

Review:

S. Scott Graham. *The Politics of Pain Medicine: A Rhetorical-Ontological Inquiry*

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“Calibration” is the key word of S. Scott Graham’s *The Politics of Pain Medicine: A Rhetorical-Ontological Inquiry*. In this expansively researched monograph published by The University of Chicago Press, Graham calibrates research in Rhetoric and Science & Technology Studies (STS) by demonstrating a methodology that readjusts both fields towards the center of a growing divide. *Rhetorical-ontological inquiry* challenges rhetoricians to pay more attention to material constraints and to take a systems-focused approach to objects of study. Meanwhile, Graham challenges STS scholars of New Materialism to open themselves to the importance of discourse in shaping action, as well as to the rhetoricians’ toolkit of tropes, stasis theory, metaphor criticism, and more. Graham does not simply ask each discipline to pay attention to the other; instead, his rhetorical-ontological inquiry blends these approaches into a creative and practicable method. The humanistic divide Graham

attempts to bridge is, interestingly, very similar to the divide that exists in his object of study.

In rhetoric, STS, as well as pain medicine, Graham works to overcome the two-world problem. Rooted in Cartesian dualism, this disconnect between mind and body (and the body's primacy over the mind in modern medicine, especially) is largely the topical focus of this book. Graham presents a compelling history of the study of pain from the ancients to contemporary cases, carefully avoiding the hegemonic fallacy of one ontology replacing the next. The calibrations Graham interrogates (and contributes to) in pain medicine are shifts toward a "biopsychosocial" model of pain. Such a model takes physical and psychological pain as equally real and pushes away from the Evidence Based Medicine (EBM) ontology so prominent today. Graham uses his rhetorical-ontological approach to elucidate movements toward this inclusive view of pain in three related case studies. Graham studies a mixed-specialty professional organization, the Midwestern Pain Group, and their attempts to cross disciplinary boundaries to better serve suffering patients. He also focuses on sinus headaches and fibromyalgia as complimentary cases to show what he calls rarefactive and constitutive calibration at work. Sinus headaches are losing status as a legitimate condition, a rarefactive calibration, while fibromyalgia has gained recognition, a constitutive calibration.

A representative example of Graham's rhetorical-ontological inquiry is his deployment of what he calls "functional stasis." Functional stasis has potential as an analytical tool, but in Graham's presentation, it leaves some questions as to how best to present the "functional" aspect of the analysis. Stasis theory, a mainstay of rhetorical analysis, is used to identify the stopping points of an argument, which traditionally range from the conjectural (whether something exists), definitional, circumstantial (dealing with judgment), and the translativity (regarding jurisdiction). Graham draws from Prelli's 2005 article for additional stasis levels. Rather than focus on the stopping points of an argument as stasis is typically used, Graham's functional approach investigates the spaces in between. As is characteristic of this text, Graham provides clear explanation and useful analogies to help his audience understand new concepts. In this case, Graham explains that the difference between stasis and functional stasis can be compared with

structural and functional neuroimaging. The difference between these is that structural neuroimaging creates a “cartography” of the brain while functional neuroimaging understands the brain through flows of blood and oxygen. This functional approach provides a four-dimensional representation by adding in changes over time and is described by Graham as a more dynamic approach that can address the “multi-ontological complexity” of an organization like the Midwestern Pain Group (92).

In his functional stasis analysis of the Midwestern Pain Group, Graham uses conversations of members during informal Q&A sessions, following presentations to study how they grapple with multiple ontologies of pain and struggle to move toward a biopsychosocial model. Similar to the clinicians’ grappling at Midwestern Pain Group meetings, the reader must also grapple with the fluidity of these conversations and the quick pace of Graham’s analysis. The excerpts of these conversations are fascinating to read and certainly support the larger claim that members of this group are moving towards an inclusive view of pain. Graham points to the ultimate importance of the translative stasis in calibrating these ontologies, but the journey there can be hard to follow. Clearer dissection of the excerpts that point out which specific discourse moves constitute stasis moves, and the shifts between them would have been welcome additions. At the same time, what Graham adds by carefully tracking the shifts between ontologies, the material constraints on each speaker and the rhetorical situations they enter is worth quite a lot. The analysis in this chapter and throughout is a thought-provoking foray into new territory that breaks new ground by finding a space between two established fields.

Graham’s book promises a lot to three separate fields, and for the most part, he delivers to all of them. Rhetoricians who are interested in new materialism would be well suited to read this book for its systems-focused approach to analysis. STS scholars, especially from a rhetorician’s point-of-view have a lot to gain from Graham’s persuasive appeal to not throw the rhetorical baby out with the bath water when looking from the new materialist perspective. Graham provides both of these disciplines a new methodological toolkit that is well explained, though perhaps difficult to deploy. In addition, Graham

implores scholars to remain careful analysts of health communication. He explains that “the hegemonic fallacy and its construal of an all-powerful Big Pharma leads scholars astray” (187). Graham shows the rarefactive calibration that has removed the legitimate status of sinus headaches to the detriment of Big Pharma as the evidence of this. However, they have something to gain from such a shift (by patients’ recategorization as migraine sufferers), which does return one to the cynical view of Big Pharma held by many. Nevertheless, Graham demonstrates that popular biases against his object of study should be more deeply interrogated.

Overall, this book is itself a calibration that quite successfully sets a course between two fields to, as Graham says, “find the groove” (203). Readers will find a fascinating view of shifting ontologies presented differently from the Kuhnian notion of one ontology wholly replacing another. Analysts have a new toolkit to explore and scholars interested in medical discourse, science, and technology have much to gain from this book.

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