

Perspective by Incongruity: An Identity of Interdisciplinarity

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When I turned my attention to writing this piece, I did not feel that geography influenced my identity, or my work, much at all—until I remembered that my Twitter handle, created several years ago, is “Maritime Rhetor.” More than a national identity, I feel what most influences me could be called a “geographic” identity: A pull to places of boundary between earth and sea, places where extremes meet. In 2009, I moved to the



The maritime house in which I completed my dissertation. (Photo by Tess Laidlaw)

Acadian community of Cheticamp to focus on writing my dissertation, able to see the ocean out one window and the hills of the Cape Breton Highlands out the other. Whether I went walking on a given day was determined by the size of the waves. I had a book of Alistair MacLeod short stories, but had to abandon it, as his accounts struck too close to home, living as I was in a

barely insulated house subject to *Les Suêtes*—winds of more than 100 km/h that could pick up an errant deck chair and smash it through a neighbour’s railing. I live in the Maritimes, teach and study at a Maritime university where the majority of my students are also from the Maritimes. As a “Maritime rhetor,” the Maritimes, then, are the place from which I speak. A coast is a periphery, a boundary.

My PhD is in Interdisciplinary Studies. As a scholar, as a teacher, I am also drawn to exploring boundaries: specifically, the areas of dialogism between disciplines. The swine flu outbreak of 2009 occurred just as I was beginning work on my dissertation, and I chose to focus on how journalists negotiated the early days of the outbreak. I became fascinated by the role of the media in communication to lay publics during high-risk health threats, both for the impact of the media on behavioural change, and for the context in which journalists function in these situations—moving information between the disciplines of medicine and science, to public audiences, under atypical working conditions.

During a pandemic or high-risk health threat, communication has the potential to protect health and possibly save lives. In my doctoral work, I drew upon my interdisciplinary background in the sciences and in public relations practice to characterize terministic strategies in the context of a potential high-risk health threat. A rhetorical approach enabled me to uncover implicit assumptions guiding public understanding of this threat. Journalists presented widely different, even contradictory, worldviews, each with different impacts on audiences in terms of the interpretation of and appropriate response to the threat. I concluded that, as journalists’ stances differed in their portrayals of impacts on the public and thus ability to motivate behavioral change, an improved understanding of journalistic experience in the pandemic “scene” is crucial to improving communication aiming to protect the health of lay publics. My goal is to study how communication occurs in these contexts and what impacts it has.

Scientist, Health Communicator, Rhetorician

I first earned a B.Sc., and worked as a laboratory technician; I identified as a scientist. I loved the logic of science, and the way it changed my perception of the world: I could look at a tree, for example, and imagine the tissues of xylem and phloem carrying water and nutrients. I began a Master's, but a high-pressure liquid chromatography machine in an underground laboratory was my undoing. I loved science, but rather than doing it, I wanted to communicate it.

I became interested in the communication of health-related topics. I recognized issues of power with respect to who was entitled to speak and with respect to what the "appropriate" stances on a given topic were. I was soon working in the public-relations side of health communication. When the severe acute respiratory syndrome (SARS) outbreak occurred in Toronto in 2003, I was employed at the CIHR Institute of Infection and Immunity and was the first point of contact for the media. My employer conducted 26 interviews in a single day. There was such pressure on the media that I remember a journalist calling simply to request suggestions of people to interview. This outbreak context, combined with additional years working in public relations at a vaccine research and development organization, sparked my interest in how communication occurs during high-risk health threats.

The strange insecurities and vulnerabilities unearthed by health and disease fascinated me. Arnold Weinstein captured these vulnerabilities:

One person's infirmity seems pregnant with meaning for another. Here is, of course, why infection and contagion are such loaded notions: they broadcast the kinds of riddles that Oedipus encountered with the Sphinx but locate them in the somatic logic and susceptibility of the human body, a logic that, for laypeople, can be as forbidding and unknowable as quantum physics. (107)

Language and narrative affect how we experience disease. Susan Sontag, in *Illness as Metaphor*, noted that metaphors “deform the experience of having cancer,” leading people to put off seeking treatment or to become passive with respect to how their treatment progressed—in short, she asserted, killing patients (102). Judy Segal wrote at length about the impacts of linguistic symbolism on biological experiences of health and disease in *Health and the Rhetoric of Medicine*. Priscilla Wald traced how stories of outbreaks have concrete impacts on lives.

Drawing on Kenneth Burke, I applied rhetorical approaches to explore incongruities such as why, in referring to the H1N1 outbreak, journalists will differentially use the terms “pandemic” and “flu,” terms with markedly different connotations (Laidlaw, *The Rhetoric*; “Pandemic Stories”). Burke observed that “labeling comforts [us] by getting things placed” (*Philosophy* 8), yet all labels are choices that include some aspects of the thing in question and exclude others. When we make these choices, we are acting according to our own “terministic screens,” choosing what aspects of the thing to use in its naming and what aspects to reject. The critical challenge that entrances me is the application of rhetorical theory to investigate communication on health and disease: how communication occurs, its impacts, its significance. The public health emergency sparked by the 2019 novel coronavirus occurred in a context of social media saturation, posing a threat termed an “infodemic” by the World Health Organization (Richtel), adding a new and “post-truth” element to the rhetorical artefacts of disease outbreaks.

Rhetoric, Public Policy, and Transformations of Expertise

When terministic screens operate in a mass media context, they impact health and policy: “the names embody attitudes; and implicit in the attitudes there are the cues of behavior” (Burke, *Attitudes* 4). For Burke, perceptions and beliefs can be traced from what symbols are used to represent them, and can be seen to originate in these symbols. The terms we use influence the actions we take (Brummett 741). Actions taken in response to a stimulus depend on how it is described (Brummett 741). I have been exploring this phenomenon in the context of outbreaks since 2007 (“The Flu Pandemic”; “An Argument for”), and a central premise of my argument is that communication planning about pathogens works from standard assumptions, yet there are contexts specific to each pathogen—contexts influenced by how media identify the nature of these threats.

My first conference presentation grew out of an idle moment in a check-out line (“The Flu Pandemic”). I noticed a book for sale called *The Flu Pandemic and You: A Canadian Guide*. I was surprised, as I hadn’t been aware of a flu pandemic in Canada. The book crystallized a larger question: What is the best way to distribute information about disease outbreaks to the public?

In 2011, I explored views of the media held by public health authorities. Terminology suggested the media were being viewed as a tool, as a pipeline for information transfer: the classic Shannon-Weaver model. Yet, I argued that journalists covering an outbreak are conducting interdisciplinary communication, involving effects of context, identification, or division between the rhetor and the author of the “text” being translated, and varying degrees of disciplinary literacy. I illustrated that Burke’s cluster-agon critical approach (“Fact”; “Philosophy”) has the ability to reveal the entelechial significance of cross-disciplinary or cross-cultural discourses (Laidlaw, “Not THE Pandemic”; “The ‘Epic’ Principle”).

Given the traditional role medical and public health authorities have played in communicating protective information during high-risk health threats, I am interested in how expertise is enacted, recognized, and evolving (“Communication across”). If, as Anthony Giddens asserts, “the prime condition of requirements for trust is not lack of power but lack of full information” (33), what happens to trust in medical expertise when we have (or believe we have) access to “full information” via our wi-fi connections?

Rhetoric enables persuasion, but it also enables the study of persuasion. It gives us tools to consider how we wish to communicate, how we wish to portray ourselves to each other. The more I study communication, the more awed I am by the power of communication. Isocrates said it best: “There is no institution devised by [humans] which the power of speech has not helped us to establish” (327). Communication distinguishes us as a species, yet we are still flummoxed by it. With the typical academic’s approach, as a new mother I assumed that with a sufficient amount of reading, I could navigate whatever challenges awaited. I of course discovered that the new-parent literature is hilariously self-contradictory. I was led to reflect on the irony that despite what we have accomplished as a species, we still cannot identify the rationale for a newborn’s tears at 1 a.m., because newborns do not have language. I have begun pointing this out to my communication theory students, as it speaks to the profound complexity of communication and persuasion. Similarly, I am fascinated that despite millennia of living with both language and disease, we are still trying to establish how best to convey protective information during an outbreak. I am excited by new initiatives centred in interdisciplinary perspectives: for example, a collaboration between rhetorician Jordynn Jack and neuroscientist Gregory Appelbaum, and conferences aimed at sparking collaboration between scientists and humanities scholars (e.g., *Making Biological Minds*, University of Leeds, UK, 2017).

Maritime Perspectives

The ocean changes our perspective of land, changes even the shape of the land. While it is easy to take the ground under our feet for granted, living on a coast means that one is always reminded of the ocean.



Scenes from the Coast (Photo by Tess Laidlaw)

In my own work, I endeavour to stand in territories from which I can gain novel perspectives.

The irony I see in studying and teaching communication is the degree to which we take communication for granted (in Burke's phrasing, our "trained incapacity"; *Permanence* 7). Overcoming this requires vigilance and is paramount to my research, as my interests stem from my ability to be aware of, and question, my experience as communicator and audience. My heuristic of choice is captured in Burke's concept of "perspective by incongruity." I align with Whedbee's interpretation of this perspective as one that flies in the face of "our common sense assumptions about what properly ought to go with what" (48). A favourite critical method is Burke's cluster-agon analysis (Burke, "*Philosophy*"), which itself generates perspective by incongruity, as the critic re-conceptualizes "text" into clusters of terms and oppositions that can be represented visually. This process removes the critic from the position of "audience" and provides a method for the critic to see beyond enthymematic common sense that colours interpretation of the text. My teaching of communication theory classes is also often channeled through this perspective as, taking the concept quite literally, I construct communicative experiences for students that challenge habitual processes.

Still in the early years stages of my career, I feel that it is during beginnings—peripheries in their own right—that we have greatest access to perspective by incongruity. I am drawn to study outbreak communication at the beginning of the outbreak (when the likelihood of controlling it is greatest). I wish to learn about the impacts of communication in the context of prenatal health: How does prenatal education affect women’s birthing experiences and outcomes? I am inquiring into the experiences of first-year, first-term university students. How can communication occur more effectively in these “boundary” contexts, to bring about change, to protect health? What impacts do existing communication practices have, and why? I am collaborating with colleagues from numerous disciplines and have become interested in studying such teams themselves. I hope that by applying rhetorical approaches in order to learn more about communication, I can contribute to more effective ways of communicating, with impacts on health and well-being.

A coastline is a context of interaction and constant change. Dunes emerge and recede, microclimates form and dissolve. Likewise, in true Burkean fashion, disciplinary “boundaries” become the domain of inter-disciplinary dialogues.

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