

A Review of *Patient Sense: Rhetorical Body Work in the Age of Technology*

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As healthcare increasingly unfolds through screens, sensors, and algorithms, the very nature of caregiving—the tactile, intuitive, and deeply human work of attending to bodies—faces profound transformation. Lillian Campbell's *Patient Sense: Rhetorical Body Work in the Age of Technology* offers a compelling exploration of this shift, revealing how emerging technologies reconfigure clinical practice and the embodied knowledge that sustains it. Through rich ethnographic study and innovative theoretical framing, Campbell illuminates why, even amid technological change, the nuanced, rhetorical body work of healthcare providers remains irreplaceable.

In *Patient Sense*, Campbell examines how emergent technologies across three health professions: nursing, physical therapy, and tele-observation, are reshaping the embodied practices of healthcare providers. Drawing on extensive ethnographic fieldwork and interviews conducted within a nursing simulation lab, a physical therapy lab, and a virtual intensive care unit, Camp-

bell develops a theory of rhetorical body work. This framework accounts for how physical, emotional, and discursive practices shift and adapt in technologically mediated contexts of care. Central to her inquiry is the concept of “patient sense,” defined as the “intuitive patient knowledge that providers leverage in their care and advocacy for patients,” which is cultivated over time through sustained, embodied interaction in diverse clinical contexts (p. 2). While simulation robots, remote patient monitoring, and other innovations transform the shape of professional training and care delivery, Campbell highlights how “we will always need responsive expert healthcare providers” with rhetorical expertise that technology cannot replace (p. 2). She adapts the notion of “patient sense” from Sauer’s (1999) ethnographic work on “pit sense” in mining, which describes an embodied, intuitive knowledge cultivated through experience and attentiveness in tactile environments. Campbell integrates her sensory and affective responses through “My Body on the Scene” sections dispersed throughout the text. These reflexive interludes foreground the embodied nature of research itself, making visible how a scholar’s body is implicated in the production of knowledge and understanding. By situating herself within the research context, Campbell enriches her ethnographic narrative and underscores the reciprocal relationships between observer and observed, body and discourse.

In Chapter 1, Campbell positions her study within three intersecting national trends that have intensified the need for a fresh understanding of embodied expertise in healthcare. First, the widespread adoption of simulation technology in healthcare education has introduced new modalities for teaching embodied care, often mediated through robotic manikins. Second, the surge in virtual care and remote patient monitoring precipitated by the COVID-19 pandemic has normalized distance between providers and patients, challenging conventional forms of embodied presence. Third, the accelerating integration of artificial intelligence into diagnostic and treatment processes further complicates the landscape of clinical decision-making and professional judgment. Campbell’s theoretical grounding draws heavily on the concept of rhetorical body work, a term that insists on the inseparability of embodied physical labor and rhetorical, communicative acts.

In Chapter 2, Campbell explores a clinical nursing simulation lab that probes whether robots can effectively teach (human) patient-centered care. Nursing instructors deliberately design physical, emotional, and discursive cues to encourage empathy among students engaging with robotic mani-

kins. For example, in one of the most compelling scenes from the field, a robotic manikin “Jason” is programmed to cry robot tears, creating a moment that is uncanny and pedagogically generative for the nurse-in-training and oddly touching for the reader. Though these simulations are imperfect—the manikins are often “too large, too stiff, too male,” as Campbell notes—they disrupt students’ habitual embodied responses and provoke critical reflection on what patient sense entails in mediated settings (pp. 162-164). The disruptions encourage students to recognize gaps in the simulation and to cultivate responsiveness and adaptability, underscoring the complexity of empathy as both embodied and rhetorical.

Chapter 3 discusses physical therapy, a profession marked by its fraught relationship with mainstream biomedicine and its ongoing quest for legitimacy and professional recognition. In this context, rhetorical body work takes on a dual function as “boundary-work,” serving to demarcate the professional expertise of physical therapists (PTs) from that of complementary and alternative medicine practitioners, while simultaneously professionalizing their patient sense. Campbell examines how explicit pedagogies, such as lessons in physical movement and tactile engagement, intersect with a “hidden curriculum” that teaches students to read subtle body cues and to modulate their responses accordingly. A notable example occurs when a PT student reevaluates ingrained assumptions about pain tolerance after witnessing a “macho” classmate visibly flinch during electrical stimulation, prompting reflection on how to communicate about pain with sensitivity and nuance (p. 168). This chapter illuminates how embodied knowledge is cultivated through formal instruction, and social and affective interactions.

In Chapter 4, Campbell analyzes tele-observation, a rapidly expanding field where healthcare providers monitor patients remotely using video cameras and microphones. Despite the physical distance and technological mediation, tele-observers draw heavily on intuitive patient knowledge, often accumulated through prior hospital roles or life experiences, to identify subtle signs of patient distress. Campbell describes how these practitioners learn to “trust their gut when something seems off” and to integrate their embodied professional expertise with mediated observations (pp. 162-163). This chapter illustrates how technological mediation transforms rhetorical body work, and demands new forms of attention, adaptation, and critical judgment.

Reading *Patient Sense* invites consideration of the often invisible embodied labor that underpins healthcare interactions. The book’s thorough

engagement with rhetorical body work challenges conventional assumptions that technological mediation necessarily diminishes or replaces human expertise. Instead, Campbell argues that the integration of new tools requires heightened critical engagement and continuous recalibration of embodied skills. Her work contributes to rhetorical health and medicine (RHM) scholarship by broadening the focus beyond physician-patient dyads to include allied health professionals whose patient sense and body work are central to care.

In the concluding chapter, Campbell urges scholars and educators to reframe the study and teaching of healthcare expertise by integrating “both providers’ and patients’ bodies into the teaching of technical knowledge” (p. 163). This approach calls for an embodied pedagogy that values practical wisdom alongside technical proficiency, aligning with Campbell’s argument that patient sense embodies ethical commitments to authentic care. Her closing reflections encapsulate the ethos of the book: “The lens of rhetorical body work can instead call us to recognize and value the rhetoric in body work and the body in rhetorical work... while not rejecting the advantages that new technologies offer as well” (p. 169).

Patient Sense addresses a persistent gap in RHM by centering the rhetorical and embodied expertise of allied health providers, a group often marginalized in health humanities research that typically prioritizes physicians and biomedical narratives. By doing so, Campbell expands the field’s theoretical and empirical horizons and invites future research that embraces the complexity of embodiment in technologically mediated healthcare.

One of the book’s greatest strengths lies in its refusal to adopt simplistic binaries of technology as either savior or threat. Instead, Campbell treats technological mediation as an ongoing condition that reshapes embodied practice in unpredictable and multifaceted ways. Her insight that mediation can “destabilize habitual actions” (p. 164) is particularly illuminating, revealing how disruption creates opportunities for reflection, critique, and renewed attentiveness to patient sense. These themes resonate across the nursing, physical therapy, and tele-observation case studies, each offering nuanced portraits of embodied care that are both challenged and enriched by technological innovation. The ethnographic richness of Campbell’s case studies is matched by conceptual rigor and clarity. The interrelated concepts of rhetorical body work and patient sense are sharply defined, well-theorized, and vividly illustrated through concrete examples that ultimately support Campbell’s central claim: embodied, intuitive knowledge cannot be reduced

to mechanical protocols or algorithms without sacrificing its rhetorical, ethical, and relational significance.

The primary audience for *Patient Sense* includes RHM scholars, health humanities researchers, and educators involved in allied health training programs. Practitioners themselves may also find considerable value in recognizing their tacit expertise named, theorized, and defended in this comprehensive and accessible volume. Readers will gain not only a robust vocabulary for articulating the value of embodied care but also a suite of compelling case studies that highlight its resilience and adaptability under conditions of technological mediation.

If there is a limitation to note, it is the scope of the ethnographic sites. All are situated within the United States, which leaves open important questions about how rhetorical body work might manifest in different cultural, institutional, or technological contexts globally. Nevertheless, Campbell's conceptual framework is highly portable, inviting scholars to extend and adapt her insights across diverse settings and disciplines.

Ultimately, *Patient Sense* is both a conceptual intervention and an ethical call to action. At a moment when healthcare is rapidly transformed by automation and remote interfaces, Campbell compellingly insists that "studying technological mediation will continue to be an embodied endeavor" (p. 165) and that scholars and practitioners alike must "center the unique patient sense that human bodies bring to healthcare" (p. 169). This book is an indispensable resource for anyone invested in understanding and preserving the human dimensions of care in an increasingly technologized healthcare landscape.

References

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