and Healing*. Taylor & Francis.

Keränen, Lisa. (2019). Biosecurity and communication. In Bryan C. Taylor and Hamilton Bean's (Eds.), *The handbook of communication and security* (pp. 223-246). Routledge.

Scott, J. Blake., & Melonçon, Lisa. (2017). Manifesting methodologies for the rhetoric of health & medicine. In Blake Scott and Lisa Melonçon's (Eds.), *Methodologies for the rhetoric of health & medicine* (pp. 1-23). Routledge.

Segal, Judy. (2005). *Health and the rhetoric of medicine*. SIU Press.

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