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Rhetorics of Cancer in America

by

Christopher James Wernecke

Under the Direction of Carol K. Winkler, Ph.D.

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

in the College of Arts and Sciences

Georgia State University

2023

ABSTRACT

This dissertation examines the constitutive functions of multimodal cancer rhetoric in America and critiques the resulting ideological consequences. This study locates the multimodal manifestations of American cancer rhetoric within three realms – textual/oral, visual/material, and bodily/performative. Beginning in the discursive realm, it traces the metaphoric evolution of the “War on Cancer” and the “Cancer Moonshot Initiative” in presidential rhetoric before then moving to an analysis of artifacts from American cancer rhetoric’s nondiscursive formations. For the visual/material modality, this study analyzes the pink breast cancer “awareness” ribbon and the yellow Livestrong cancer “support” bracelet; for the bodily/performative modality, it then considers two portrayals of cancered bodies in popular media – Walter White from the television series *Breaking Bad* and the featured childhood cancer patients from St. Jude Children’s Research Hospital.

To better understand the ongoing identification processes within and among the various modalities of American cancer rhetoric, this dissertation expands upon several theories of constitutive rhetoric. First, it utilizes an extended concept of constitutive metaphors to properly ascertain the identification and ideological power of the martial and space exploration metaphoric frameworks underlying the “War on Cancer” and the “Cancer Moonshot Initiative.” Second, it positions the pink ribbon and yellow bracelet of American cancer culture as iconic objects and locates their identificatory and ideological impact as emanating from their constitutive materiality. Finally, this study advances a narrative-based framework for understanding the constitutive corporality of cancered bodies in media. By attending to the physical contours of cancered bodies, this study effectively demonstrates the identity and ideological force of such bodies.

Overarchingly, however, this dissertation contributes to a more nuanced understanding of constitutive theory through its focus upon cancer's paradoxical status as an "invisible illness." That is, although initially invisible, cancer transforms into a highly visible disease when medically treated – and this tension between what is visible and what is not, and its impact on processes of identification – demonstrates the latent power of invisibility in constitutive rhetorics.

INDEX WORDS: American cancer rhetoric, constitutive rhetoric, multimodal rhetoric; cancer; rhetoric of health and medicine; presidential rhetoric; popular culture; invisible illnesses; health communication

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May 2023

DEDICATION

This dissertation is dedicated, first and foremost, to my wife and daughters – Chelsea, Arya, and Abigail – as well as our “puppy love” Woodrow Wilson Wernecke. Chelsea – without you, none of what is inscribed here would have been possible. Your unending love, labor, patience, and understanding, quite literally, made all of what is before you a reality. Arya and Abigail – while you are too young to fully understand this right now, you are, and always will be, my greatest creation.

This dissertation is also dedicated to my parents, James and Karen Wernecke, who have fostered my love of all things written and spoken since the very beginning. My mom and dad are, quite simply, the genesis of my intellectual history. Without my parents, I would not be who I am today.

Next, this dissertation is dedicated to my family, both past and present. In particular, I owe a great deal to the love and generous spirit of my beloved Grandma Gert Wernecke, Aunt Nancy Wernecke, and Uncle Tom Corcoran; and my cousins Joe Wilfinger and Eilidh Hall, and Katie, Paige, and Riley Wilfinger continue to both inspire and remind me of my intimate connection to the American Midwest. To the family members of my ancestral past who fled the violence of the 1848 revolutions in Europe by walking more than 200 miles to the nearest port with barely enough money to book passage to the United States, this dissertation is for you as well. In a strange, new country, you labored on farms and in factories with the distant dream that those who came after you might live a better life – and I hope that what is written on these pages is indeed a manifestation of that once distant dream. Wherever you are, I also know that you feel deeply for today’s refugees – and I pray that our ethereal connection extends to those families in flux as well.

This dissertation is also dedicated to Chelsea's family. To the English Family – Richard, Cindy, Spencer, Regan, and Louisa; Gene and Liz; well as Jake and Christina Morris; Kendal, Tray, Knox, and Mila Jones, and Kadynce and Gage Garner – your unyielding love and support for us, as well as your unrivaled faith in this endeavor, made all of this possible.

Importantly, I want to also dedicate this dissertation to every cancer patient – past, present, and future. For those that I know, have known, or have known through name only, as well as those I will never know – this dissertation is for you. By no means exhaustive, this list includes Ruth “Granny” White, James Wernecke, Nancy Wernecke, Herbert Wernecke, Edward “Grandpa” Wilfinger, Mary “Grandma” Wilfinger, Hattie Dorn, Paul Wilfinger, John Torkelson, Gene English, Jean English, Richard English, Norma English, John Weldon, Loretta Weldon, Jack Weldon, Jimmy Weldon, Roxanne Doherty, Susan Winkler, Jack Horan, Akis Sophocleous, Jim Bailey, Dorothy Raef, Joan Symank, Benjamin Symank, Michael Symank, Benny Symank, Eugene Symank, Kenneth Watson, Ayse Lokmanoglu, Robert Burns, Melissa Tang, Theresa Jozwiak, Susan Jeffries, Peter Agnew, Fidel Cordova, Thomas Nolting, Dorinda Mitchell Gilmore, Darlene Vitzthum, Mark Childers, Terri Deligio, and Ruth Mahler. In the end, however, this dedication can never really be a monument worthy of every name written above. Rather, the monuments worthy of these names ultimately abide within those they love. To seek their true monuments, then, I encourage everyone reading this to simply look around.

Finally, I dedicate this dissertation to those former cancer patients who, like me, live under a shadow of uncertainty, recognizing that their title of “former cancer patient” may, at any moment, be relinquished from them. To all those bearing this unwanted title, I wrote this knowing full well that the cancer that once lurked insidiously within me may yet still return.

Should this occur, I, like you, desperately wish to not be consigned to oblivion.¹ Rather, if the specter of death does indeed manifest, I hope that the words inscribed here live on, comforting my wife and daughters, and instilling hope and resolve within a new generation of scholars, advocates, and cancer patients.

Throughout my journey writing this, I often thought of the renowned and inimitable Audre Lorde, who admitted to readers in *The Cancer Journals* (1980) that she did “not wish [for her] anger and pain and fear about cancer to fossilize into yet another silence, nor to rob [her] of whatever strength can lie at the core of [her] experience, openly acknowledged and examined” (p. 9). Like Lorde, I wrote this dissertation so that I too may continue to find strength and solace in the ongoing reflection of my own cancer experience.

¹ Shortly after my cancer diagnosis in March 2015, I reread President Washington’s “Farewell Address.” I cannot recall whether my rereading was for a class or just coincidence, but the phrase “consigned to oblivion” hit me particularly hard, playing on my fear of death from cancer and haunting me for the two months from diagnosis to my surgery in May 2015. After the successful surgery, life resumed, and the phrase retreated into the confines of my mind. In incredible fashion, playwright Lin-Manuel Miranda prominently featured Washington’s “Farewell Address” and his closing remarks in the song “One Last Time” in the Broadway musical and popular culture phenomenon *Hamilton*. In the summer of 2020, *Disney* released *Hamilton* on their *Disney+* streaming platform and hearing “consigned to oblivion” again triggered a cavalcade of memory and emotion, inspiring me to include it here.

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This dissertation would not have been possible without the labor, patience, and expertise of a great many people. First, I would like to extend my deepest appreciation to my advisor, Dr. Carol K. Winkler. Without question, Dr. Winkler was the best advisor a graduate student could ask for – she was responsive, understanding, and resourceful while also being tough, thorough, and frank. Dr. Winkler was both my creative catalyst and drill sergeant – she simultaneously nurtured the human spirit underlying the entirety of this project and also transformed me into a better writer and scholar.

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My doctoral cohort was also a blessing. This dissertation would not have been possible without the bonds of friendship formed with Virginia Massignan, Megan Mapes, Meredith Pruden, Ayse Lokmanoglu, Pauline Matthey, Kayla McMinimy, Aaron Dicker, and Ryan Gautreaux in particular. I would also like to thank additional members of my graduate cohort at Georgia State University for their support, including Katherine Kountz, Lauren Lane, William Canter, Caleb Cates, Wendy Zhou, Ed Van Herik, Laura B. Jones, Laura Johnson Jones, Michael Jablonski, Nagham El Karhili, Matthew Klingbeil, Salome Apkhazishvili, Cemone Paul, Akansha Sirohi, Ashley Jones, Carolyn Walcott, Alan Winfield, Lindsey Jo Hand, Evan Johnson, Rohit Verma, and Rhana Gittens.

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	VII
1 INTRODUCTION.....	1
1.1 Scholarly Significance.....	5
<i>1.1.1 Broadening the Scope of Cancer Rhetorical Studies</i>	<i>5</i>
<i>1.1.2 Alternative Metaphoric Frameworks in Textual/Oral Cancer Rhetoric</i>	<i>8</i>
<i>1.1.3 The Multimodal Nature of Cancer Discourse.....</i>	<i>10</i>
<i>1.1.4 Constitutive Formulations of Cancer Rhetoric</i>	<i>16</i>
<i>1.1.5 Invisible Illness and Nondiscursive Cancer Rhetorics</i>	<i>21</i>
1.2 Scope & Method	24
<i>1.2.1 RQ1 & RQ2.....</i>	<i>24</i>
<i>1.2.2 RQ3</i>	<i>28</i>
<i>1.2.3 RQ4</i>	<i>31</i>
1.3 Chapter Previews	32
2 THE “WAR ON CANCER” AND THE “CANCER MOONSHOT INITIATIVE” AS CONSTITUTIVE METAPHORIC FORMATIONS OF AMERICAN CANCER DISCOURSE	35
2.1 Metaphor and Constitutive Rhetoric	36
<i>2.1.1 The Role of Metaphor in Labeling the Collective Subject.....</i>	<i>42</i>
<i>2.1.2 The Role of Metaphor in Transhistorical Narrative Activation</i>	<i>43</i>

2.1.3	<i>The Role of Metaphor in Maintaining the Illusion of Freedom</i>	45
2.2	Presidential Cancer Rhetoric in Antebellum: Presidents Hoover to Johnson	47
2.3	Nixon’s Rhetoric in Antebellum: Preparing America for the “War on Cancer” .	58
2.3.1	<i>Positioning for a War Declaration.....</i>	59
2.4	The Constitutive Implications of Nixon’s Rhetoric in Antebellum	65
2.4.1	<i>Constituting the American Collective Subject.....</i>	65
2.4.2	<i>Activating the Transhistorical Narrative</i>	68
2.4.3	<i>Maintaining the Illusion of Freedom</i>	69
2.5	Nixon’s Rhetoric In Bello: Maintaining the “War on Cancer”	70
2.5.1	<i>Reinforcing the Instrumental Efficacy of the “War on Cancer”</i>	71
2.5.2	<i>The Instrumental Elements of a Globalized “War on Cancer”</i>	74
2.6	The Constitutive Implications of Nixon’s Rhetoric in Bello	77
2.7	Connecting the American Cancer Collective: The Prolonged “War on Cancer” and the Emergence of the “New Moonshot” Metaphoric Framework	80
2.7.1	<i>The Prolonged “War on Cancer”</i>	82
2.7.2	<i>The Emergence of the “New Moonshot” Metaphoric Framework & Its Constitutive Implications.....</i>	85
2.7.3	<i>The Constitutive Consequences of the Connected Military and Space Exploration Metaphoric Frameworks in American Cancer Discourse.....</i>	92
2.7.4	<i>The United States Space Force</i>	92

2.7.5	<i>Biden's First State of the Union Address</i>	94
2.8	Conclusion: The Ideological Consequences of Constitutive Metaphors & Identity Conflation in American Cancer Discourse	98
3	THE CONSTITUTIVE MATERIALITY OF AMERICAN CANCER CULTURE'S ICONIC OBJECTS	102
3.1	The Pink Ribbon and Yellow Bracelet of American Cancer Culture: A Brief Material and Rhetorical History	105
3.1.1	<i>The Compositional Elements of the Pink Ribbon and Yellow Bracelet</i>	105
3.1.2	<i>The Rhetorical History of the Pink Ribbon and Yellow Bracelet</i>	107
3.1.3	<i>A Common Material Lineage</i>	111
3.2	Icons, Ideology, and The Five Constitutive Influences	112
3.2.1	<i>The Five Constitutive Influences of Icons</i>	114
3.2.2	<i>Reproducing Ideology</i>	114
3.2.3	<i>Communicating Social Knowledge</i>	114
3.2.4	<i>Shaping Collective Memory</i>	115
3.2.5	<i>Modeling Citizenship</i>	115
3.2.6	<i>Resources for Communicative Action</i>	116
3.3	Understanding the Constitutive Materiality of Iconic Objects Through American Cancer Culture's Pink Ribbon and Yellow Bracelet	116
3.3.1	<i>Reproducing Ideology</i>	117
3.3.2	<i>Communicating Social Knowledge</i>	121

3.3.3	<i>Shaping Collective Memory</i>	122
3.3.4	<i>Modeling Citizenship.....</i>	123
3.3.5	<i>Resources for Communicative Action</i>	126
3.3.6	<i>The Ideological Implications of an Iconic Object's Constitutive Materiality....</i>	127
3.4	Iconic Objects in Charland's Constitutive Rhetoric.....	131
3.4.1	<i>Constituting the Collective Subject.....</i>	132
3.4.2	<i>Activating a Transhistorical Narrative</i>	134
3.4.3	<i>Maintaining the Illusion of Freedom</i>	137
3.5	Conclusion: The Ideological Implications of Making the Invisible Visible	139
4	THE CONSTITUTIVE CONSEQUENCES OF CANCERED BODIES	143
4.1	Introduction.....	143
4.2	The Body in Instrumental and Identification Rhetoric	148
4.2.1	<i>The Rhetorical Capacities of Bodies.....</i>	148
4.2.2	<i>The Identificatory Capacities of Bodies.....</i>	150
4.3	The Body in Charland's Constitutive Rhetoric.....	151
4.4	(Re)Centering the Body in Constitutive Narratives.....	154
4.5	The Narrative Portrayals of Walter White and the St. Jude's Child	156
4.5.1	<i>Walter White</i>	157
4.5.2	<i>The St. Jude's Children.....</i>	160

4.6	Walter White: Exploitative Capitalism, Rugged Individualism, and the Failed Critique of American Healthcare	165
4.6.1	<i>The Identification Power of Walter White</i>	165
4.6.2	<i>Breaking Bad's Supporting Characters and Their Interactions with Cancered Bodies.....</i>	172
4.6.3	<i>The Rugged Individual's Bootstraps: The Illusion of Freedom in Walter White's "Badass" Corporality and Its Ideological Implications.....</i>	174
4.7	The Children of St. Jude: Benevolent Capitalism, Paternalistic Charity, and the Continued Privatization of American Healthcare	176
4.7.1	<i>The Many Narrative Roles of the St. Jude's Children.....</i>	177
4.7.2	<i>The Parents of St. Jude</i>	184
4.7.3	<i>Danny Thomas and St. Jude the Martyr</i>	190
4.7.4	<i>The Haunting Specter of Ideology: Maintaining the Privatized Healthcare System Through the Illusion of Freedom.....</i>	192
4.8	Conclusion: The Ideological Weight of Cancered Bodies	195
5	CONCLUSION	201
5.1	The Interconnectedness of American Cancer Rhetoric & An Extended Theory of Constitutive Rhetoric	202
5.1.1	<i>Constitutive Metaphors in American Cancer Discourse</i>	202
5.1.2	<i>Constitutive Materiality and the Iconic Objects of American Cancer Culture..</i>	205
5.1.3	<i>Constitutive Corporality and Cancered Bodies</i>	207

5.2	Considering the Presence of Invisibility in Constitutive Theory	209
5.3	Cancer Rhetorics Beyond an Americanist Scope	214
5.4	Toward a “Corporeal Solidarity”	215
REFERENCES.....		218

1 INTRODUCTION

In her widely acclaimed book *Illness as Metaphor*, the famed American writer Susan Sontag (1978) opened with a haunting reminder, writing that “illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick” (p. 2). Less eloquently put, no one is untouched by disease – it affects us all. Indeed, if the human experience is one of life and love, it also one of disease and death, with both extremes continuously shaped and reshaped, framed and reframed through communication. In the realm of disease in particular, our experience is as much discursive as it is material and bodily – the rhetorical construction of disease and illness matters a great deal in experiencing the material and bodily ramifications of disease. For much of our existence on Earth – both individually and collectively – *how* we talk about disease, or the way we frame its impending arrival and its inevitable conclusion, is continuous, impactful, and oftentimes intimate. Like Sontag and so many others before me, I am writing this dissertation to reveal the ways in which we use language to define and narrate our experiences with disease, and, ultimately, to explore the rhetorical contours of illness and its impact more fully on the human experience.

Collectively, perhaps no other disease is as omnipresent in the human experience as cancer. Often referred to as the “emperor of all maladies” (Mukherjee, 2011), the very “concept of cancer is intimately connected with the concept of death itself” (Black, 1970, p. 118). This intimate connection is not without warrant. Indeed, despite incredible progress in preventing, diagnosing, and treating cancer in the last four decades, cancer is still the “leading cause of death for those under 65 years of age” in the United States (National Cancer Institute, n.d.). In 2020

alone, the National Cancer Institute estimated that “roughly 1.8 million people will be diagnosed with cancer” and, of those cases, “606,520 people will die” in the United States. Outside the United States, statistics continue to paint a bleak picture as well. Globally, “about 1 in 6 deaths is due to cancer,” fluctuating between the leading and second leading cause of death in recent years (World Health Organization, 2018). According to the *World Health Organization*, an “estimated 9.6 million” people around the world died from cancer in 2018 and, according to the *American Cancer Society*, this number is expected to almost double by 2040 to “16.3 million cancer deaths simply due to the growth and aging of the population.” Of course, these estimates do not account for environmental factors that cause cancer like pollution. Moreover, these estimates do not account for the cancer that kills silently, festering in exploited places of the world where healthcare infrastructures are lacking or are nonexistent.

The pervasiveness of the disease in America is readily apparent. Indeed, Agnew (2018) argued that “cancer is an inescapable presence in modern life” and “most people know someone who has had cancer, if they have not had it themselves” (p. 271), seemingly leaving no one untouched. According to a 2017 CBS News Poll, cancer has “touched the lives of most American families” with 54% of respondents reporting that “they or someone else in their immediate family has been diagnosed with cancer at some point.” Expanding upon this, one would imagine that that number would certainly rise if close friends, neighbors, or extended family were included in the polling question, further indicating that most people have borne witness to the trauma that is cancer either first or second hand. In all, many have either been personally afflicted with one of cancer’s many manifestations, or they have endured the disease while caring for a close loved one, or they know of someone outside their immediate family experiencing cancer in some capacity.

Moreover, cancer can and often does manifest within anyone, at any time, regardless of circumstance – and I am living proof of cancer’s indiscriminate targeting. For me, my experience with cancer viscerally crossed the threshold from second to firsthand at the age of 23. While more than half a decade has now passed since I was diagnosed with cancer, the experience still haunts me. In the spring of 2015 and halfway into my second semester as a master’s student at Texas State University, I ventured home to Chicago for spring break as a full-time graduate student and returned a part-time cancer patient. The type of cancer that I was diagnosed with was a rare form of kidney cancer known formally as renal cell chromophobe carcinoma. Fortunately, however, while the tumor was located on my kidney, it was contained within the layer of fat that surrounds the organ – and, as such, I was not subjected to the horrors of chemotherapy nor did I endure the intense radiation nor, still, did I have to experience the uncertainty of new treatments like immunotherapy as my fellow cancer patients did. Still, though, I carried a unique burden. I continued going to class, I studied, I taught, I went about my life all the while knowing that something nefarious, an insidious manifestation, dwelled within my body. In the two months between when my doctor discovered the cancerous tumor and when another doctor performed the radical nephrectomy that removed both my right kidney and the attached tumor, the intimate connection between cancer and death was never far from my mind.

Perhaps it was because of my status as a part-time cancer patient, or perhaps it was because I was young student of rhetoric, that my focus was, at least temporarily, not so much concentrated on my own bodily and material consequences of cancer, but rather on its larger collective discursive and nondiscursive constructions. In other words, I became acutely aware of *how* I was talking about my diagnosis, of *how* others were talking to me about my illness, and perhaps, most importantly, I watched as I was suddenly and viciously inserted into a larger

discussion of experiencing cancer in America. The vividness of this discourse continues to inform and filter my memories of my cancer experience. For me, and for so many other cancer patients, survivors, victims, and their families and friends, significant emotional weight attaches to the words, images, materials, and bodies we use when depicting and discussing cancer. A word here or a picture there has the potential to trigger a cascade of memories or a flood of emotion. In a culture wide rhetorical formation like that of American cancer discourse, we can often lose sight of the deeply personal connection and affective capabilities of the rhetorics that comprise cancer in America. The rhetoric of a billboard sign advertising a hospital's excellent cancer care, for example, may be innocuous at first glance, but to the many thousands that drive by that sign every day, that rhetoric binds those thousands of individuals to a simultaneously invisible and visible collective centered on cancer experiences.

Indeed, the trauma from cancer has a way of festering silently – and simultaneously – in the body and mind of an individual survivor, as well as their caregiver, friend, or family member, and can be activated by an utterance, a visual cue, or the inadvertent grazing of a bodily scar. This rhetorical activation, then, binds those individuals to a collective. Because American cancer discourse occupies and manifests throughout the many realms of rhetoric – the textual, visual, material, and bodily – and is often employed at every level of society, the connection between the individual and the collective is constantly, and at once, reified, contested, and redefined. Moreover, given cancer's sinister ability to appear in even the healthiest of bodies, like my own, no one is removed from cancer rhetoric's constitutive potential. Put differently, American cancer discourse is not a benign set of words, materials, or visuals used mindlessly by the masses. Rather, American cancer discourse is infused with the personal and the intimate, in a sense

making the discursive formation a living and ongoing construction that is connected to the larger collective American socio-political body.

1.1 Scholarly Significance

1.1.1 *Broadening the Scope of Cancer Rhetorical Studies*

Importantly, only a few studies examine cancer rhetoric broadly and consider cancer rhetoric's large rhetorical impact in America. Most notably, Agnew (2018) first wrote that "language about cancer is arguably even more ubiquitous than the disease" and "talk about cancer assumes many forms" that are often not confined to a specific type of cancer (p. 271). Indeed, "news of developments in treatment; stories of courage in the face of challenges; advice for testing and prevention; fundraising appeals to pursue the cure of all or specific types of cancer; pink ribbons and other symbols that remind the public of the cause; [and] social media discussions about the effects of cancer and its treatment" all comprise cancer rhetoric in its broadest consideration (p. 271). Despite its insidious omnipresence in the human experience, and its pervasiveness across discursive and nondiscursive modalities of rhetoric, cancer and its associated discourse remain an understudied phenomenon in rhetorical studies. Notably, the rhetorical scholarship on cancer is small when compared to social scientific studies of cancer communication. Despite Agnew's (2018, 2020) call for a broader scope in rhetorical studies of cancer communication, rhetorical scholarship has yet to build upon the idea that cancer rhetoric often manifests in general evocations of the disease, not just specific cancer-type conjurations.

In the United States, breast cancer and its accompanying rhetoric continues to be the focus of communication scholars, social commentators, and the public alike. For example, Segal (2007), Pezzullo (2003), Duerringer (2013), Finer (2016), Hill (2016), and Watt (2012) all critiqued breast cancer discourse through an array of rhetorical lenses that focused on a range of

texts spanning blogs, narratives, and organizational rhetorics. Without diminishing the scholarly and public import of this work, the focus on breast cancer discourse alone emphasizes language choices that generally pertain to a specific portion of a particular demographic. Breast cancer discourse overwhelmingly centers on audiences that are generally cisgendered female, older, and white. According to the *Centers for Disease Control* (2020), while breast cancer is “the most common cancer in women in the United States” (aside from skin cancer), its public domain often ignores age and racial disparities (para. 1). For example, older women, particularly those over 50, are more at risk of breast cancer than their younger counterparts, and despite a similar number of cases, “black women have a higher rate of death from breast cancer than white women” and breast cancer represents the “leading cause of cancer death among Hispanic women” (CDC, 2020, para. 1-2).

Breast cancer discourse in America is also often filtered through highly stylized, traditionally gendered, and commercialized lens. This filter, known as “pink-washing,” often omits disparities, discursively masking the systemic failures of our for-profit healthcare system. Indeed, Duerringer (2013) argued, “neoliberal breast cancer awareness campaigns have typically trafficked in normatively feminine goods that might be characterized as understated, elegant, and prissy” (p. 345). Duerringer (2013) further commented that “Baby pink and white T-shirts and baseball caps... and bejeweled brooches, and stuffed animals of all ilk have carried a hopeful message to the [breast cancer] afflicted and their supporters” (p. 345). The commercial success of breast cancer “awareness” campaigns “likely has to do with breast cancer’s enormous significance, the high unimpeachable moral status of its victims, and the apparent political neutrality of mainstream breast cancer activism” (Duerringer, 2013. p. 345). The rhetorical implications of these breast cancer “awareness” campaigns certainly “achieve their material

goal” of fundraising by “articulating the search for a cure with sexuality, frivolity, and flirtation” (Duerringer, 2013, p. 346); Pezzullo (2003), and have provided opportunities for exploring how counterpublics resist the pink-washing industry. What remains to be studied in the pink-washing literature, however, is the relationship this rhetoric has to general cancer discourse that moves beyond the breast cancer context.

The narrow scope on specific approaches and iterations of cancer discourse does not address the discursive masking of cancer’s overall disproportional impact. Like the pink-washed rhetoric used to conceal the real impact of breast cancer, a rhetorical masking of cancer’s larger impact in America exists. To begin to rectify the problem of narrower scopes of these previous rhetorical critiques, and building off Agnew’s (2018, 2020) research, my dissertation will continue to expand the concept of cancer rhetoric. While Agnew (2018, 2020) turned to archives of the popular press to discern the rhetorical origins of cancer rhetoric in America in the early 20th century, I turn to cancer rhetoric as it manifests in presidential rhetoric, public health policy, and, crucially, its nondiscursive modalities in the latter half of the 20th century and into the present day. Indeed, my dissertation considers cancer rhetoric in America as a distinct cultural discursive formation that plays a critical role in constructing the citizenry’s relationship to the disease. When President Nixon signed the National Cancer Act of 1971, he did not call for a “conquest” of a specific type of cancer; rather, he called for the total “conquest of cancer” as a whole (Richard Nixon Foundation, 2016, 0:59). Similarly, even after the loss of his son in 2015 to glioblastoma multiforme, a particularly aggressive form of brain cancer, then Vice-President Joe Biden called for a “moonshot” in this country to cure cancer, not specifically brain cancer (Biden, 2015, para. 23). In short, to truly understand the suasory and ideological impact of cancer in its discursive, bodily, and material forms, the field of Communication Studies must move

beyond specific iterations of the rhetoric and employ a wider scope. Accordingly, my first research question (RQ1) is: what are the patterned rhetorical strategies employed in general rather than disease-specific evocations of cancer discourse?

1.1.2 Alternative Metaphoric Frameworks in Textual/Oral Cancer Rhetoric

One way to begin to truly understand the import of cancer rhetoric is to begin in the textual and oral realm. While the same issues of a confined scope persist within these two discursive modalities, a wealth of existing cancer research examines the suasive use of metaphors, particularly metaphors of war and combat. In the latter half of the 20th century, the martial metaphoric frame (i.e. the “War on Cancer”) became entrenched in public discourses about cancer and early research that focused on understanding this entrenchment focused on the inherent persuasive rhetorical qualities of the metaphoric frame. Indeed, the metaphoric congruence between war and cancer has been thoroughly examined, as have the limitations of this metaphoric frame. For example, Sontag (1978) and Segal (2008) discussed and critiqued the pervasiveness of war and its metaphors in cancer discourses, while Reisfield and Wilson (2004) and Garrison (2007) further elucidated the limitations of the martial metaphoric frame in cancer rhetoric.

Importantly, while these studies did challenge the hegemony of the martial metaphoric frame in some capacity by highlighting its negative qualities of its suasive appeal, these scholars stopped short of explicitly advocating for alternative metaphoric frameworks. Only one follow on study examined the use of space and space exploration, for example, as a metaphoric alternative (Wernecke, 2021). However, despite the discussion of this alternative frame in cancer rhetoric, a crucial gap in understanding remains. Agnew (2018) effectively previewed this important omission, writing that the constitutive functions of cancer discourse remain an

insufficiently explored area of research, particularly in the realm of the metaphoric manifestations of the discourse. She understood that the use of metaphoric language is a crucial component functioning within the rhetorical construction of a collective identity. As such, the insights to be gained from approaching metaphoric language in cancer discourse from a constitutive perspective will help to illuminate how American identity is interpellated through metaphoric language about cancer and reveal the ideological forces at work within this rhetoric.

To respond to these oversights, I explored the constitutive and ideological forces at work within war and its metaphors, as well as within the metaphoric shift towards space and space exploration metaphors that build upon frontier metaphors in science. This metaphoric shift in American cancer discourse is occurring at a distinctive time in our relationship with both war and space exploration. Indeed, coming off almost two decades of perpetual war in the American War on Terror as well as significant advancements in space flight and technology, this shift seems almost predestined and self-fulfilling as Americans continue to reject war and the military industrial complex in favor of a collective commitment to explore beyond our earthly confines. The shift away from war and its metaphors towards space and space exploration metaphors in American cancer discourse is also occurring at a time when movements to both militarize and privatize space are gaining momentum. Indeed, the nascent rise of billionaire ambitions in space travel and colonization through individuals like Elon Musk, Jeff Bezos, and Richard Branson, as well as the reorganization of the United States Military around the establishment of former President Trump's "Space Force" present an interesting tension and dichotomy in explaining the suasive impact and community building capabilities of the metaphoric shift in cancer discourse. Thus, my second research question (RQ2) is: how do martial and space metaphors, as well as intersections between them, reconstitute communities within American cancer rhetoric?

1.1.3 The Multimodal Nature of Cancer Discourse

American cancer rhetoric is multimodal. Cancer discourse in America is, at once, textual and oral, visual and material, and bodily and performative. Unfortunately, the bulk of research on cancer rhetoric focuses mostly on the textual and oral components (e.g., Segal, 2007, 2008; Williams Camus, 2009; Duerringer, 2013; Finer, 2016; Watt, 2012; Sontag, 1978; Reisfield & Wilson, 2004; Garrison, 2007; Agnew, 2018; Wernecke, 2021). Within Rhetorical Studies and Communication Studies, little scholarship considers the power of cancer rhetoric in the realm of the visual and material. The several exceptions are Sharf (1995), who rhetorically analyzed a series of breast cancer posters, while Duerringer's (2013) foray into pink-washing rhetoric also touched on the visual and material "merchandise" that accompanies this discourse. Elsewhere, Agnew (2020) examined the "icons, mascots, images, and slogans" that "helped to bring cancer to life in ways that supported the goals of awareness and fundraising" and argued that "such images also have the capacity to suppress the complexity of embodied experiences" (p. 198). Potter et al. (1991) were concerned with "quantification rhetoric," or how "numerical and non-numerical quantity formulations are deployed when proposing and undermining argumentative cases," in constructions of cancer on television (p. 333). Landau (2011) sought to understand the use of presence and absence in visual and verbal rhetoric in a 2006 advertising campaign from *Merck Pharmaceuticals*. In her investigation of a "a diverse range of [breast cancer] memoirs and photographic narratives," DeShazer (2013) utilized an interdisciplinary assortment of critical methods in her "detailed interpretation of the [selected artifacts] narrative strategies, thematic contours, and visual imagery" (p. 11). Finally, Milata and Carpenter (2013) analyzed the visual rhetoric at work within pink ribbon infused breast cancer imagery and found that the presence of the pink ribbon "lent a legitimacy that may not be congruent with the nature or goals of breast

cancer advocacy” (para. 3) This tactic, they argued, can “influence the ideology, alter awareness, and create knowledge of breast cancer” more than in images without the pink ribbon (para. 3).

Aside from Agnew’s (2020) research, the rhetorical scholarship examining the visual and materiality of cancer discourse is, again, centered upon breast cancer. On the whole, the existence of only a few rhetorical studies indicates that much analytical work remains in general evocations of generic cancer in the visual and material mode.

Notably, much of the research into the visuals and materials related to cancer in America stems from the fields of Marketing, Advertising, and Business (King, 2004; Harvey & Strahilevitz, 2009; Barg & Grier, 2008; Hughes & Wyatt, 2015) with some research intersecting with the fields of Health Communication and Public Health (AbiGhannam et al., 2018; Elliot, 2007; Rugg, 2020;). While certainly helpful in revealing the extent to which breast cancer discourse functions as a result of and in conjunction with the forces of capitalism and the need to turn a profit, the overwhelming Advertising/Marketing/and Business focus on the visuals and materials (often in the form of the pink ribbon) of breast cancer sheds little light on the visual and material allure and staying power of the nondiscursive sinews of breast cancer rhetoric for community building. Additionally, this research does little to extend these findings to general evocations of cancer in America such as the once wildly popular LIVESTRONG yellow bracelets not linked to any particular cancer type. The omnipresence of the pink breast cancer ribbons and the yellow LIVESTRONG bracelets as exemplars of visual and material rhetoric warrants closer scrutiny as acts of adornment in connection with and to the body.

While focused on military rhetoric, Stahl’s (2009a, 2009b, 2018) scholarship has examined the yellow ribbon and its evolution as a symbol of support for the American military and linked it to other symbolic ribbons like that of the pink breast cancer ribbon. “The practice,”

Stahl (2009b) argued, “finds itself within a broader genre of multicolored ‘awareness’ ribbons including those for AIDS, teen suicide, autism, drunk driving, and breast cancer among other threats to the individual and social body” (p. 545). The perceived threat to both the individual and collective body activates the response of displaying the “awareness ribbon,” with both the act of display and the ribbon functioning rhetorically. As Mariscal (1991) argued regarding the yellow ribbon, “the piece of cloth and even its color” is “less important than the act of displaying the ribbon, for by attaching it to one's lapel, car, or mailbox, one enter[s]” a “reconfigured community” (p. 99). Critically, Mariscal (1991) continued, “all members of this community were “endangered” (by terrorism, etc.) and some members were directly in harm's way, but it was a community that could depend upon an aggressively violent leadership to ‘defend’ it by eliminating its putative enemies” (p. 99). Such conclusions may apply to the pink ribbons and other visuals and materials of cancer rhetoric as the display of a pink ribbon or a yellow bracelet positions the individual to recognize cancer as a threat to both their body and the larger collective body, and this recognition, then, helps connect an individual to that community.

Stahl (2009b), meanwhile, considered the yellow ribbon and its display as part of a larger “support-the-troops” rhetorical movement and argued that yellow ribbons help in the process of “deflection and dissociation” (p. 557). In the context of the yellow ribbon, Stahl (2009b) wrote that deflection “works to eliminate war as an object of legitimate deliberation by turning civic attention away from war policy and toward the relatively uncontroversial drama of soldier salvation” while dissociation “manufactures symbolic distance between citizen and soldier, doing so mainly by coding dissent and deliberation as immoral threats to the soldier body” (p. 557). A similar rhetorical phenomenon may indeed be occurring in the display and wearing of pink ribbons and yellow bracelets in American cancer discourse – these visuals and materials

might deflect attention away from health policy, the immorality of privatized healthcare, and questionable fundraising practices and focus instead on the victims of cancer. Certainly, further investigation is needed to ascertain this existence more thoroughly, as well as its potential constitutive impact in the context of general cancer discourse.

The rhetorical study of bodily and performative cancer rhetoric is also scant. In her analysis of the rhetorical strategies used by the Toxic Links Coalition to resist National Breast Cancer Awareness Month in their “Stop Cancer Where It Starts” walking tour, Pezzullo (2003) called upon a combination of discursive and nondiscursive rhetorical methods to reveal the rhetoricity of publics and counterpublics, highlighting the use of bodies and embodiment in cultural performances of resistance to pink and greenwashing. Further, in “foregrounding the body as *the material site* of breast cancer,” Ehlers and Krupar (2012) previewed the essays in a special issue of *Social Semiotics* as “attending to [the] embodied materiality” of breast cancer by way of analyzing:

...material embodiments of breast cancer; the arrangement of bodies in relation to disease and risk of/for breast cancer; the ways bodies are called on to perform in particular capacities how bodies are normalized and how norms are practiced in relation to the body in breast cancer; and, finally, the changed materialities of bodies and how those changes might offer possibilities and/or compel subjects to live in other ways (p. 2).

While these essays offer a wealth of knowledge and insight into breast cancer and the body, most essays in this special issue do little in explaining both the rhetoricity embedded within breast cancer and the body. Notably, only Cobb and Starr (2012) offered a thorough discussion regarding the rhetoric of breast cancer surgery and the “makeover” metaphor, while DeShazer (2012) somewhat engaged in a rhetorical discussion after she surveyed a series of breast cancer photo-narratives and “examine[d] ways in which narrators and audiences construct multiple meanings regarding the somatic and symbolic contours of this disease” by “address[ing] subjects

of contingent embodiment, visual/verbal representation, and viewer/reader reception” (p. 13). Crucially, this special issue of *Social Semiotics* has little to no engagement with literature from Rhetorical Studies, ultimately contributing to the issue’s inability to properly explain the rhetoricity inherent in, to, and of cancered bodies. Cobb and Starr (2012), for example, did not discuss how metaphors are inherently rhetorical nor how metaphors intimately link thought, speech, and action, ignoring research from notable scholars from our field ranging from Osborn and Ehninger (1962) to Lakoff and Johnson (2008). Aside from the lack of engagement with scholarship from Rhetorical Studies, the narrow focus on breast cancer in the existing scholarship again indicates that much analytical work remains in general evocations of generic cancer in the bodily and performative modality. Probing the ways in which nonspecific cancer rhetoric functions through bodies and bodily performance will help to better ascertain the communicative power and draw of cancer in this realm of rhetoric.

Relatedly, despite performing crucial socialization and pedagogical work for wide swaths of the population, little rhetorical scholarship examines how visual, material, bodily, and performative manifestations of cancer in American popular culture interface with one another. Most rhetorical research on cancer rhetoric in popular culture resides in the realm of the strictly discursive, oftentimes examining breast cancer narratives in popular press outlets (Yadlon, 1997; Ryan, 2004; Segal, 2012) and popular literature (Cavanagh, 2017). Yet, communities interact with the visuals, the materials, and the bodies of cancer in America more often than just in their textual or oratorical manifestations. Exposed to a wide array of multimodal, popular culture products, individuals regularly consume Hollywood films, television shows, billboards, commercials, bumper stickers, LIVESTRONG bracelets, and reusable water bottles associated with American cancer discourse in its generic form – arguably more often than any presidential

speech on the matter. Indeed, the sheer volume of cancer-related popular culture products suggests the existence of a cancer entertainment complex akin to Stahl's (2009a) "military entertainment complex" or "Militainment, Inc." While some scholars and documentarians have examined "Pink Ribbon, Inc" or the increasing corporatization of breast cancer fundraising and awareness organizations (King, 2004; Pool, 2012), no one has considered the existence of a broader cancer entertainment complex. As such, probing these nondiscursive modalities of American cancer discourse in popular culture will further highlight its pervasiveness and omnipresence in our culture and offer a more complete picture of how cancer discourse rhetorically operates in America.

Most of the studies that do consider the multimodal nature of American cancer discourse in popular culture originate predominantly from the fields of Popular Culture Studies (Thatcher, 2003), Cultural History Studies (Patterson, 1989²), and English Studies (Desiderio, 2004³). This scholarship, while certainly useful in tracing the history of our cultural relationship with cancer, eschews examinations of the communicative power of cancer in popular culture and stops short in providing useful analyses regarding the rhetorical contours of cancer's manifestations in popular culture. Additionally, to date, no studies exist that wholly consider every modality of cancer rhetoric – the textual/oral, visual/material, and the bodily/performative – with most, instead, focusing on one or maybe two modalities. Succinctly summarizing previous scholarship in this area, Winkler and Pieslak (2018) argued that "multimodal components function as pegs

² Notably, aside from Agnew (2018, 2020), Patterson (1989) is the only researcher that I found that consistently considers cancer discourse as broadly defined.

³ In this brilliant master's thesis, Desiderio (2004) examined the "rhetoric of risk" in the Breast Cancer Movement. Her work here comes the closest to a full examination of the multimodal nature of cancer rhetoric. Desiderio (2004) argued that the "rhetoric of risk functions as part of the myth of the pink ribbon and the myth of the breast, conforming to the ideologies of gender to reinforce the phallogocentric model of power that relies on the male gaze. It is this rhetoric that upholds and produces the phallogocentric power structure, continuing women's subordination as the feminine class" (p. 48).

for larger narratives (Zelizer, 2004) and as framing cues (Griffin, 2004) by activating pre-existing attitudes that increase message salience (Domke, Perlmutter, & Spratt, 2002; Valentino, Hutchings, & White, 2002).” “Repetition,” they continued, “also enhances message credibility within persuasive campaigns (e.g. Burke, 1941/1973; Koch & Zerback, 2013) and heightens attention and increased recall” and “can also work to focus viewer attention on the information transmitted over one specific mode” (p. 346).

Ultimately, revealing and explicating the rhetorical contours of multimodal rhetorics of cancer in popular culture can help us better understand why this topic has such a hold over the public imagination, or why American audiences are drawn to multimodal cancer rhetorics in their consumption of popular culture products. For scholars of rhetoric, the inclusion of nondiscursive modalities in the larger scope of American cancer rhetoric will further illuminate the relationship between the nondiscursive and the discursive, revealing how one informs the other, all the while offering scholars another way to read the rhetoricity imbued within these various visual, material, and bodily instantiations of the discourse. As such, my third research question (RQ3) is: what are the patterned rhetorical strategies employed in general evocations of cancer across visual, material, bodily, and performative modalities of rhetoric?

1.1.4 Constitutive Formulations of Cancer Rhetoric

An overlooked and understudied aspect of American cancer rhetoric involves the constitutive functions of the discourse. Aside from Agnew’s (2018) preview of the constitutive building capabilities of metaphoric cancer discourse, only Dubriwny (2009) considered the discursive constitutive components within American breast cancer rhetoric via Charland (1987). Importantly, no studies reveal the constitutive rhetoric at work within multimodal

manifestations⁴ of the discourse. In short, scholars have yet to fully explore the constitutive rhetoric of American cancer rhetoric, and, crucially, have not yet applied constitutive rhetoric to the visual, material, and bodily forms of cancer rhetoric.

Indeed, I want to examine the ubiquity of cancer discourse across its discursive and nondiscursive modalities to determine if this rhetoric defines and reifies a collective American cancer identity and whether this discourse creates or reaffirms any ideological underpinnings of the collective. I contend that the more traditional, persuasion critiques of cancer rhetoric employed by scholars do not wholly explain the power of American cancer rhetoric. Thus far, within Rhetorical Studies, rhetorical methods of narrative and genre (Segal, 2007), criticism of publics and counterpublics (Pezzullo, 2003), psychoanalytic and feminist critique (Duerringer, 2013), presence and absence in visual and verbal argument (Landau, 2011), genre and Kairos (Finer, 2016), metaphor (Sontag, 1978; Segal, 2008; Reisfield & Wilson, 2004; Garrison, 2007, Agnew, 2018; Wernecke, 2021) and apologia (Watt, 2012) have been used to investigate the rhetorical effects in predominantly breast cancer discourse. Cancer, however, and the rhetoric that surrounds it, is impactful not only because it persuades an audience to act, but because the rhetoric centers on the individual and collective body. The discovery of the presence of cancer in both the individual and collective body may function as an interpellating agent. “Interpellation,” Charland (1987) wrote, “occurs at the very moment one enters into a rhetorical situation, that is, as soon as an individual recognizes and acknowledges being addressed,” and thus, the interpellated body then “participates in the discourse that addresses” them (p. 138).

⁴Although no applications of constitutive rhetoric have been applied to nondiscursive rhetorics of cancer, Charland’s (1987) theory has been extended elsewhere within nondiscursive rhetoric to some degree by scholars such as Edwards and Winkler (1997), Stein (2002), Cloud (2004), and Branch (2015).

Examinations of cancer rhetoric should expand beyond the prism of persuasion. As Charland (1987) noted “attempts to elucidate ideological or identity-forming discourses as persuasive are trapped in a contradiction: persuasive discourse requires a subject-as-audience who is already constituted with an identity and within an ideology” (p. 134). “Rhetoric as persuasion cannot account for the audiences that rhetoric addresses,” Charland (1987) argued, if the audience does not exist prior to the rhetoric occurring (p. 134). The explanatory power of constitutive rhetoric is, I believe, better equipped to reveal the rhetorical impact of cancer discourse in America today because American cancer rhetoric, across all of its modalities, is centered upon the audience that simultaneously creates and is addressed by the rhetoric. Indeed, American cancer rhetoric is emblematic of Charland’s (1987) extension of Burke’s (1969) emphasis on identification, or the consideration that “audience members [can] participate in the very discourse by which they would be ‘persuaded’” by, that audiences, in short, can “embody a discourse” (p. 133).

Within the Rhetoric of Health and Medicine (RHM), scholars have only recently started to apply constitutive theory to other health and medicine related contexts. Segal (2008), Derkatch (2016), and Derkatch and Spoel (2020) mark the most relevant attempts to apply constitutive rhetoric to discursive RHM contexts, ultimately suggesting a growing curiosity and a move towards an acceptance of the theory’s potential. Segal (2008) examined the discursive construction of “the migraine patient,” writing that because migraines are pervasive and largely *invisible* but not well understood from a medical perspective, the migraine patient needs to be “rhetorically constructed” (p. 39) and interpellated into *visible* existence. Derkatch (2016) probed the “boundaries and membership” (p. 49) of scholars and practitioners in traditional and alternative types of medicine in medical journals, writing that rather than asking “*whether* a

legitimate, biomedical community” exists, these journals “seem instead to ask *where* that community can be found” (p. 49), which runs contrary to Charland’s (1987) theory that argues that discourse helps call communities into being and does not function in the search for already existent communities. Finally, in a study of local food discourse, Derkatch and Spoel (2020) recognized how discourse enacts values to create healthy communities, but competing private interests undermine such community constructions. Overall, these few applications of constitutive rhetoric in RHM provide both a foundation and an opening to apply constitutive rhetoric to rhetorics of cancer in America.

Importantly, these previous applications of constitutive rhetoric in the RHM only partially utilize Charland’s (1987) theory. Derkatch (2016) and Derkatch and Spoel (2020) stopped short of fully analyzing their selected artifacts via constitutive means. Derkatch and Spoel (2020), for example, identified the underlying ideological effect of the discourses they examined as “one of economic prosperity,” whereby members of the community “support the interests of the neoliberal state through individualized lifestyle behaviors” that include the consumption of goods made by “private enterprise” (p. 25). This analysis fits within Charland’s (1987) third ideological effect, the “illusion of freedom,” which suggests that “because [the members of the community] are the subjects within a text, within a narrative rhetoric, [they] must follow the logic of the narrative” to its “predetermined and fixed ending” (Charland, 1987, p. 141). Derkatch and Spoel (2020), however, offered no insight into how their analyzed materials adhere to Charland’s (1987) other two ideological effects (collective and transhistorical narrative identification), and only vaguely discussed the constitutive processes of interpellation between the individual and the collective. Only a full examination of the discursive effect that Charland identifies of constitutive rhetorics will properly reveal the rhetoric’s allure.

In a study more closely related to my dissertation, the incomplete application of constitutive rhetoric again hinders any insight into both the communicative phenomenon under scrutiny and the theory itself. Thus far, only Dubriwny (2009) has partially applied Charland's (1987) theory of constitutive rhetoric to cancer discourse through her analysis of news coverage of former First Lady Betty Ford's radical mastectomy in which she argued that news coverage of Ford as the "ideal patient" problematically impacted how women came to understand their "own identities as breast cancer patients" (p. 122). Dubriwny's (2009) analysis⁵, however, was too narrowly focused on a single ideological effect of the rhetoric and there was no engagement with the other important constitutive processes of this rhetoric, nor their ideological effects, outside of the individual interpellation into the collective. Aside from a brief mention of Pezzullo's (2003) work on counterpublics and breast cancer in her conclusion, Dubriwny (2009) paid little attention to how this rhetoric adheres to Charland's (1987) first ideological effect, the constituting of a collective identity, or the identity that "transcends the limitations of the individual body and will" (Charland, 1987, p. 39).

Problems pertaining to scope also characterize earlier RHM scholarship addressing constitutive functions. Derkatch (2016), for example, focused her analysis on a professional community of scholars in the relatively isolated setting of an academic journal. While her findings are important to the community of scholars and can certainly help in ongoing attempts to make peer-review, publishing, and the dissemination of research more inclusive, little social significance and public applicability attaches to Derkatch's (2016) constitutive analysis in that it

⁵ Dubriwny (2009) largely focused on the rhetorical aspects of the narrative constructed in the news coverage of Ford's procedure through an array of lenses provided by other scholars. Notably, she approached the news coverage "as a constitutive rhetoric from within [Fisher's] narrative paradigm" (p. 108), not Charland's (1987) insights into transhistorical narratives. Dubriwny (2009) ultimately argued that "narratives developed in the news coverage" of Ford's procedure "articulate a specific subject position for women with breast cancer" and is "an example of how rhetoric can be constitutive" (p. 109). This is, however, the extent of Dubriwny's (2009) use of constitutive rhetoric as a method of analysis.

reveals little about how constitutive rhetoric operates outside the confines of the fabled Ivory Tower. Segal (2008), meanwhile, provided a detailed constitutive analysis, complete with most of the crucial processes and effects that Charland (1987) articulated. Arguably, Segal's (2008) only shortcoming is akin to Derkatch's (2016) in that her singular focus is on the migraine-related "physician-patient encounter" as it "occurs in a textual world" (p. 57). That is, Segal (2008) and Derkatch's (2016) scope, by definition, does not wholly account for public discursive attempts to constitute a collective identity. Segal (2008) did, however, lay a better foundation for future research, emphasizing that her "discussion of the migraine patient suggests an approach to understanding other patients as well" through constitutive means, or "way[s] of thinking about the construction and interpellation of" identity via rhetoric (p. 57). In all, the identification and critique of constitutive rhetoric ought to include public facing rhetorics to better understand how groups utilize rhetoric to create communities and how such relationships help both individuals and their collectives navigate their social, political, and cultural realities.

1.1.5 Invisible Illness and Nondiscursive Cancer Rhetorics

Above all, I want to combine the seemingly disparate scholarship regarding the multimodal nature of American cancer rhetoric and its constitutive capabilities through an interrogation of the root cause of the discourse – the presence of cancer. The tension between the invisible and visible nature of cancer, the medical treatment of the disease, and its accompanying discourse in America creates a unique rhetorical environment that produces an even more intricate and alluring kind of rhetoric that cannot be wholly explained by considering only its suasive impact, but instead can be better explained through exploring its constitutive functions. Indeed, the visible/invisible tension in bodily, material, and visual manifestations of cancer rhetoric is, at its core, an internal/external interaction. Cancer, in its untreated and internal form,

is an “invisible illness,” or an illness that “require[s] that an individual disclose their sick status” to others (Horan et. al., 2009, p. 67)⁶. Health Communication cancer research indicates that those “living with cancer can sometimes feel like [they] are living with an invisible disability” and “for the sick individual, this is an overwhelming personal experience (Low, Stanton, & Danoff-Burg, 2006)” that is often “shared with others” via communication (Horan et. al., 2009, p. 68). Crucially, Horan et. al. (2009) wrote, “research suggests that cancer patients may be more motivated to share their illness status with others in an effort to develop more intimate relationships (Katz, Flasher, Cacciapaglia, & Nelson, 2001; p. 68).” At the same time, Kundrat and Nussbaum (2003) argued, “those with [an] invisible illness may have more control over their identities than do individuals who show signs of illness or disability because they are often able to conceal parts of themselves” and get to choose when and with whom to disclose their illness (p. 333). The discursive and voluntary disclosure of cancer’s invisible presence and the power of this disclosure in relationships (Horan et. al., 2009) in conjunction with the identity affirming aspect (Kundrat & Nussbaum, 2003) of cancer’s invisibility may theoretically work within Charland’s (1987) theory of constitutive rhetoric through the discursive revelation of cancer that can, for example, help interpellate individuals into a collective. Notably, however, Health Communication and “invisible illness” scholarship has not considered the constitutive impact of the discursive disclosure of cancer’s internal and invisible presence.

The discursive revelation of cancer’s presence, however, does not represent the entire constitutive process that may be at work within American cancer rhetoric. While untreated cancer is unquestionably an invisible illness and confined beneath the flesh, the treatment of the disease is undeniably visible and external. Indeed, from diagnosis to remission, or from

⁶ Other invisible illnesses include HIV, AIDS, many autoimmune disease, and mental health ailments.

disclosure to death, the cancer experience is one that communication shapes across a variety of modalities. The confluence of bald heads, emaciated figures, scars, and radiation tattoos tethered together with the ribbons and bracelets of American cancer culture transform this illness in its general form from invisible to unmistakably visible, from internal to external. The unique context provides an opening to better understand the relationship between nondiscursive rhetorics and constitutive rhetoric. In short, nondiscursive American cancer rhetoric can provide a unique example into understanding how the constitutive process operates through bodies, visuals, and materials by negotiating the boundaries between the visible and invisible. At the same time, constitutive rhetoric can help provide important insights into the allure of American cancer rhetoric, particularly in its nondiscursive iterations.

The body and its corresponding materials, however, aid in the construction of a collective through more than simply visual means. As Palczewski (1997) argued in summarizing contemporary rhetorical and ideological research on the body:

Bodies may be understood as a “social location” (Nakayama and Krizak 293); as a “political position” (Dow 246); as collections of experiences that tend toward particular body types and, thus, result in a different set of epistemological assumptions (influenced by Narayan 257); as a “construction as constitutive constraint” or material differences marked and formed by discursive practices (Butler xi, 1); as the thing that produces a voice as we engage in a series of performances, voice and performance always “already enmeshed in the system of an/other” (Nakayama 236); as that through and from which language emerges, as tongue, blood, milk, or bone (Anzaldua); as the social or public body as “a surface of social inscription” or “as the locus of lived experience.” (Palczewski, 1997).

In other words, the body is both social and political, engaged in performance, a conduit and canvass for language and discourse, an extension of the material, and stands as a testament to experience. The presence of cancer, however, introduces an exigence that has thus far gone unexplored by scholars of rhetoric and the body. When the internal and invisible presence of cancer in a body becomes external and visible through medical intervention, the constitutive

work of cancered bodies and their corresponding visuals and materials changes. Put differently, while Palczewski (1997) and others concerned with the intersection of rhetoric and the body are largely concerned with the external, I want to explore the interaction between the internal and the external and explicate how this interaction works constitutively. Additionally, I believe there is an opportunity to build upon the previous attempts to apply constitutive rhetoric to RHM contexts (Segal, 2008; Derkatch, 2016; Derkatch & Spoel, 2020) and cancer (Dubriwny, 2009) to better utilize the entirety of Charland's (1987) theory. In all, I want to expand upon the nuances within the process of how the rhetoric, exactly, calls individual cancer identities into being and, importantly, how this process shapes a collective cancer identity. Accordingly, my fourth research question (RQ4), then, is: what are the constitutive forces at work within multimodal American cancer rhetoric?

1.2 Scope & Method

1.2.1 RQ1 & RQ2

To answer my first research question (RQ1) – *what are the patterned rhetorical strategies employed in general rather than disease-specific evocations of cancer discourse?* – and my second research question (RQ2) — *how do martial and space metaphors, as well intersections between them, reconstitute communities within American cancer rhetoric?* — the focus of my analysis into American cancer rhetoric begins in the textual and oral modality. Given both the amount of scholarship regarding the instrumental uses of metaphor in discourses about cancer (typically constructed narrowly), as well as the simultaneous lack of scholarship regarding the constitutive function of metaphors in cancer rhetoric (narrow or broad), the most effective way to address this gap resides in also considering the use of metaphors as the primary rhetorical strategy employed in general rather disease-specific evocations of cancer discourse.

While other rhetorical methods of analysis could almost certainly reveal additional rhetorical strategies in cancer-related public address, existing scholarship has yet to properly ascertain the full impact of metaphor in cancer rhetoric. We, in short, do not entirely know what the “War on Cancer” and the “Cancer Moonshot Initiative” – as the two largest cancer-related discursive formations with the furthest reaching public health policy implications – ultimately engenders in communication about cancer in America. As for other methods of analysis, a mythic critique of the “War on Cancer” and the “Cancer Moonshot Initiative” as the discursive descendent of America’s frontier mythology could, for example, yield insight into why Americans continue to rely upon glorified images of war, conquest, and exploration to frame matters of great national import, but crucial questions regarding *how* and *to what extent* these rhetorics exert their profound influences remain unanswered. Similarly, a trauma studies and psychoanalytic approach to the study of American cancer rhetoric’s discursive manifestations may also reveal notable intricacies regarding *why* we employ language in an attempt to frame, understand, and cope with a traumatic experience like cancer treatment, but questions regarding the *impact* of such language choices linger as well. Ultimately, understanding the textual/oral modality of American cancer rhetoric through the flexible paradigms provided by rhetorical methods of metaphor appear best poised to be the most effective analytical tool.

The scope of this analysis is first situated within in the digital archive (*The American Presidency Project*) as I seek to uncover the discursive origins of the metaphoric “War on Cancer.” Because President Nixon was the first American president to consistently employ the martial metaphoric framework in reference to cancer policy – and is largely considered to be the first commander-in-chief to formally declare the “War on Cancer” – much of my archival search is centered upon Nixon as vice-president, presidential candidate, and president. Importantly,

however, presidents before Nixon did employ a martial metaphoric framing in their cancer rhetoric. As such, I locate these instances of presidential cancer and war rhetoric as occurring in “antebellum,” or before the “War on Cancer.” I similarly organize Nixon’s public martially laden cancer discourse but include an additional two categories – Nixon’s “in bello” and “postbellum” cancer rhetoric. That is, with the signing of the National Cancer Act of 1971 functioning as his declaration of the “War on Cancer,” Nixon’s remarks before this moment will be considered as occurring in antebellum (before the war); Nixon’s remarks in the months immediately following his signing of the National Cancer Act into law will be considered as occurring in bello (during the war); and following his reelection in November 1972 to the end of his presidency in August 1974, Nixon’s martial cancer rhetoric will be considered as occurring postbellum (after the war). This chronological organizational pattern will lay the foundation to later analyze the constitutive functions of presidential “War on Cancer” discourses. Moreover, this archival material will reveal a more detailed rhetorical situation surrounding the beginning of the “War on Cancer” and the purposeful employment of the martial metaphoric frame. Indeed, uncovering the long rhetorical history of this understudied facet of presidential rhetoric will help in my analysis of the identification strategies at work in the “War on Cancer.”

Elsewhere in the textual and oral modality, I also examine what I previously argued to be the metaphoric shift in American cancer discourse away from metaphors of war towards metaphors of space and space exploration (Wernecke, 2021). Here, my scope remains primarily focused upon presidential rhetoric. In particular, I consider Joe Biden’s cancer “moonshot” rhetoric as vice-president and president, as well as former-President Obama’s discourse surrounding the creation of the Biden-led “Cancer Moonshot Initiative.” I also probe the

discourse of and surrounding the recently instantiated United States Space Force as a peculiar blend of both martial and space metaphoric rhetorics.

I will employ a metaphoric criticism of my selected artifacts through Lakoff and Johnson (2008), who wrote that the “essence of metaphor” is grounded in “understanding and experiencing one kind of thing in terms of another” (p. 5). Broadly, I will consider each identified metaphor in my analysis as “both (a) communicative stimulus and mental response” (Osborn & Ehninger, 1962, p. 226) that involves an interaction between text and context to create meaning. I will identify and analyze the rhetors, their goals, and their audiences; examine the extent and collective usage of the metaphor; and discern the suasory and cultural impact of the metaphor’s use at the time of its initial utterance and its staying power in our cultural lexicon. I will include a detailed discussion of the rhetorical conditions that helped mold the metaphor’s use and understanding. I will compare how the shift from martial to the space metaphors serves as a bridge between two seemingly disparate realities/experiences.

I will conclude by analyzing the constitutive force of the metaphorical perspectives. Examining both the “War on Cancer” and “New Moonshot” discourses on cancer, I will discuss Charland’s (1987) three ideological effects of constitutive rhetoric: the labeling of the collective subject, the use of transhistorical subjectivities, and how the illusion of freedom is created and sustained. I will also use Mills’ (2014) concept of negative identification, or the process by which internal antagonists (both to the individual and to the collective body) are rhetorically constructed and identified as external within our cultural discourses, to examine early “War on Cancer” rhetoric. Through my application of constitutive rhetoric as a method of analysis, I will investigate how “War on Cancer” and “New Moonshot” discourses both construct and maintain

a collective identity, discuss in detail the markers of this collective identity, and consider how these discourses interpellate individuals into the collective.

1.2.2 RQ3

To answer my third research question (RQ3) – *what are the patterned rhetorical strategies employed in general evocations of cancer across visual, material, bodily, and performative modalities of rhetoric?* – my focus shifts to the visual and the material, and then to the bodily and performative. In the visual and material modality, two artifacts exist that are universally understood as symbols of American cancer culture: the yellow LIVESTRONG cancer “support” bracelet and the pink breast cancer “awareness” ribbon. The yellow LIVESTRONG bracelets became “an instant symbol of cancer-patient support” in May 2004 when popular cyclist, and testicular cancer survivor, Lance Armstrong competed for his “sixth *Tour de France* win” (Simpson, 2013, para. 3). Amid this context, and partnering with Armstrong, the athletic clothing brand Nike initially sold “80 million” bracelets, ultimately raising “over \$500 million for cancer research,” with “huge amounts of the proceeds going to a good cause” (Simpson, 2013, para. 3-4). Moreover, LIVESTRONG’s “trademark yellow wristbands were once worn by celebrities” on red carpets at movie premieres, “politicians” at bill signings, and schoolchildren “the world over” (Vertuno, 2020, para. 5).

The rise of the pink breast cancer ribbon to universal recognition dates back further than its yellow bracelet counterpart and is invariably tied to corporate profit motivations. “Since its introduction in the United States in 1992,” Hughes and Wyatt (2015) wrote, “the pink ribbon, like many of its ribbony forebears, has become little more than a fashion accessory” and a “marketing logo” (p. 281) that is increasingly difficult to track. In a 2018 interview with *Vox*’s Chavie Lieber, University at Albany medical sociologist Gayle Sulik stated that companies make

vast, largely untraceable, sums of money by “riding the tails of the pink ribbon” and a “cottage industry” now exists “surrounding pink ribbons and breast cancer awareness.” The pink ribbon, Sulik stated, is simply “everywhere.” While some organizations, like the Susan G. Komen Foundation, have trademarked a “certain style of ribbon,” the “general pink ribbon is not trademarked” so “anyone can put a pink ribbon on anything” (Lieber, 2018). “To give you a good picture of how pervasive this pink [ribbon] industry is,” Sulik recounted “a trip [she] took to Pennsylvania” to Lieber two weeks before the interview:

“I took a flight with American Airlines, where they had pink ribbon napkins. There were pink ribbon signs at the rental car agency. A few hours later, I passed a tow truck in a little town in Pennsylvania that said “Towing for Tatas” with a pink ribbon too. Then I passed a bank with a sign of people wearing pink ribbons. And this was all in a few hours!” (Lieber, 2018).

Additionally, from 2009 to 2016, the National Football League used the pink ribbon as it “dressed up its fields, sidelines and players in pink every October to raise awareness and funds for breast cancer screenings and education” (Vrentas, 2016, para. 4), adding to the pervasiveness of the ribbon in American culture.

To address the bodily and performative manifestations of American, I consider the cancered body and performances of the cancered body in media. The cancered body’s omnipresence across American life and popular culture – that is, its presence ranging from viral social media posts and *GoFundMe* crowd-sourced, medically-related fundraising pages to products of Hollywood and obituary pages – is exemplified by two manifestations in media: the St. Jude’s Children and Bryan Cranston’s portrayal of cancer patient Walter White in the television series *Breaking Bad*. The St. Jude’s Children demonstrate the ubiquity of cancered bodies in American life through St. Jude’s prolific presence as a children’s cancer research and treatment center. Indeed, through their various television, internet, and social media marketing

strategies, St. Jude Children's Research Hospital often feature children's cancered bodies prominently in their advertisements, with the children's bald heads and gaunt figures regularly on full display. For example, one popular advertisement titled "Because of St. Jude" has been viewed as of this writing more than 26 million times since its appearance on *YouTube* in November 2020. In another commercial that focused on one child's cancer experience, the YouTube upload of the feature has been viewed more than 12 million times since April 2019. According to *Forbes*, St. Jude Children's Research Hospital reported 2.2 billion dollars in total revenue in fiscal year 2020, with a "fundraising efficiency" of "84%" and a "donor dependency" of "72%," suggesting that the wide circulation of their fundraising commercials on television and social media is indeed impactful and successful.

Although Bryan Cranston's portrayal of Walter White was critically acclaimed throughout *Breaking Bad*'s initial broadcast on television, the show's popularity with American audiences stands as a greater testament to its place of import in our cancer culture. With many still watching reruns on television and even more streaming the show online, the American public's continued fascination with *Breaking Bad* suggests a far deeper allure to this story centered around a cancered body. Indeed, more than "10.3 million viewers" watched the *Breaking Bad* series finale in September 2013 and, on twitter, the finale "generated a total of 1.24 million tweets, with a peak of 22,373 tweets-per-minute" (Boorstin, 2013) On Facebook, "more than 3 million people generated more than 5.5 million interactions about the show during its finale" and "over the course of the final season," there were "more than 23 million *Breaking Bad* related interactions from 11 million users" (Boorstin, 2013). With its continued availability on the streaming platform giant Netflix, *Breaking Bad* continues to be watched by millions of subscribers. In October 2019, for example, *Netflix* released a sequel to the series, entitled *El*

Camino: A Breaking Bad Movie, and more than “25 million” households watched the movie in its first week on the streaming platform (Snierston, 2019).

1.2.3 RQ4

To answer my fourth research question (RQ4) – *what are the constitutive forces at work within multimodal American cancer rhetoric?* – I will primarily draw upon Charland’s (1987) theory of constitutive rhetoric and provide a detailed analysis regarding how nondiscursive American cancer rhetoric enacts the three ideological effects of constitutive rhetoric: the labeling of the collective subject, the use of transhistorical subjectivities, and how the illusion of freedom is created and sustained. I will then probe the intricacies regarding how American cancer rhetoric, exactly, calls individual cancer identities into being and, importantly, how this shapes a collective cancer identity. This focus on the particularities of the interpellation process will help fill the gap that previous scholarship produced by not fully explicating the markers of the collective identity called into existence through the rhetoric and by not showing how the rhetoric hails individuals to join the created community. In all, I will investigate how multimodal cancer rhetoric both constructs and maintains a collective identity, further discuss in detail the markers of this collective identity, and, ultimately, consider how these rhetorics interpellate individuals into the collective.

For my visual and material artifacts, I will additionally investigate if their existence and use can be considered as “iconic” to further reveal the constitutive-building forces at work for American cancer culture. Because iconic images have already been found to be important components in the process of constitutive rhetoric, I want to determine if objects that may be iconic function similarly through their elastic and malleable nature.

Scholarship regarding the identification power of icons abounds in rhetorical studies. In addition to the work of Hariman and Lucaites (2001, 2002, 2003, 2007, 2016, 2019) and the scholarship their work fostered (Born, 2019; Dreschel, 2010; Greenwalt & McVey, 2022; Jenkins, 2008; Mortensen, 2017; Mortensen & Grønlykke Møllerup, 2021), scholars broadly examining the identity building capabilities of icons also include Olson (1983, 1987), Edwards and Winkler (1997), Stein (2002), Cloud (2004), Palczewski (2005), Goldman (2005), Mitchell (2013), and Truman (2017). In determining the constitutive materiality of iconic objects, I utilize Hariman and Lucaites' (2007) five constitutive influences of iconic images as a framework to ascertain if objects are uniquely able to function as both visual *and* material vectors of identification. According to Hariman and Lucaites (2007), icons can (1) reproduce ideology, (2) communicate social knowledge, (3) shape collective memory, (4) model citizenship, and (5) provide resources for communicative action (p. 9). Indeed, through their rhetorical and constitutive capabilities, I will explore whether materials and bodies are critical for both the function and understanding of ideology, serve as visual and material boundaries of demarcation in their communication of in-group and out-group membership, and rest at the crucial intersection of the visual, material, and the corporal. The body and its corresponding materials may ultimately aid in the construction of a collective through more than simply visual means.

1.3 Chapter Previews

Chapter 2 will first position constitutive rhetoric and metaphors as intimately and inherently connected. Chapter 2 will then examine the metaphoric shift away from war metaphors towards space exploration metaphors in American cancer discourse. Through an analysis of metaphoric discourses across political and policy texts, this chapter will then move to discuss the constitutive consequences of these metaphors. Importantly, Dr. Benjamin Bates, the

then-editor of *Southern Communication Journal*, graciously gave his approval to allow me the use my (2021) essay, “‘A new moonshot:’ Exploring the metaphoric shift in American cancer discourse,” as the basis of this chapter. In the second part of this chapter, then, I will add my constitutive analysis of these metaphoric frameworks in American cancer discourse, arguing that the constitutive allure of American cancer rhetoric originates here in the discursive realm, and lays the foundation for nondiscursive cancer rhetorics to build upon.

Chapter 3 will analyze the constitutive materiality of the ubiquitous yellow LIVESTRONG bracelets and pink ribbons of American cancer and popular culture. To better understand the constitutive materiality of these iconic objects, this chapter first positions the pink breast cancer “awareness” ribbon and the yellow cancer “support” bracelet as iconic objects of American cancer culture. This chapter then demonstrates how the pink ribbon and yellow bracelet operate as nondiscursive vectors of identity and ideology by applying Hariman and Lucaites’ (2007) five constitutive influences framework to both the visual and material contours of these iconic objects. Ultimately, this chapter will explore of how these nondiscursive visual and material artifacts assist in the constitutive process by helping to define and demarcate an American collective cancer identity, drawing individuals into that collective, and assisting in the creation of a faux unity, a fabled and romanticized cancer community, that obfuscates, erases, silences, and justifies disparities in cancer care for ideological ends.

Chapter 4 will examine cancered bodies and cancered body performances as nondiscursive community building and maintaining agents. Through a constitutive narrative analysis of the St. Jude’s Children and Walter White in *Breaking Bad*, this chapter explores how cancered bodies function as embodied catalysts of identification and ideology to hail individuals

into the American cancer community and further maintain the collective American cancer identity.

Finally, the conclusion of this dissertation will reflect upon several notable findings from each chapter and discuss their social and scholarly import further. The reflection of findings in this chapter will highlight the entrenched ubiquity of multimodal cancer discourse and discuss how its omnipresence contributes to cancer rhetoric's constitutive capabilities.

2 THE “WAR ON CANCER” AND THE “CANCER MOONSHOT INITIATIVE” AS CONSTITUTIVE METAPHORIC FORMATIONS OF AMERICAN CANCER DISCOURSE

While metaphors are often reduced to the status of “idiomatic token[s] of an ideology” (Black, 1970, p. 115), metaphors and constitutive rhetoric are intimately connected through their shared and powerful ability to tap into, alter, and sustain notions of collective identity, as well as through an individual’s interpellation into and relationship with that collective identity. Indeed, the underlying definitions, functions, and overarching purpose of both metaphor and constitutive rhetoric overlap. Both rhetorical processes operate to help audience members reach a point of shared understanding, make sense out of a seemingly nonsensical or contradictory world, and establish a world view or perspective of reality that, ultimately, guides individual and collective thought, speech, and action. For rhetorics of cancer in America predominantly built upon metaphoric foundations, the consequences of this constitutive connection are profound and unexplored. In the chapter that follows, I explore how “War on Cancer” and “Cancer Moonshot Initiative” metaphoric discourses employ the constitutive power inherent to metaphors to intimately link our individual cancer experiences to the collective, ultimately constructing an American cancer identity built upon the foundation of American national identity. To better situate my constitutive analysis of these metaphors in American cancer rhetoric, this chapter will first review the existing scholarship that considers the connection between metaphor and constitutive rhetoric and then trace the diachronic development of each metaphoric framework in presidential cancer rhetoric. Following my constitutive analysis of the “War on Cancer” and “Cancer Moonshot Initiative,” this chapter then considers contemporary complications to the constitutive nature of these metaphoric frameworks. Finally, this chapter concludes with a

critical reflection of its significant findings and altogether offers an assessment regarding the state of American cancer rhetoric today in its discursive modality.

2.1 Metaphor and Constitutive Rhetoric

A few scholars have recognized the intimate connection that exists between metaphor and constitutive rhetoric. For example, Butler (1995) highlighted Althusser's (1971) divine and religious metaphors "to illustrate the power of ideology to constitute subjects," writing that, through metaphor, the "authority of the 'voice' of ideology, the 'voice' of interpellation, is figured as a voice almost impossible to refuse" (p. 10). In fact, Moran (1989) argued that "part of the dangerous power" of metaphor is its "control over one's thinking at a level beneath that of deliberation or volition" (p. 90) and "whole networks of beliefs are both involved in their composition and are part of what their audiences recognize and are expected to take away" from their utterance (p. 112). In short, metaphor and ideology function to construct a collective identity and hail individuals into that collective.

Much of the scholarship on metaphor and constitutive rhetoric in Communication and Rhetorical Studies, however, only briefly connects the two concepts or leaves such connections implicit. For example, Osborn and Ehninger (1962) argued that audience response to a rhetor's use of metaphor "involves certain constitutive factors" (p. 227). Indeed, their understanding of metaphoric discourse is that a constitutive relationship exists between an audience and the rhetor whereby the audience subscribes to and shares the version of reality articulated by the rhetor. "Assuming that the creator [the rhetor] and the consumer [the audience] of the metaphor share the same conceptual furniture to begin with," Fahnestock (2011) added, the cognitive processes of metaphor can assist in its constitutive functions (p. 106). For Fahnestock (2011), the constitutive nature of metaphor is enhanced when the audience and the rhetor already share

conceptual metaphoric frameworks. Conceptual metaphors, Lakoff and Johnson (2008) established, exert constitutive power through their omnipresence and power in human thought, speech, and action. Metaphors, they wrote, “structure what we perceive, how we get around in the world, and how we relate to other people,” and, moreover, the concept “plays a central role in defining our everyday realities” so “the way we think, what we experience, and what we do every day is very much a matter of metaphor” (p. 3). Simply put, metaphors rest at the heart of identification, structuring perceptions of ourselves, of others, and of the world around us, ultimately defining our individual and collective identities.

A few scholars have sought to further explicate the connection between metaphor and constitutive rhetoric. Agnew (2018) argued that cancer metaphors help us understand our relationship with and our identities in conjunction to the disease. Gross (2004) argued that “constitutive metaphors” operate via identity appeals to “fuse [the] actions and emotions” of a collective to “mobilize that fusion” for policy related goals.⁷ Despite these efforts to make the connection between metaphor and constitutive rhetoric more explicit, a crucial gap in fully understanding the constitutive power of metaphor remains in this scholarship. Indeed, both Gross (2004) and Agnew (2018) omitted a discussion regarding how metaphors operate to form identities, maintain ideology, and how they help “fuse” action with emotion in support of a normative goal.

In other scholarly disciplines, the connection between metaphor and its constituting capabilities is more explicit, but the overarching foci used to examine any connection varies significantly. For example, scholarship in Psychology, Cognitive Linguistics, and Sociology

⁷In his analysis of President Lincoln’s use of constitutive metaphors, Gross (2004) argued that their use was the result of the “problem” many other presidents faced and would face – that of “conveying the results of complex political decisions to large, inclusive publics” (p. 183).

often attends to the constitutive function of metaphors, albeit under a different label. Regarding the “social” function of metaphors, Gibbs (1999) wrote that the “public” and “cultural” uses of metaphors not only help the individual navigate and make sense of reality, but they also help the collective perform the same functions (p. 146). Similarly, scholars within Applied Linguistics, Social Linguistics, and Discourse Analysis recently began supplementing their individual cognitive approach to metaphor with a “social approach” that examines the “variable relation[ship] between metaphor, language and thought across situations of use and groups of people” (Steen, 2011, p. 44). For many scholars across these disciplines, the constitutive “social” function of metaphor equally helps both individuals and collectives navigate reality and make sense of the world. Crucially, however, this scholarship leaves absent discussions regarding the intersections of how ideology, collective identity, and the role of metaphor help bring individuals into that collective.

Interestingly, Critical Discourse Analysis scholars do highlight the importance of metaphor in the construction of ideology, but stop short in articulating how, exactly, metaphor functions in this fashion. For example, analysts Jessop and Sum (2018) found that in Marxist discourses and literature, “the unity of hand, larynx, and brain as the biological foundation of language is matched on the social level by the unity of production, language, and consciousness” (pp. 326-327). Indeed, for Marx and his contemporaries critiquing capitalism, “language is treated both as an intellectual force of production arising from and enabling social cooperation and as a necessary, constitutive part of any mode of life” (Jessop & Sum, 2018, pp. 326-327).

Scholarship regarding the role of metaphor in Organization Studies is comparatively abundant, with many scholars employing the “comparison model” approach (Cornelissen, 2004, p. 705). Echoing the findings from their colleagues in other scholarly disciplines, scholars in

Organization Studies “have emphasized” that metaphors “cannot be dismissed as sheer embellishment” and are of vital importance in understanding how organizations communicate (Cornelissen, 2004, p. 705). Turning away from the paradigm that considered metaphors in this context as simply vehicles of comparison, Cornelissen (2004) investigated the “constitutive principles,” or the identity forming “building blocks,” of the “organization as theatre” metaphor. He found that this theatre-inspired language (actors/actresses, roles, scenes, scripts, stage, audience, etc.), while more adept than other metaphors, did not provide anything of noteworthy value regarding the “concepts and terms that are useful for communicating about and framing processes of identity and role enactment within an organizational context” (p. 722). Put differently, the “organization as theatre” metaphor had constitutive potential, but Cornelissen (2004) considered that contribution fleeting. Notably, while his research regarding the constitutive power of metaphor makes mention of identity and ideology, he limits such influences to the specific corporate and organizational context and does not connect this power to larger cultural formations of identity and ideology construction, individual interpellation into the collective, and how, exactly, metaphors operate in the service of these constitutive processes.

Finally, one study fully recognized the intimate connection that exists between metaphor and constitutive rhetoric, providing a useful description for how the rhetorical processes of identification overlap in their definition, function, and overarching purpose. In his critique of Chinese corporate discourse, Zhang (2011) began to explicate the connection between metaphor and constitutive rhetoric. By treating metaphor as “constitutive discourse in miniature,” Zhang (2011) argued that metaphor is “an elliptical but potent way to negotiate ideological tensions, mediate ideological shifts, and promote emergent sociopolitical formations” (p. 390). Describing how metaphors function constitutively, he wrote that they “offer a way in which a collectivity

can come into being in the first place” through the providing of a label to name and frame the collective, which, ultimately, “anchors and choreographs the collective consciousness” of the created constituency (p. 388). As interpellating agents, metaphors are “simultaneously consubstantiating and individuating,” helping with the “invention of a collective, shared persona” which “opens up a psychological space for individuals to co-inhabit” (p. 388).

While Zhang (2011) fully recognized the intimate connection that exists between metaphor and constitutive rhetoric and provided a useful description regarding how these rhetorical processes of identification overlap, some prominent gaps still exist in his research that need addressing. First, Zhang’s (2011) engagement with Charland’s (1987) theory of constitutive rhetoric is fleeting and relegated to a discussion regarding the power of metaphor in interpellation, writing that both collective and individual identity “is a fiction” maintained through the use of metaphor, which “commands people’s adherence or identification” (p. 389). Crucially, Zhang (2011) does not explicitly connect metaphor to Charland’s (1987) three ideological effects of constitutive rhetoric, creating a gap in understanding the larger processes at work in constitutive metaphors. Second, and relatedly, it is also important to note that Zhang’s (2011) artifacts of analysis are four separate metaphors used by the CEO of a Chinese corporation amid a public relations crisis. The power of these metaphors, Zhang (2011) argued, was rooted in their connection to “issues of collective identity... [that were] subliminal, productive, consubstantiating, and ideologically potent” (p. 378). Here, and in his larger analysis, Zhang (2011) echoed Charland’s (1987) discussion of constitutive rhetoric’s ideological effects, but never directly referenced the effects, nor cited Charland’s (1987) commentary on them. For example, while his analysis does somewhat consider the impact these metaphors have on a larger and emerging Chinese identity navigating the tension inherent to their increasingly hybrid

economy, his primary focus is only on the collective corporate identity they help fashion. In other words, Zhang (2011) is mostly concerned with how the corporate identity is labeled through metaphor and does not discuss metaphor's presence in transhistorical narratives, the illusion of freedom, and the overarching ideological impact of the metaphors he examined. Furthermore, Zhang (2011) explored the synchronic application of these metaphors in the realm of corporate identity and rhetoric, not the diachronic influence and evolution of these metaphors and the impact that this evolution can have on both Chinese corporate and national identity. This omitted discussion regarding the ideological and cultural evolution of these metaphors is an important component in understanding the constitutive power of metaphors as this evolution helps answer the crucial procedural questions at the foundation of their connection - that is, how, exactly do metaphors function in the communicative process of constitutive rhetoric?

Altogether, the multidisciplinary scholarship examining the constitutive capabilities of metaphoric discourse exists as a patchwork. At times, the scholarship addresses one facet of metaphor's connection to constitutive rhetoric, while, at other times, it addresses another. Oftentimes, these facets are juxtaposed in their focus, with one focused largely upon the constructed collective, and the other largely focused upon the individual's relationship to the collective. Indeed, while this research provides a useful heuristic vocabulary to define and situate the identity power of metaphor, this research largely eschews a consideration of the broader ideological evolution, communicative process, and ideological impact of metaphors. Or, more simply, this research abstains from a discussion regarding how, exactly, metaphors exert their constitutive power. One way to address this omission is to explore the inherent connection between metaphor and Charland's (1987) ideological effects of constitutive rhetoric, or how metaphors specifically help to: label and call the collective identity into being, activate and

sustain the transhistorical narratives crucial to the collective's identity, and maintain freedom's illusory presence for members of the established collective. Importantly, while Charland (1987) did not explicitly discuss the presence of metaphor in his original delineation of constitutive rhetoric, the rhetorical trope, by definition, is consistent with his three ideological effects. Put differently, I argue that rhetorical metaphors are inherently constitutive — and because of their implied presence in Charland's (1987) theory of constitutive rhetoric, this argument should be further explicated.

2.1.1 The Role of Metaphor in Labeling the Collective Subject

Charland's (1987) first ideological effect is the "process of constituting a collective subject," (p. 139). Through this process he argued that constitutive rhetoric can unveil the "very character" of the collective identity, the "nature of its boundaries," and help determine membership within the collective (p. 134). Although Charland (1987) argued that collective identities arise, take shape, and wield constitutive power, within cultural narratives and aesthetic formations, metaphors also maintain the power to help in the construction of the collective subject. Indeed, as Zhang (2011) argued, metaphor "offers a way in which a collectivity can come into being" by "enabling [the] conditions" to "make certain subject positions inhabitable and certain actions thinkable" (pp. 388, 391). In other words, the constitutive power of metaphor resides in its ability to function as a label and a naming device. In labeling an experience or event, and in providing a name for in-groups and out-groups, for example, metaphors create a shared perception of reality for individuals to simultaneously occupy, thus forming a collective. Ultimately, the constitutive metaphor bears the same associational relationship as the rhetorical metaphor's associational properties used in an attempt to achieve shared understanding between a rhetor and their audience.

Importantly, however, metaphor's powerful constitutive role in Charland's (1987) first ideological effect extends beyond its associative capabilities. Indeed, as Lakoff and Johnson (2008) argued, metaphors are not just pervasive in our everyday language — metaphors structure our "ordinary conceptual system," ultimately governing how we both "think and act" (p. 3). Metaphor's power in influencing how we think and act maintains a profound impact in the shaping of our social interactions and, crucially, our perception of reality, determining if a shared perception of reality is indeed possible. The constitutive function of metaphor is realized in the always and ongoing individual and collective navigation of "what we perceive, how we get around in the world, and how we relate to other people (Lakoff & Johnson, 2008, p. 3). In other words, collective identities — and our individual relationship with that collective — are shaped by metaphor. Within the constitutive rhetorical process, the vital first step occurs in providing a name, a label, for the collective, which ultimately begins to reveal the "very character" of the group while also tracing the "nature of its boundaries" (Charland, 1987, p. 134).

2.1.2 The Role of Metaphor in Transhistorical Narrative Activation

The extant relationship between metaphors and the second ideological effect of Charland's (1987) constitutive rhetoric—the positioning of a transhistorical collective subject—also warrants further elucidation. To begin, the transhistorical positioning of the collective functions by offering members within the collective a "link" between "the dead and the living" (Charland, 1987, p. 140). Here, metaphor's role builds upon its labeling power discussed above and is, initially, one of activation. The metaphoric activation of a transhistorical narrative often glorifies and makes sacred the collective's common ancestry so as to "transcend[] the limitations of individuality at any historical moment" and to "transcend[] the death of individuals across history" (Charland, 1987, p. 140). Through metaphor, the positioning of the transhistorical

collective subject functions as epideictic identification, allowing the present collective to reflect upon their past and look towards their future, ultimately providing justification grounded in history for actions in the present and in the future. In short, the metaphoric activation of narrative simultaneously operates as collective identity construction and preservation through affectively imbued labeling that is infused with a link to one's ancestry. Indeed, further exploring the transhistorical narrative and its metaphoric activation is vital to better explain the latent constitutive power at work within a metaphor.

At an additional theoretical level, the constitutive metaphor maintains a presence at the conceptual intersection of McGee's (1980) ideograph and Osborn's (1967) archetypal metaphor. As the "building blocks" of ideology (p. 7), ideographs are simple, yet affectively loaded words common to a community that house "high order abstractions," "warrant[] the use of power," and provide a behavioral template for community members (McGee, 1980, p. 15). According to McGee (1980), archetypal metaphors can function as ideographs and labeled them as "diachronic" ideographs. Osborn (2009), too, later reiterated this, suggesting that "ideographs and archetypal metaphor can sometimes combine their power" as they are infused with the "noble abstractions that bind people into a community of political values" (p. 84). This power, I believe, is rooted in the inherent associational labeling power of metaphor. A metaphor can trigger complex and affective associations that are bound in memory, nostalgia, and camaraderie, ultimately exerting the allure of identification to its fullest potential through the collective association to and with past peoples and events. Ultimately, considering the labeling and associative function of metaphor within Charland's (1987) second ideological effect of transhistorical subjectivity is crucial in better understanding the intimate and nuanced nature of metaphor's constitute power.

2.1.3 The Role of Metaphor in Maintaining the Illusion of Freedom

Finally, metaphors help maintain the third ideological effect of Charland's (1987) constitutive rhetoric — the illusion of freedom. Within constitutive discourses, the concept of freedom, or an individual's ability to think, speak, and act of their own volition, is rendered illusory because the individual subscribes to the ideological narrative whose ending is predetermined and already known. In other words, because the individual accepts their interpellation into the collective, they become a character, an important subject, in the overarching narrative that guides their collective. As a subject in the narrative, the individual is "constrained to follow through" with the story's progression, "to act so as to maintain the narrative's consistency" (Charland, 1987, p. 140). Although constrained in reality by the "predetermined and fixed ending" of the narrative, the constitutive allure of the discourse "presents characters as freely acting" — and, importantly, there is significant power in this illusion (Charland, 1987, p. 140).

Metaphor's power within Charland's (1987) third ideological effect resides in the very constitution of the master trope. In their most basic function, all metaphors are illusions. At their core, metaphors operate in the service of making and maintaining a connection that does actually exist within the confines of reality for the greater purpose of achieving understanding. In the rhetorical process of metaphor, a connection between two dissimilar objects, events, people, or phenomena is discursively raised by a rhetor attempting to move their audience to a position of shared understanding. If the rhetor, for example, says, "life is like a box of chocolates, you never know which kind of chocolate you'll get," the rhetorical metaphoric process is initiated — the audience understands the message to be "life is random" — and, thus, the rhetor's goal in creating a space of shared understanding is achieved. The connection between "life" and "a box of chocolates," though, is tangibly nonexistent — they are in no material or bodily way similar to

one another — their link is illusory. Most crucially, however, the aforementioned understanding shared between the rhetor and audience is metaphysically very real. The profound rhetoricity of the metaphor is realized here in the intangible, temporal, yet decidedly real connection made in the realm of shared understanding. In other words, no matter how distant from reality two objects, events, people, or phenomena are, if an audience understands the rhetorical crux of what is being compared, that understanding is unshakably real.

Although paradoxical, the constitutional core of metaphors — that is, the interplay between manifesting a decidedly real, yet incorporeal understanding out of corporally impossible connection — ultimately creates the constraints central to maintaining freedom's illusory position in constitutive rhetorics. Through their concise, yet "potent" rhetoricity, metaphors are "enthymematic" (Zhang, 2011, p. 388) — they incisively compel an audience to arrive at a conclusion that is already fixed and predetermined. According to Lakoff and Johnson (2008), in shepherding an audience to their fixed end, metaphors "constrain our lives" by implying that their fixed end is logical or of common sense (p. 236). Especially in collective matters like politics and economics, the wholesale acceptance of a metaphor ultimately impacts both the individual and the collective's larger view of reality. Indeed, entire "political and economic ideologies," they further argued, "are framed in metaphorical terms" and often "hide certain aspects of reality" (p. 236). As an example, Lakoff and Johnson (2008) brought attention to a ubiquitous metaphor — "labor is a resource:"

"Most contemporary economic theories, whether capitalist or socialist, treat labor as a natural resource or commodity, on a par with raw materials, and speak in the same terms of its cost and supply. What is hidden by the metaphor is the nature of the labor. No distinction is made between meaningful labor and dehumanizing labor... When we accept [this] metaphor and assume that the cost of resources defined in this way should be kept down, then cheap labor becomes a good thing, on a par with cheap oil. The exploitation of human beings through this metaphor is most obvious in countries that boast of "a virtually inexhaustible supply of cheap labor"—a neutral-sounding economic statement

that hides the reality of human degradation.” (pp. 236-237).

Metaphors, in other words, perform a powerful constitutive function — they discursively maintain the supporting logic of an ideology, ultimately allowing those who identify with the worldview to continue to buy into, justify, and perpetuate the underlying philosophy structuring the ideology. In a collective’s continued usage of a metaphor, the confluence of identity, ideology, and interpellation are constantly reified in an altogether trenchant and subtle fashion.

In the relationship to the illusion of freedom, metaphors, as illusions themselves, further maintain the fantasy of free thinking and free choice that is at the foundation of constitutive rhetoric’s allure. Like a metaphor compelling an audience into seeing two dissimilar objects, concepts, events, or phenomena as simultaneously connected on a physical and metaphysical level while also incisively positioning the conclusion of that connection as logical, the illusion of freedom in constitutive rhetorics mesmerizes members of a collective into believing their part in their community’s larger story is advanced by their own free will. Their destiny, in other words, is of their own volition. “The blind acceptance of the metaphor,” however, “can hide [the] degrading realities” (Lakoff & Johnson, 2008, p. 237) of an ideology through their enthymematic hegemony. Very simply, metaphor’s role in the illusion of freedom is ontological – metaphoric discourse is itself illusory, and freedom’s imagined presence in constitutive rhetorics is maintained via a collective’s use of metaphor that, ultimately, perpetuates freedom’s illusory presence.

2.2 Presidential Cancer Rhetoric in *Antebellum*: Presidents Hoover to Johnson

The rhetorical history of the “War on Cancer” begins well before the signing of the National Cancer Act of 1971, an event largely considered to be the official declaration of the metaphoric conflict against the disease by President Richard M. Nixon. Throughout this

antebellum period, the confluence of war and cancer in presidential rhetoric often fluctuated, amounting to relatively few instances overall. Beginning with President Hoover and ending with President Johnson, pre “War on Cancer” commanders-in-chief used martial metaphors and the larger war genre sporadically, which mostly manifested in fleeting policy-related arguments and passing attempts to unify the American public.

Ultimately, presidential cancer rhetoric during this time resulted in the inconsistent realization of the metaphoric framework’s rhetorical, material, and constitutive entailments. Metaphorical entailments occur in the “further activation of associations” related to the “familiar concept” within a metaphorical comparison so as to further “allow the unfamiliar concept to be [better] understood” by the audience (Bates, 2020, p. 2). Entailments, very simply, are guided by the speaker and ultimately manifest in the audience’s expectations of the metaphor’s enthymematic conclusion. The relationship between entailments and genre, then, resides in the realm of audience expectation as genre “shapes the response of the reader or listener to substance by providing instruction” regarding “how to perceive and interpret” the message (Miller, 1984, p. 159). Indeed, “this guidance disposes the audience to anticipate, to be gratified, to respond in a certain way” (Miller, 1984, p. 159). We can, therefore, simultaneously view the larger inconsistencies of the martial metaphor’s entailments as also an incomplete meeting of the generic expectations of presidential war rhetoric in the American cancer context before the passage of the National Cancer Act in 1971.

In defining the genre of presidential war rhetoric, Campbell and Jamieson (2008) found five consistent themes throughout this discourse in American history. Indeed, presidents framed their decision to declare war as: (1) a “product of thoughtful consideration” and thorough deliberation; as (2) “justified” from the “argumentative claims” purposefully “drawn” from their

narrative of events; as (3) sanctioned from a unified American public; as (4) a legitimizing “assumption” of the powerful “commander-in-chief” mantle; and as a (5) discursive tool of “strategic misrepresentation” to further their rhetorical and ideological goals (p. 221). While audiences expect all five of Campbell and Jamieson’s (2008) characteristics in the context of war situations, the haphazard and patchwork employment of their characteristics during this time rendered the rhetoricity of their cancer discourse incomplete.

To explicate the emergence of the cancer war frame, this section will explore the diachronic progression of the uses of martial language in presidential cancer rhetoric in the antebellum period of the “War on Cancer.” Importantly, the diachronic development of the “War on Cancer” presidential discourse cultivated several lasting implications that impacted American cancer rhetoric in the months, years, and decades following the war’s declaration. In particular, the implications of this incomplete use of presidential war rhetoric and its accompanying martial metaphors primarily impacted not only the persuasive force of the discourse, but also the larger constructs of identity and ideology.

To begin, President Hoover first utilized the martial metaphoric frame in reference to cancer in January 1931. Although brief, Hoover wrote in a message honoring Dr. James Ewing that his “work as [a] scientific researcher, teacher, and author has done so much to forward the attack upon the problem of cancer in particular and of disease in general.” Hoover’s January 1931 message previewed a rhetorical tactic that would become commonplace for his presidential successors. Namely, he constructed “cancer” broadly and conflated the generality of this broad construction to the “disease in general.” Consigned as a presidential aside or afterthought, Hoover’s seemingly inconsequential use of the martial metaphoric frame ultimately crafted a

rhetorical space for his successors to position the metaphor as a key feature of the larger, burgeoning cultural cancer discourse.

In 1938, Congress passed a joint resolution that would eventually evolve into a catalyst of particular import for presidential rhetoric in both the years before and after the declaration of the “War on Cancer.” In House Joint Resolution 468, the 75th Congress requested that the president annually designate (via proclamation) April as “Cancer Control Month.” While devoid of martial language, Congress’ (1938) call for an annual “Cancer Control Month” provided future presidents with the discursive space to continuously apply the martial metaphoric framework to American cancer policy, significantly contributing to the framework’s eventual ascent to a position of hegemony in American cancer rhetoric. Importantly, though, this discursive space for the development of martial metaphors remained largely unused for almost two and half decades after Congress’ initial request in 1938, with U.S. presidents predominantly adhering instead to the language of “control.”

President Franklin Delano Roosevelt (FDR) became the first commander-in-chief to forcefully employ the constitutive language of warfare in the context of disease and cancer in October 1940. Speaking at the National Institute of Health (NIH) building dedication in Bethesda, Maryland, FDR remarked that the NIH “speaks the universal language of humanitarianism” and has been “devoted throughout its long and distinguished history to furthering the health of all mankind, in which service it has recognized no limitations imposed by international boundaries; and has recognized no distinctions of race, creed or color.” He then asserted:

[T]he total defense which this nation seeks involves a great deal more than building airplanes, ships, guns and bombs [...] we cannot be a strong nation unless we are a healthy nation. And so we must recruit not only men and materials but also knowledge and science in the service of national strength.

Because “disease disregards State as well as national lines,” FDR concluded that “the ramparts [of health] we watch must be civilian in addition to military.” For FDR, because disease knew no international lines of demarcation, its threat necessitated and even provided further justification for the continued armament buildup in 1940 and 1941. In other words, in addition to his evolving arguments regarding America’s position as the “great arsenal of democracy” (Fireside Chat — December 29th, 1940), FDR also relied upon the threat of disease to bolster his administration’s arguments for its ongoing military buildup. Interestingly, there may also be an underlying and subtle commentary on the fascist and authoritarian threat abroad embedded within FDR’s militarization of disease, namely that fascism, like disease, is a threat to all humankind, and we must guard against it. Indeed, the “memory of the menace of Hitler and the feeling of powerlessness sparked by Axis aggression lasted well after the war and served as the basis for a new metaphorical representation of the evil of cancer” (Agnew, 2018, p. 279). Thus, the power of FDR’s rhetorical depiction of disease and national defense resides in the constitutive realm. FDR’s framing of the omnipresent disease called on Americans to unify so the nation could effectively combat the threat.

Although FDR’s language here was a vivid and forceful illustration of the threat posed by diseases like cancer to humanity, the larger force of FDR’s discourse resides in his assumption of his commander-in-chief role in preparing America for the impending conflict with the enemy of disease. FDR linked the materiality of the nation’s “total [military] defense,” a realm in which he, as commander-in-chief, could evoke the metaphoric defense of the nation against the disease. Importantly, however, America’s defense against disease would largely remain within the realm of the discursive and the symbolic as the geopolitical realities of late 1940 and 1941 proved inescapably exigent. Indeed, throughout 1941 the Roosevelt Administration responded to violent

Axis expansion through increasingly material and bodily means, which, ultimately, diverted the nation's focus and resources away from its defenses against disease and cancer. Before America's official entry into the conflict at the end of 1941, for example, FDR guided the American federal government to dramatically expand the Lend-Lease Act to include the Soviet Union and to also impose a crippling set of oil and scrap metal embargoes upon the Japanese Empire. In short, while FDR employed effective constitutive rhetoric and stepped into the role of commander-in-chief in the ongoing battle against disease, the confluence of events abroad prevented the martial metaphor's entailments from taking tangible shape in American health policy and effectively rendered FDR's commander-in-chief role against cancer as only partially fulfilled.

In the months after the end of the Second World War, President Truman built on the immediacy of the war's trauma to recommend his Comprehensive Health Program (essentially, an early iteration of a single-payer, national healthcare system). In a Special Message to Congress, he maintained that while medicine had "made great strides [...] during the last four years," America continued to "lose many more persons from preventable and premature deaths than we lost in battle or from war injuries during the entire war." Cancer, in particular, he said, "is among the leading causes of death" and should, therefore, "receive special attention." The metaphorical work here resides not in the explicit comparison — that is, "cancer is like a war" — but rather in the implicit, analogous comparison. In other words, Truman employed America's recent experience with war as an associative, argumentative strategy, in effect maintaining that "because cancer has caused more deaths than all of World War II, we must, therefore, respond accordingly." President Truman, as commander-in-chief, likened American deaths from cancer to American deaths from war — and there is an intangible power in the commander of our

Armed Forces connecting death from cancer to death at the hands of enemy combatants. This crucially provided future presidents with the narrative foundation from which to build their arguments for federal intervention into cancer-related policy and care. Critically, however, the implicit nature of Truman's use of the martial metaphoric framework here resulted in an ineffectual articulation of cancer as a threatening enemy, ultimately eschewing FDR's previous attempts to illustrate cancer as an identifiable enemy. Cancer, although related to war through death, remained an abstract threat to the American collective under Truman.

When Dwight D. Eisenhower, the former Supreme Commander of the Allied Expeditionary Forces in Europe during World War II, ascended to the presidency in 1953, the use of the martial metaphoric framework in American presidential cancer discourse waned considerably. Eisenhower sparingly relied upon the war metaphor in his public health rhetoric and the overall number of references to cancer decreased as well, largely relegating the cause to the discursive background. Within the few cancer and health-related instances where he did employ martial metaphors, Eisenhower seemingly shunned his past position as the leader of a multinational military coalition and, instead, embraced his ideological position as the leader of a capitalist superpower navigating the early Cold War geo-political landscape. For example, in his first State of the Union Address in 1954, Eisenhower qualified his health policy proposals by unequivocally stating: "I am flatly opposed to the socialization of medicine." The federal government, he said, "can do many helpful things and still carefully avoid the socialization of medicine." Of these "many helpful things," Eisenhower noted that the federal government "should encourage medical research in its battle with such mortal diseases as cancer and heart ailments" and "the war on disease also needs a better working relationship between Government and private initiative." While Eisenhower used martial metaphors in reference to disease, he

demonstrated an unwillingness to fully assume the role of commander-in-chief of American forces in the larger fight against disease and cancer. Indeed, Eisenhower's position was merely one of rhetorical encouragement rather than rhetorical action. In times of war, commanders-in-chief do not limit their power — rhetorical, material, or bodily — to only motivating the public. Eisenhower's health and cancer rhetoric, very simply, reveals a President who did not consider cancer an existential threat imperiling America and who could, instead, rely on the private sector to address the problem.

In stark juxtaposition to Eisenhower, then-Senator John F. Kennedy displayed a willingness to assume the commander-in-chief role in the developing conflict against disease — and demonstrated as much even during his campaign for the presidency in 1960. Indeed, in October 1960, Kennedy traveled to Warm Springs, Georgia and spoke at FDR's "Little White House." Directly invoking the memory of the former president's illness, Kennedy linked the nation's success with polio to the future of cancer research. If cancer and other formidable diseases "can all be attacked in the same way that polio was," Kennedy argued, then we too can now "make the lives of our people happy." The transhistorical significance of Kennedy's invocation of FDR and his illness (delivered at a site imbued with the former president's memory) elevates the epideictic nature of his remarks. Here, Kennedy linked the future fight against cancer to the successful past fight against polio. In constructing this connection, Kennedy also subtly linked himself to FDR, the commander-in-chief that led the nation to victory in World War II — in effect arguing that he, like FDR, would be successful in assuming the command of a nation at war. Ultimately, Kennedy conjured a nuanced, albeit brief, transhistorical connection, simultaneously linking past collective success against polio to future

collective success against cancer — all the while casting himself as ready to step into the role of commander-in-chief.

While Kennedy may have communicated his willingness to step in as commander-in-chief in the “War on Cancer” in this campaign appearance in Warm Springs, he nonetheless did not directly name the threat posed to the United States from cancer. Rather, like President Truman, he implied the danger from cancer. While the American public may generally have known cancer’s threat to the individual and collective body, presidents calling for the public to unite behind a war effort need to construct a vivid and impactful description of the enemy’s barbarous actions.

As President, Kennedy issued his first “Cancer Control Month” proclamation in March 1961 he, importantly, deviated from the “control” language of his predecessors. Indeed, in Presidential Proclamation 3400, Kennedy invoked noteworthy martial imagery, stating that cancer “strikes in approximately two of three American families and seriously affects the vitality of our Nation.” Critically, Kennedy then utilized this unique catalyst of presidential rhetoric to reinforce the popularly growing belief (see Agnew, 2018) in the experiential congruity between cancer and war, referring to those afflicted as “all who [have] battle[d] this disease.” Although subtle, Kennedy effectively anthropomorphized cancer through language common to a war setting; he treated the enemy force capable of engaging in a military operation against the United States by reminded his audience that cancer too can “strike” at both the individual American and the American collective. Indeed, in referring to cancer patients and their families as “all who [have] battle[d]” the disease, Kennedy also used his position as the nation’s commander-in-chief to extend the existential threat of cancer to the larger American collective. While Kennedy’s (1961) proclamation marked the first notable instance in which a president employed the

language of war in the annual “Cancer Control Month” proclamation, he would not be the last. Each of Kennedy’s presidential successors would utilize at least one of their annual “Cancer Control Month” proclamations to forcefully reify his “War on Cancer” language.

Finally, in Presidential Policy Paper (No. 2) on “The Nation’s Problems of Health,” President Johnson (1964) noted that “among the ancient foes of man, disease still ranks as public enemy number one.” He continued:

“In our war on disease, we have won great successes. Twenty years ago fewer than one out of every five cancer patients could hope to survive. Today the ratio is one out of every three. Experts tell us that, if we continue the fight, one in two can be saved.”

In addition to the continued articulation of disease as an identifiable enemy and the invocation of the unified collective through using the collective pronouns “we” and “our,” Johnson’s discourse is also notable for its subtle construction of the facade crucial to the genre of presidential war rhetoric — that is, the pretense of thoughtful deliberation. Johnson provided his audience, as well as future presidential rhetors, with an important timeline of events, positioning government intervention not as a spontaneous decision to implement new health policy, but rather as the continuation of thoughtful policy. Establishing the “war on disease” as a decade’s long conflict strengthened the overarching argumentative framework Johnson and his successors would continue to build upon — namely, that our past successes preview the potential of our future, and we must more effectively marshal and commit resources to the fight. Johnson connected America’s collective efforts in the present to America’s successful collective efforts in past war efforts. Additionally, although tacit, Johnson recognized the cancer rhetoric of his presidential predecessors — and, in doing so, provided a salient marker of time for future American cancer rhetors. In the process, Johnson provided at least the semblance of intergenerational connectivity, allowing future presidential rhetors to more effectively activate and maintain the transhistorical

narrative of America's "War on Cancer." Missing from Johnson's rhetoric, however, is an assumption of the commander-in-chief role and the accompanying material and bodily power that role wields in marshaling the resources to sustain "our war on disease." That is, Johnson did not answer the crucial question of how, exactly, the nation would continue to collectively fight cancer. Taken together, while Johnson's (1964) Presidential Policy Paper may have laid the instrumental and constitutive foundation that would prove to be important in future presidential "War on Cancer" rhetoric, his use of the larger war rhetoric genre remained incomplete.

While American chief executives from Hoover to Johnson did indeed incorporate martial metaphors into their cancer and disease related rhetoric, the sporadic nature of their incorporation led to largely ineffectual and incomplete metaphoric entailments. Each President only implemented a few facets of the larger war rhetoric genre into their "War on Cancer" discourse. Considered altogether, presidential cancer rhetoric in the "War on Cancer's" antebellum stage manifested as an unfinished mosaic, consisting of discursive fragments from the larger presidential war rhetoric genre and from a patchwork of martial metaphors. Indeed, the specter of unmet expectations and incomplete metaphoric entailments of antebellum "War on Cancer" presidential rhetoric has implications in several realms, including legislative action and official health policy. If presidential power is indeed derived from the "power to persuade" (Neustadt, 1960), presidents in this time period simply failed to convince Congress to enact any meaningful cancer-related policy.

The unfulfilled persuasive potential of presidential cancer rhetoric in this time period is largely haunted by the absence of Campbell and Jamieson's (2008) fifth characteristic of war rhetoric — strategic misrepresentation, or the use of rhetoric in an attempt to unify the public behind a costly war effort. This is primarily evidenced in the inconsistent use of martial

metaphors from administration to administration. Indeed, the discontinuities from Presidents Hoover to Johnson in terms of overarching ideology, a fluctuating focus on health policy, and response to other exigencies resulted in the vast resources of the federal government remaining un-marshaled, members of the armed forces immobilized, and, most critically, no “official” declaration of a war on cancer.

In all, residing at the confluence of an incomplete use of presidential war rhetoric’s genre-defining characteristics and the lack of properly entailed martial metaphors, the resultant rhetorical formation manifested as a patchwork that ultimately left the American public unsure of their federal government’s presence and role in cancer care.

2.3 Nixon’s Rhetoric in *Antebellum*: Preparing America for the “War on Cancer”

The antebellum “War on Cancer” period in presidential cancer rhetoric continued into President Nixon’s first term. His discourse from 1960 to 1971, encompassing his time as Vice-President, presidential candidate, and President until the passage of the National Cancer Act in December 1971 more thoroughly manifested Campbell and Jamieson’s (2008) five characteristics of presidential war rhetoric. While Nixon’s rhetoric during this period began to fill the persuasive void created by the inconsistencies of previous presidential cancer rhetoric, his rhetoric also began preparing for a more united American citizenry for his subsequent declaration of war against cancer.

To effectively map the constellation of Nixon’s antebellum “War on Cancer” rhetoric, this section first traces its diachronic and instrumental development from 1960 to the signing of the National Cancer Act in December 1971.⁸ It then considers the constitutive implications of

⁸ Given the volume of Nixon’s public cancer discourse framed in metaphors of war, and the lack of paragraph numbers provided by *The American Presidency Project*, I primarily rely upon narrative citations to differentiate between statements made in the same calendar year throughout this chapter’s Nixon-focused sections.

Nixon's rhetoric in antebellum through Charland's (1987) three ideological effects of constitutive rhetoric. While the "War on Cancer's" rhetorical, material, and constitutive entailments would not be fully realized in Nixon's antebellum cancer rhetoric, this period is foundational in understanding the evolutionary allure of American cancer rhetoric.

2.3.1 Positioning for a War Declaration

Nixon did not abruptly begin fully employing martial metaphors with all the war genre-related entailments until after the public elected him as the 37th President of the United States. In October 1960, Nixon, in his roles as Eisenhower's Vice-President (and as the GOP's presidential nominee), released a "Medical Research Study Paper" that extensively employed the martial metaphoric framework in the service of "combating disease in the sixties." "Every family" in America, Nixon began, is "threatened by disease every day" and there is "no instrument on earth that can measure the human cost in suffering, fear, and heartbreak." "At the present time," Nixon continued, "we wage the battle against cancer" and, with the proposals set for in this research study, America can "mount a great new offensive against the age-old scourges of mankind," to effectively "conquer these dread diseases of mind and body."

With his extensive policy proposals in 1960, Nixon helped construct the notion of thoughtful deliberation that he could later wield as president in 1969. Nixon argued that previous attempts had been made to "control" or "arrest" cancer to no avail. For example, Nixon used his first Cancer Control Month Presidential Proclamation in March 1969 to assert that while recent advances in medicine were "encouraging," "it is evident that only the full-hearted commitment by all Americans" can "arrest this disease." Similarly, in his March 1971 Cancer Control Month Proclamation, Nixon alluded to the incomplete previous attempts to cure cancer, writing that "decades of research have brought us at last to the moment when scientists can look with

renewed hope toward victories in the prevention and treatment of cancer.” “This moment,” Nixon concluded, “presents an opportunity that we dare not pass up. The lives of millions now living and countless more yet unborn can be touched—and saved—by what we do.”

The larger justifying narrative to emerge within Nixon’s rhetoric in antebellum involves a vivid description of the enemy which elevated the size and threat of cancer to a degree that demanded American government intervention. Indeed, throughout much of his antebellum “War on Cancer” rhetoric, Nixon depicted cancer viscerally. Nixon routinely labeled cancer as some variation of a “dreaded disease” throughout his rhetoric in the early 1970s. As 1971 wore on, though, Nixon began describing cancer as progressively more menacing. In a May 1971 “Statement About Proposed Legislation to Establish a National Cancer Program,” Nixon wrote that because “cancer has become one of mankind's deadliest and most elusive enemies,” its “conquest” is “one of the most important efforts of our time.” In the same statement, Nixon additionally a poignant emotional appeal, referred to cancer as a “terrible enemy” and a “devastating disease” from which “death is a slow and painful process.” Later, in October 1971, Nixon effectively articulated the threat that cancer posed to the body politic, remarking that the United States loses “more people to cancer each year than [those who] died in battle in all of World War II.” In short, Nixon’s larger justifying narrative became centered upon characterizing cancer as the enemy that immediately threatened American lives and, as a consequence, warranted a declaration of war.

Nixon then added to his justifying narrative by situating past American collective accomplishments in science, technology, and warfare as an analogy towards defeating the disease. This approach helped evoke and reinforce the possibility that the United States could conquer the elevated threat of cancer because America had already achieved notable

accomplishments in the scientific realm. In his 1960 “combatting disease in the sixties” research study paper, for example, Nixon wrote that many “people argue from the example of the atom bomb that all we need is similar massive effort in the conquest of disease.” Eleven years later, Nixon returned to the framework in his 1971 State of the Union Address:

The time has come in America when the same kind of concentrated effort that split the atom and took man to the moon should be turned toward conquering this dread disease. Let us make a total national commitment to achieve this goal.

Nixon again employed the scientific warrant for optimism in his May 1971 statement regarding the proposed National Cancer Program legislation, saying that “our capacities for efficient management were instrumental in our efforts to split the atom and travel to the moon. Now we need to apply those same capacities to the conquest of cancer.” Nixon, himself, summarized this justifying narrative as “sprin[ing] both from fear and from hope.”

Furthermore, Nixon’s rhetoric exhorted the public to unified action by presuming a pre-existing American cancer collective premised upon the member’s “inherent” desire to conquer cancer. Put simply, cancer constituted such a threat to the American people that Nixon did not need to persuade Americans towards unified action against the disease. Their support was, in effect, implied as members of the American collective.

Nixon’s increasing antebellum use of the martial metaphoric frame in his cancer rhetoric also demonstrated his willingness to assume to role of commander-in-chief in the “War on Cancer.” Shortly after taking office in January 1969, Nixon accepted the “Sword of Hope” award from the American Cancer Society (ACS) Crusade. The American Society for the Control of Cancer (later renamed to the ACS) “adopted ‘Fight Cancer with Knowledge’ as its official slogan” in 1927 and visually reinforced this motto with “posters that featured images of St. George slaying the dragon of cancer” (Agnew, 2018, p. 277). Additionally, the “Sword of

Hope,” a “twin-serpent caduceus, which forms the handle of the sword,” first saw use in 1928 and now composes part of the ACS’s contemporary logo (Our History, n.d.). The “Sword of Hope” “express[es] the crusading spirit of the cancer control movement” and its presence within the “overall design” of the ACS logo helps create “the image of a flag being carried forth toward victory. This symbol is intended to unite people in the common goal to save lives from cancer” (Our History, n.d.). Upon receipt of his award, Nixon highlighted and commended the ACS for their slogan, summarizing it as a prompt for the American to “help fight cancer” through regular checkups and monetary donations to the organization. Additionally, there is a noteworthy symbolic significance in having the commander-in-chief of America’s Armed Forces accept the “Sword of Hope” from an organization constructed to support the “crusade” against cancer. Indeed, replete with martial imagery and metaphors, Nixon’s acceptance of the “Sword of Hope” within the opening months of his administration further underscored his assumption of the role of commander-in-chief in the developing war against cancer.

In his 1971 State of the Union Address, Nixon utilized the constitutionally mandated occasion to forcefully wield the symbolic weight of the rhetorical presidency in officially assuming the role of commander-in-chief in the “War on Cancer:”

The time has come when the same kind of concentrated effort that split the atom and took man to the moon should be turned toward conquering this dread disease. Let us . . . make a total national commitment to achieve this goal.

Simultaneously imbued with significant nondiscursive visual, material, and bodily rhetorics, the State of the Union Address provides presidents with a powerful discursive catalyst to invoke both instrumental and constitutive rhetorics. Exemplifying the State of the Union’s instrumental function, Nixon announced that he would ask Congress for “an appropriation of an extra \$100 million to launch an intensive campaign to find a cure for cancer” before then employing the

justifying narrative of previous “concentrated efforts” that yielded the important scientific achievements of the atom bomb and moon landings. Like Presidents Wilson and Roosevelt before him who used the powerful, symbolic nature of addressing joint sessions of Congress to wield the other generic components of their war rhetoric, Nixon used his 1971 State of the Union to further assume the role of commander-in-chief as he continued to build up to an official declaration of war against cancer.

While the 92nd Congress continued to draft and deliberate the legislation that would become the National Cancer Act throughout the summer and autumn of 1971, Nixon began to take direct executive action towards readying America for the “War on Cancer.” In October 1971, Nixon directed the federal government to convert the chemical weapons facility at Fort Detrick, Maryland into a Center for Cancer Research. Nixon’s prepared statement on the conversion of the facility maintained the intensity of the martial metaphoric framework he previously employed, reinforcing both the symbolic and material transformation of a facility constructed to wage literal war into a research center at the heart of a (still) largely metaphorical war. The statement began:

For thousands of years, mankind has dreamed of turning swords into plowshares and spears into pruning hooks--of changing the implements of war into instruments of peace. Today we mark another chapter in the realization of that dream as we announce that one of our largest facilities for research on bacteriological warfare is being converted into a leading center for cancer research.

Moreover, Nixon continued, “this specific conversion will help illustrate the general potential for using defense related facilities to meet pressing domestic challenges” and, by “mobilizing these resources,” the federal government can “help advance important public goals” to help more Americans. Ultimately, Nixon concluded, the converted facility at Fort Detrick:

...will play a major role in the battle against cancer in the years ahead. That battle must now be waged with all the determination and effectiveness this Nation can muster. We

lose more people to cancer each year than died in battle in all of World War II. If the present rates of incidence were to continue, some 50 million Americans who are now alive would someday be victimized by this disease.

Considered altogether, Nixon's rhetoric in antebellum assisted in his assuming the role of commander-in-chief. In particular, the often-invoked analogy of the Second World War in the antebellum period was instrumental in further illustrating the bodily costs of cancer to Americans. For American audiences in the 1960s and early 1970s, references to World War II reminded the American public of a recent collective trauma that, if accepted, effectively provided the rationale for eventually declaring war against cancer.

Nixon regularly vacillated in strategically misrepresenting what a war against cancer could realistically achieve, at times seeking to temper or manage the American public's expectations and, at other times, employing lofty and inspiring prose to argue for the possible conquest of the disease. Initially, Nixon utilized a strategy of misrepresentation by subtly tempering expectations throughout much of the antebellum period. Nixon began this process as early as 1960 in his "combatting disease" research study paper, writing that many people invoke "the example of the atom bomb" to argue "that all we need is similar massive effort in the conquest of disease." However, Nixon cautioned, "the situation with respect to dreaded diseases is not the same as with the atom bomb." By including this muted qualification here, Nixon effectively provided a baseline from which future presidents could strategically misrepresent a faltering "War on Cancer." Nixon, in other words, simultaneously sought to argue that a cure for cancer, like the atom bomb, was indeed attainable, while also acknowledging the constraints of his analogy.

Nixon continued this strategy of expectations management throughout much of 1971 as the 92nd Congress assembled the legislation that would evoke a metaphoric, institutional

declaration of war against cancer. Most notably, in his May 1971 “Statement About Proposed Legislation to Establish a National Cancer Program,” Nixon remarked:

I would not want to discuss the subject of cancer research, however, without offering a word of caution. Many of the experts that we consulted with told us that biomedical research is a notoriously unpredictable enterprise. Instant breakthroughs are few, and the path of progress is strewn with unexpected obstacles.

Therefore, Nixon continued, “as we undertake this crusade, we must put on the armor of patience, ready to persist in our efforts through a waiting period of unknown and possibly anguishing duration.” Here, Nixon acknowledged that the war against cancer — notably framed as a crusade — would not be won overnight. Fighting the “War on Cancer” would require adopting another hallmark of warfare — domestic patience and persistence. The “armor of patience,” in particular, operates metaphorically to communicate this strategic misrepresentation aimed at tempering expectations.

2.4 The Constitutive Implications of Nixon’s Rhetoric in *Antebellum*

Nixon’s rhetoric from 1960 to 1971 also more thoroughly manifested Campbell and Jamieson’s (2008) generic characteristics of presidential war rhetoric to reinforce the constitutive foundations of the “War on Cancer.” Nixon began defining the boundaries of the American collective in the lead up to the “War on Cancer,” activated a transhistorical narrative that helped epideictically anchor the American collective’s sense of identity, and, crucially, depicted the powerful illusion of freedom embedded within martial metaphors and presidential war rhetoric.

2.4.1 Constituting the American Collective Subject

The “War on Cancer” helps constitute the American cancer collective subject into being by first defining the parameters of the conflict as an attack on cancer. Nixon essentially declared a war on a disease and, in so doing initiated a constitutive process that helped both those afflicted with the disease and those not afflicted navigate the inherent internal/external paradox of cancer.

By declaring a war against a difficult to define enemy that is both invisible and internal within only a portion of the population, the collective is oriented as decisively against only the disease rather than its human carriers. Everyone, regardless of their proximity to cancer, is constituted into a collective subject and at the ready in opposition to an insidious entity emergent within a portion of its members. This approach bonds cancer patients to those members not afflicted with the disease, positions non-afflicted members as capable of fighting the disease, and, importantly, avoids painting the cancer patient as the enemy. Like the “War on Poverty,” the “War on Cancer” marked a clear departure from previous presidential war declarations, forever expanding the applicability of the discourse to other contexts. The capacity to distinctly label a nonhuman entity as the enemy has instrumental and constitutive implications in other contexts. The “War on Drugs” and the “War on Terror,” for example, benefited from the opening provided by the “War on Cancer” in its successful attack on a nonhuman entity.

Nixon first invoked a sense of collective American identity in his October 1960 “combatting disease in the sixties” essay. He wrote, “Every family” is “threatened,” “we wage the battle against cancer;” and America, together, can “mount a great new offensive against the age old-scourges of mankind” to “conquer these dread diseases.” Here, Nixon helped constitute the collective subject into being primarily through what Mills (2014) called “negative identification,” or the establishment of a collective’s identity-defining boundaries through an articulation of their enemy. Importantly, in negatively identifying cancer as an enemy of the American people, Nixon successfully positioned cancer both as a symbolic and a bodily existential threat to all of America, not only to those already afflicted.

Nixon further constituted the American collective subject in his antebellum rhetoric by employing a metaphoric trope common to Cold War discourses — “communism is a cancer.”

Later in October 1960, Nixon delivered a seemingly unrelated-to-cancer foreign policy address to the American Legion Convention in Miami, Florida. There, Nixon remarked:

Because of Communist penetration, the Castro regime has now exposed itself within the Western Hemisphere as an intolerable cancer. It will endlessly fester until we and the other freedom-loving nations in the Western hemisphere move and do so promptly and authoritatively, to prevent further Soviet penetration.

While this trope was indeed common throughout Cold War-era America (see Black, 1970), Nixon’s use of the trope here is notable for its constitutive antecedence as it relates to the “War on Cancer.” At the height of the Cold War, comparing communism to cancer provided the rhetor with the means to simultaneously establish the boundaries of the collective and instigate collective action in the defense of that collective through an existing ideological framework. For the developing “War on Cancer,” this ideological trope first bolstered the underlying labeling of the collective American cancer subject via the internal/external paradox of the disease. Like communism for Nixon, cancer functioned as a monstrous threat from within both the individual and collective body. The implied connection continues in the constitutive strategies of the “War on Cancer.” In theory, residents and the public alike can differentiate between the internal enemy of cancer/communism and the external body. Although subtle and implied, the interplay between cancer and communism in the trope is consequential as both cancer and communism “penetrate” the individual and collective body, are “now exposed,” are “intolerable,” and “endlessly fester.” Accordingly, they both require “prompt[]” and “authoritative[]” action so as to “prevent further [...] penetration.” Similarly, the “communism is cancer” trope provided additional constitutive antecedence to the “War on Cancer” through the existing ideological framework of the Cold War by negatively identifying and associating cancer with communism which, ultimately, implied the

existence of a positive antithesis – a capitalistic and therefore cancer-free society. In short, likening cancer to the Soviet Union in the Cold War tacitly labeled the American collective subject as both are constructed as enemies. Altogether, then, Nixon's use of the trope "communism is cancer" revealed a nuanced ideological connection that additionally helped constitute the American collective into being as early as 1960.

2.4.2 *Activating the Transhistorical Narrative*

Nixon's rhetoric in antebellum activated a multifaceted transhistorical narrative that provided his contemporary audience with an affective connection to the past that reinforced their identification with the constituted American collective subject. The multifaceted transhistorical narrative was first activated in Nixon's repeated invocation of the atom bomb and the moon landings. Such historical references are alive and animated with identity, ideological affect, and deeper narrative meaning associated with World War II, the Space Race, and the larger Cold War. The transhistorical identity connection, then, is intimately positioned within the American collective memory, linking the burgeoning "War on Cancer" to U.S. triumphs in the Second World War and the ongoing Cold War. In short, Nixon effectively transformed the developing "War on Cancer" from a glorified government health campaign into an ideologically successful war akin to World War II and the Cold War.

Nixon also regularly activated a transhistorical narrative longer in its reach back through time and larger in its character scope within his antebellum rhetoric -- that of all of "human history." In addition to linking Americans to a recent past, Nixon connected Americans to an ancient past, reminding us that our "battle" against disease links us to our distant ancestors stretched throughout eons. For example, Nixon wrote in his March 1971 Cancer Control Month Presidential Proclamation that:

This Nation may stand on the threshold of one of the greatest triumphs in human history—the conquest of cancer. If we can now achieve that great goal, we will have lifted from the human family forever the pain, the suffering and the unbearable fear of that most dreaded of all diseases.

In activating a multifaceted transhistorical narrative that connected Americans in the antebellum “War on Cancer” period to their heroic forebears (both recent and ancient), Nixon also helped to further interpellate individuals into the collective American subject. More specifically, Nixon’s contemporary audience could feel further connected to the American cancer collective in their identification with characters of their shared and revered past. An individual cancer patient, for example, could feel galvanized in the transhistorical (re)positioning of their experience into one of defeating cancer. Elsewhere, other members of the collective could find comfort in the discursive resurrection of the past that helped argue that, together, we can achieve victory over this formidable foe.

The transhistorical narrative of the recent past (Space Race, Cold War, WWII) and the ancient past (all of human history) reaffirms the distinction embedded within the initial labeling of the American cancer community, namely that cancer, not the individual with cancer, is the enemy. Both function at the level of the individual and the larger collective. With the past as a guide, everyone, regardless of their proximity to cancer, is constituted into a collective subject inherently in opposition to an insidious entity whose presence appears indiscriminately within individuals throughout the collective.

2.4.3 Maintaining the Illusion of Freedom

The illusion of freedom in “War on Cancer” rhetorics manifests in the construction of misplaced agency. For both the individual and the collective instantiated in the “War on Cancer,” martial metaphors provide a semblance of agency against the enemy. The metaphors transform individuals into frontline soliders and the collective into a unified collective committed to the

enemy's defeat. Conquering cancer, in other words, is simply a matter of how hard the individual — and the collective — fights. In the maintenance of this illusion, larger, structural factors are often ignored, placing individual resilience, tenacity, and strength above access to and affordability of cancer treatment, corporate pollution-caused cancers, and a diminished social safety net.

Importantly, though, the metaphoric maintenance of agency's illusion is not applied to everyone in the collective equally, again revealing the internal/external paradox embedded within the nature of cancer. In other words, the presence of cancer renders the constitutive applicability of martial metaphors — in theory — as varied. In the reality of a literal war, only some members actually fight on the frontlines, while many others stay at home. For cancer patients in the “War on Cancer,” then, “fighting” and “conquering” cancer should theoretically apply to them in a very visceral sense, while those only cancer-adjacent would not feel the same viscosity and constitutive pull of those same martial metaphors.

The overarching constitutive allure of agency's illusion in the “War on Cancer” overcomes this theoretical, paradoxical divide and reinforces the illusion for everyone in the American cancer collective. More simply, the presidential promise to beat cancer is akin to a declaration of war — everyone in the collective is entered into the war, regardless of their status in relation to actually having to engage in combat and are similarly led to believe that victory is not only possible, but divinely preordained.

2.5 Nixon's Rhetoric *In Bello*: Maintaining the “War on Cancer”

With President Nixon's signature affixed to the 1971 National Cancer Act, the United States of America institutionalized the “War on Cancer.” Fighting a disease insidiously present within a growing number of American citizens, Nixon continued employing a rhetoric modified

from the larger presidential war rhetoric genre. His rhetoric during the opening salvos of the “War on Cancer,” amalgamated from his prolific use of martial metaphors with entailments corresponding to the generic constraints of presidential war rhetoric, further built upon the instrumental and constitutive foundation erected in his antebellum discourse. Nixon’s rhetoric *in bello* (that is, his discourse as president). The constitutive consequences of Nixon’s *in bello* rhetoric, however, are less well understood as scholarship has yet to reveal how Nixon’s patterned rhetorical strategies as commander-in-chief during the “War on Cancer” interpellated collective American identity and ideology.

To better explain the constitutive functions of Nixon’s cancer rhetoric, this section first traces the diachronic development of Nixon’s *in bello* “War on Cancer” rhetoric (from the declaration of war in late 1971 to the end of his presidency in August 1974) through the metaphorical entailments of presidential war rhetoric. After charting Nixon’s rhetoric *in bello* through the lens of presidential war rhetoric, this section then considers the larger constitutive implications of the discourse.

2.5.1 Reinforcing the Instrumental Efficacy of the “War on Cancer”

Overarchingly, Nixon continued to implement his antebellum presidential war rhetoric strategies within his rhetoric *in bello*. By further applying this modified version of the larger presidential war rhetoric genre, Nixon reinforced the instrumental efficacy of the “War on Cancer” in its discursive form. For example, in his September 1972 remarks to the National Cancer Conference in Los Angeles, Nixon accepted the American Cancer Society’s distinguished service award, saying that the award would be better given to the room of cancer researchers and oncologists seated before him, those “who have been in the forefront in this

battle for so many years.” You are, Nixon said, “the frontline soldiers in the fight against cancer.” Later in his speech, Nixon continued this iteration of the martial metaphoric framework:

And those who took all the other steps, the first very difficult early steps when government did not provide as much support, when it was harder to get the volunteers to put up the money that was necessary, those of you who took those steps, who carried the fight then, when it was difficult, you are going to deserve the credit when the victory finally comes.

Here, Nixon alluded to the time before the National Cancer Act, to the antebellum “War on Cancer” period wherein the United States attempted to “control” cancer through means other than war. Two years later, in what would be his final Cancer Control Month Presidential Proclamation, Nixon (1974) more succinctly described these past attempts. “In the past,” Nixon wrote, we “learned to cope with” many diseases; but now, “with years of research, we have virtually eliminated such plagues as diphtheria, cholera, smallpox and typhus” and, much the same way, “we are going to conquer cancer” with a sustained, “broad, systemic attack” on the disease. In short, Nixon positioned the early stages of the “War on Cancer” as a marked departure from the inefficacy of the past, further underscoring both the necessity and efficacy of his efforts against the disease.

Nixon continued the in bello application of his antebellum rhetorical strategies by further employing the justifying narrative primarily centered around the depiction of cancer as a threatening enemy. Nixon utilized a strategy of negative identification, vividly illustrating cancer’s antagonizing features. For example, Nixon described cancer in his 1974 Cancer Control Month Presidential Proclamation as “varied, insidious, and relentless,” “striking at [both] young and old.” Similarly, Nixon persistently referred to cancer as the “dread[ed] disease,” or the “dread[ed] killer,” that causes “untold suffering” (Proclamation, 1973) for Americans throughout his rhetoric in bello. Nixon also cited cancer’s alarming statistics, regularly reminding audiences

across this period that, out of an estimated “655,000” diagnosed cases, more than “350,000” Americans would die from cancer every year. Ultimately, Nixon’s ongoing use of negative identification throughout the “War on Cancer” maintained a dire exigency that demanded the continued instrumental support for his cancer policies.

Additionally, Nixon significantly reinforced the instrumental foundation of the “War on Cancer” by further asserting his role as commander-in-chief throughout the early stages of the conflict. This was first notably evidenced in Nixon’s 1972 State of the Union Address. Indeed, only a month removed from the signing of the National Cancer Act, Nixon positioned both himself and his office as the command center of the “War on Cancer.” The new law, Nixon said, “marked the climax of a year-long effort to step up our campaign against cancer” and the “full weight of [his] office” was now dedicated to “our all-out war on this disease.” Similarly, in his March 1972 Special Message to Congress on Health Care, Nixon remarked that the National Cancer Act “create[d] the authority for organizing an all-out attack on this dread disease” and the newly created cancer programs “will be directly responsive to the President’s direction.” Furthermore, Nixon argued, his efforts to “more than” double the funding for cancer research throughout his first term again emphasized his “administration’s strong commitment to defeat this dread killer as soon as humanly possible.” Later in 1972, Nixon noted to the National Cancer Conference in Los Angeles that the National Cancer Institute had been “strengthened and streamlined” and “made directly accountable to the President.” Additionally, Nixon said, “we have established the new National Cancer Advisory Board [and] the President’s Cancer Panel, to help us coordinate our resources in the Government.” In short, Nixon bolstered his position as the nation’s military leader in the “War on Cancer” by emphasizing his personal and official

capacities to dictate strategy and effectively marshal resources just as a president would in times of war.

2.5.2 *The Instrumental Elements of a Globalized “War on Cancer”*

While Nixon’s patterned rhetorical strategies throughout the early “War on Cancer” period largely mirrored those of the antebellum period, some important deviations occurred that would meaningfully build upon both the instrumental and constitutive foundations established during his pre-war tenure. Indeed, Nixon most notably diverged from his antebellum use of presidential war rhetoric by greatly expanding the scope of the “War on Cancer” to a global setting, in effect transforming the “War on Cancer” into another World War.

This expansion initially emerged within Nixon’s reiteration of the “War on Cancer’s” underlying narrative of justification that centered its instrumental appeal upon the depiction of cancer as a threatening enemy. In other words, Nixon positioned cancer as a dangerous enemy for not only Americans, but for the entire world as well. Evidenced first in his remarks to the National Cancer Conference in Los Angeles in September 1972, Nixon said that “cancer is not just a national [enemy], it is an international menace, and we must confront it with an international alliance.” Later, in a November 3rd, 1972, Radio Address on Health Policy, Nixon similarly remarked that because disease is “an international menace. We must fight it with an international alliance.” A few days later, Nixon noted at a campaign stop in Albuquerque, New Mexico, that his desire for detente with the Soviet Union could also manifest outside nuclear arms control with “cooperation in the field of health.” Both the United States and the Soviet Union, he said, consider cancer to be one of the “dread diseases that afflict mankind.” Cancer, Nixon continued, doesn’t “just afflict Americas,” but rather impacts “all people, wherever they are.”

Following his reelection, Nixon then pursued the opening of this global front in the “War on Cancer” in his foreign policy. For example, Nixon and his Soviet counterpart, Leonid Brezhnev, released a Joint Communiqué in late June 1973 that described their combined efforts to “develop effective means to combat those diseases” – most notably cancer – “which are most widespread and dangerous for mankind.” In short, Nixon reified the instrumental allure of the “War on Cancer” through his narrative repositioning of cancer as a threat to the entirety of humanity, which effectively recast the dire exigencies that prompted initial instrumental support for his health policies upon the global stage.

More evidence of Nixon’s in bello efforts to globalize the “War on Cancer” for instrumental purposes additionally manifested as he continued to assert his role as commander-in-chief. Through consistent references to his antebellum Executive Order that converted the biological weapons research facility at Ft. Detrick into a cancer research facility, Nixon reinforced the message the “War in Cancer” as another World War. In his September 1972 remarks to the National Cancer Conference, for example, Nixon expanded the scope of his role as commander-in-chief to an international arena through what he called the “symbol” of Ft. Detrick:

We have a long way to go, but our goal is clear. For me its symbol is Fort Detrick, Maryland, welcoming the Soviet Minister of Health. This is the kind of world we want to leave to our children. We want it to be a better world. We want it to be a more peaceful world. Let us hope that it may be a world in which the genius that split the atom, the genius that took men to the moon, is turned not to the conquest of other peoples, but to cooperation in the conquest of cancer and the other common diseases which afflict mankind.

A year after he ordered the facility’s doors “be thrown open to scientists from all over the world,” Nixon welcomed the Russian Minister of Health to Ft. Detrick. “There he stood,” Nixon recounted in his November 1972 Radio Address on Health Policy:

...in a place once had been the symbol of a closed world, a world of suspicion and confrontation, a place where some of the best minds of our nation had prepared for a possible war against this nation. Now this same place had become the symbol of an open world, a world of cooperation and trust. It had become a meeting ground where the best minds from every nation could work together to save life everywhere on earth.

Then, after signing what would be his last Cancer Control Month Presidential Proclamation in April 1974, Nixon addressed his five invited guests from the Soviet Union, remarking that by “working together, we will be as successful as allies in the war against cancer as we were successful as allies in a war many years ago.”

Ultimately, by globalizing the “War on Cancer” in further asserting his position as the nation’s commander-in-chief, Nixon positioned himself as a capable statesman and a magnanimous world leader willing to put aside the ideological constraints of the Cold War to defeat the dreaded enemy of cancer. More importantly, though, Nixon’s globalization of the “War on Cancer” functioned instrumentally to place the United States – through Nixon’s leadership – at the helm of an international alliance, resulting in the simultaneous advancement of American global prestige and the reinforcement of the existential fear that inspired collective action against the insidious enemy of cancer at home and now abroad.

Perhaps the most important instrumental implication of Nixon’s rhetoric in bello resides in its solidification of the metaphoric congruence between cancer and war. Indeed, in his application of presidential war rhetoric to cancer rhetoric, Nixon helped position the “War on Cancer” as an undeniable structural and conceptual metaphor (Lakoff & Johnson, 2008) for Americans. The American cancer experience became intimately linked with the experience of war — that is, we began to view cancer in terms of war, ultimately rendering the embodied experience with the disease as synonymous in many respects with the embodied experience of war. While this martial metaphoric restructuring was undoubtedly instrumental in both initiating

and sustaining the “War on Cancer” within the policy realm, the constitutive implications of the American declaration of war against cancer were, and remain, far greater.

2.6 The Constitutive Implications of Nixon’s Rhetoric *in Bello*

Throughout the *in bello* period of the “War on Cancer,” Nixon continued his antebellum constitutive strategies to further define the boundaries of the American collective, to activate a transhistorical narrative that helped to epideictically anchor the American collective’s sense of identity, and to, crucially, maintain the powerful illusion of freedom embedded within this discourse. Importantly, though, the international expansion of scope within Nixon’s rhetoric *in bello* also reinforced the constitutive implications of the “War on Cancer.”

The constitutive heart of the “War on Cancer” is animated first in the construction of the American collective subject that, oftentimes, assumes a binary form of “us against cancer.” With his addition of an international scope to the justifying narrative description of cancer as a threatening enemy, Nixon further constituted the American cancer collective subject through negative identification, succinctly positioning cancer as a globalized, evil enemy diametrically opposed to our nation’s (and others’) existence.

Nixon’s *in bello* globalization of the “War on Cancer” additionally functioned constitutively by activating a transhistorical narrative. Like its antebellum predecessor, this transhistorical narrative linked contemporary Americans to their revered past and their noble deeds in the Second World War. Nixon activated the World War II transhistorical link on several notable occasions throughout the *in bello* period. Indeed, in 1972 alone his National Cancer Conference remarks, his Radio Address on Health Policy, and his Remarks in Albuquerque, for example compared the number of American dead from cancer to the number of Americans killed in action throughout all of World War II. Cancer, Nixon unceasingly reminded his audiences,

inflicts more death in Americans annually than did our enemies in all of the Second World War combined.

The constitutive power of Nixon's analogous activation of World War II as a reiterated transhistorical narrative was reinforcing in another important way. In his construction of the "War on Cancer" as an increasingly globalized conflict, Nixon built upon his previously articulated vision of America as a member of an international alliance in the global fight. By explicitly referring to the past united alliance of World War II on several occasions, Nixon intimated the value of the collective identity and ideology of Americans in their current "crusade" against cancer by associating it with their victorious forebears in their noble crusade against authoritarianism.

Interestingly, Nixon further fortified this collective connection to the past in a particularly intimate manner. In his September 1972 remarks to the National Cancer Conference, Nixon likened members of his immediate audience – the cancer researchers and doctors in the room before him – to the "frontline soldiers" of the past. This, in effect, created an interpersonal, time-salient narrative that linked the actions of his immediate and in-person audience to the soldiers of our glorious past. In addition to the affective nature of this connection, Nixon's positioning of oncologists as frontline soldiers reveals the very nature of constitutive rhetoric — that is, a narrative that "'always already' presume[s] the constitution of subjects" (Charland, 1987, p. 134). Thus, in further applying Charland's (1987) argument, "the subject is not 'persuaded' to support" the war against cancer as their support is inherent to their identity as transhistoric soldiers in the "War on Cancer" already.

Finally, Nixon's rhetoric in bello maintained – and, ultimately, cemented – the "War on Cancer's" illusion of freedom established within his antebellum rhetoric in two notable ways.

First, Nixon often communicated an unambiguous confidence that America would, inevitably, emerge victorious in the “War on Cancer.” For example, Nixon told the audience of cancer researchers and oncologists at the 1972 National Cancer Conference that their concerted efforts would certainly be lionized “when the victory [against cancer] finally comes.” Similarly, Nixon confirmed in his last Cancer Control Month Presidential Proclamation in 1974 that “we are going to conquer cancer” once and for all. This seemingly unshakable confidence in America’s eventual victory in the “War on Cancer” functions as a subtle discursive maintenance for the simulacrum of agency at the foundation of the martial metaphoric framework – that we will inevitably prevail against cancer because of our strength and willingness to fight.

Second, the globalized scope of Nixon’s in bello cancer rhetoric reinforced the false notion that defeating cancer could also be achieved through intense international collective commitment. This was first evidenced in Nixon’s September 1972 National Cancer Conference where he noted that although “barriers between nations [are] very great,” even diametrically opposed nations like the US and USSR at opposite ends of the Cold War could work together in the “fight against cancer.” “Perhaps,” Nixon continued:

...this fight against cancer, against disease, can help to teach the world that despite immense differences between cultures and values and political systems, nations must work together and can work together to meet their common needs and fight their common enemies.

Nixon similarly echoed this sentiment in his November 1972 Radio Address on Health Policy, commenting:

Who knows who will discover the cure for cancer? It may be a woman now studying at a university in Europe or a boy who now sits in a South American school. It could be an American or a Russian or a Chinese. Or there may be many partial cures from many sources. But this we know: The cure for cancer – or any other disease – will come faster if we all work together to find it.

The underlying argument of Nixon's global "War on Cancer" is an extension of the misleading logic at the heart of his domestic "War on Cancer" — that cancer can be defeated with the commitment of a dedicated collective. This illusion is additionally supported by Nixon's effort to further assume a leadership position in the globalized "War on Cancer" through his construction of international alliances. Working in tandem with the transhistorical narrative of the United Nations coming together to defeat evil in World War II, Nixon continued to reify freedom's illusory presence by implying that a similar international coalition could achieve victory in the "War on Cancer."

In summary, Nixon's rhetoric in antebellum and in bello instrumentally and constitutively altered cancer in America to more closely resemble wartime America. In the end, though, the changing nature of war and the resulting altered rhetorical landscape left many searching for alternative metaphors within American cancer rhetoric.

2.7 Connecting the American Cancer Collective: The Prolonged "War on Cancer" and the Emergence of the "New Moonshot" Metaphoric Framework

Despite President Nixon's profound impact on the "War on Cancer's" lasting rhetoricity and ideological fidelity within the larger confines of American cancer rhetoric, the overarching contextual landscape began to shift considerably in the aftermath of his resignation from the presidency. The geopolitical and post-colonial forces of history, combined with a recalcitrant American approach to foreign policy, resulted in a bloody, attritional war in Vietnam. Americans, for the first time in living memory, confronted the sobering reality of not only losing a war, but of also enduring a prolonged war with high casualties. The nature of war, very simply, had changed. As perceptions of war shifted for Americans, so too did its rhetorical connotations. The "War on Cancer" steadily waned in its instrumental and constitutive efficacy, ultimately creating

an opening for alternative metaphoric frameworks to emerge and fill the efficacy void in American cancer rhetoric.

One such alternative metaphoric framework to recently emerge stems from space and space exploration. This alternative metaphoric framework did not construct cancer as an enemy to be vanquished, but, rather, as an integral part of exploration, a “new moonshot” in search for a cure to the disease. While ostensibly a distinct departure from the martial metaphoric framework of presidential cancer rhetoric, the instrumental and constitutive impact of the space exploration metaphoric framework maintains a nuanced interconnectedness to its martial predecessor.

To explain, this section begins by briefly tracing why the “War on Cancer” faltered and how, in its diminished state, the “War on Cancer” positioned metaphors of space exploration to respond to the rhetorical and ideological needs of presidential rhetors. Then, this section continues with a discussion of the emergent “new moonshot” cancer metaphoric frame and considers the ways in which these new metaphors operate as extensions of their martial forebearers. That is, despite altering the paradigm of American cancer rhetoric towards the conceptual metaphor of a journey, metaphors of space and space exploration simultaneously add to the strategic misrepresentation of the “War on Cancer.” Indeed, the “romantic and transcendent” (Jordan, 2003) nature of presidential space exploration rhetoric obfuscates its status as a misrepresentation strategy of presidential war rhetoric. In short, “new moonshot” metaphors function to help hide the militaristic foundations of the American moon landings.

While positive and inspiring in comparison to the visceral and consequential nature of the martial metaphoric framework, metaphors of space exploration have their roots in the ideological anxieties of the Cold War and the Space Race. Indeed, underlying the triumphs and discoveries of the Space Race was an existential desire to obtain military superiority over the ideological

enemy of the Soviet Union. Thus, the application of the space exploration metaphoric frame to presidential cancer rhetoric stems from an intimate connection to presidential war rhetoric and its adaptation to the “War on Cancer.” This section, then, concludes by considering the constitutive consequences of war and space exploration’s intimate and intertwined connectedness as evidenced by several contemporary events and rhetorics, including the recent creation of the American Space Force, President Biden’s 2022 State of the Union Address, and the influence the privatization of space travel continues to exert on presidential war and space exploration rhetoric.

2.7.1 The Prolonged “War on Cancer”

Even while the “War on Cancer” appeared to be positioned to reach its zenith in the years immediately following President Nixon’s declaration of war against the disease in December 1971, the social, political, and historical landscape was in a state of significant flux. Muddled by unilateral, executive actions dating as far back as the Korean War, as well as President Johnson and Nixon’s escalations in Vietnam, American military intervention abroad emerged as a less formal endeavor strictly adhering to previously understood conceptions of constitutional separation of war powers. Responding to the trend away from Congressional oversight, Congress overrode Nixon’s veto in 1973 to pass the War Powers Act. Although intended to reassert Congressional authority in matters regarding American use of force abroad, the law continued to manifest the tension between Presidents and Congress. Rather than asking Congress for a formal declaration of war, presidents after Nixon primarily adhered to a clause within the War Powers Act that required them to simply notify Congress of the use of force (Javits, 1973). While the War Powers Act also required commanders-in-chief to seek Congressional authorization for military engagements longer than 60 days, presidents have increasingly ignored this facet of the law (e.g., Obama; Groll & O’Grady, 2014). In short, in the latter half of the 20th Century and well

into the 21st Century, the nature of both war and presidential war rhetoric changed. At times, warfare's altered disposition necessitated the change in presidential war rhetorics; at other times, presidential war rhetoric influenced a change in how the American military waged war (Campbell & Jamieson, 2008, pp. 252-253).

The waning constitutive and instrumental efficacy of the “War on Cancer” is also a function of the changing cultural connotations of war — or, in other words, how Americans began to view military intervention abroad. The ability of Americans to witness mediated aspects of wars abroad began to alter their connotations of war and its rhetoric. Beginning in Vietnam — and certainly reinforced in Iraq and Afghanistan — Americans watched in almost real time as communist forces steadily chipped away at the ethnocentricity underlying the U.S.’s “superpower” status. News media reporting on the front lines revealed the chaos of a jungle war defined by guerrilla tactics. Aided by the viscosity of television, journalists embedded with American combat units in Vietnam relayed the horrors of the attritional, bloody nature of the conflict directly into American homes every night, piercing the illusory veil of American war rhetoric.⁹

In stark juxtaposition to how Americans at home consumed news media reports from the frontlines in World War II (and, to an extent, the war in Korea), the proliferation of television as a form of mass media allowed for a change in the genre of war journalism, directly impacting how Americans consumed news about American foreign wars. In short, American cultural

⁹The status of Vietnam as the first “television war” (Mandelbaum, 1982) and its impact on public opinion continues to be an intense topic of debate amongst scholars. Mandelbaum (1982), for example, argued that the notion the United States “lost the war *because* it was on television” has become a “truism” and, importantly, “does not stand up to scrutiny” (pp. 157-158). Similarly, McClancy (2013) wrote the relationship between television news coverage and public opinion of the Vietnam War “is not as straightforward or as simple as it is often presented” (p. 50). Clarke (2022), meanwhile, argued that although the “simulation of war as it appeared on screen” may not be entirely based in historical reality, the Vietnam War’s presence on screen “is itself no less important in the formation of our collective memory” (pp. 868-869).

connotations of war were once curated via a more centralized process (i.e., significant government censorship of information from journalists embedded on the frontline, the confinement of visual media consumption to movie theaters, and the highly stylized and propaganda characteristics of the visualized news reports), resulting in a largely positive view of war outcomes. During American involvement in Vietnam, cultural connotations of war changed, with the American public increasingly questioning the use of the commander-in-chief's powers.

At the same time that America began losing prolonged wars abroad, the “War on Cancer” gradually suffered a fate similar to its predecessor — the “War on Poverty.” As the central component to President Johnson’s “Great Society,” Zarefsky (1986) noted that the martial metaphoric framework appealed viscerally to Johnson and “significantly influenced both the design of the poverty program and the public discourse surrounding it” (p. 51). “The image of war,” Zarefsky (1986) wrote, “affected the objective, the enemy, and the weapons” (p. 51). However, even as Congress passed and the federal government institutionalized several of Johnson’s policy proposals to alleviate poverty, Americans grew “profoundly disillusioned about its ability to conquer the foe and even about whether the victory was worth the cost” (p. 196). The “War on Poverty,” very simply, “could not be sustained” (Zarefsky, 1986, p. 196). In addition to its shortcomings in policy, the “War on Poverty” failed rhetorically because the “objectives appeared implausible, the enemy could not be sufficiently defined, and the weapons to wage the war required sacrifice from an unwilling citizenry” (Wernecke, 2021, p. 339). Much the same way, the “War on Cancer” faltered rhetorically from the lack of tangible — or at least communicable — results. Despite half a century of “war,” America was no closer to conquering its eternal foe. Just as Americans started to grow disillusioned with war abroad, the reality of

cancer progressively fogged the domestic “War on Cancer” (Crewdson, 2000; *The Long War on Cancer*, 2013).

Ultimately, presidents after Nixon continued to support the war effort in the fight against cancer, primarily by regularly reallocating money for research and asking Congress for additional funding. The shifting contextual landscape and an American public weary of prolonged foreign (Newport, 2021; Brenan, 2022) and domestic wars (Haskins, 2013; Ekins, 2019) created an opening for an alternative set of metaphors to manifest within American cancer discourse.

2.7.2 *The Emergence of the “New Moonshot” Metaphoric Framework & Its Constitutive Implications*

Indeed, in the period of the “War on Cancer’s” instrumental and constitutive waning allure, the appearance of the “new moonshot” cancer metaphors in the discursive and cultural background of American cancer rhetoric materialized into the foreground with the creation of the “Cancer Moonshot Initiative” in 2016 (Wernecke, 2021). The framework’s emergence both altered and maintained the paradigm of American cancer rhetoric, simultaneously remaking and reinforcing how Americans discursively navigate their experiences with cancer.

Like the “War on Cancer,” the rhetorical history of the “Cancer Moonshot Initiative” begins well before its official introduction into policy.¹⁰ Within presidential rhetoric, the immediate rhetorical antecedent to the “Cancer Moonshot Initiative” traces back to then Vice-President Biden in October 2015. Standing in the White House’s Rose Garden with then President Obama and his wife Jill, Biden (2015) announced that he would not enter the 2016

¹⁰ My brief tracing of the “Cancer Moonshot Initiative’s” rhetorical history comes from my (2021) essay, “‘A New Moonshot:’ Exploring the Metaphoric Shift in American Cancer Discourse,” published in the *Southern Communication Journal (SCJ)*. I would like to thank Dr. Benjamin Bates, the *SCJ*’s Editor, for graciously permitting me to use my (2021) essay for portions of this chapter.

Presidential Election. Citing the recent loss of his son Beau to brain cancer, Biden told the assemblage of reporters that a presidential run was both personally and politically untenable. He insisted that he and his family needed more time to mourn and the window for a successful campaign had passed. Although he would not be a candidate for president, Biden (2015) stated he would not remain silent on the issues most important to him. Here, Biden (2015) initiated the shift towards moonshot metaphors in presidential cancer rhetoric. He said:

And I believe that we need a moonshot in this country to cure cancer. It's personal. But I know we can do this. The president and I have already been working hard on increasing funding for research and development, because there are so many breakthroughs just on the horizon in science and medicine, the things that are just about to happen. And we can make them real with an absolute national commitment to end cancer, as we know it today. (Biden, 2015, para. 23).

Several months later, President Obama delivered his final State of the Union Address and utilized the rhetorical power of the presidency to continue the metaphoric shift in American cancer discourse. In this address, Obama (2016) invoked memories of the Cold War and the so-called "Space Race" to frame the moonshot metaphor's application to the context of cancer. "When the Russians beat us into space," Obama (2016) began, America "built a space program almost overnight" and "12 years later, we were walking on the moon" (para. 31). Echoing his vice-president's October 2015 remarks in the Rose Garden, Obama (2016) then called for "a new moonshot" to cure cancer and poignantly noted that he is "putting Joe in charge of Mission Control" to lead a "new national effort" to "give scientists at the *National Institutes of Health* the strongest resources that they've had in over a decade" (para. 34). In December 2016, metaphoric entailments of the "new moonshot" framework were further reinforced within public health policy when Obama signed the 21st Century Cures Act into law.¹¹ Bearing the late Beau Biden's

¹¹ For more regarding the policy entailments and proliferation of the "new moonshot" metaphoric framework outside of presidential rhetoric, see Wernecke (2021, p. 343).

name, the “Cancer Moonshot” was allocated with “1.8 billion in funding” over seven years for cancer research, testing, and support (*National Cancer Institute*, n.d. para. 4).

Then, in the waning days of the Obama-Biden Administration, Biden traveled to Davos, Switzerland and addressed the World Economic Forum on the progress of The Cancer Moonshot. Biden (2017), like Obama (2016), made further use of historical analogy to bolster the efficacy of this alternative metaphoric framework. Through the continued reference to President Kennedy, the Space Race, and the moon landing, Biden (2017) called upon themes inherent to the space exploration metaphoric framework, namely the importance of a national commitment and the idea of sharing knowledge and research. At the end of his speech, Biden (2017) said:

When President Kennedy discussed sending humankind to the moon, he talked about the commitment the nation – and this is the phrase he used – the commitment the nation was “unwilling to postpone.” A very famous speech, and some of you can probably recite the speech, but the part of the speech since I’ve been a kid that got me the most about my notion about governance, my notion about exploration, my notion about science was when a nation or a people “unwilling to postpone.” We should be unwilling to postpone finding the answer to how to end cancer as we know it (Biden, 2017, para. 104).

As President, Biden continued to extensively employ the “new moonshot” metaphoric framework in his cancer rhetoric and further reinforced the “Cancer Moonshot Initiative” as federal cancer policy. In February 2022, the Biden-Harris Administration announced plans to “reignite[] the Cancer Moonshot with renewed White House leadership,” establishing a series of new policy goals coupled with “increased funding for the NIH and NCI” and continuing the full allocation of funding for the 21st Century Cures Act and the Beau Biden Cancer Moonshot Initiative (The White House, 2022, para. 2, 8). Then, on the 60th anniversary of President Kennedy’s “moonshot” speech, President Biden traveled to the Kennedy Library in Boston and invoked the late president’s memory to reaffirm federal commitment to cancer care (Bartlett,

2022). Quoting Kennedy's "moonshot" speech directly, Biden (2022b) echoed the refrain "unwilling to postpone" as a means to further galvanize American collective commitment to curing cancer (para. 17). When Kennedy "set a goal to win the Space Race" and "advance science and technology for all of humanity," Biden (2022b) continued, he "established a national purpose that could rally the American people in a common cause. And he succeeded" (para. 18).

In some ways, the shift towards metaphors of space exploration in American presidential cancer rhetoric departs from the generic entailments set in motion by its martial predecessor. Most notably, "new moonshot" metaphors in presidential cancer rhetoric altered the larger justifying narratives for federal government intervention into cancer research and care. The overarching justifying narrative in the "War on Cancer" was primarily centered upon the construction of cancer as a threatening enemy to Americans. Employed predominantly by President Nixon within his rhetoric in antebellum and in bello, the narrative constituted cancer as such an existential threat that only a government led war effort could confront and defeat the dangerous disease effectively. The overarching justifying narrative cultivated within the "new moonshot" metaphoric framework, in contrast, repositioned curing cancer as the end goal of a voyage between celestial bodies. "Intentionally or not," Jordan (2003) wrote, "policymakers and popular culture texts have called upon [moonshot rhetoric] in the hope that it will enable them, like Kennedy, to evoke themes of noble exploration and wonderment" (p. 225). Operating via a perspective of hope and inspiration rather than fear and dread, "framing cancer as an endeavor, a journey into a new frontier" ultimately "instills a positive agency" within the American people (Wernecke, 2021, p. 346). In the end, the embedded justificatory narrative of "new moonshot" cancer metaphors resides less within the realm of argument and more within the realm of positive, constitutive appeal. Americans, in other words, are not persuaded to support

government efforts against cancer out of fear; rather, the justification for government action against cancer in the space exploration metaphoric framework is inborn and self-evident. The justification for the “new moonshot” in cancer research stems from the justification of the original moonshot – by channeling the American pioneering spirit, we can embark upon a great exploration of the unknown and, ultimately, achieve the great goal of setting foot upon the moon.

Nevertheless, the emergence of the “new moonshot” metaphoric framework in American presidential cancer discourse actually builds upon the generic entailments established in the antecedent “War on Cancer” in many ways. More precisely, the larger instrumental and constitutive power of space exploration metaphors in American cancer discourse operate as a catalyst for presidents to additionally assert their role as commander-in-chief and to strategically misrepresent war. Indeed, the militaristic origins of American space exploration — the existential and ideological desire to close the supposed “missile gap” with the Soviet Union in the Cold War — begins to reveal space exploration metaphors in cancer rhetoric as extensions of the generic components of presidential war rhetoric and the “War on Cancer.”

As a misrepresentation strategy of presidential war rhetoric, the space exploration metaphoric framework shifts attention away from the negative agency of the “War on Cancer” while reinforcing the martial metaphoric frame’s underlying constitutive force. “New moonshot” cancer metaphors hide the visceral, militaristic foundations of both metaphoric frameworks. These metaphors first accomplish this by helping Americans “locate[] the endeavor within a historical moment of urgency and plausibility” (Jordan, 2003, p. 210) through the inherent comparative function of metaphors, likening curing cancer to our exploratory mission to the moon. Second, space exploration metaphors “cloak[] the audacity of the endeavor” (Wernecke, 2021, p. 346) in the “romantic and transcendent” (Jordan, 2003, p. 210) style of moonshot

discourse utilized by President Kennedy. Just as they did in Kennedy's initial rallying call to the moon, the full application of inspirational moonshot metaphors to cancer discourse "invites audience members to live up to their pioneering heritage" (Jordan, 2003, p. 210) by embarking upon a noble exploration on the "frontiers of science" (Ceccarelli, 2013, p. 30).

Underlying Kennedy's initial "romantic and transcendent" space exploration rhetoric was the existential and ideological dread of the Cold War's "Space Race." The lofty and positive inspiration of Kennedy's moonshot rhetoric, in other words, obfuscated the militaristic reality of the Space Race. In much the same way, the metaphoric shift in American cancer discourse towards a lofty and positive space exploration framework hides the violent origins of the framework while simultaneously misrepresenting the faltering "War on Cancer." In its constitutive function, then, the use of space exploration rhetoric as a misrepresentation strategy of war taps into the same identification strategies present in the "War on Cancer" — a collective identity not based on the presence of the disease, but rather based upon notions of a collective American national identity.

Importantly, an inescapable presence of violence exists in the invitation for Americans to "live up to their pioneering heritage" (Jordan, 2003, p. 210) in the reapplication of moonshot rhetoric to cancer discourses. The "frontier of science" rhetorical frame recasts scientists as pioneering frontiersmen exploring, and, ultimately, conquering a metaphysically repositioned frontier. Further, the violent, white, colonizer identity of the American frontier mythology haunts the "frontier of science" reinterpretation (Ceccarelli, 2013). For American cancer discourse, then, this violent past is unquestionably present, again reinforcing the martial origins of space exploration cancer rhetoric in a subtle yet meaningful way.

The constitutive implications of the emergent “new moonshot” metaphoric framework largely coincide with its martial predecessor. While the “War on Cancer” relied primarily upon negative identification to help constitute its American cancer collective, “new moonshot” metaphors call the collective cancer subject into being through positive identification. Yet, the boundaries of the American cancer collective in both metaphoric formations mirror the collective American national identity. Similarly, although the space exploration metaphoric framework activates a transhistorical narrative grounded in the American frontier mythos, likening our exploration of the stars to our pioneering exploration of the American frontier, the more immediately activated historical narrative that provides an identifying connection to the past is the Space Race. Like its martial predecessor, the space exploration frame again ties the identity of its contemporary cancer collective to a patriotic and triumphant past – the American moon landing.

“New moonshot” cancer metaphors additionally maintain the illusion of agency for the American cancer collective. While martial metaphors can certainly galvanize the individual and the collective to action against cancer, the foundation of the martial framework’s constitutive appeal is rooted in the negative connotations it elicits. “Exploration of the stars,” meanwhile, “expands our conceptions of the individual as well as the community” as “the stars have long been associated with the furthest reaches of the human soul” (Rushing, 1986, p. 284). Space exploration, Rushing (1986) continued, can be “liberating of the individual, defying gravity to be released into the unknown” (p. 284). Ultimately, despite its inherently positive and hopeful orientation, the sense of agency inspired by the “new moonshot” framework remains, like its martial predecessor, illusory.

2.7.3 The Constitutive Consequences of the Connected Military and Space Exploration Metaphoric Frameworks in American Cancer Discourse

For the “War on Cancer” and the “Cancer Moonshot Initiative,” a constellation of events over the last two and half decades ostensibly complicated the collective American cancer identity. With each metaphoric formation theoretically predicated upon manifestly different paradigms, the American cancer community appeared ready to deviate from its rhetorical past. However, these events only served to intimately connect metaphors of war and space exploration together, thereby assisting in the continued coalescing of the cancer collective identity around notions of collective American national identity. Indeed, the inherent connection between metaphors of space exploration and war have been additionally bolstered in former-President Trump’s creation of the United States Space Force and within the rhetorical choices of President Biden in his 2022 State of the Union Address.

2.7.4 The United States Space Force

In December 2019, then-President Trump ordered the most significant reorganization of the United States Armed Forces since 1947 and created an entirely new branch of the military: the United States Space Force (USSF). Under the authority of the United States Space Command, the establishment of the Space Force effectively made public and official the American militarization of space.

Of the voluminous discourses accompanying the USSF’s creation, the inaugural doctrinal publication titled *Spacepower: Doctrine for Space Forces* (2020) reveals the intimate interconnectedness between space exploration and war. Indeed, scattered throughout the USSF’s (2020) doctrine of force are discursive examples that continuously link the two realms together. For example, atop the doctrine’s preface is a brief excerpt from President Kennedy’s “moon

speech” in 1962 — what is, essentially, the exemplar for the “romantic and transcendent” style of space rhetoric that endures today and informs the space exploration metaphoric framework. “The eyes of the world now look into space, to the moon and to the planets beyond,” Kennedy (1962) told his Rice University audience, “and we have vowed that we shall not see governed by a hostile flag of conquest, but by a banner of freedom and peace.” In citing the very source of the lofty and inspirational space rhetoric genre, the USSF (2020) effectively established the foundational connection between war and space exploration.

This connection is additionally evidenced in discourse documented during the fallout from the Soviet Union’s 1957 launch of Sputnik, an event largely considered to be the existentially, ideologically, and militarily “shattering moment” of the Cold War: the start of the Space Race (Halberstam, 1993, p. 623-625). For example, the USSF cites a *National Security Council (NSC) Report* from August 1958 to further necessitate the USSF’s very existence:

The beginning stages of man’s conquest of space have been focused on technology and have been characterized by national competition. The result has been a tendency to equate achievement in outer space with leadership in science, military capability, industrial technology, and with leadership in general. (*NSC Report* 5814/1, 1958).

Humankind’s initial step into the cosmos was, in other words, not of noble exploration, but of “conquest.” In contrast to the “romantic and transcendent” (Jordan, 2003) space exploration rhetoric of the time, American national security officials – from the very genesis of the Space Race – firmly positioned American interests in space as a competition of military capabilities.

Notably, though, as the organizational, material, and bodily manifestation of this belief regarding existential necessity to militarize space, the USSF employed a discourse steeped in both metaphoric frameworks. Indeed, the USSF synthesized the generic qualities of both martial and space exploration metaphoric frameworks, effectively occupying a discursive space between both metaphoric realms. “In keeping with international law,” the USSF (2020) wrote, the branch

“acknowledges that the use of space is for peaceful purposes, while preparing for the reality that space must be defended from those who will seek to undermine our goals in space” (p. 17). This maintains the instrumental and constitutive foundation connecting both sets of metaphors and provides rhetors elsewhere with the ability to further utilize the connection for their own rhetorical goals. For their application to cancer rhetoric, the USSF’s use of these combined metaphors help to further conflate the American cancer collective identity with its nationalistic counterpart. Indeed, as evidenced in the organization’s doctrine of force, their effective fusion of the metaphors illuminates the transhistorical narratives of both war and space exploration as intertwined, providing the discursive foundation from which other rhetors can continue to build from.

2.7.5 Biden’s First State of the Union Address

Several months after the final American withdrawal from Afghanistan following two prolonged decades of fighting and, ultimately, losing the “War on Terror” there, President Biden vividly employed language in his First State of the Union Address that was imbued with both martial and space exploration metaphoric imagery to frame his cancer policy goals, resulting in a peculiar fusion of the two that further intertwined their rhetoricity and identification capabilities. First, Biden reinforced the “War on Cancer” by explicitly linking the material and bodily consequences of war to cancer — and of cancer to war. Calling forth the memory of these lost wars, Biden remarked:

And our troops in Iraq [and Afghanistan] have faced many dangers. One being stationed at bases, breathing in toxic smoke from burn pits [...] These burn pits that incinerate waste — the wastes of war, medical and hazardous material, jet fuel, and so much more...And they come home — many of the world’s fittest and best trained warriors in the world — never the same: headaches, numbness, dizziness, a cancer that would put them in a flag-draped coffin. I know.

In other words, another material and bodily consequence of America's prolonged military involvement in Iraq and Afghanistan is cancer. With the resultant cancer diagnoses, the violence of war continued even after the combat ended — as soldiers now battled another insidious enemy.

Biden then infused this narrative with intimate personal profiles of cancer-ridden soldiers and their families “fighting” the disease, including, notably, his own son. Like Beau, Biden continued, was Sergeant First Class Heath Robinson. “Born a soldier,” Heath was also stationed near burn pits in Iraq and Kosovo — and cancer “from prolonged exposure” to the pits festered and “ravaged” his lungs and body. Heath's widow, seated atop the House Chamber as Biden's Presidential Guest of Honor, said that he was a “fighter to the very end. He did not know how to stop fighting.” Beau and Heath, both soldiers, fought external and internal enemies.

The constitutive power embedded in this narrative, first, resides within the perception that Beau and Heath became martyrs for both the “War on Cancer” and the “War on Terror.” They, in other words, sacrificed their lives for the American cancer collective fighting the “War on Cancer” by valiantly fighting until the very end, while, at the same time, their deaths from combat-related illness are framed as a sacrifice for the American national identity in the “War on Terror.” In short, Beau and Heath's position as warriors of both foreign and domestic wars, as soldiers who fought internal and external enemies, maintains a power to further interpellate individuals into the conflated sense of collective identity.

Another constitutive implication of Beau and Heath's status as soldiers fighting for America abroad while also fighting the cancer-related consequences of these foreign entanglements resides at the intersection of the discursive and nondiscursive. In President Biden's narrative, Beau and Heath's bodies function as a form of embodied synecdoche. The

discursive framing of their embodied experiences with both combat and cancer renders Beau and Heath's bodies as a constitutive catalyst – they ultimately come to represent the whole. Their power to represent the whole assists in further providing additional lines of demarcation to the boundaries of the conflated collective identity by residing at the crucial crossroads between both the American cancer collective identity and the collective sense of American national identity.

Heath and Beau's cancer experience also speaks to the internal/external tension present within the interrelated discursive and nondiscursive constitutive function of bodies – exemplifying, in particular, another process of interpellation. Because cancer (in its untreated form) is an “invisible illness” (Horan et. al., 2009), cancer patients bear no external signs of the disease's presence upon their bodies, so President Biden's discursive framing of Heath and Beau's experiences is imbued with identification power – a cancer patient may be hailed into the American cancer collective through their identification with Heath and Beau.

Biden (2022) then incorporated the “Cancer Moonshot Initiative” into his martial metaphoric framing of cancer in a particularly profound way. To help realize his goal to reduce cancer death rates by 50 percent over 25 years, ultimately “turn[ing] cancers from death sentences into treatable diseases,” Biden asked Congress to fund ARPA-H — the Advanced Research Projects Agency for Health. “Patterned after DARPA in the Defense Department,” Biden explained, the agency that contributed to the development of the Internet and GPS that “make our forces [safer] and [better] able to wage war,” ARPA-H will “supercharge” the “Cancer Moonshot Initiative” in its “singular purpose to drive breakthroughs in cancer” and disease research.

As the architect of the space exploration metaphoric framework's introduction into presidential cancer rhetoric, Biden's infusion of the alternative frame into the dominant martial

frame is clearly instrumental for its impact on policy. Meanwhile, the constitutive consequence of Biden's infusion of the two metaphoric frameworks resides in the collective identities his fusion bridges together. Biden combined the already conflated identities within the "War on Cancer" together with the similarly already conflated identities within the "Cancer Moonshot Initiative," cementing their presence together under the auspices of presidential cancer rhetoric. Like the USSF housing both war and space exploration together, Biden's use of both metaphoric frameworks place together the cancer collective's connection to the American national identity.

Biden's (2022) fusion of the "War on Cancer" together with the "Cancer Moonshot Initiative" through a Defense Department program is also notable for its perpetuation of Charland's (1987) third ideological effect underlying both metaphoric formations – the illusion of freedom. At the crux of Biden's cancer policy proposal is the implied argument that research traditionally conducted to more effectively "wage war" can successfully be (re)applied to help make cancer a "treatable" disease. Or, more simply, because this research in warfare yielded success in other areas (the Internet and GPS), the same war-oriented research can also yield success in cancer treatment.

Like Nixon before him, Biden employed American past collective successes at the intersection of science, technology, and warfare to further galvanize the contemporary collective in their cancer experience. Indeed, mirroring Nixon's analogous narrative of the atom bomb and the moon landings in his cancer rhetoric, there is an aura of inevitability in Biden's call for a cancer research program modeled after a Defense Department research program. The illusion of agency is thus maintained in the pedagogical power implied within the narrative – that renewed collective effort via this refashioned defense program will help us achieve the "moonshot" of cancer research. In the end, Biden's fusion of martial and moonshot metaphors continues the

constitutive trajectory of both metaphoric frameworks, functioning to conceal the difficult realities of cancer.

Overarchingly, Biden's remarks before Congress in March 2022 reaffirm the underlying argument in this chapter: martial and space exploration metaphors in American cancer rhetoric are laden with a constitutive power that — both separately and together — tap into notions of American national identity for maximum identification appeal.

2.8 Conclusion: The Ideological Consequences of Constitutive Metaphors & Identity

Conflation in American Cancer Discourse

The near total presidential power to shape both the instrumental and constitutive trajectory of war and space exploration rhetoric may be waning in the wake of another shift in the contextual landscape. This is primarily evidenced in the recent advent of the “billionaire space race” (Irving, 2016). Occurring almost simultaneously to the militarization of space, several billionaires recently embarked upon well-publicized trips to space, eclipsing, at least momentarily, publicly funded achievements in space and raising the alarming prospect of space exploration's privatization. In 2021 alone, the “billionaire space race” produced two space flights only nine days apart when Richard Branson achieved suborbital flight on July 11th and Jeff Bezos following suit on July 20th.

As the “billionaire space race” relates to presidential rhetorical power over metaphors of war and space exploration, the billionaire's desire to profit here is reminiscent of the pirates and privateers of bygone centuries. Indeed, if outer space is set to become what the oceans were in centuries' past, the existence of privatized interests operating in this domain threaten the collective nation state and the constitutive channeling power of the president. Just as pirates challenged the naval hegemony of nations in the 17th and 18th centuries, so too can billionaires

challenge the burgeoning military power of nations in space. Branson and Bezos' determination to privatize space travel carries the potential to undermine both the USSF's militarization of the Final Frontier and NASA's representation of a publicly maintained domain — and the President of the United States maintains power over both of these organizations.

However, the recent “billionaire space race” contextual development may actually augment Mills (2014) formulation of negative identification. Because the existence of a group operating in defiance of or in negative relation to the defined boundaries of another group ultimately helps further constitute the collective identity of the latter, the “billionaire space race” could serve as the reification of the American national collective identity via negative identification. In all, though, it may be too soon to tell if the specter of privatized space travel may indeed materialize to significantly alter the contextual landscape and threaten the American presidential rhetorical power over martial and space exploration metaphors and their constitutive power in American cancer rhetoric.

While the presidency's instrumental and constitutive power may be under threat from changing contextual landscapes, the office's rhetorical power of identification within the context of cancer may be burgeoning as a result of who occupies the office at the moment. Joe Biden's unique position as a presidential rhetor who has been intimately impacted by cancer wields a more unique form of constitutive power. Biden's ability to intertwine his private, cancer-related grief into his public discourses about the disease functions as a heightened interpellating agent. As the symbolic Head of State and functional Head of Government, Biden's intimate proximity to the American cancer experience carries a potential to literally and figuratively reinforce cancer's omnipresence, to hopefully legitimize the experiences of cancer patients to policy makers. Moreover, Biden can simultaneously speak to those internally afflicted by cancer

(current and former cancer patients) as well as those externally adjacent to — but still effected by — the disease (caregivers, family members, friends). In short, President Biden serves as an embodied, identifiable model for the cancer collective due to his personal circumstances, while simultaneously functioning as the policy actor who calls the collective together in response.

For the individual cancer patient, the “War on Cancer” and “Cancer Moonshot Initiative” metaphoric frameworks assist in the constitutive process via interpellation – and an important component in the process of interpellation for cancer patients resides within the internal/external bodily paradox presented by cancer’s status as an “invisible illness” (Horan et al., 2009; Kundrat & Nussbaum, 2003). The constitutive power of these metaphoric frameworks permits the individual cancer patient to retain some bodily autonomy in their experience with the invisible disease while, at the same time, also helping them to feel connected to a community. Indeed, for individual cancer patients, the time between their diagnosis and their disclosure of the disease to others may be isolating and alienating. They may, for example, feel the fear of stigmatization for the first time, desperately needing to feel connected to others of a similar circumstance. Once discursively hailed into the larger, unified cancer collective through cancer metaphors of war and/or space exploration, the individual cancer patient’s resolve in the wake of a difficult diagnosis may be reinforced in their identification with others.

Finally, the constitutive metaphors that instantiate the “War on Cancer” and the “Cancer Moonshot Initiative” function in an attempt to negotiate the complex and inherent identity paradoxes of and within the collective American cancer experience. These identity paradoxes stem from the true bodily composition of the American cancer community. That is, the American cancer community is composed of disparate groups, of patients and those closest to them, of victims, survivors, advocates, activists, support groups, healthcare providers, and medical

professionals. At the same time, the American cancer community is additionally comprised of for-profit health insurance conglomerates, government agencies, hospitals, research organizations, charity organizations, and the fundraising and advertising divisions of these various organizations and corporations. Particularly through the power of presidential identity conflation, the constitutive metaphors of war and space exploration intimately entangle the American cancer identity with the sinews of a national identity built upon triumphant memories of a gallant past and infused with patriotic nostalgia. Americans, very simply, link and conflate their identification with the American cancer community to their identities as Americans.

The identity conflation and constitutive allure of “War on Cancer” and “Cancer Moonshot Initiative” metaphors entails consequences into the material, bodily, and ideological realities of the American cancer community. Indeed, this conflation of identities creates a faux unity, an appearance of togetherness in the wake of the truly existential threat that cancer poses. Fusing the collective American cancer identity to an American national identity laden with profound affect, pride, and nostalgia makes it impossible to properly interrogate the sobering reality that separates the cancer patient and the health insurance CEO, or the lobbyist from the oncologist. Ultimately, then, both the “War on Cancer” and “New Moonshot” metaphoric frameworks function in service of the same ideological master – that of maintaining the status quo. Both operate in the same service of creating a faux unity, a fabled and romanticized cancer community tied to an equally fabled and romanticized American national identity, helping to obfuscate, erase, silence, and justify disparities in cancer care in America.

3 THE CONSTITUTIVE MATERIALITY OF AMERICAN CANCER CULTURE'S ICONIC OBJECTS

The constitutive power of American cancer rhetoric extends into the formation's nondiscursive manifestations as well. Of these nondiscursive iterations, the visual and material rhetorics of the American cancer experience are perhaps the most widely known as they are seamlessly infused within our everyday lives. From billboard and television advertisements to clothing and accessories, visual and material rhetorical artifacts of American cancer culture abound seemingly without end. In particular, the pink ribbon of breast cancer "awareness" and the yellow "LIVESTRONG" cancer "support" bracelet maintain a prolific position as exemplars of American cancer rhetoric's visual and material modality.

Importantly, little is understood regarding the constitutive functions of the pink ribbons and yellow bracelets of American cancer culture. That is, we largely understand these artifacts to be of particular import to and for the American cancer community, but scholarship has yet to uncover the nuances of this identification process. Moreover, this incomplete understanding of the constitutive functions of American cancer rhetoric's pink ribbons and yellow bracelets reveals another important gap — that of our theoretical knowledge regarding the constitutive power exerted by and through material, nondiscursive rhetorics.

While rhetorical scholarship has increasingly turned its attention to the identity forming capabilities of nondiscursive rhetorics over the last 25 years, this research has largely eschewed a closer examination of the inherent compositional intricacies of and between the modalities that comprise the nondiscursive realm of rhetoric. This indifference towards the compositional characteristics of and between visual, material, and bodily identification rhetorics is particularly evident in ideographic analyses. Indeed, much of this scholarship either: (1) conflates conceptual

definitions of each modality entirely (Dubriwny, 2005; Enck-Wanzer, 2012; Moore, 1997); (2) conflates conceptual definitions of each modality partially (Andrade, 2019); (3) focuses on one nondiscursive modality exclusively (Cox, 2016; Edwards & Winkler, 1997); or (4) focuses primarily upon how the nonverbal augments or disrupts the verbal (Cloud, 2004; Grindstaff, 2003; Gutierrez-Perez & Andrade, 2018; Langford, 2015; Long, 2020; Neville-Shepard & Felix, 2020; Palczewski, 1997, 2005; Stassen & Bates, 2020).

The lack of definitional distinction between visuals and materials in examinations of constitutive nondiscursive rhetorics is also present in scholarship regarding the identification power of icons. In particular, scholarship at the nexus of icons, rhetoric, and collective identity largely remains centered upon the visual modality. Most notably, Hariman and Lucaites' (2001, 2002, 2003, 2007, 2016, 2019) lifetime of work on the identification power of iconic photographs fostered a multiplicity of follow-on studies at this nexus, producing volumes of scholarship on the iconicity of visuals. Recent scholarship at this intersection includes Jenkins (2008), Dreschel (2010), Mortensen (2017), Born (2019), Mortensen and Grønlykke Møllerup (2021), and Greenwalt and McVey (2022). Overarchingly, these studies privilege the visual above the material and/or the bodily — or consider these modalities as largely homogenous — which ignores the unique contributions each nonverbal channel can make in the constitutive process. This inattention, then, begets an incomplete understanding of identification rhetoric's nuanced power.

To address this inattention, this chapter supplements the scholarship of nondiscursive constitutive rhetorics in two overarching ways. First, it considers the constitutive iconicity of objects by positioning the composition of nondiscursive rhetorics as distinct modalities with the capability to work both independently from and collaboratively with the other modality housed

within an artifact to assist in the creation, alteration, and maintenance of a collective identity. Second, this chapter demonstrates the nuanced, explanatory power embedded within this approach through an application — and extension — of Hariman and Lucaites' (2007) five constitutive “influences” of iconic photographs to the iconic objects of American cancer culture. By examining how pink ribbons and yellow bracelets function as simultaneously visual and material vectors of identification in “reproducing ideology, communicating social knowledge, shaping collective memory, modeling citizenship, and providing figural resources for communicative action” (Hariman and Lucaites, 2007, p. 9), this chapter provides scholars with the additionally means to better attend to an artifact's constitutive materiality.

To most effectively supplement this scholarship, this chapter proceeds in four parts. First, it provides a brief rhetorical history of the pink breast cancer “awareness” ribbon and the yellow LIVESTRONG cancer “support” bracelet, focusing, in particular, on how objects draw their power from their material characteristics. Second, this chapter moves towards providing a definition for iconic objects by reviewing and synthesizing the relevant literature at the aforementioned nexus of the influences of icons, ideology, and identification. This chapter then positions the pink ribbon and yellow bracelet as iconic objects and examines their constitutive materiality by extending Hariman and Lucaites' (2007) framework to the material realm. Fourth, this chapter places these findings in conversation with Charland's (1987) process of constitutive rhetoric. Finally, this chapter concludes by positioning American cancer culture's constitutive iconic objects as crucial in beginning to unravel the inherent paradox of cancer in the human experience — the disease's status as an “invisible illness” (Horan et. al., 2009).

3.1 The Pink Ribbon and Yellow Bracelet of American Cancer Culture: A Brief Material and Rhetorical History

In building toward a theory of visual rhetorical argument, Birdsell and Groarke (1996) outlined a critical examination process for scholars to utilize when analyzing persuasive images. Birdsell and Groarke's (1996) proposed method of analysis, however, should not be strictly limited to the visual and suasory realm as their approach also provides the effective means to consider manifestations of material and constitutive rhetorics like the pink ribbon and yellow bracelet of American cancer culture. To add to Birdsell and Groarke's (1996) recommended approach of examining compositional elements, immediate media context, and broader situational context, this study will extend their framework to account for constitutive rhetorics within the material realm by identifying the compositional elements of the pink ribbon and yellow bracelet, articulating the shifting contexts influencing each object, and revealing the common material lineage shared by both objects.

3.1.1 The Compositional Elements of the Pink Ribbon and Yellow Bracelet

Both objects of American cancer culture primarily function via nondiscursive modalities. In particular, the visual and materiality of the pink ribbon and yellow bracelet succinctly communicate the underlying symbolic meanings imbued within them. Each object, however, utilizes sight and touch distinctly. Therefore, it is important to first separately explicate the intricate compositional elements that instantiate each object.

In its more traditional iteration, the pink ribbon is simply a narrow band of fabric configured into a loop shape before being affixed to a person's lapel. No more than a few inches long in its configuration as a ribbon, the type of fabric used to manufacture pink ribbons continues to vary from organization and event and has certainly changed over time. Notably,

scholars and journalists have paid little attention to the exact fabric used in the construction of the pink ribbon. Throughout history, however, traditional fabrics used to make ribbons have included silk, satin, sateen, and cotton; while synthetic fabrics, such as nylon and polyester, have recently been used by ribbon manufacturers as well.

The pink ribbon's materiality, however, has evolved rapidly since its original manifestation. Many organizations and corporations copied the pink ribbon's visual likeness and superimposed the image on to and within other materials. No longer singularly composed of only cloth or synthetic fabric, the pink ribbon's materiality is now literally woven into the fabric of t-shirts, emblazoned upon various accessories, printed on stickers and affixed to cars, and stitched into hats, badges, and plastered upon highway billboards. The pink ribbon, in short, is no longer just a "ribbon." Now a nondiscursive amalgamation, the image of the pink ribbon can be found throughout the social background of life in America, etched into a seemingly endless variation of materials. Importantly, many of these materials can and often are physically worn by individuals within the American cancer collective in a variety of ways.

Meanwhile, the yellow bracelet is a wristband composed of a synthetic silicone that many have described as having a gel-like or rubber-like quality to its feel (Asthana, 2004, Gringberg, 2012; Simpson, 2013). The all-capitalized mantra of "LIVESTRONG" is etched within the yellow silicone itself, producing an engraving-like discursive presence much like that of an inscription on a statue or tombstone. Like other wristbands, the yellow bracelet is molded into a circle with two sizes to fit the wrists of children and adults, small and large respectively. The yellow bracelet's official *Amazon* product page listed the adult size dimensions as 3.2 inches long and 0.6 inches wide with an 8 inch diameter and a total weight of 0.16 ounces (*Nike*, n.d.). When worn, the yellow bracelet typically fits an adult's wrist in a slightly looser fashion than a

wristwatch. Furthermore, while the bracelet is not usually skin-tight upon a person's wrist, the bracelet is tight enough to not fall off unintentionally while exercising or in the course of everyday life.

Like the pink ribbon, the yellow bracelet's materiality has also evolved. Although not nearly to the same extent as the pink ribbon's material evolution, the yellow bracelet's visual likeness is additionally featured on the Livestrong Foundation's merchandising line of clothing, drinkware, and accessories. Overarchingly, the constitutive materiality of the yellow bracelet resides not in its material ubiquity, but rather in its singular form as an object that can be worn in a specific place upon the body — the wrist.

3.1.2 The Rhetorical History of the Pink Ribbon and Yellow Bracelet

Although the pink ribbon and yellow bracelet are both broadly associated with cancer, the contexts that fostered each object's initial creation and influenced their symbolic development over time are distinct. The uniqueness of each object's rhetorical history can be attributed to their commercialization, their associations to specific organizations and celebrities, and the color that each object appropriated.

The pink breast cancer awareness ribbon “finds itself within a broader genre of multicolored ‘awareness’ ribbons” like those for the military, AIDS, and autism (Stahl, 2009b, p. 545). The power and presence of the pink ribbon, however, has unquestionably superseded its counterparts within the wider “awareness” genre. *Self* magazine writer Liz Smith noted in her 1991 chronicle of breast cancer advocate Charlotte Haley that, following the success of the yellow military support ribbon, Haley's call for breast cancer “awareness” utilized a peach-colored ribbon (Ormont Blumberg, 2022). Shortly thereafter, however, the Susan G. Komen Foundation, a breast cancer fundraising and support conglomerate, appropriated Haley's ribbon.

In their appropriation, the Komen Foundation dyed the breast cancer awareness ribbon to pink, a color gender typed to communicate femininity and womanhood.

Following their adoption of the pink ribbon in the early 1990s, the Komen Foundation popularized a community-based method of fund and “awareness” raising for breast cancer — the charity “walk” or “run” — and subsequently added “Race for the Cure” to their official title. In 1995, 57 cities in the United States hosted a “Race for the Cure” event — and by 2002 more than 1.3 million people had attended over 100 of the group’s events across the United States (Susan G. Komen Foundation, n.d.). While many other organizations similarly utilize the charity walk/run format for their fund and “awareness” raising efforts, the Komen Foundation’s “Race for the Cure” events remain omnipresent. For example, in September 2022, the Komen Foundation’s Georgia chapter hosted its “More Than Pink Walk” in Lenox Square, Atlanta, raising “\$495,494.97” from hundreds of participants and several dozen companies (Susan G. Komen Foundation — Georgia, n.d.).

While what followed the Komen Foundation’s corporate commandeering of breast cancer “awareness” was indeed an astronomical increase in fundraising, patient support, research, and awareness, a massive consumer accessory industry of “pink-washing” also developed. In “pink-washing,” “a tension exists between the appearance of caring for women and practices that [actually] improve women’s lives” (Pezzullo, 2003, p. 346), and this tension is readily apparent in the sheer number of pink hued, gendered accessories available to consumers (Duerringer, 2013, p. 345). In the decades since the pink ribbon’s initial manifestation, unscrupulous profiteering helped transform the ribbon into an object instantly recognized as associated with breast cancer “awareness” to such an extent that, today, even in the absence of the ribbon’s material and visual contours, the color pink has become synonymous with the disease itself and

the larger “awareness” cause. This synecdochical connection rings particularly true every October wherein the color pink typically illuminates buildings across the country and is present in a wide variety of discourses ranging from the pedestrian to the political for National Breast Cancer Awareness Month. Often accompanied with a Presidential Proclamation, for example, the White House itself is cast in pink light — and from 2009 to 2016, the NFL “dressed up its fields, sidelines and players in pink every October to raise awareness and funds for breast cancer screenings and education” (Vrentas, 2016, para. 4).

The pink breast cancer “awareness” ribbon is additionally connected to the enduring cultural connotations of ribbons more generally conceived. Indeed, ribbons are often broadly associated with holidays and birthdays — and ribbon’s material purpose here is to help conceal the contents of a gift. Within this material functionality, however, the ribbon becomes additionally wrapped up in the symbolic reproduction of ideology in holiday and birthday celebrations — that is, the culture of consumerism at the heart of capitalism.

For a time in the mid-2000s, seemingly everyone in the United States wore the yellow, synthetic silicone bracelet connoting cancer patient “support. In May 2004, Lance Armstrong’s cancer support Livestrong Foundation released the yellow bracelet as a fundraising item that they claim “start[ed] a worldwide phenomenon of support for cancer survivors” (Livestrong Foundation, 2016, para. 48). In addition to the over “80 million” bracelets sold and the “over \$500 million for cancer research” raised (Simpson, 2013, para. 3-4), the yellow bracelets became a fashion staple and were “once worn by celebrities” at movie premiers, elected officials at bill signings, and schoolchildren “the world over” (Vertuno, 2020, para. 5).

Contrary to the pink of the breast cancer “awareness” ribbon, the yellow of Livestrong’s cancer “support” bracelet is not linked to a specific type of cancer but is, rather, in reference to

the yellow jersey worn by the leading and winning cyclist of the Tour de France — the jersey often worn by the foundation’s founder and namesake, Lance Armstrong (Asthana, 2004). While the breast cancer “awareness” ribbon’s pink color was purposefully chosen for its relation to Western notions of femininity, the Livestrong Foundation’s use of yellow for their cancer “support” bracelet was purposefully chosen for its association with bodily strength, endurance, and health. The Livestrong Foundation’s use of yellow as a link to Armstrong’s jersey color and not a specific type of cancer is additionally supported by the type of cancer Armstrong was diagnosed with — testicular cancer. Although its associated ribbon color is not as universally recognized as breast cancer, testicular cancer is typically represented by a light purple color (Johnson, 2022, “Testicular Cancer”). Importantly, however, despite widespread commercial dissemination, traditional constructions of gender still pervade these objects of American cancer culture, particular the pink breast cancer “awareness” ribbon. While men, women, boys, and girls all adorned the yellow bracelet at the height of its popularity, the pink ribbon — and its associated, corporate sponsored events — still heavily rely upon the gendered connotations of pink.

The Livestrong Foundation’s decision to utilize a wristband as a nondiscursive message of cancer patient “support” additionally aligns with the rhetorical history of bracelets used for similarly symbolic purposes. For example, college students in the early 1970s created Prisoner of War (POW) bracelets to “honor and increase awareness” of soldiers taken captive by North Vietnamese forces in the ongoing Vietnam War (Smithsonian Institution, n.d.). Often bearing the name and rank of a POW, as well as the date of their capture, millions of Americans wore these bracelets “until the POW returned to the United States” safely (Smithsonian Institution, n.d.). The Vietnam War POW bracelets slightly varied in their composition, with some composed of or

plated with silver or gold. Like the metals used to construct them, these bracelets were hard, inflexible, and sturdy. In short, the Livestrong Foundation's choice of a bracelet was not novel — rather, their bracelet followed a long line of wristbands worn for symbolic purposes.

The yellow bracelet's association with an individual celebrity also adds to the complexity of its rhetorical history. In 2012, Armstrong “was stripped of his seven Tour de France [cycling] titles” amid the revelation of insurmountable evidence that he utilized performance-enhancing drugs to cheat his way to victory in the competition (Simpson, 2013, para. 3). Following this revelation, Armstrong resigned from his leadership position within the Livestrong Foundation and later admitted to using performance-enhancing drugs in an interview with Oprah Winfrey. Despite the turbulent decade for the Livestrong Foundation after Armstrong's admission, the yellow bracelet overarching association with cancer patient “support” remains today.

3.1.3 A Common Material Lineage

Although the rhetorical history and material evolution of the pink ribbon and yellow bracelet are indeed distinct, they do share a common material lineage. In particular, both share a material ancestry to “support” and “awareness” ribbons of the past.

Livestrong's yellow cancer “support” bracelet is a visual and material reappropriation of the yellow military “support” ribbon. Visually, the cancer support bracelet reappropriates the military support through its use of the color yellow. As Stahl (2009a, 2009b, 2018) noted, the yellow of the military “support” ribbon specifically communicated the missing-in-action status of a soldier within a combat zone — but the yellow ribbon eventually grew to also generally symbolize home front support for the military and as a broad display of American unity. Although nominally juxtaposed in meaning, the Livestrong Foundation's use of the color yellow for their “support” bracelet in reference to Armstrong's frequent appearance in the yellow

cycling jersey also symbolizes unity. Like the unity affirming nature of the yellow military “support” ribbon, the yellow of the cancer “support” bracelet symbolizes unity with Armstrong as a cancer survivor. As the embodiment of a cancer survivor’s strength, determination, and perseverance, the clad-in-yellow Armstrong becomes a sort of synecdochal representation of cancer survivors everywhere. Through Armstrong’s celebrity and the iconicity of the yellow bracelet, adorning the bracelet to one’s wrist then became a visual constitutive symbol of “support” for cancer patient.

Materially, the yellow cancer “support” bracelet is also linked to ribbons. Instead of donning the yellow ribbon to one’s lapel, family members of soldiers missing-in-action initially tied the ribbon around a tree in their front yards. In the yellow ribbon’s transformation into a broad symbol of American unity, Americans then began materially adorning the ribbon to their lapels, further communicating and disseminating the ribbon’s underlying message of support. Bypassing the nature to humankind symbolic process altogether, the yellow bracelet cultivated a more intimate interconnection between message, materiality, and body. Instead of being affixed to a human’s lapel where it rested atop of additional clothing, the bracelet directly interacted with the skin of its bearer. In short, the yellow cancer “support” bracelet appropriated the yellow military support ribbon’s symbolic, visual, and material contours before then adding a more intimate connection between the wearer’s flesh and the wristband’s materiality.

3.2 Icons, Ideology, and The Five Constitutive Influences

The iconic status of the pink ribbon and yellow bracelets warrants careful consideration of the potential constitutive function at work. Notably, scholarship on the relationship between icons and identification explains what icons are, and how icons serve as a pivotal link between

identity and ideology. Broadly considered, icons can be defined as “culturally potent image[s]”¹² that “entail significant social consequence[s]” (Jenkins, 2008, p. 468). Much of an icon’s cultural potency stems from its circulation and its association with a historical event, rendering the icon instantly recognizable and remarkably capable of evoking an affective response from audiences (Hariman & Lucaites, 2002, p. 366). Moreover, icons function through metonymy, or “the reduction of complex situations into simpler visual abstractions,” thereby containing immense and malleable symbolic meaning (Cloud, 2004, p. 289). Icons are additionally a “significant site of constitutive rhetoric for the publics that produce, share, and view them,” providing nondiscursive lines of demarcation for the collective, as well as maintaining the group’s underlying ideology and continuously interpellating individuals into the collective’s ranks (Greenwalt & McVey, 2022, pp. 161-162). Importantly, icons are “ideologically powerful” because they can exploit an audience’s preexisting beliefs by framing those beliefs “as inherent” (Stein, 2002, p. 174). Further expanding upon the identification power of icons, Hariman and Lucaites (2003) wrote that “because a public is always, by definition, a group whose membership cannot be known” fully, public facing rhetorics like icons “must be inflected, embodied, and otherwise provide real bases for identification through aesthetic performance” to mediate “stranger relationality” (pp. 57-58). Although much of the established scholarship relegated an icon’s “aesthetic performance” to the only the visual realm, analyzing an icon’s aesthetic performance should also include an examination of its materiality.

¹²In his review of icons in visual criticism scholarship, Jenkins (2008) identified and critiqued the two prevailing interpretations of icons. The first interpretation, held by rhetorical scholars such as Olson (1987), Cloud (2004), Palczewski (2005), and Hariman and Lucaites (2002), positions icons as drawing much of their power from their cultural circulation. The second interpretation, meanwhile, positions the power of icons more within their compositional features. While I appreciate the nuance in Jenkins’ (2008) review, I view icons as residing somewhere between his binary, a more of a “both/and” approach.

3.2.1 The Five Constitutive Influences of Icons

This section continues to build towards an inclusion of an icon's materiality by briefly reviewing Hariman and Lucaites' (2007) five constitutive influences and ultimately positions their framework as readily applicable to an icon's tactile contours.

3.2.2 Reproducing Ideology

Icons reinforce ideology by housing a conglomeration of cultural connotations. Icons are nondiscursive "codes" that succinctly communicate a society's "set of beliefs that presents [the] social order as if it were a natural order" and frames "asymmetrical relationships as if they were mutually beneficial" (Hariman & Lucaites, 2007, p. 9). Through a combination "mainstream recognition, wide circulation, and emotional impact," icons become a codified site of ideology, ultimately producing and maintaining a collective's worldview in a way that ostensibly resolves contradictions and reinscribes the "power relations [of] everyday life" (Hariman & Lucaites, 2007, p. 9). In short, icons are nondiscursive catalysts of ideology.

3.2.3 Communicating Social Knowledge

Precisely because they are nonverbal catalysts of a collective's constitutive energies, icons wield a power to efficiently communicate social knowledge. Indeed, because icons are "storehouses of the classifications, economies, wisdom, and gestural artistry that make up social interaction," icons "create a web of social connections that lead to and from" the connotations at work within the icon to ultimately "provide multiple paths for both identification and criticism" (Hariman & Lucaites, 2007, p. 10). With a simple "glance," Hariman and Lucaites (2007) argued, an individual can understand what an icon is communicating because they are interconnected with the contextual nuances of everyday social life — the individual carries with

them a “tacit social knowledge” that is then “fused with a paradigmatic scene” provided by the icon (p. 10).

3.2.4 Shaping Collective Memory

Icons additionally exert a power to shape collective memory. Hariman and Lucaites (2007) noted that iconic photographs, in particular, significantly influence collective memory through their visualization of the past (p. 11). The visuality of an iconic, historical image filters the associated memory of the event through a “personalized” prism to such a point that the “personal understanding” of the past is then “always embedded, normative, and capable of determining subsequent action” (Hariman & Lucaites, 2007, p. 11). An icon’s ability to shape collective memory notably “increases over time” as its visuality continues to captivate the attention of subsequent generation “while almost all of the other documentation of the period disappears into institutional archives” (p. 11). Moreover, as new media technology continues to prioritize the visual modality, primarily visual icons will also continue to “mark, frame, and otherwise set the tone for later generations” collective understanding of the past (p. 11).

3.2.5 Modeling Citizenship

Icons perform another constitutive function through their modeling of citizenship. Due to their saturation and circulation in a collective’s media consumption, icons are “distinctively public” and can, therefore, “recast social knowledge with regard to the distinctive concerns and roles of public life” (Hariman & Lucaites, 2007, p. 10). Regarding iconic images specifically, Hariman and Lucaites (2007) argued that these icons function as a mirror, “display[ing] the public to itself” while also placing “the state and other institutions on display” to ultimately “valorize some behaviors over others” (p. 12). Although not beholden to a “single political idea,”

icons help “interpolate[] a form of citizenship that can be imitated” through their presence in “common circumstances” and ordinary locations of a collective (pp. 11-12).

3.2.6 Resources for Communicative Action

Directly related to their ability to model citizenship for members of a collective, icons additionally provide members with the means to enact communicative action — that is, icons perform a public advocacy function for a group. Due, in part, to the “proliferation of digital technologies,” icons are “easily referenced,” “reproduced,” and “altered,” ultimately “offer[ing] a means to tap into the power of circulation and the rich intertext of iconic allusiveness for rhetorical effect” (Hariman & Lucaites, 2007, p. 12). In short, although an icon’s meaning may take time develop, they are indeed very “capable of doing the heavy lifting required to change public opinion and motivate action on behalf of public interest” (p. 12).

3.3 Understanding the Constitutive Materiality of Iconic Objects Through American Cancer Culture’s Pink Ribbon and Yellow Bracelet

Icons undeniably exert their constitutive influence through visual means — but an icon’s materiality is also a profound catalyst for identification and ideology. The constitutive materiality of iconic objects can effectively be understood through American cancer culture’s pink ribbon and yellow bracelet.

As iconic objects of American cancer culture, the pink ribbon and yellow bracelet expend their constitutive influences by extending beyond the confines of their visibility to become material extensions of both the individual and collective body. Moreover, the pink ribbon and yellow bracelet do not simply rely on the traditional recirculation routes of iconic images. The flexibility of iconic objects permits them to freely circulate within and between collectives throughout the everyday lives of individual members. The physicality of American cancer

culture's iconic objects assists in their dissemination, circulation, and omnipresence by becoming, in effect, integrated with the individual wearing them, moving with and as a part of the body for profound constitutive impact. By affixing a ribbon to one's chest, or by attaching a bracelet to one's wrist, the individual "enter[s]" a "reconfigured community" constructed around the symbolic meaning imbued within the iconic objects now part of the body (Mariscal, 1991, p. 99).

While this section's application of the five constitutive influences of iconic images to American cancer culture's two iconic objects still considers their visuality, its larger focus is upon the artifacts' materiality. In extending this scholarship to account for the constitutive materiality of pink ribbons and yellow bracelets, this section reveals additional nuance regarding the identification rhetoric at work within constituted collectives, particularly as it relates to the power of context in the construction of meaning.

3.3.1 Reproducing Ideology

American cancer culture's pink ribbon and yellow bracelet are nonverbally codified sites of capitalistic ideology. Both the pink ribbon and yellow bracelet are inextricably linked to the corporatization of American healthcare, residing at a peculiar confluence of consumerism, fundraising, and profit. Both objects owe their iconicity — their ubiquity, symbolic import, affective associations, and lasting identification power within the American cultural experience — to the profit-motivated forces of capitalism. Indeed, established in and through their respective and heavily commercialized histories, the pink ribbon and yellow bracelet endure today as iconic objects that wield enormous influence.

Due, in part, to the individual affect imbued within these objects (such as associations with loved ones lost to cancer), the underlying ideology supporting the system of cancer care in

the US is left largely un-interrogated by average members of the collective in their day-to-day lives. As iconic objects, these artifacts help maintain the American collective's worldview regarding cancer by deflecting attention away from the contradictions inherent to their cancer experiences. The exploitative, for-profit nature of American healthcare, in other words, becomes lost in the constitutive power of the iconic pink ribbons and yellow bracelets. These objects can evoke such a viscerally emotional response from their bearers and interacting individuals that the material and bodily realities of cancer in America fade from view – that is, members of the American cancer collective can forget the exorbitant insurance premiums, gaps in coverage, caps on treatments, and insurance company denials of care that haunt everyone within the collective as these artifacts seemingly demand member buy-in to their underlying messages of “awareness” and “support.” Thus, the pink ribbon and yellow bracelet reproduce ideology by concealing its very existence.

Perhaps most consequentially, the material embodiment activated in wearing a pink ribbon or yellow bracelet positions members of the American cancer collective to participate in the reproduction of this ideology in their daily lives. In short, these iconic objects are nondiscursive catalysts for the enactment of capitalism. Through various marketing tactics, the pink ribbon and yellow bracelet evolved into fashion fads, subsequently accessorized into seemingly endless forms and rendered true exemplars of consumer culture. Members of the American cancer collective reified the capitalistic ideology underlying the American cancer experience through their purchasing of these iconic objects, their placement of the objects upon their bodies, and their movement through the world. Members, in effect, become walking advertisements for American healthcare — reproducing the same ideology that ostensibly “supports” patients while all the while exploiting their plight for profit.

The reproduction of this ideology is additionally accomplished in the seamless integration of disparate communities through the visual and material iconicity of these objects. The National Football League (NFL), for example, engaged in National Breast Cancer Awareness Month by painting the pink ribbon on its fields, allowing players to wear pink cleats, and otherwise adorning stadiums, television broadcasts, and halftime performances in pink ribbon themed attire. Similarly, because the yellow bracelet became so ubiquitous and adorned by powerful political elites and schoolchildren alike, its identification power grew as it became further integrated within disparate communities. In the visual and material display of “support” for and “unity” with cancer patients in contexts and communities far removed from cancer care, the capitalistic ideology underlying the American cancer experience is reinforced via its ostensibly silent dissemination. With the NFL's massive adoption of the pink aesthetic for an entire month, Americans become more accustomed to the abstract concepts of cancer awareness, support, and unity. Indeed, the American adherence to capitalism lurks underneath the NFL's nonverbal performance of breast cancer “awareness” — that is, the NFL, a community not naturally associated with the cancer experience, designs, manufactures, sells, and, importantly, profits from yet another variation of the pink ribbon's endless material manifestations.

As harbingers of American healthcare ideology based in capitalism, the twin abstract notions of cancer “awareness” and patient “support” yield profound implications for the individual cancer patient. The visual and material communication of cancer “awareness” and patient “support” via the display and bodily adornment of the pink ribbon and the yellow bracelet further mask the material conditions wrought by for-profit healthcare and obscure the power relations established in the capitalistic realities of American healthcare. Indeed, despite vast sums of money raised under the guise of patient “support” and cancer “awareness,” about “two-thirds

of adults” with cancer-related healthcare debt have had to “cut spending on food, clothing, or other household basics” — and about “1 in 4 have declared bankruptcy or lost their home to eviction or foreclosure” (Levey, 2022, para. 7). Meanwhile, the health insurance industry continues to net exponential profit. For example, UnitedHealth Group, the nation’s largest health insurance company, projected their revenue to “surpass \$357 billion” in 2023 (Japsen, 2022, para. 1). In short, the American cancer experience is an experience marred by profound bodily and material implications — and masked in constitutive affect.

Finally, when linked to a specific person or organization, iconic objects deepen their reservoirs of constitutive power, both charging and storing this power to create a volatile concoction of identification and affect. Like the magma chamber underneath a volcano slowly swelling with lava over the centuries, the inevitable eruption promises to be both awe-inspiring and destructive. The yellow bracelet’s intimate connection to Lance Armstrong best demonstrates this. At the height of his popularity — that is, before the doping scandal — Armstrong’s celebrity contributed to the yellow bracelet’s rapid ascent towards iconic status. With cancer at his narrative crux, Armstrong’s athletic prowess, international acclaim, and record-breaking number of wins in the Tour de France positioned the yellow bracelet as a material extension of his body. Armstrong was, in short, an extraordinary cancer survivor success story — and the bracelet bearing part of his name and part of his survivorship motto (LIVE-STRONG) became an object imbued with identification that millions could tap into. In effect, the constitutive allure was grounded in the simple, but misleading possibility — that Armstrong’s story could become anyone else’s story with cancer. Hidden within this misleading possibility is the stealthy reproduction of capitalistic ideology in American cancer rhetoric — that beating cancer, like

Armstrong, is only a matter of individual perseverance and not a matter of access to proper treatment and care.

3.3.2 *Communicating Social Knowledge*

The iconic objects of American cancer culture reify social knowledge regarding cancer as a disease. Pink ribbons and yellow bracelets visually and materially remind Americans that cancer is indeed a threat to both the individual and collective body. In nonverbally reminding Americans that cancer is intrinsically an existential danger, the negative identification innately present in rhetorics of cancer in America is rearticulated in perpetuity.

This communicated social knowledge, however, becomes complicated by cancer's status as an "invisible illness" (Horan et. al., 2009) — and its invisibility ultimately inverts the constitutive power of negative identification. While the pink ribbon and yellow bracelet do make the invisible disease symbolically "visible," their reiteration of social knowledge maintains a constitutive allure through the negative identification of cancer as an invisible — and internal — enemy. An implied component in constitutive rhetorics, the initial premise of negative identification positioned the existence of an external antagonist as important in the constitution of a collective subject. External and visible attack threats, for example, contribute to notions of protecting the collective by solidifying its sense of identity (Mills, 2014). Importantly, however, the pink ribbon and yellow bracelet communicate social knowledge and wield constitutive influence by reminding collective members that the existentially threatening antagonist resides within. The fear of the invisible unknown (that is, the insidious threat lurking within both the individual and collective body) heightens the constitutive nature of these iconic objects. Indeed, the terrifying specifics of the disease — the exact type of cancer, the stage of its progression, and its location in the body — remain simultaneously known and unknown, symbolically visible but

still invisible beneath the flesh, in the nonverbal, iconic object communication of this social knowledge.

3.3.3 *Shaping Collective Memory*

The pink ribbon and yellow bracelet also shape the America cancer community's collective memory, thereby maintaining the contours of the larger identity. Both objects function as individual and collective memory anchors, visually and materially locating and attaching affective memories to a particular moment in time.

On the individual level, the iconic objects of American cancer culture further interpellate individuals into the larger collective. The pink breast cancer ribbon, for example, may activate a person's memories of a loved one that passed away from the disease and the yellow bracelet may help manifest a survivor's memories of their own cancer experience. In this individual memory activation, then, these iconic objects operate as personalized interpellating agents, nondiscursively linking the individual to the larger community whose similar experience can resonate deeply.

The source of the latent identification power situated within these nondiscursive vehicles of individual interpellation involves the ambiguity between the personally held memories of the individual and the public display of these memory objects to the collective. The pink ribbon and yellow bracelet contain and activate an individual's personalized memories — but the public-facing display and adornment of these objects cannot communicate these memories with specificity. Thus, the constitutive power of these objects to shape collective memory resides primarily resides in ambiguity. Although an individual's visual display or material adornment of these iconic memory objects communicates a vague and abstract commitment to "awareness" or "support," another individual's own personalized cancer memories are activated upon receiving

the vague message. This, in short, initiates another process of interpellation, effectively reconstituting the American cancer collective once again.

The pink ribbon and yellow bracelet demonstrate an epideictic functionality within this nondiscursive interpellation. In addition to linking present members of the American cancer collective to the past, these iconic memory objects can also connect contemporary members with future members of the collective. Just as eulogies invoke the past deeds and laudable character of a departed community member to inspire and guide an audience's actions in the future, the iconic objects of American cancer culture foster ongoing and future community building efforts by visually and materially anchoring the individual and collective memory of past cancer trauma. In effect, the pink ribbon and yellow bracelet function as a sort of tactile dirge, a walking eulogy that continues in perpetuity because these objects are indeed extensions of the individual and collective body, constantly shaping memory as their bearers navigate everyday life.

3.3.4 Modeling Citizenship

These iconic objects also help members of the American cancer collective perform citizenship in support of or in opposition to the hegemonic status quo maintaining the contours of the collective. For example, the \$1 purchase price of the yellow bracelet allowed more people to both donate to the cancer support/research cause while also donning a material marker of group identity, in effect performing citizenship in support of the hegemonic status quo. The pink ribbon and its many iterations similarly provide members of the American cancer collective to perform citizenship in the service of further entrenching the collective's commitment to the abstract values of cancer "awareness" and patient "support."

At various times and for various durations of intensity, these iconic objects have also become nonverbal catalysts for resistance against the latent ideology housed within them. The

pink ribbon, for example, resides at the center of the ongoing movement against “pink-washing.” Additionally, in the wake of revelations regarding the Komen Foundation’s misuse of donated funds — their CEO, for example, “received a 64% [salary] raise” in the same year that the foundation cut funding to research, education, and community events (Myers & Reynolds, 2013, para. 1-3) — the pink ribbon again became a nondiscursive focal point in modeling resistance to “pink-washing” and the corporatization of philanthropy.

The Livestrong Foundation’s yellow cancer “support” bracelet was similarly transformed into an object that modeled citizenship in opposition to the status quo. This transformation began in earnest in 2012 when Armstrong admitted to using and distributing performance-enhancing drugs. Seemingly overnight, critics defaced the “well-known symbol of strength and perseverance against adversity” inscribed with “LIVESTRONG” by carving out the inscription’s “V” so the bracelet read “LIE STRONG” (Pearson, 2012b, para. 1-4). *The Onion*, the popular satirical news site, reported rereleased its yellow 2006 “CHEAT TO WIN” parody of the LIVESTRONG bracelet (see Hoffarth, 2012 for more); and an October 2012 episode of the hit animated series *South Park* extensively parodied the controversy, using the iconic bracelet as a nondiscursive focal point of their critique (Parker, 2012). Like the resistance citizenship modeled in the protest use of the pink ribbon, the model of citizenship underlying these yellow bracelet parodies is a critique of power. Unlike the pink ribbon, however, the critique of power at work here is based in humor. Due to its largely digital presence, this model of citizenship based in humor maintains a constitutive potential to reach more members of the American cancer collective, continuing to foment resistance outside the confines of an organized protest or public address.

Furthermore, Armstrong's notoriety carried with it the potential to destroy the positive identification appeal once imbued in his yellow bracelet. While some members of the American cancer collective undoubtedly severed their connection to the positive constitutive effect of the yellow LIVESTRONG bracelet (see Hoffrath, 2012; Pearson, 2012b; Simpson, 2013), the bracelet's iconicity, its instantly recognizable status as a cancer "support" object, remained. In many ways, Armstrong's notoriety may have actually contributed to the yellow bracelet's iconicity as well. By activating a particularly potent dissociative affect — an individual's desire to rid themselves of past identification with a celebrity — another channel of recognition and association is also activated. Furthermore, the community's dissociation from Armstrong's cheating may additionally help both the individual cancer patient and the broader community further disassociate from the material and bodily realities wrought by the American healthcare system. It is, therefore, possible to dissociate Armstrong's cheating from the system's ongoing cheating, as Armstrong is the embodiment of individual strength in the face of cancer. As a result of the numerous pop culture satires and parodies of the yellow bracelet (e.g., "CHEAT-TO-WIN" and "LIE-STRONG"), the yellow bracelet assumed a more iconic status.

Ultimately, an iconic object's association with a specific person or organization, like that of the yellow bracelet and pink ribbon, reveals an additional constitutive distinction between iconic objects and iconic images. As material extensions of the body (both the celebrity and non-celebrity body), iconic objects tap into additional wells of identification in ways that an image cannot. The identity affirmation within an iconic object's materiality renders the constitutive connection to both the celebrity and the "cause" more intimate. Wearing a yellow bracelet upon one's wrist, affixing a pink ribbon to one's lapel, or wearing a t-shirt emblazoned with a pink ribbon may similarly increase one's affinity to Lance Armstrong, the Komen Foundation, and the

larger cancer patient “support” or breast cancer “awareness” “movements.” Within this tactile intimacy, then, modeling citizenship assumes additional symbolic embodiment — members of the American cancer collective can perform citizenship in conjunction with or opposition to the associated celebrity in their material adornment of the iconic object.

3.3.5 Resources for Communicative Action

Finally, the pink ribbons of breast cancer “awareness” and the yellow “support” bracelets provide the means for a community to enact communicative action. Moreover, the communicative actions stemming from these iconic objects are fundamentally constitutive. For example, the pink ribbon is central to breast cancer “walks,” “runs,” and “races,” wherein members of a local community physically congregate to solicit donation pledges and, together, employ their bodies in walking or running “for the cause.” Members of the American cancer collective participating in these walks and runs often materially adorn the pink “awareness” ribbon in one or more of its many material manifestations. Indeed, breast cancer “awareness” walks and runs like those sponsored by the Komen Foundation effectively demonstrate the pink ribbon’s aforementioned material evolution, as well as the iconic object’s dominant visual presence. Here, pink ribbon themed t-shirts, hats, running shoes, hand-held signs, large banners, water bottles, and even the ribbon in its original iteration illustrate the nondiscursive constitutive iconicity of the object in action — the various pink ribbon material manifestations function as material extensions of individual bodies and of bodies in masse. The iconic pink color of the ribbon and its many variations visually communicates the unmistakable and instantly recognizable message of breast cancer “awareness.”

The yellow cancer “support” bracelet also functions as a catalyst for members of the American cancer collective to engage in communicative action. The communicative action

provided by the yellow bracelet, however, manifests in a different form. Because there were not a significant number of Livestrong Foundation sponsored or yellow bracelet themed events like the fundraising walks or runs that accompanied the pink ribbon, the constitutive influence of the bracelet as a resource for communicative action resides more within the background of American social and political life. As a global fashion fad, the bracelet exerted its constitutive power as a resource for communicative action by effortlessly hailing individuals into the larger collective in the school yard and on stage with a celebrity, while also raising funds in “support” of members stricken with the disease. The Livestrong Foundation’s yellow bracelet, very simply, provides individuals within the American cancer collective with the low effort, nondiscursive means to communicate their membership – and, importantly, the bracelet’s ambiguity allows cancered and non-cancered individuals to communicate this membership in the same way. For the larger collective, yellow bracelet’s visual and materiality is also another effortless way to communicate a vague commitment to the abstract ideal of cancer patient “support” – by simply wearing the wristband throughout their daily lives, members collectively communicate their “support” of cancer patients.

3.3.6 The Ideological Implications of an Iconic Object’s Constitutive Materiality

In summary, the pink breast cancer “awareness” ribbon and the yellow “LIVE-STRONG” cancer “support” bracelet exert significant constitutive influence as iconic objects, ultimately helping to reinforce the American cancer community’s collective sense of identity as well as the group’s ideological foundations. Iconic objects, however, differ from their iconic image counterparts in how they exert their constitutive influences and, therefore, produce ideological implications to different degrees.

Indeed, iconic objects become distinctive vectors of identity and ideology in their connection to and channeling of intersecting contexts, as well as their tangible, nondiscursive compositions. The pink ribbon and yellow bracelet draw their constitutive energies from a confluence of contexts that range from the social and the political to the nature of cancer as an “invisible illness” and the material and bodily realities of for-profit healthcare in America. These iconic objects are intimately linked to more than just a moment in time captured within the flash of a bulb – they are living extensions of individual members within the American cancer collective — cancer patients, victims, caregivers, and loved ones — and are nonverbal extensions of the collective’s abstract commitment to “support” and “unity.” The pink ribbon and yellow bracelet house, at once, the cultural fluxions of a particular era such as stigma, access to and affordability of cancer treatment, and the politics surrounding the disease, as well the biological complexities of the disease, the intricacies of treatment, and the various research processes at the heart of finding a “cure.”

The distinctive constitutive power brought to bear through these iconic objects additionally stems from their nondiscursive form, or their ability to instantiate identification via visual and material means. Working in tandem with and independently from one another, the visual and materiality of the pink ribbon and yellow bracelet bolster their constitutive influences. That is, iconic images are predominantly relegated to the visual realm whereas iconic objects can engage both the visual and tactile senses within an individual’s sensorium. Moreover, an iconic object’s materiality allows the artifact to work as an extension of the individual and collective body, naturally moving with the body and helping to further interpellate individuals into the collective via more organic means. The intimacy created at the confluence of sight and touch, then, assists in this bolstering of the pink ribbon and yellow bracelets constitutive influences.

In their reproduction of the capitalistic ideology underlying the American cancer experience, these iconic objects additionally communicate this worldview as basic social knowledge. That is, pink ribbons and yellow bracelets work to make the difficult-to-define, yet universally accepted notion of cancer “awareness” and “support” as knowledge important to navigating the intricacies of social life in America. These objects reiterate accepted American social norms and frame them as accepted knowledge — that we, of course, “support” cancer patients and firmly believe that communicating “awareness” is an important component to the individual cancer patient as well as our membership in the American cancer community. Crucially, this framing of “awareness” and “support” as a basic, universally accepted social knowledge further solidifies the ideological foundations discussed above. In conditioning Americans to accept these abstractions as standard and common-sense, they become communicatively entrenched. This communicative entrenchment assists in the reinforcement of capitalism’s hegemony by continuing to work in the background of the American cancer experience.

The incessant nonverbal reiteration of capitalism’s hegemony further removes elements of choice for both the individual cancer patient and the broader “supporting” community. For the individual cancer patient, the American healthcare system’s capitalistic nature silently and constantly acts upon them, always reminding the cancer patient that agency to “beat” cancer resides within them and not the system. For the broader community, the pink ribbon and yellow bracelet further excises choice in their affective framing of “support” and “awareness.” Because these iconic objects maintain such a constitutive allure, the broader community remains convinced of the effectiveness of their communicative actions to such a degree that additional civic action is no longer needed. The display of a pink ribbon and the material adornment of the

yellow bracelet ultimately replaces the social affect and motivation necessary to instigate healthcare reform.

Another ideological implication lurking within the materiality of American cancer culture's iconic objects is the veneer of intimate grassroots identification, of a highly personalized local community. For example, although the charity walk/run is just one example of a communicative action influenced by the pink ribbon's status as an iconic, constitutive object, many other collective communicative acts regarding breast cancer similarly position the object at the center of their identification-based events and actions. These additional communicative acts, however, are decidedly less centralized and are not formally organized in comparison — they are often organic, singularly focused, and more intimate than perhaps an official Komen Foundation “Race for the Cure” event. While anecdotal, one such example occurred in October 2022 when my wife and I took our two small children to a pumpkin patch just outside Atlanta, Georgia. Even for early autumn in the South, it was unseasonably warm. As a result, the autumn fashion aesthetic usually worn by patrons to a pumpkin patch, typically consisting of long sleeved, patterned shirts, light jackets, and blue jeans, was replaced by summertime's t-shirts, shorts, and flip flops. One family, in particular, wore matching white t-shirts emblazoned with the unmistakable pink breast cancer “awareness” ribbon on the front. The back of the t-shirt, meanwhile, featured an image of a family member accompanied with a verbal epitaph written in the same pink as the ribbon on the front. Like many cancer-related obituaries, this elegy highlighted the deceased family member's individual strength in their “battle” against cancer. While only about 10 people adorned this t-shirt on this day in October 2022, the family's use of the pink breast cancer “awareness” ribbon (during National Breast Cancer Awareness Month no

less) demonstrates the organic, singularly focused, and intimate ways in which the ribbon's materiality can be used as a communicative act.

While indeed comparatively fewer in number when compared to a more centralized and organized Komen Foundation "Race for the Cure" collectively communicated act, the highly personalized nature of this communicative act exerted an affectively charged constitutive influence that ultimately produced a facade of personalized interconnectedness to the larger cancer collective. Functioning as part individual interpellation and part individual collective memory catalyst, the communicative act that I witnessed in October 2022 highlighted both the iconic omnipresence and profound identification power flowing through the pink ribbon of breast cancer "awareness." Using the visual and material rhetorical tools crafted by the larger collective, this individual family inadvertently perpetuated the hegemonic ideology and social knowledge underlying the American cancer experience.

Finally, this ad-hoc, family-focused communicative act reveals insight into how bodies operate in relation to iconic objects. Although iconic objects do become extensions of the body adorning them, bodies simultaneously provide iconic objects with the means to move within and between collectives. With the body for transportation, the communicative act of wearing or displaying an iconic object is transformed into a mobile reinforcement of the four previous constitutive influences. That is, iconic objects, as communicative acts and extensions of and transported by the body, continuously reproduce ideology, communicate social memory, shape collective memory, and model citizenship for constitutive impact seemingly without end.

3.4 Iconic Objects in Charland's Constitutive Rhetoric

In concluding his foundational essay on constitutive rhetoric, Charland (1987) remarked that future analyses must be "mindful" not only of the narratives that help construct a collective

sense of identity, but also of the “range of aesthetic practices” that contribute to the constitution of a collective (p. 148). Ideological rhetorics, Charland (1987) wrote, are “not restricted to explicitly political public address,” but are also omnipresent in the aesthetic practices of a culture, such as “music, drama, architecture, and fashion,” “elicit[ing] new modes of experience and being” (p. 148). Charland (1987), in short, previewed the constitutive power of iconic images and objects.

To better understand the identification allure exerted through the pink ribbons and yellow bracelets of American cancer culture, this section places the previous section’s expansion of Hariman and Lucaites’ (2007) five constitutive influences of these iconic objects in conversation with Charland’s (1987) discussion of the ideological effects of constitutive rhetoric. In positioning this scholarship as interconnected, with the pink ribbons and yellow bracelets serving as the bridge between, this section reveals additional nuances in the constitutive rhetorical process that have yet to be properly addressed by scholars. In particular, this section augments this scholarship by emphasizing the nondiscursive ways in which these objects produce and reinscribe profound identification to and within the American cancer collective.

3.4.1 Constituting the Collective Subject

As iconic objects, the pink ribbon and yellow bracelet function to constitute, maintain, and grow the American cancer collective in several nuanced ways. First, these artifacts succinctly communicate in-group/out-group membership by visually and materially providing lines of demarcation for those within and outside of the American cancer collective. Visually, this is accomplished in a manner similar to someone wearing the attire of their favorite sports team — displaying a team’s color, logo, and general aesthetic design clearly communicates the individual’s membership within that fandom.

Materially, however, the construction of the American cancer collective through their iconic objects that communicate in-group/out-group standing is substantially more complex. Indeed, the materiality of the pink ribbon and the yellow bracelet tactilely bind individuals to the collective, physically interpellating them into a shared sense of identity. While the materiality of these iconic objects does indeed work in tandem with their visuality, the object's activation of an individual's sense of touch advances a more intimate connection with the collective. A key component here in connecting an individual group member to unknown others within their collective is what Hariman and Lucaites (2003) called "emotional resonance" (p. 61). The activation of a person's sense of touch through the adorning of the pink ribbon or yellow bracelet heightens this emotional resonance. The individual's identification with the larger cancer collective, then, is no longer relegated to only the cognitive realm — they literally feel the connection. This tactile tethering helps to construct an American cancer collective subject on not only a metaphysical level, but on a physical level as well.

This tactile bonding helps produce a consequence of great import for members of the American cancer community — that of artificial intimacy. While the American cancer collective is comprised of a vast array of disparate co-constituencies, the cancered body ultimately resides at the heart of the community. Despite the multiplicity of doctors, government agencies, insurance executives, nurses, and family members — accompanied by ever growing manifestations of discursive and nondiscursive rhetorics regarding cancer — the cancer experience begins and ends with the individual cancered body. Because the iconic objects of American cancer culture function as extensions of the body, the "embodied emotional resonance" brought to bear by the object's materiality becomes a potent catalyst of interpellation. The constitutive force imbued within the yellow bracelet and pink ribbon's materiality is the

embodied substitute for actual interactions with a cancered body. American cancer culture's iconic objects, in effect, become nondiscursive constitutive metaphors — they help audiences understand one concept and experience (physical interaction with a cancered body) in terms of another (the iconic objects). As symbolically embodied objects, pink ribbons and yellow bracelets seek to replicate the intimacy of hugging a family member after news of their cancer diagnosis, or the nonverbal immediacy of sitting next to a cancer patient as they undergo chemotherapy, or the haunting presence in holding the hand of a loved one as the disease takes them.

Underneath this constitution of the American cancer collective subject resides another intricate construction and maintenance of the group's identity. These iconic objects discretely disseminate and reinscribe the characterizing contours of the American cancer collective in their nondiscursive reproduction of ideology and communication of social knowledge. Similarly, as resources for communicative action, the pink ribbons and yellow bracelets additionally provide the means for members of the American cancer collective to constitute and reconstitute their larger identity through community aesthetic performances. The breast cancer “awareness” walks function to simultaneously maintain the boundaries of the American cancer collective by having members physically congregate and engage in a group activity together while also providing an opportunity to hail additional members into the collective's ranks.

3.4.2 Activating a Transhistorical Narrative

The pink breast cancer “awareness” ribbon and the yellow cancer “support” bracelet additionally activate a transhistorical narrative for the American cancer collective. This activation of Charland's (1987) notion of an identity-affirming transhistorical narrative is

precisely in line with Hariman and Lucaites' (2007) discussion regarding how icons shape a group's collective memory.

In addition to operating as individual and collective memory anchors that tie group members to a particular moment in time, the iconic objects of American cancer culture activate a larger, more abstract transhistorical narrative that affectively connects the American cancer collective to a revered past — and, importantly, a hopeful future. Just as martial and space exploration cancer metaphors discursively activate a nostalgic, patriotic past for Americans (of WWII and the moon landings), the pink ribbons and yellow bracelets visually and materially tether present members of the American cancer community to a vague, yet powerful construction of past generations. Very simply, these iconic objects perform identification via memory — at once shaping collective memory as anchors to a specific point in time (Hariman & Lucaites, 2007) and activating a transhistorical narrative as a link to an affective and abstract retelling of a shared past.

While the transhistorical narrative activated by these iconic objects may originate from the murky waters of the vast reservoir of American cultural memory, the activation process is imbued significantly with a particular kind of constitutive energy. That is, pinning a pink ribbon to one's lapel or donning one's wrist with a yellow bracelet in the present activates a transhistorical connection to cancer patients, victims, and survivors of generations past — and it is the artifacts' materiality that renders the individual donning the artifact more intimately connected to revered members of the collective's past. In the act of material adornment, the individual wearing the pink ribbon or yellow bracelet is provided with a tangible transhistoric link imbued with an affective, constitutive energy akin to wearing a ring of an ancestor or finding a former soldier's uniform, identification tags, or service medals from a past foreign war.

Embedded within the transhistorical narrative activated by the material adornment of the iconic objects of American cancer culture is an internal and external nuance. Internally, wearing an iconic object further assists in the interpellation of the individual into the collective through the aforementioned notion of “embodied emotional resonance.” In the tactile tethering of the individual to the past, the pink ribbon and yellow bracelet function as a particularly affective force by seeking to replicate the bodily interaction with bygone members with a symbolic interaction. For the individual, the iconic objects are embodied links to the past that manifest an affective, internal interpolating energy.

Another internal nuance present within the material activation of a transhistorical cancer narrative resides again in cancer’s “invisible illness” classification. For the individual with cancer, for example, additional affective energy flows through the iconic pink ribbon and yellow bracelet. When the cancered individual adorns the iconic object and it becomes an extension of their cancered body, they can further overcome cancer’s invisibility to establish a connection to bygone members of the cancer collective. Individuals feeling isolated due to the invisible nature of their cancer experience can increase their sense of belonging with, or their interpellation into, the collective in the present through internally identifying with members of the past.

Meanwhile, the external nuance embedded within Charland’s (1987) second ideological effect resides in the ambiguity at work in the public display of the iconic objects. This is directly related to the previous section’s expansion of Hariman and Lucaites’ (2007) discussion regarding the collective memory shaping powers of iconic images to iconic objects. Put differently, within one individual’s material adornment of the pink ribbon or yellow bracelet, another individual cannot fully know the specific transhistorical narrative interpellating the person adorning the iconic objects. In this ambiguity, then, the person bearing witness to another wearing the pink

ribbon or yellow bracelet conjures their own, personal memories of past members of the American cancer collective.

The material adornment of the pink ribbon and yellow bracelet by community members in the present additionally provides a bridge to future members. These iconic objects are epideictic memory anchors that simultaneously extend beyond the confines of the present to touch the ghosts of the past and hail the collective's descendants. In their time-salient functionality, the iconic objects of American cancer culture also exert the constitutive power to reproduce ideology, communicate social knowledge, and even model performances of citizenship for future members of the American cancer collective. Like an artifact on display in a history museum, the visual and materiality of the iconic objects endures in perpetuity to instruct future generations.

3.4.3 Maintaining the Illusion of Freedom

Finally, the pink breast cancer “awareness” ribbon and yellow cancer “support” bracelet reinforce the illusion of freedom underlying the entirety of American cancer rhetoric through their ability to reproduce ideology and channel communicative action. The illusion of freedom present in American cancer rhetoric manifests as a simulacrum of agency, or the fallacy that “beating” cancer is a matter of personal strength, will power, and endurance.

Regarding the iconic objects of American cancer culture, the verbal can — and often does — inform the nonverbal to maintain the illusion of freedom. The pink ribbon and its various iterations often accompany martial metaphors and gendered language — baby-pink or pink ribbon t-shirts, for example, frequently feature slogans such as “fight like a girl,” “beat breast cancer,” or “fight breast cancer.” The yellow bracelet also bears the discursive reminder to “LIVE-STRONG.” Both iconic objects reinforce cancer rhetoric's illusion of freedom by

implying that overcoming cancer is only a matter of personal strength, effectively obfuscating the realities of the disease and the constraints imposed upon cancer patients by the American healthcare system.

Pink ribbons and yellow bracelets are both heavily marketed, framed, and stylized as symbols of “support” and “awareness” — and their discursive and nondiscursive ability to reproduce ideology and guide communicative action is reinforced within this framing. Importantly, in their reproduction of ideology and their channeling of communicative action, these iconic objects further maintain American cancer rhetoric’s illusion of freedom. Discussed above, the twin notions of cancer “awareness” and patient “support” are harbingers of American healthcare ideology based in capitalism — and the visual display and material adornment of these abstract, ideological concepts in the form of pink ribbons and yellow bracelets (re)articulates the underlying ideology that places undue emphasis upon the individual and not the larger system. By placing additional emphasis disproportionality upon the individual patient under the guise of the ideological-laden concepts of “support” and “awareness,” these iconic objects further maintain the illusion of freedom at the heart of American cancer rhetoric — that with enough symbolic “awareness” of the disease, or enough symbolic “support” for cancer patients — overcoming cancer is indeed possible.

As nondiscursive resources for communicative action, the iconic objects of American cancer culture also maintain the illusion of freedom central to maintaining member “buy in” to the collective and its ideology. For example, the pink ribbon centered charity walks/runs additionally maintain the illusion of freedom by implying that obtaining a cure for cancer is a matter of simply “racing” for it. In the performative act of displaying and adorning pink ribbon themed attire, congregating at a location, soliciting donations, and then “racing for the cure” by

walking or running together, members of the American cancer collective succinctly demonstrate the power of this illusion in action. Similarly, in the communicative action channeled by adorning the yellow cancer “support” bracelet, the illusion of agency is reified in the implied logic underlying the symbolic demonstration — that a collective’s prolific display of “support” is indeed an effective method of actual support for cancer patients undergoing treatment. Or, more simply, these iconic objects are feel-good artifacts that helps members of the collective continuously buy into the system that exploits them — members can feel good in their “support” for cancer patients while wearing the ribbon or bracelet but can then continue to enact social and political behaviors that further maintain the system that does not actually support patients.

3.5 Conclusion: The Ideological Implications of Making the Invisible Visible

In bringing their constitutive influences to bear, the nonverbal pink ribbon and yellow bracelet icons function to additionally constitute the American cancer collective subject by addressing the paradoxical tension inherent to the disease — cancer’s classification as an “invisible illness” (Horan et. al., 2009).

For much of humanity’s existence, cancer remained consigned to obscurity. Propelled by a new age of scientific discovery, however, modern medicine and technologies have advanced a variety of cancer treatments that often render cancer highly visible. While a patient’s body may bear all the signs of modern cancer treatment (such as chemotherapy or radiation), the disease itself has maintained its ancient form — invisible. The paradox of cancer is thus born from this tension, this contradiction to our contemporary connotations of disease broadly considered — what ails us is often visible while the remedy often operates out of sight; cancer, however, exists in the opposite.

Because cancer is confined beneath the flesh and its presence is indiscernible to the naked eye, the iconic objects of American cancer culture assist in making the invisible visible on several levels of varying bodily, material, and ideological import. Indeed, the paradoxical connection between the objects' visibility and the disease's invisibility occurs at stages associated with the individual cancer patient relationship to the broader collective, to relevant organizations, and to the ideology encompassing the American cancer experience altogether.

First, because stigma still pervades particular types of cancer, an individual may choose to not verbally disclose their illness to others (Horan et. al., 2009). In such scenarios, the nondiscursive, constitutive power projected through the pink ribbon and yellow bracelet assist in interpellating the invisibly ill individual into the larger collective. Most crucially, the visual and material interpellation via these iconic objects may additionally foster a feeling of belonging within the individual, and ultimately provide fundamental communal outlets of support during their cancer experience.

Cancer's invisibility within the individual body extends into the collective body as well, thereby continuing to link the disease's invisibility to the pink ribbon and yellow bracelet's visibility. Just as the individual cancer patient may draw upon the visual and materiality of these iconic objects to overcome the disease's invisibility and connect with others, so too can the collective. Like the past yellow ribbons tied to trees as a nonverbal act communicating that no American soldier would be left behind, the collective display and adornment of yellow bracelets and pink ribbons nondiscursively function as a tacit acknowledgement of cancer's invisible omnipresence and as an explicit statement of "support" for and "unity" with individual cancer patients. Just as the yellow ribbons adorned to trees helped constitute the American collective via

“support” for and “unity” with our Armed Forces, the iconic objects of American cancer culture assist in the constitution and reconstitution of the American cancer collective.

Moreover, adorning the pink ribbon or yellow bracelet is still an act shrouded in ambiguity. We cannot know with precise certainty what an iconic object bearer’s cancer status is. We can, however, assume the bearer’s proximity to the cancer experience to be intimate enough to warrant adorning an object of immense constitutive materiality. This ambiguity is profoundly constitutive as it further strengthens the American cancer community’s collective sense of identity by quietly reminding members of cancer’s insidious omnipresence and indiscriminate targeting.

The iconic objects of American cancer culture also reside elusively in the relationship between the individual and the multiplicity of cancer-related organizations. For the vast majority of individual members of the American cancer collective, their first interactions with cancer-related organizations are notably not with doctors in a hospital or in an educational setting — rather, their first interactions are with a private organization associated with American cancer culture’s iconic objects like the Komen or Livestrong Foundation. Indeed, because of the truly ubiquitous presence of the yellow bracelet and pink ribbon, an individual’s cancer experience is initially filtered through a highly commercialized prism.

Like cancer, then, capitalism’s presence here in the relationship between the individual patient and cancer-related organizations is made paradoxically visible and invisible through the pink ribbon and yellow bracelet. These iconic objects are a microcosm of the larger macrocosm that is the American experience with cancer — an experience dictated by the for-profit motivations of the capitalist class, the prioritization of profits over people. The pink ribbon and yellow bracelet function to socialize members of the American cancer collective into accepting

the existence of largely unregulated, private organizations as inherently a part of the cancer experience.

Mirroring how these iconic objects make the invisible disease visible, the pink ribbon and yellow bracelet also make the invisible hands of capitalism painfully visible. Importantly, however, the constitutive materiality of these objects positions the confluence of context and individual perspective as the most important interpretive crux in actually seeing capitalism's presence. Despite additionally revealing to (or, at the very least, reminding) the individual cancer patient of capitalism's exploitative nature and presence in their experience with the disease, the pink ribbon and yellow bracelet help the larger collective remain blissfully ignorant to the profound material and bodily disparities wrought by the ideology through the many ways articulated in this chapter. No matter how charitable, benevolent, or helpful, the mere existence of profitable cancer "awareness" and patient "support" organizations is a revelation of capitalism's presence — and an indictment of its failures in providing the means for effective cancer care. In short, the iconic objects of American cancer culture assist in further revealing the paradoxical nature of cancer as a disease and as material, bodily, and ideological experience.

4 THE CONSTITUTIVE CONSEQUENCES OF CANCERED BODIES

4.1 Introduction

Baruch Spinoza, the famed 17th century Dutch philosopher, once remarked that we simply “do not know what the body can do.” While we have yet to properly ascertain what, exactly, the body can do, scholars of rhetoric in the 21st century have found that bodies are “undoubtedly a potent source of rhetorical power” that produce a multiplicity of meanings, ultimately becoming “site[s] of political struggle” (Harold & DeLuca, 2005, pp. 266-267). Cancered bodies, in particular, demonstrate the potent rhetorical power flowing through and emanating from bodies. Moreover, as sites of political struggle, cancered bodies exert a strange and alluring force imbued with identity and ideology.

This chapter seeks to understand what the body can do for the American cancer collective by examining two exemplars of cancered bodies in American popular culture — Bryan Cranston’s portrayal of Walter White on AMC’s *Breaking Bad* and the well-known symbol of St. Jude Children’s Research Hospital, the St. Jude’s Child. Ostensibly occupying opposite ends of a spectrum that houses cultural connotations of how cancered bodies should look, sound, and act, Walter White and the St. Jude’s Children help reveal nuanced ways in which cancered bodies operate as vectors of identity and ideology. Moreover, Walter White and the St. Jude’s Children offer two divergent, yet hauntingly similar portrayals of a cancer patient’s experiences within the American healthcare system. Ranging from the interpersonal to the systemic, their bodies highlight the constitutive power of cancered bodies in situ, namely of the identification activated in witnessing a bedside doctor-patient interaction or of the child with cancer soliciting donations on national television.

The bodily constitutive force of the St. Jude's Children and Walter White additionally resides in witnessing how each interacts with the changing nature and treatment of their cancer. The bodily progression of Walter White and the St. Jude's Children mirror their narrative progressions — varied, unpredictable, and dramatic. Their cancered bodies perform a constitutive narrative function, in effect operating as bodily “synecdoche[s]” (Councilor, 2017, p. 146), or two portrayals of cancer's limitless manifestations made to represent the entire whole. Walter White and the St. Jude's Children vividly illustrate how the invisible can be made visible, how cancer transforms from the quintessential “invisible illness” (Horan et. al., 2009) consigned beneath the body's surface into a disease that is unmistakably discernible when medically treated. They remind us of cancer's omnipresence, of the disease's insidious nature, and of its indiscriminate targeting of the whole of humanity. Through an analysis of these bodies, this chapter demonstrates how cancered bodies are simultaneously constitutive catalysts, individual and cultural mirrors, and sites of morbid curiosity that members of the American cancer collective may relate to before, during, and after experiences with cancer. The constitutive allure of cancered bodies like Walter White and the St. Jude's Children is altogether located at a nexus of rhetorical embodiment consisting of flesh, blood, and bone, of the macabre potential that the viewers' own bodies may one day resemble theirs, and within the haunting reminder of loved ones lost to the disease, whose bodies became a battlefield, emaciated and pale.

Notably, much of the scholarship regarding the constitutive allure of bodies has examined their power through the lens of McGee's (1980) ideograph (Andrade, 2019; Cox, 2016; Dubriwny, 2005; Enck-Wanzer, 2012; Grindstaff, 2003; Gutierrez-Perez & Andrade, 2018; Hayden, 2009; Langford, 2015; Neville-Shepard & Felix, 2020; Pineda & Sowards, 2007; Stassen & Bates, 2020). While these studies do consider the body in their analyses, their

predominant focus remains upon verbal and visual constructions of bodies. In short, this scholarship seems to reinforce Selzer's (1999) lamentation that "words have been mattering more than mater" itself — that a body's constitutive rhetoricity is, in other words, "reduced to a function of language" (p. 4).

In addition to these ideographic analyses, another cohort of scholars have examined the identification power of bodies through Charland's (1987) theory of constitutive rhetoric (Crowe, 2022; Derkatch, 2016; Derkatch & Spoel, 2020; Dubriwny, 2009; Gruber, 2014; Segal, 2008). This scholarship, however, has overarchingly fallen short in wholly applying Charland's (1987) theory and has not properly centered the body in their analyses. That is, like the aforementioned ideographic analyses, studies largely concerned with the constitutive force of bodies have primarily focused upon identification discourses *about* bodies and not the constitutive power of bodies themselves (Crowe, 2022; Derkatch, 2016; Derkatch & Spoel, 2020; Dubriwny, 2009; Segal, 2008); and many of these studies only partially considered Charland's (1987) process of constitutive rhetoric and its three ideological effects (Crowe, 2022; Derkatch, 2016; Derkatch & Spoel, 2020; Dubriwny, 2009; Gruber, 2014; Segal, 2008). Within this partial application of constitutive theory to rhetorical bodies, the full ideological and identification force of our corporeal existence remains largely unexplored.

More importantly, however, scholarship examining the identification capabilities of bodies maintains an inherent and singular focus upon the external, eschewing a nuanced understanding of how the internal informs the external in the constitutive process. This scholarship is intrinsically centered upon the static, unchanging, and body-oriented components of individual and collective identity — how bodily components such as skin color, ethnicity, and national origin influence the interpellation of individuals into a larger collective and provide

stark, bodily lines of demarcation for in-group/out-group identity. Andrade (2019), for example, advanced a critical insight into how migrant crossing signs in American cities near the border with Mexico (and their various iterations) define and perform identity for migrant families. The bodies under examination here, and in similarly focused studies, are largely constituted as external threats to the American collective “body,” the “exceptional national body” that is an exemplar of “purity and fitness” (Chávez, 2021, p. 161). Although unequivocally vital in understanding the ideological implications stemming from racist, xenophobic constructions of national identity, the overarching trajectory of this scholarship begets an understanding of instances in which the internal characteristics of a body change, manifesting an altered external form, to ultimately impact the constitution of the larger collective.

Indeed, both the presence and treatment of cancer in an individual reconstitutes their body irrevocably, altering both their body’s internal, biological, and physiological functionality while also profoundly impacting their external appearance as well. In reconstituting the individual body, then, cancer also assists in the reconstitution of the collective body. Moving beyond the scholarly norm emphasizing identity characteristics present at birth that remain, more or less, constant throughout a person’s lifetime, this chapter examines the constitutive consequences of cancered bodies — how the paradoxically invisible yet visible presence of cancer reconstitutes both the individual and collective body for potent identification and ideological impact.

To address these gaps, this chapter proceeds in three parts. First, it defines the rhetorical capabilities of bodies through a review of the relevant scholarship regarding the instrumental, identification, ideographic, and constitutive impacts of bodies. The same section identifies the various shortcomings inherent to the bodily constitutive scholarship before then suggesting two

ways to bolster this research. By, first, (re)centering the corporeal body in constitutive narratives and, second, then applying Charland's (1987) theory of constitutive rhetoric in full, this chapter advances a more nuanced understanding of the human body as a constitutive force. Importantly, Charland's (1987) insistence on the importance of narrative can help achieve the (re)centering of the corporeal body. By emphasizing narratives of cancered bodies and attending to their distinctive corporeal features within these narratives, this chapter can better explicate how bodies are indeed vessels of identification and ideology. Moreover, this synthesis of the relevant scholarship on narrative will additionally extend constitutive theory to account for the not yet explored implications of cancer's paradoxical presence within the constitution of both the individual and collective body.

Second, this chapter begins its analysis of the children of St. Jude's and Walter White's cancered bodies by providing a broader rhetorical history, contextual overview, and compositional description of the St. Jude Children's and Walter White's cancered bodies. After this initial overview, it narrows its analytical scope to more specific manifestations of the St. Jude Children's and Walter White's bodies and bodily narratives.

Finally, this chapter then concludes by reflecting upon the ideological implications of its findings. In particular, what are the ideological implications for the individual cancer patient, the larger collective, the invisible/visible paradox of the disease, and for enduring notions and consequences of cancered body stigma? At the heart of each of these questions is the presence, absence, and nuance of interactivity — that is, what are the broader constitutive consequences regarding how we interact with cancered bodies?

4.2 The Body in Instrumental and Identification Rhetoric

In surveying the scholarship on the constitutive force of bodies, many of the studies are neither wholly constitutive in their analyses, nor wholly focused on bodies themselves. Indeed, just as Voltaire famously quipped in his 1756 *Essay on Customs* regarding the Holy Roman Empire as decidedly “neither holy, nor Roman, nor an empire” (Renna, 2015, p. 60), scholarship that considers the constitutive rhetoricity of bodies appears to largely do so in name only. To better situate this chapter’s emphasis upon cancered bodies and extension of constitutive theory to account for internal/external dynamics at work within the individual and collective body, the proceeding sections delineate the rhetorical capabilities of bodies through a review the relevant scholarship regarding the instrumental, identification, ideographic, and constitutive impacts of bodies.

4.2.1 *The Rhetorical Capacities of Bodies*

Modern rhetorical studies scholarship offers a vast array of critical insights into the rhetoricity of the body. Importantly, however, this rich abundance of research is the exception to the norm in the long history of rhetorical scholarship. “The body,” as both “an abstract and actual” concept, has haunted scholars in rhetorical studies since Ancient Greece (Chávez, 2018, p. 242). In the intervening millennia, the abstract and actual body in rhetoric predominantly centered upon the “rhetorical practice[s] of white, cisgender, able-bodied, heterosexual men” — but scholars still only rarely considered the social and scholarly significance of the bodies themselves (Chávez, 2018, p. 244). Seeking to both address the scholarly gap and to correct the social injustice stemming from the exclusion of other bodies, rhetorical scholars started earnestly examining the human body in the 1970s. Chávez (2018) summarized several recent approaches in body rhetoric research, writing:

“Thus far the body has been theorized as argument (DeLuca); as a “vehicle for rhetorical performance” (Butterworth 262; Corbett; Holding; Mar-back); as an often ignored but important site of rhetorical invention (Dolmage, “Metis, Métis”; Hawhee, “Rhetoric, Bodies, and Everyday Life”; McKerrow; Palczewski); as evidence or warrant for more conventional argument (Booth and Spencer; Campbell and Jamieson; Harold and DeLuca; Hauser; Kiewe; Stormer); as a site of judgment (Chávez, “Embodied Translation”; Pezzullo); as trope (Butterworth); and as metaphor/synecdoche (Councilor; Keohane).” (Chávez, 2018, p. 243).

While the human body is now undoubtedly within the scope of analysis for scholars of rhetoric, a working, consensus definition for the body’s rhetorical capacities remains elusive. Moreover, given the breadth and depth of body rhetoric research, it is important to briefly define the rhetorical components of a human body.

Indeed, the role of the body in rhetoric extends beyond a rhetor simply utilizing their body as a neutral vehicle to communicate publicly. “When we talk about bodies” and rhetoric, Hawhee (2009) wrote, “we talk about sensation, touch, texture, affect, materiality, performativity, movement, gesture, habits, entrainment, biology, physiology, rhythm, and performance” (p. 5). Furthermore, considering a body’s rhetoricity also includes a consideration of “affect,” “nature,” and “language” at the confluence of “movement,” “pain,” and “environment” (Hawhee, 2009, p. 8). Bodies, in short, can function rhetorically in the absence of discourse — bodies, themselves, are rhetorical.

Contributing authors to *Rhetorical Bodies* (1999), the first edited volume on the rhetorical capacities of bodies, emphasized that “the body, flesh, blood, and bones, and all the material trappings of the physical” are constructed and sustained via discourse — and, conversely, “the speeches and texts that are the traditional staple of rhetoric, as well as the ads and virtual spaces and languages associated with the new media” are constructed and sustained by materials and bodies (Selzer, 1999, p. 10). More simply, the discursive and the nondiscursive rely upon one another to exert maximum instrumental rhetorical effect.

4.2.2 *The Identificatory Capacities of Bodies*

In addition to their instrumental rhetorical function, bodies are also profound sites of identification and ideology. Palczewski (1997) effectively summarized contemporary scholarship examining bodies as sites of identity and ideology, writing:

“Bodies may be understood as a ‘social location’ (Nakayama and Krizak 293); as a ‘political position’ (Dow 246); as collections of experiences that tend toward particular body types and, thus, result in a different set of epistemological assumptions (influenced by Narayan 257); as a ‘construction [of] constitutive constraint’ or material differences marked and formed by discursive practices (Butler xi, 1); as the thing that produces a voice as we engage in a series of performances, voice and performance always ‘already enmeshed in the system of an/other’ (Nakayama 236); as that through and from which language emerges, as tongue, blood, milk, or bone (Anzaldua); as the social or public body as ‘a surface of social inscription’ or ‘as the locus of lived experience’” (Palczewski, 1997, p. 179).

Applying much of this research in her examination of the 1913 Women’s Suffrage Parade and the 1917 “Silent Sentinels” suffrage protest, Palczewski (2011) further demonstrated the ideological implication of bodies. Indeed, the visibility and corporality of suffragists’ brutalized bodies “highlight[ed] not only how dissent can be domesticated, but also how repression can be tamed,” which, despite a litany of setbacks, helped advance women’s suffrage (Palczewski, 2011, p. 385). Winkler (2011) similarly probed the ideological and identification ramifications of bodies as argument, finding that bodies can become visual and corporeal sites of convergence that audiences can (explicitly, implicitly, or some combination thereof) identify with and further constitute a collective identity.

In sum, bodies are indeed potent sources of constitutive power. Bodies are omnipresent in social and political contexts, can physically navigate within and between communities, all the while simultaneously acting as canvasses for discourse and cultural meaning. Bodies, themselves, “are marked in ways that carry a great deal of cultural freight” — while “identities are also marked by cultural constructions of bodies” (Crowley, 1999, p. 361). Finally, bodies are

perhaps the most authentic and natural means through which embodied experiences can occur — viewing a body similar to our own in situ, or in witnessing a similarly positioned body perform an action in first person (Winkler, 2011) exerts an identification power of immense proportion.

Lastly, and previewed above, the overarching perspective within ideographic examinations of bodies remains fixed upon verbal and visual constructions of bodies, rather than upon bodies themselves¹³ (Andrade, 2019; Cox, 2016; Dubriwny, 2005; Enck-Wanzer, 2012; Grindstaff, 2003; Gutierrez-Perez & Andrade, 2018; Hayden, 2009; Langford, 2015; Neville-Shepard & Felix, 2020; Pineda & Sowards, 2007; Stassen & Bates, 2020). Indeed, these recent ideographic analyses have revealed little in regard to the ideological power exerted by and through bodies themselves. Additionally, many of these studies directed their attention towards simply applying McGee's (1980) concept as a method of analysis to prove the ideographic functionality of bodies — that bodies, in other words, can appear in ordinary political discourse, communicate a collective commitment to an abstract notion or goal, warrant the use of power, guide behavior, and are bound to a specific culture.

4.3 The Body in Charland's Constitutive Rhetoric

Finally, and more closely related to this chapter's purview, several scholars analyzed the power of bodies through Charland's (1987) theory of constitutive rhetoric. While the role of the discursive within Charland's (1987) constitutive rhetoric (and the many follow-on studies it fostered) is indeed central, the role of the nondiscursive within his theory has been decidedly less

¹³For example, Stassen and Bates (2020) examined visual memes containing the image of Supreme Court Justice Brett Kavanaugh during his testimony before the Senate Judiciary Committee, arguing that these memes helped instantiate the <Angry White Man> as an ideograph. Neville-Shepard and Felix (2020), meanwhile, tracked all references to Ronald Reagan in presidential debates (both primary and general election) from 1988 to 2016 and suggested that the former president's name is an example of a "personified ideograph" (p. 2). Similarly, Dubriwny (2005) analyzed Laura Bush's use of "women and children" in addresses regarding American involvement in Afghanistan, positing that while women and children clearly exist in the material realm, Bush's use of the discursive phrase constitutes as an ideograph due to its ideological implications.

central. Indeed, Charland (1987) initially situated the concept of constitutive rhetoric as occurring through a community's use of *discursive* narratives to constitute (and reconstitute) their collective identity, but he additionally concluded that *nondiscursive*, "aesthetic," rhetorics can also play an important role in the constitutive process (p. 148).

Several scholars, then, seized upon the implied inclusion of bodies within Charland's (1987) concluding remarks regarding the constitutive capabilities of a culture's aesthetic rhetorics. Importantly, however, much of this scholarship analyzing the constitutive force of bodies through Charland (1987) primarily focused upon identification discourses *about* bodies and not the constitutive power of bodies themselves (Crowe, 2022; Derkatch, 2016; Derkatch & Spoel, 2020; Dubriwny, 2009; Segal, 2008). Crowe (2022), for example, examined the inherent identification embedded within "potential" COVID-19 victim narratives. Segal (2008) similarly argued that migraine patients are "rhetorically constructed" within the "inter(textual)play between [sic] medical publication and the physician-patient encounter" (p. 39). Dubriwny (2009), meanwhile, analyzed newspaper coverage of Betty Ford's radical mastectomy, arguing that this discourse positioned Ford as the "ideal patient" and reinforced prevailing beliefs that breast cancer patients need to maintain their femininity of their bodies (p. 104). While the corporality of the human body is theoretically present in these studies, their overarching focus remains upon discursive constructions of the human body. Moreover, underlying both Crowe's (2022), Dubriwny's (2009), and Segal's (2008) analyses is the paradox at the center of this dissertation — the contradictory nature of invisible and visible illnesses. In each case, the scrutinized illnesses reside at the boundary between the invisible and visible. All three analyses, however, did not consider the constitutive implications originating from this paradox — and nor did they consider the periled body's corporeal manifestations.

Additionally, many of the aforementioned analyses only partially applied Charland's (1987) process of constitutive rhetoric, leaving a discussion regarding all three ideological effects conspicuously absent (Crowe, 2022; Derkatch, 2016; Derkatch & Spoel, 2020; Dubriwny, 2009; Gruber, 2014; Segal, 2008). In particular, many of these studies emphasized the importance of an individual's interpellation into a collective, often discussing this process in tandem, but exclusively, within the constitution of the collective subject.

One study did consider the constitutive force of bodies themselves, but similarly failed to properly assess all three ideological effects of such bodies. Gruber (2014) analyzed the multimodal Terracotta Warriors exhibit at the Hong Kong Museum of History by extending Charland's (1987) constitutive rhetoric "beyond discursivity" to additionally account for "how material worlds of biological bodies and environments constitute national or political subjects" (p. 152). Indeed, "interpellated agents are not positioned as agents only because they are verbally 'hailed,'" Gruber (2014) wrote, but also "because of who or what is hailed as well as when and where hailing occurs" (pp. 152-153). Although focused upon the body in constitutive rhetoric, this study did not further explicate the identity and ideological impact of the body beyond interpellation and the constitution of the collective subject. In particular, despite examining an artifact intrinsically connected to a shared and revered past, Gruber (2014) ignored Charland's (1987) second ideological effect of constitutive rhetoric — the activation of a transhistorical narrative. This study also did not discuss how the Terracotta Warrior exhibit maintained the illusion of freedom for members of the collective constituted therein. Understanding how nondiscursive iterations of the body interface with these other two ideological effects remains an open question.

Above all, however, the scholarship examining the instrumental, identification, ideographic, and constitutive impact of bodies largely adheres to a perspective that privileges a body's unchanging, external features over the latent identity power hidden within a body. In particular, identification-oriented scholarship remains predominantly interested in the constitutive impact emanating from discursive constructions of a body's consistent characteristics — and not in the constitutive implications of changing bodies, of bodies in flux. Because disease continues to be humanity's greatest threat, eternally reconstituting the individual and collective body from the inside *and* out — and cancer, in particular, remains the most pervasive in the reconstitution of both the individual and collective body, further examination of identification and cancered bodies is required.

4.4 (Re)Centering the Body in Constitutive Narratives

To effectively (re)center the corporeal body in constitutive narratives, this section reviews the relevant rhetorical scholarship concerning narratives (broadly defined) while also placing this literature within a larger constitutive context. Indeed, this section emphasizes that the presence and manipulation of a character's body in a narrative yields a profound constitutive allure. Moreover, while bodies are already present in rhetorical narrative theory, their presence is largely implied and/or housed within a terminology that emphasizes discursive constructions of the body such as “character,” “actor,” “protagonist,” etc. In a narrative's literary form, the constitutive power of a character's body remains confined to the discursive realm; in a visual narrative, however, an audience's identification with a character's body extends into the nondiscursive modality. In other words, we bear witness to physical intricacies, the bodily contours, of the characters appearing before us. The audience experiences the multi-sensational intimacy associated with bodies, viewing the nexus of the aforementioned components of bodily

rhetorics — presence, gestures, habits, skin color, height, weight, hair style, eye color — at the confluence of “movement,” “pain,” and “environment” (Hawhee, 2009, p. 8). Within the visual progression of a narrative, a character’s body also progresses, with profound identification energy flowing through the observation of this progression.

Overarchingly, both the instrumental and constitutive power embedded within a narrative derives from its probability and fidelity (Fisher, 1984, p. 8). Narrative probability is the audience’s perception that there is an internal structure to a story — that the story makes sense and is consistent (p. 8). A narrative’s fidelity, then, is determined by whether or not the story being told rings true to an audience, or whether or not the story is reflective of the audience’s lived reality (p. 8). For constitutive narratives, in particular, the story’s ability to ring true for its audience is paramount. Without fidelity, a narrative cannot foster a sense of identification within an audience.

Related to the constitutive power of a narrative’s fidelity is its fabula. A narrative’s fabula is “a series of logically and chronologically related events that are caused or experienced by actors” within a story (Bal, 2017, p. 5). Within a narrative’s fabula, the story’s exposition, plot and character development, rising action, climax, and denouement all occur, contributing significantly to a narrative’s overall rhetoricity, fidelity, and probability. These components comprising a narrative’s fabula can be categorized as “objects” and “processes,” with objects consisting of the story’s actors, locations, and “things,” and processes consisting of the “changes that occur in, with, through, and among the objects” throughout the narrative’s progression (Bal, 2017, p. 154). There is an intimate relationship between the objects and processes of a narrative’s fabula; the story’s lasting allure, and the audience’s identification with it, is determined by this relationship.

The constitutive power of a narrative also stems from a rhetor's overarching wielding of the fabula. The fabula is "treated" by the rhetor and the audience is then "manipulated by this treatment" (Bal, 2017, p. 65). This manipulation "occurs not only in that actors are turned into specific, fleshed-out characters, placed in specific spaces with mutual symbolic and circumstantial relations," but also in the larger perspective held by the narrator (pp. 65-66). The narrator's subjectivity, then, is of "decisive importance for the meaning the reader will assign the fabula" (p. 66), and will, ultimately, influence the reader's lasting impression of the story. Like the connection between a narrative's objects and processes, the narrator's treatment of the larger fabula impacts the story's constitutive appeal.

While other aspects of the narrative fabula such as temporality, sequential ordering, rhythm, frequency, space, and focalization¹⁴ can help activate and sustain constitutive meaning for the audience, it is the presence of characters — and the narrator's manipulation of them — that emanate the most identification energy.

4.5 The Narrative Portrayals of Walter White and the St. Jude's Child

In moving towards this chapter's constitutive analysis of cancered bodies, this section briefly traces the rhetorical histories of Walter White and the St. Jude's Children. This section additionally provides a contextual overview and compositional description of both Walter White and the St. Jude Children's cancered bodies before establishing the exact parameters of the critical examination.

¹⁴See Bal (2017) for more detail on these elemental aspects of the fabula.

4.5.1 *Walter White*

Part of Walter White's enduring allure within American popular culture resides in the critical and commercial success of the *Breaking Bad* franchise. Debuting in January 2008, the television series *Breaking Bad* ran for a total of five seasons on the AMC Network's flagship channel. The popular streaming platform Netflix purchased the show's rerun rights in 2011, making the entire series to that point available for its users to stream. After its concluding season in 2013, *Breaking Bad* garnered 58 Primetime Emmy Award nominations, ultimately winning 16 altogether — two of which were the highly coveted Outstanding Drama Series Award (Television Academy, 2015). Most notably, actor Bryan Cranston received four Primetime Emmy Awards for Outstanding Lead Actor in a Drama Series for his portrayal of *Breaking Bad*'s main character — cancer patient Walter White.

The lasting popular fascination with Walter White, however, primarily resides in his compelling narrative. In *Breaking Bad*'s pilot episode, the audience is introduced to Walter, a “fifty-year-old, financially-strapped high school chemistry teacher” that works a second job at a car wash to support his family (Pierson, 2013, p. 1). During a shift at the car wash, a visibly ill Walter collapses after a violent coughing fit and is later diagnosed with stage-three lung cancer. Despite never smoking, Walter's lung cancer is “inoperable” and, even with aggressive chemotherapy treatment, he is told that he “has only a couple of years to live” (Pierson, 2013, p. 1). Determined to provide for his family after his inevitable demise from cancer, Walter enters the dangerous and illegal, yet tantalizingly lucrative, underworld of crystal methamphetamine production and distribution. The remaining 61 episodes of the series follow Walter's transformation from a timid and meek cancer patient into an assertive, confident, and intimidating drug kingpin known as Heisenberg.

The generic contours of *Breaking Bad* additionally assist in the transformation of Walter White's cancered body. Overarchingly situated within the crime drama genre, *Breaking Bad* has also been described as part tragedy and part neo-American western. This "unique" blend of genres is first instantiated in how the series frames Walter White as a "figure who is simultaneously a western archetype," an outlaw exemplifying an ethos of rugged individualism, and "a tragically flawed 'hero' whose complex ambitions bring about his downfall" (Chisum, 2019, p. 415). Adding to Walter's archetypal western persona is the setting of the series. Set (and filmed) in Albuquerque, New Mexico, the arid desert of the American Southwest "captures and express both the region's dramatic, geographic beauty" as well as "its dark, socio-economic undercurrents" (Pierson, 2013, p. 7). The mythos of the American west, "with its grand landscapes, sense of individual freedom," and the "possibility for personal enrichment" (Chisum, 2019, p. 418) provides an additional catalyst for Walter's bodily transformation.

Indeed, the evolution of Walter White's cancered body is both striking and revealing. Like many cancer patients, the compositional elements of Walter's body fluctuate profoundly as his treatment progresses — he "shrinks in size, develops a debilitating hacking cough, loses consciousness, and becomes increasingly frail" (Anderson, 2013, p. 103). In one particularly powerful scene toward the end of *Breaking Bad*'s first season, Walter stands shirtless, gazing at his sickly, pale body's reflection in the bathroom mirror as he laboriously opens his many prescription drug bottles. As he runs his fingers through his noticeably thinning and patchy hair, Walter preempts one of chemotherapy's well-known side effects by shaving his own head bald. Reemerging from the bathroom, Walter joins his family for a meal in their kitchen, his son remarking in admiration that Walter now looks "badass." The evolution of Walter's cancered body additionally illustrates cancer's inherent paradox — the disease remains invisible until

acted upon by modern medicine. At this early juncture in the series, Walter is still gaunt, his face still sallow and weary from the fatigue of living with and medically treating cancer. As *Breaking Bad* progresses, however, Walter — and his cancered body — further undergo a radical metamorphosis.

Cancer's role in Walter's bodily and character transformation to his drug lord alter-ego, "Heisenberg," cannot be overstated. Indeed, "cancer becomes the driving force of the entire series," it is the conduit through which Walter can both "deny his status as a cancer patient" while also "bitterly insisting on the inevitability of his imminent death" (Anderson, 2013, p. 103) to justify Heisenberg's "violent but inventive ingenuity" (Johnson, 2017, p. 19). As Walter moves from *Breaking Bad*'s pure protagonist to morally compromised anti-hero, from weak and feeble to strong and determined, so too does his body. Walter's "limp mustache," pasty figure, and bodily fragility at the start of his cancer experience gives way to the intimidating specter of Heisenberg — "bald, bespectacled, goateed, and quaking with indignant anger" (Chisum, 2019, p. 415).

While Walter White's cancer caused bodily transformations fluctuate regularly and span the entirety of *Breaking Bad*'s five season narrative progression, his body and character undergo the most radical of these transformations in two episodes from the series' first season in particular: "Cancer Man" and "Crazy Handful of Nothin'." As such, this chapter's constitutive analysis of Walter White's cancered body focuses its critical attention upon these episodes. "Cancer Man" is the fourth episode of the show's first season, while "Crazy Handful of Nothin'" is the penultimate and sixth episode of the show's first season. "Cancer Man" originally aired on February 17th, 2008, and holds an *IMDb* rating of 8.2 out of 10 (McKay, 2008); and "Crazy

Handful of Nothin'” originally aired on March 2nd, 2008, and holds an *IMDb* rating of 9.3 out of 10 (Hughes, 2008).

Both episodes prominently feature Walter’s cancered body throughout their 48-minute run time, with each placing the interaction between the disease and his body at their narrative centers. Notably, though, each episode diverges in framing this interaction by varyingly emphasizing different components of the narrative’s fabula. In other words, while Walter’s cancered body remains the focus of “Cancer Man” and “Crazy Handful of Nothin,” there is a variation in *how* his body underscores or contradicts larger plot components such as overarching contexts, other characters, and even Walter’s personal transformation from protagonist to anti-hero. Ultimately, however, both episodes operate together to construct the constitutive power of Walter’s cancered body.

4.5.2 *The St. Jude’s Children*

While the composition of Walter White’s cancered body progressively reveals — and then seemingly conceals — cancer’s invisible presence, the composition of the St. Jude Children’s cancered body remains consistent. That is, the audience is always aware that the body before them is cancered. The unvarying depiction of the St. Jude Children’s cancered body originates in the rhetorical history of the research hospital and its namesake — St. Jude.

Across several Christian traditions, St. Jude is venerated as the patron saint of hopeless causes, dire circumstances, and the impossible. Within Catholicism in particular, St. Jude’s patronage of hopeless causes stemmed from his apparent willingness to intervene when others would not (Farmer, 2011). Like most of Jesus’ twelve disciples, Jude the Apostle died a martyr in the 1st century AD.

Almost two millennia later, an actor languishing in obscurity and desperate to provide for his pregnant wife prayed to St. Jude, beseeching the saint to “help me find my way in life, and I will build you a shrine” (St. Jude Children’s Research Hospital, n.d.). Soon thereafter, Danny Thomas rose to prominence and “became an internationally known entertainer” (About Danny Thomas, n.d.). Remembering his prayer to St. Jude, Danny solicited donations from a group of business executives for the construction of a hospital “devoted to curing catastrophic diseases in children” (About Danny Thomas, n.d.). When the hospital opened in 1962, it was not only a treatment facility, but also a research center “for the children of the world, regardless of race, religion, or financial status” (About Danny Thomas, n.d.). Named after the saint of hopeless causes that Danny had prayed to years earlier, St. Jude Children’s Research Hospital continues to research and treat childhood cancer at its original location in Memphis, Tennessee and at an additional eight affiliate clinics throughout the United States.

The now well-known symbol of the research hospital is not of the martyred St. Jude, but rather of a child whose body is presumably cancered. Indeed, there are two distinct manifestations of the St. Jude’s Child’s cancered body — within the organization’s logo and within their use of a number of children’s bodies in fundraising commercials. Since its founding, the St. Jude Children’s Research Hospital logo has always featured the silhouette of a child. In each updated rendition of the logo, the child’s head is invariably bowed, and their arms slightly bent. The silhouetted child’s hands in the organization’s first logo are clasped together, their fingers seemingly interlocked as if in prayer. In the logo’s contemporary iterations (apparently updated in 1994 and then again in 2002), the child’s hands are no longer folded in apparent prayer — they are cupped with their palms facing upward. Additionally, both the color outlining the St. Jude’s Child’s body and the background the body is set against have also changed over

the last fifty years — the body changed from orange against a background of gray with white rays to a red body set against a gray lined background with white rays. The hospital's current logo is a more minimalist rendition of its previous iterations. Set again an all-white background, the silhouette of the child is red and the white band upon their arm matches the white of the background.

Importantly, at first glance, the child's contours (in every iteration of the logo) suggest that their head is bald. Upon closer scrutiny, however, the silhouetted child appears to have slight wisps of hair flowing down the back of their head in the logo's modern renditions, while the state of the child's head in the original orange logo remains indiscernible. The child's apparent baldness in the logo is important in understanding the logo's connection to research hospital's fundraising commercials that famously feature real children with cancer, whose bald heads from chemotherapy are instantly recognizable.

For more than 40 years now, the St. Jude Children's Research Hospital has prominently featured a series of childhood cancer patients "in the middle" of cancer treatment in their fundraising mailings, events, and commercials (Armstrong & Gabrielson, 2021, caption 1). This manifestation of the St. Jude's Child originally appeared in 1982 in the organization's first "fully scripted, taped special featuring hospital staff, patients, and entertainers" entitled "Let the Children Live" (Weberling, 2010, p. 7). With the success of these longer formatted television specials, the St. Jude Children's Research Hospital began developing 60 to 120 second commercials with at least one of the children as the visual narrative focal point. Indeed, the research hospital initially aired most of these commercials on broadcast and cable television to such an extent that NPR remarked in 2021 that "if you own a television, there's a good chance you've seen commercials for St. Jude Children's Research Hospital" (para. 1). In November

2007, St. Jude Children's Research Hospital began advertising on the popular online platform *YouTube*, amassing more than 98 million cumulative views (as of this writing) of their channel's content alone (About St. Jude Children's Research Hospital - YouTube, n.d.). The organization's prominent use of cancered bodies across their fundraising campaigns continues to yield significant results — in 2020, for example, the research hospital “raised a record \$2 billion” with “\$5.2 billion in reserves” (Armstrong & Gabrielson, 2021, para. 7).

In the St. Jude Children's Research Hospital's fundraising commercials, the children's bodies in focus consistently evidence the bodily signs of cancer treatment. That is, the featured children are regularly bald, their heads often paler than the rest of their body, suggesting a recent and rapid loss of hair. Oftentimes, featured St. Jude's Children cover their bald heads with a cap of some kind (usually a wool hat or bandana) to help stave off the creeping cold of the hospital against their newly hairless heads. Additionally, another related sign of chemotherapy is the loss of eyebrow and eyelash hair. While not as readily noticeable in these commercials, many of the profiled St. Jude's children display this bodily side effect of chemotherapy. Although singularly subtle, the absence of hair above the eyes further contributes to the larger bodily signs of cancer treatment, ultimately making the cancer patient's baldness more distinct. In other words, their bald heads are decidedly distinguished from my own bald head — their baldness is total and radically apparent because of the loss of eyebrow and eyelash hair. This further adds to the children's gaunt appearance — by bringing additional attention to their bodies, the audience observes the flesh of patient's face clinging to their cheekbones; the audience takes notice of the patient's dark and sunken eyes; and we plainly see their emaciated figure. The children's bodies also display other signs of cancer treatment as well such as scars from surgery and the occasional radiation tattoo. Finally, the St. Jude Children's Research Hospital fundraising commercials

overarchingly place these cancered bodies in a hospital setting — a setting that ultimately reinforces the distinctive contours of the patient’s cancered body through the presence of medical equipment attached to the bodies (like IV drips and heart rate monitors) as well as doctors and nurses.

This chapter’s constitutive analysis of the St. Jude Children’s cancered bodies focuses upon three St. Jude Children’s Research Hospital fundraising commercials in particular — “Because of St. Jude,” “Because of You, There is St. Jude,” and Episode Six in a featurette series titled “Life-Saving Letters.” Originating from the hospital’s television fundraising commercials, these advertisements are the three most viewed videos on St. Jude’s *YouTube* page. As of this writing, “Because of St. Jude” is the organization’s most viewed video upload with more than 26 million views; “Because of you, There is St. Jude” is the second most viewed video with more than 13 million views; and “Life-Saving Letters – Episode Six” is the third most viewed video with more than 12 million views (St. Jude Children’s Research Hospital - *YouTube*, n.d.). All three commercials prominently feature several childhood cancer patients before, during, and after their cancer experience, highlighting the profound bodily transformations typical of modern cancer treatment in America. The commercials additionally demonstrate both the paradox of cancer’s invisibility as well as the relative ubiquity and interchangeability of a cancer patient’s bodily contours.

While each advertisement employs the same rhetorical and aesthetic style utilized throughout most of St. Jude’s televisual fundraising commercials, “Because of St. Jude” is a nearly three and half minute featurette, while “Because of you, There is St. Jude” is only 15 seconds in length, thereby residing more within the realm of a traditional American television advertisement. “Life-Saving Letters – Episode Six,” meanwhile, is a more than five minute

narrative featurette focused singularly upon one childhood cancer patient – Ellee. Due to its length and multi-character focused, “Because of St. Jude” serves an expository narrative purpose, while “Because of you, There is St. Jude” functions as a narrative vignette to reinforce the overarching message of the organization. Most importantly, though, cancered bodies remain as the focalization point in each of these particular advertisements — and across the entirety of the organization’s public facing communication.

4.6 Walter White: Exploitative Capitalism, Rugged Individualism, and the Failed Critique of American Healthcare

The two prevailing themes to emerge from the narrative constructed by and through Walter White’s cancered body in *Breaking Bad* ultimately produce a failed critique of the American public healthcare system. In short, through Walter White and his cancered body, the *exploitative nature of capitalism* and the enduring appeal of *rugged individualism* manifest throughout the show’s larger narrative arc. Although Walter’s embodied cancer experience initially promised to exert an effective critique of capitalism’s dominance over the American healthcare system, his ruggedly individualistic bodily and character transformation quickly evaporated the possibility of a critical materialist assessment of capitalism and healthcare systems.

4.6.1 The Identification Power of Walter White

Much of Walter White’s identification power is rooted in his position as *Breaking Bad*’s main character. As the main character, the narrative places Walter and his body at the center of its focalization, resulting not only in a plot driven by Walter and his actions, but also in the most on-screen time for his cancered body. Walter’s cancered body, then, becomes omnipresent, simultaneously subjected to intense viewer scrutiny while also relegated to a state of being

visually routine. The implications of this cancered body's pervasive duality overwhelmingly reside in cancer's invisible/visible paradox.

Like the children of St. Jude, Walter's cancered body performs important interpellation work for individuals whose cancer remains invisible — and also for individuals whose bodies similarly yield the unmistakable signs of cancer treatment. The duality of this interpretation is effectively demonstrated in the first act of *Breaking Bad*'s first season penultimate episode, “Crazy Handful of Nothin.” Somewhere in the desolate New Mexican desert, Walter nearly faints while cooking meth inside a converted RV. Stumbling out of the RV and gasping for air, Jesse Pinkman, Walter's business partner, helps Walter remove his protective clothing and gas mask to prevent overheating. As Walter continues to frantically shed clothing, Jesse notices the radiation tattoo upon Walter's chest:

Jesse: When were you gonna tell me?

Walter: Tell you what?

Jesse: Cancer. You got it, right?

Walter: How did you know?

Jesse: My aunt had one of those dots on her to target the radiation, what is it, in your lung? I'm your partner man, you should've told me. God that's not cool, okay, not at all. What stage are you?

Walter: 3A.

Jesse: Got to your lymph nodes...

Later, at the end of this exchange, Jesse suggests to Walter that he “put an icepack on [his] head during chemo. My aunt said it helped with the hair loss” (Hughes, 2008, 11:00).

The constitutive rhetoricity of Walter's cancered body is initially evidenced in Jesse observing the radiation tattoo etched into Walter's chest and in immediately making the connection to his aunt — the constitutive impact of this scene emerges, quite literally, from Walter's noticeably changing body. This scene's narrative rhetoricity, however, also contributes to the constitutive impact of Walter's cancered body. In drawing attention to Walter's bodily

deterioration, this scene bolsters the narrative's overarching probability and fidelity — this scene reminds the audience of Walter's initial motivation to cook and sell crystal meth which, ultimately, maintains the structural coherence of the larger story while also continuing to frame Walter's actions in such a way that Walter's deeds as a cancer patient still “ring true” for the audience.

With assistance from the narrative's body-oriented focus, this early scene in “Crazy Handful of Nothin'” resides in how the internal body forces the external body to change. In other words, a cancer patient watching Walter accept and endure his condition, despite the overwhelming physical burden originating from the cancer festering inside his body, may feel a resonance or an affective connection, as they too have lived a similar experience. Moreover, the radiation tattoo inscribed into Walter's skin at the precise location of his cancer may additionally interpellate an individual with cancer into the larger cancer collective. As an embodied experience, a cancer patient's radiation tattoo is simultaneously a mundane and routine experience, yet also a profound and permanent change to the body. My father, for example, bears no discernible scars or bodily alterations from his colon cancer treatment several years ago, except for the radiation tattoo etched into his flesh. In short, through Walter's cancered body, the American cancer collective is (re)constituted again and again, already and always interpellating new members into the community.

Walter White's cancered body additionally resides at the uncertain intersection between cancer's invisibility and visibility. In another particularly powerful scene in “Crazy Handful of Nothin',” Walter stands shirtless, gazing at his sickly, pale body's reflection in the bathroom mirror as he laboriously opens his many prescription drug bottles. Upon noticing his thinning and patchy hair from chemotherapy, Walter's face shifts from one of initial worry and self-doubt

to one full of resolve. Walter then preempts one of the treatment's well-known side effects by completely shaving his own head bald. Reemerging from the bathroom afterwards, Walter joins his family for a meal in their kitchen, his son remarking in admiration that Walter now looks "badass."

While the evolution of Walter's cancered body here additionally illustrates cancer's inherent paradox — the disease remains invisible until acted upon by an outside force — the laden constitutive appeal resides in the end result of Walter's action. Although Walter is still gaunt, and his face still sallow and weary from the fatigue of living with and medically treating cancer, Walter accelerates the inevitable bodily consequence of chemotherapy and shaves his head entirely. Walter's decision to preemptively alter his body to resemble popular connotations of a cancer patient's body is a succinct demonstration of how cancered bodies serve as corporeal lines of demarcation. The end result of Walter's action is the (re)constitution the American cancer collective. In embracing the typified aesthetic of a cancered body, Walter both reinforces the stereotype and reasserts its hegemony as a bodily marker of the American cancer community.

Another constitutive consequence emanating from Walter White's cancered body in *Breaking Bad* can largely be explicated via the same framework as the St. Jude's Children (i.e., viewers do observe the contours of Walter body before, during, and after his cancer diagnosis and treatment). However, an additional layer of nuance emerges. As the narrative's main character, Walter cancered body provides audience members with an intimate and focused look into how cancered bodies in the past, present, and future interact with the American healthcare system. Whereas viewers only briefly observe the children of St. Jude's interacting (positively) with the American healthcare system, *Breaking Bad's* viewers sit with Walter throughout the entirety of his cancer experience, discovering in visceral detail the reality of such an experience

in America. In short, through and with Walter's cancered body, *Breaking Bad's* audience interacts with the American healthcare system in a chronological experience similarly experienced by many cancer patients and their families.

Walter's position as an embodied transhistorical narrative is effectively demonstrated in both "Cancer Man" and "Crazy Handful of Nothin'" through various methods of focalization upon Walter's body. In "Cancer Man," the audience views a cancer patient's body before and during cancer treatment. Like their interactions with the childhood cancer patients at St. Jude's, the audience can then utilize their intimate look into Walter's bodily cancer narrative as an affective means to connect to their own cancer experience. For example, in "Cancer Man," Walter's cancered body is the driving exigence of the episode's fabula. The centralization of Walter's cancered body, however, results in the episode's focus on the inherent inequity of the American healthcare system. In the events leading up to "Cancer Man," viewers witness when Walter's body begins to externally reveal the invisible cancer festering within (e.g., his initial collapse following a violent coughing fit), when Walter first undergoes testing (e.g., viewers observe Walter's body positioned within a CT or MRI scanning machine), and as a doctor informs Walter of his cancer diagnosis. Then, in "Cancer Man," the audience is again present as Walter discloses his bleak prognosis to family members (6:00), and, critically, as Walter and his family navigate the exorbitant "out-of-pocket" costs¹⁵ stemming from the treatment Walter eventually agrees to begin (8:00). Finally, *Breaking Bad's* viewers then observe Walter actually

¹⁵While Walter's rudimentary HMO plan would have covered some if not most of the basic costs related to his treatment, Walter's HMO would not have covered the more effective treatment option he eventually agreed to undergo. Aside from a poignant exchange with the paramedic accompanying him in the ambulance to the hospital about not having "the best insurance" and asking to be dropped off on a nearby street corner, little detail is given regarding Walter's insurance in relation to the initial diagnosis. In "Cancer Man," Walter agrees to a second opinion consultation with one of the top oncologists in the nation, and the audience learns that his insurance will not cover the cost of this \$90,000 treatment. Later in the first season, Walter mentions a \$13,000 bill from the hospital for his first series of laboratory examinations, but it is ultimately unclear how much, if any, his insurance covered there.

undergoing his initial chemotherapy and radiation treatments (Hughes, 2008, 2:15). The audience can further associate Walter's cancered body before and during treatment to a friend or family member's cancered bodies at similar junctures in their cancer experience. Moreover, the affective connection may even be to their own bodies, providing yet another embodied pathway of interpellation.

In "Crazy Handful of Nothin,'" Walter White's cancered body continues to be the overarching narrative's main focalization point. In this episode, however, the focus shifts to viewing Walter's body in a future-orientated gaze. In other words, a notable shift occurs in the focus away from the composition of cancered bodies *before* and *during* cancer treatment to a focus centered upon the composition of cancered bodies *after* cancer treatment. Here, Walter's body begins to more closely resemble popular connotations of a cancered body's composition, namely as a body with an atypical absence of hair.

The creation of Walter White's cancered body and its lasting constitutive rhetoricity begins in the previously discussed scene from "Crazy Handful of Nothin'" in which Walter shaves his head entirely bald as a preemptive measure to counteract the well-known side effect of chemotherapy. With the popular construction and enduring connotation of balding cancered bodies almost certainly in mind, Walter's decision to embrace the future composition of his cancered body ultimately positions his corporality at an epideictic crossroads. Walter's demonstration of lucidity in this scene—that is, his clairvoyant gazing into his embodied future—cements his body as a transhistorical narrative link. If Walter's cancered body in "Cancer Man" connected audiences to past and present members of the American cancer collective, his body in "Crazy Handful of Nothin'" also begins to connect audiences to future members. Walter's actions here may deeply resonate with an individual recently diagnosed with

cancer, and the enduring cultural image of Walter's bald, cancered body may even serve as a reference point for diagnosed cancer patients in the near to distant future. Like Walter, future cancer patients may similarly gaze upon their own changing cancered body in a bathroom mirror and, recalling Walter's stoic display of agency reclamation, resolve to embrace the external changes to their body.

Finally, Walter White's cancered body activates and links another transhistorical narrative that is layered in complexity and uniquely situated between the fictional *Breaking Bad* universe and the American realpolitik of 2008 to 2013. Viewers, in short, may have trouble definitively separating Walter's cancered body from the American body politic engaged in a fierce debate over healthcare "reform." Like so many Americans then (and now), Walter's cancer diagnosis placed his family into a financially precarious position as his health insurance refused to cover the costs of treatment. The desperate familiarity of this situation ultimately contributes to *Breaking Bad*'s overarching narrative probability and fidelity with audiences, exerting yet another constitutive influence as Americans can further identify with the character's healthcare related trials and tribulations. With the show's narrative rooted in the dire exigences created by the American healthcare system, and the real world politics from 2008 to 2013 dominated by healthcare "reform" operating in the contextual background of the show's initial television run, the constitutive force of *Breaking Bad* and Walter's body can additionally be found in its transhistorical narrative activation.

In sum, Walter's cancered body functions as constitutive force comprised of a different sort of affective energy. Walter is, in effect, a corporeal catalyst of collective memory. Given the discursive and cultural ferocity surrounding what would later become The Patient Protection and Affordable Care Act, Walter's cancered body is, in effect, a body frozen in time within this

paradigm as his body is anchored to this particular period in American social and political history.

4.6.2 *Breaking Bad's Supporting Characters and Their Interactions with Cancered Bodies*

Unlike the children of St. Jude, Walter White does not serve as an omniscient narrator to his cancer experience. Instead, *Breaking Bad's* narrative progression occurs through Walter's interactions as the narrative's main character with the narrative's various supporting characters. On a grander scale, Walter's decidedly more intimate and personal interactions with characters such as his wife, teenaged son, brother and sister in-law, and his business partner reveal another way in which non-cancered bodies interact with cancered bodies. Importantly, and diverging again from the witnessed intimate interactions with the St Jude's Children and their loved ones, members of *Breaking Bad's* audience observe the less than affectionate interactions between cancer patients and their close family members and friends.

For example, Walter's wife, Skyler, fluctuates in her emotional response to Walter and his cancer diagnosis. Throughout both episodes, Skyler's interactions with Walter and members of their family are perhaps the most honest portrayal of a human's range of emotions regarding a loved one's cancer diagnosis. She vacillates between profound sadness at the thought of losing Walter, indignance towards Walter for not disclosing his condition sooner, and determination to seek the best medical care for her husband. Additionally, after breaking down in front of her sister and brother-in-law following Walter's disclosure of his illness at a family dinner in "Cancer Man," Skyler dramatically asserts her status as the victim. She, in effect, attempts to shift the narrative's focus away from Walter's cancered body and towards her distinctly non-cancered body. As Skyler's sister consoles her off screen, Walter's brother-in-law, Hank,

attempts to reassure Walter. Hank tells Walter that, no matter what happens, he will be there to look after Walter's family. These interactions between Walter (as the body with cancer) and his family (as the bodies without cancer) are certainly more grounded in reality for many than the interactions witnessed in the St. Jude's commercials. While still emotional, the interactions between cancered bodies and those closest to them in *Breaking Bad* are devoid of the various nondiscursive focalization techniques used by St. Jude Children's Research Hospital such as music, montages, and "interviews." The framing of the interactivity between Walter's cancered body and his family's non-cancered bodies is raw and far from romanticized.

Walter's interactions with periphery characters such as doctors, EMTs, and other cancer patients also illustrates the American cancer collective's larger composition and can further function as interpellation. An audience member may, for example, feel the pull of identification in relating to how Walter reacts to the doctor informing him of his bleak prognosis. Another audience member may feel a profound resonance in Walter's interaction with the EMT following his initial collapse in the show's pilot episode when he asks to be dropped off at a nearby corner instead of the hospital for fear of the financial strain a visit to the hospital would impose on his family.

Moreover, the presence of Walter's family members in interactions with these impersonalized periphery characters also serves a constitutive function. For non-cancered members within the larger American cancer collective, viewing how Skyler interacts with Walter's medical team not only serves the narrative purpose of developing her character arc, but is also instructive from a constitutive perspective — these members can identify with Skyler and how she manages her relationship with Walter, the cancer patient, and in how she navigates the larger American healthcare system.

In all, with Walter's cancered body at the narrative center of these personal and impersonal interactions, *Breaking Bad*'s supporting characters help to further constitute the American cancer collective and additionally function as interpellating agents to hail a multitude of individuals into the larger collective through affective, personal associations.

4.6.3 *The Rugged Individual's Bootstraps: The Illusion of Freedom in Walter White's "Badass" Corporality and Its Ideological Implications*

The illusion of freedom dominant in American cancer narratives is the enduring belief that "beating" cancer is only a matter of personal "strength," i.e., that individual cancer patients singularly possess the agency needed to "battle" and "defeat" the disease. Walter White reinforces the illusion of freedom by demonstrating bodily strength, endurance, and determination. Importantly, the presence of cancer within Walter's body is the primary catalyst for his initial external *and* internal bodily transformation into the embodied instantiation of American cancer rhetoric's illusion of freedom. Internally, before his cancer diagnosis, the composition of Walter's character was weak and timid, effectively permitting the continued exploitation of his body for labor. Despite an impressive array of qualifications, Walter quietly languishes as an underpaid high school teacher who has to work a second job to support his family. Walter silently endures his exploitation to provide for his disabled teenage son and pregnant wife. After his cancer diagnosis, however, and the realization that the American healthcare system would bankrupt his family in exchange for treatment, Walter transforms into a strong, intimidating, and confident outlaw who violently works against the system. Walter discovered that he could not rely upon the system to save his corporal existence, so, instead, he turned to his own intellectual prowess and bodily fortitude to preserve his family's well-being, as well as his own life. Despite this character arc that is inherently a critique of the American

healthcare system, Walter becomes the embodiment of individual perseverance in the face of systemic subjugation, exploitation, and disregard of the body under capitalist regimes — and, in particular, the human body with cancer in America. Most consequently, though, *Breaking Bad*'s overarching narrative focus fails to capitalize on its inherent materialist critique of American healthcare that may have thoroughly resonated with viewers. Instead, the show's focus is fixated on Walter White's "badass" character development.

Undoubtedly, while Walter's bodily transformation into a near-iconic corporal manifestation of American cancer rhetoric's illusion of freedom begins in the revelation of cancer's invisible presence, Walter's agonizing descent from sympathetic protagonist to violent anti-hero in the form of his alter-ego "Heisenberg" overwhelmingly solidifies his body as an exemplar of the illusion. Although this descent can be traced to his initial decision to cook and sell meth, the enduringly powerful image of Walter's cancered body definitively converges with his "Heisenberg" persona in the pivotal scene in which he preemptively shaves his head in "Crazy Handful of Nothin.'" Here, Walter sheds the last bodily vestiges of his old self, the timid, meek, and exploited chemistry teacher, to become the strong, determined, and "badass" Walter White capable of singularly performing extraordinary feats to continuously defy the odds.

Walter's preemptive enactment of perhaps the most culturally recognizable cancered body characteristic is a comprehensive demonstration of deference to hegemonic ideology. That is, Walter accepts the prevailing presuppositions of a cancered body's composition in America, and, in so doing, confirms the ideological foundations of our culture's construction of cancered bodies. In this act, Walter becomes a bodily display of accepting both cancer's powerful internality and the eventual consequences of its externality — he, in effect, surrenders to cultural connotations regarding what cancered bodies ought to look, sound, and act like. Importantly, like

the many cancer patients that also preempt the external changes to their bodies, Walter's initial embrace of this hegemonic body norm stems from a genuine attempt to reassert agency over his body to maintain some bodily autonomy. This action, however, foreshadows Walter's larger character arc — his corruption of good intentions for personal, selfish, and, later, sociopathic gain. Walter's bodily transformation allows him to simultaneously wield, challenge, invert, and subvert cultural expectations of what cancered bodies are capable of doing for notoriety and profit. Very simply, Walter converges his identity as a cancer patient with his "Heisenberg" identity, the sympathetic protagonist's cancered body becomes interwoven with the violent anti-hero's body. Residing within this convergence, then, is the critical constitutive influence — audiences thereafter associate Walter's cancered body with his "Heisenberg" identity, thereby associating all of "Heisenberg's" characteristics with cancered bodies. In short, Walter White's cancered body maintains the illusion of freedom by reinforcing the illusion's underlying tenets — overcoming cancer is a matter of individual strength, perseverance, and agency, and not systemic factors like access to and affordability of healthcare.

4.7 The Children of St. Jude: Benevolent Capitalism, Paternalistic Charity, and the Continued Privatization of American Healthcare

Because Walter White and the Children of St. Jude exert their corporeal constitutive influence overarchingly through the larger narratives constructed around and through them, examining each cancered body as the center of their respective, larger narratives will yield insight into the distinct, yet interrelated ways their cancered bodies are bodily vectors of identity and ideology. More specifically, the proceeding analysis considers each cancered body's corporality in relation to their respective narrative's larger themes, supporting characters, scenes, plot structure, narration levels, and methods of focalization to more effectively explicate how

these bodies help instantiate divergent narratives. In short, the Children of St. Jude embody a narrative focalized around privatized healthcare, while Walter White embodies a more public-facing narrative. In the end, through their contrasting narrative compositions, these cancered bodies ultimately manifest as mascots of capitalism's most prominent supporting ideology: American conservatism.

This section demonstrates how the cancered bodies at St. Jude Children's Research Hospital aid in the construction of a constitutive narrative centered around perpetuating misleading notions of benevolent capitalism and the power of paternalistic charity. Ultimately, the corporeal constitutive power of cancered bodies channeled through these themes effectively primes audiences to further accept the continued privatization of American healthcare.

4.7.1 The Many Narrative Roles of the St. Jude's Children

As the main characters in the St. Jude Children's Research Hospital narrative, each featured cancer patient is the primary plot-driving device towards the realization of these ideological themes. As main characters, each cancer patient's bodily composition, scenic placement, direct interactions with other characters, and indirect interaction with the commercial's audience carries significantly more narrative and constitutive weight. As the narrative's main characters, the childhood cancer patients in "Because of St. Jude" and "Because of You, There is St. Jude" function as corporeal demarcating lines and interpellating agents. The children's cancered bodies are instantly recognizable as cancered, providing the means to succinctly communicate in-group/out-group status with the cancer community. This instantaneous recognition is primarily achieved through the myriad of characteristics often associated with a body undergoing cancer treatment (bald heads, emaciated figures, scars, etc).

Because of their centralized character position, audiences first witness these cancered bodies in relation to and juxtaposed with other characters' bodies and within a particular setting. For example, many of the St. Jude's Children featured in both fundraising advertisements "Because of St. Jude" and "Because of You, There is St. Jude" often appear within a hospital environment interacting with doctors and nurses throughout their cancer experience. Situated next to the doctors' and nurses' visibly healthy bodies, the children's cancered bodies stand out in stark contrast. The hospital setting, meanwhile, draws further attention to the children's cancered bodies — the bright, white hospital lights reflect off the children's bald heads and pale faces, while the hospital beds and linens additionally maintain their distinct bodily features, especially in contrast to the doctors' white cloaks, stethoscopes, and fuller complexions.

Furthermore, through this body-centered identification process, the American cancer collective is constituted again in relation to the cancered bodies of the narrative's main characters. Through the children's cancered bodies, the St. Jude's fundraising commercials remind audiences again that although the broader community is still also comprised of a complex assemblage of other bodies such as doctors, nurses, and family members, those afflicted with cancer remain at the center of the community. In the context of this reminder, the children's cancered bodies hail this multitude of individuals into the larger collective through affective, personal associations, and also through enduring cultural constructions of cancered bodies. More simply, these additional members of the American cancer collective may observe a childhood cancer patient and instantly think of someone they personally know with cancer, and/or draw upon the thoroughly socialized image of a cancer patient to, ultimately, complete their "hailing" into the larger collective subject. While the compositional and bodily contours of the American cancer collective subject are indeed varied, individual cancered bodies remain at the gravitational

center of constructions of the collective body as their diversity connects to a wide swath of the public.

Additionally, the featured children's demographics embody the historical mission and ethos of St. Jude Children's Research Hospital as a healthcare providing organization wherein "no child is denied treatment based on race, religion or a family's ability to pay" (Mission Statement, para. 1). Throughout "Because of St. Jude," in particular, the featured children noticeably vary in skin color, gender, and childhood age. Moreover, within this featurette's introduction, the disembodied voice of a child innocently asks in Spanish: "Dad, am I going to die?" ("Because of St. Jude," 2020, 0:43). Although the incorporation of bodies reflecting the actual demographic composition of the United States may expand the constitution of the collective subject and broaden the scope of interpellation, the admirably exclusive focus on children may actually contract this identification appeal. For the broader American cancer community, the lasting unintended consequence in exclusively orientating a multi-billion dollar charity toward not only a smaller proportion of the entire population, but also a smaller proportion of the overall cancer diagnoses.¹⁶ The move reinforces the view in a subtle, yet deeply rooted ideological presupposition — that only children are worthy of charity.

Importantly, though, the children of St. Jude perform important interpellation work for individuals whose cancer remains invisible — and also for individuals whose bodies similarly yield the unmistakable signs of cancer treatment. For patients whose cancer remains invisible,

¹⁶One (2021) study cited by the National Cancer Institute "estimated that 15,590 children and adolescents ages 0 to 19 will be diagnosed with cancer and 1,780 will die of the disease in the United States" (para. 1); while a (2023) study cited by the American Cancer Society predicted that about "9,910 children in the United States under the age of 15 will be diagnosed with cancer" this year (para. 1). Comparatively, the American Cancer Society estimated that there were "1.9 million new cancer cases diagnosed and 609,360 cancer deaths in the United States" in 2022 (para 1). Although the American Cancer Society did not specify if childhood cancer cases were included in this calculation, their inclusion or exclusion still suggest a great disparity.

viewing the St. Jude Children's cancered bodies helps to quietly hail them into the larger cancer collective. For better or worse, the patient with cancer still within the "invisible illness" stage (Horan et. al., 2009) can identify with the cancered bodies on screen before them. These patients may, sadly, feel an embodied connection through the macabre realization that their bodies may soon resemble the child's body on screen. Conversely, these patients could also feel a more positive embodied connection to the cancered bodies on screen — they may, even for a fleeting moment, no longer feel isolated, knowing that there are others out there too experiencing cancer.

For individual patients whose bodies do yield the unmistakable signs of cancer treatment, the cancered bodies of the St. Jude's Children may further interpellate them into the larger collective through a relatively traditional means of identification. That is, patients with visibly present cancer may interact with someone whose embodied experience closely resembles their own and, ultimately, feel drawn to them in certain ways. Furthermore, these cancer patients may additionally feel the affective impact of representation, as the identification results from viewing someone that looks, sounds, and acts like you in media. For cancer patients whose bodies undergo rapid external change due to radical treatments such as chemotherapy or radiation, or the insurmountable progression of the disease, interacting with another body displaying a similar state of external flux, the pull of this body-oriented interpellation may indeed be profound.

Finally, in addition to their position as main characters and as the narrative's corporeal center, the children of St. Jude also perform the role of omniscient narrator. In assuming this additional role, the children contribute to the development of a family-oriented theme. As omniscient narrators, each featured child discursively provides vital insight into their personal thoughts, feelings, and motivations, as well as the bodily trauma that they experienced throughout their cancer treatment at St. Jude Children's Research Hospital. Within the

introduction to the “Because of St. Jude” featurette, for example, the disembodied voice of one patient previews the impact cancer treatment had upon his body, telling the audience that he had “dark circles all around” his eyes and he was just “out of it.” Notably, within many of the children’s discursive narrations, they also provide intimate insight into the hospital setting, their interactions with the hospital’s medical staff, as well as the organization’s prevailing ethos. Through the children’s own narration, the larger narrative’s emphasis upon their bodies comes into sharper focus. Crucially, then, this multifaceted focus upon the children further develops a theme centered upon family.

The concept of “family” as a thematic value in the St. Jude materials is both subtle and overt in establishing the bonds of intimate kinship felt by cancer patients and their immediate family members — towards not only the medical professionals at St. Jude, but also to the organization itself. For example, one featured patient remarked in the “Because of St. Jude” featurette that St. Jude “wasn’t like a hospital, it was a like a fun loving community — a family” (2:23); and as he speaks, the commercial features a montage of bodies (cancered, formerly cancered, and healthy) interacting with another in a caring and loving way — the patients embracing their healthcare providers in a warm hug... While this theme is repeatedly built upon elsewhere in the narrative, the placement of the children, their cancered bodies, their parents, and their affectionate bodily interactions with the hospital as the organization’s narrative focal point initially brings this thematic value into existence.

The children’s’ bodies further enrich and extend the discursive context. The children’s bodies are, in effect, corporeal testaments to what they verbally disclose to the audience. For many audience members, the embodiment of evidence within and through the children’s cancered bodies reinforces the narrative’s overall cohesiveness — the nondiscursive

complementation of the verbal renders the story more believable and capable of identification (Winkler & Pieslak, 2018). More importantly, though, in providing tangible, bodily proof to their oral narration, the children of St. Jude additionally manifest another theme crucial to the fidelity of the narrative's comprehensive thematic emphasis on family — that of not only surviving cancer, but also of learning to thrive during and after cancer treatment. At St. Jude Children's Research Hospital, the broader narrative communicates to the audience that the children undergoing cancer treatment not only survive their ordeal, but they also thrive with the help of such a family-friendly and family-focused hospital environment.

The constitutive influences stemming from the fostering of the narrative's thematic values of "family" and "not surviving but thriving" begin to emanate in the bodily activation of a series of transhistorical narratives. That is, in their multiple roles within the St. Jude Research Hospital's encompassing narrative, the featured childhood cancer patients activate a number of personalized, epideictic narratives to identify with their audiences. For example, while the discursive narrative surrounding each of the St. Jude's Children in the "Because of St. Jude" featurette explicitly communicates a chronology of their cancer experience, their bodies nondiscursively narrate this timeline more vividly. Indeed, even in the theoretical absence of discourse, the children's bodies provide a robust corporeal narrative chronology for audience members. Through a variety of changes to the children's bodily contours, the audience is painfully aware of where, exactly, each child is at within the timeline of their cancer experience. Illustrating this, the children featured in "Because of St. Jude" narrate their cancer experience in the narrative's present, or after their "battle" and successful treatment of the disease. In the present, the children's hair is noticeably shorter and clearly within the early regrowing stages, their eyes are still somewhat gaunt, and their complexion remains pale. Juxtaposed interwoven

flashbacks to images of their bodies both before and during their cancer treatment highlight the children's post-cancer bodily communication.

The force emanating from these individual transhistorical narratives activated through the children's cancered bodies is thoroughly constitutive and performs an important identification function for the larger collective. This identification is initially primed via the tenets of narrative probability and fidelity — the children's cancered bodies help make the hospital's "story" more believable and structurally logical; and by prominently placing cancered bodies as the corporal center of their narrative, St. Jude Children's Research Hospital significantly elevates an already compelling story. Similarly, the children's innate innocence and their status as wholly undeserving of cancer's wrath contributes to the organization's resonating purpose with audiences.

Because the children's cancered bodies reflect the progression of their cancer narratives, they become, in effect, a bodily narrative, a story communicated corporally. As bodily narratives, then, the St. Jude's Children function simultaneously as memory anchors and mirrors for members of the larger collective. In witnessing the before, during, and after of the cancered children's bodily progression and transformation on screen, members of the American cancer collective likely conjure a variety of affective associations. An individual cancer survivor may, for example, resolutely identify with the St. Jude's Children in the activation of their own memories as a cancer patient. This individual cancer survivor may observe a child's bald head as they lay in a hospital bed and recall the vivid details of their own chemotherapy induced hair loss; this cancer survivor may even shiver remembering the cold of the hospital's corridors creeping up their neck, enveloping their barren scalp in a cold entirely foreign in their lived experiences until that moment in time. Similarly, another individual may view "Because of St.

Jude” or “Because of You, There Is St. Jude” and immediately draw a connection to their loved ones currently undergoing cancer treatment. Yet another individual, perhaps recently diagnosed with cancer and currently awaiting treatment, may see one of these fundraising advertisements on *YouTube* and consider the morbid possibility that their bodies may soon resemble the cancered bodies on screen before them. Altogether, the cancered bodies of the St. Jude’s Children operate as corporal transhistorical narrative catalyst, allowing members of the American cancer collective to identify with and feel a connection to past, present, and future members of the collective.

4.7.2 *The Parents of St. Jude*

The Children of St. Jude and their cancered bodies are not the only characters important to the fidelity and probability of the St. Jude’s overarching narrative, their narrative’s constitutive capabilities, or their narrative’s ideological effects. Indeed, the children’s parents play several crucial roles throughout the narrative’s progression. At various points throughout many of the St. Jude Children’s Research Hospital’s additional commercials, a number of parents operate as additional omniscient narrators, as sympathetic deuteragonists, and as another set of corporeal catalysts central to the development of the narrative’s ideological themes.

As a sympathetic deuteragonists, the parents of the childhood cancer patients collectively function as an intimate intermediary to the larger American cancer collective. Because the American cancer community is also comprised of family members, friends, caregivers, doctors, nurses, and a vast, complex network of insurance companies, researchers, charities, and government agencies, their narrative role as characters adjacent to the protagonists transforms their bodily presence to almost sacred. That is, while their bodies are distinctly non-cancered and are thus not directly subjected to the bodily trauma of cancer treatment, the parents’ immediate

corporeal proximity to their child undergoing treatment ultimately privileges their interactions with cancered bodies above most other members of the collective. The parents, in effect, experience another body's cancer care to such an affective degree, that they can reasonably be described as not only deuteragonists, but as another set of protagonists. In elevating the parents to this prominent narrative position, then, the hospital constructs another pathway towards cementing their narrative's fidelity and identificatory appeal.

The parents' promotion to the status of co-protagonist is effectively demonstrated by Ellee's mom, Shauna, in "Life-Saving Letters — Episode 6." While the episode's storyline is indeed centered on Ellee and her cancered body, Shauna is the episode's main character. Interestingly, however, in her role as the episode's primary protagonist, Shauna also performs the role of primary narrator. Shauna is the only body to speak and directly engage with the audience. While visually present, Ellee, her father, doctors, nurses, and the organization itself are notably absent in the realm of audible dialogue. Juxtaposed to "Because of St. Jude" and "Because of You, There Is St. Jude," this episode of "Life-Saving Letters" is conspicuously devoid of the research hospital's narrator presence as well. Here, St. Jude Children's Research Hospital does not "speak" to the audience through on screen textual discourse — the organization is only present in the nondiscursive, hospital background of the featurette and, importantly, omnipresent in Shauna's narration.

Like the children featured in the "Because of St. Jude" featurette, Shauna performs her narrator role from an omniscient perspective — she provides the audience intimate insight into her own thoughts, feelings, and motivations throughout her child's cancer experience. Exemplified through Shauna's experience, the parents throughout St. Jude's grand narrative utilize their narration to extend cancer's invisible/visible paradox to those closest to the disease's

impact. Many of the featured parents in both fundraising commercials disclose the largely invisible toll their proximity to a cancered body takes upon their own individual bodies, and, crucially, to their family's collective body. Parents of childhood cancer patients experience a unique set of invisible (or at least a set of not often discussed) consequences such as emotional trauma and financial strain. These invisible consequences start to become more visible as their child's invisible cancer transforms into a highly visible disease through treatment, ultimately corresponding to both their child's body being under increasing duress as well as the costs associated with cancer care in America becoming all too real. Importantly, the parents frame these consequences through the thematic prisms provided by St. Jude Children's Research Hospital's grand narrative.

Indeed, the corporeal presence of the cancer patient's parents and their disclosure of their unique and largely invisible maladies reinforces the hospital's overarching narrative themes previously situated as "family" and the "thriving patient." In the brief "Because of You, There is St. Jude" commercial, for example, the importance of family emerges as the primary theme immediately within the advertisement's opening seconds. "Because of You, There is St. Jude" opens with a white title card emblazoned with the phrase "Because of you..." and is subtly imprinted with the hospital's logo fading in while the disembodied voice of a narrator¹⁷ states: "At St. Jude, families never receive a bill for treatment, travel, housing, or food..." As the title card fades, the commercial then displays a montage of their childhood cancer patients together with a parent. While the children's cancered bodies maintain a centralized position on screen, the montage features their bodies in immediate and intimate proximity to their accompanying parent.

¹⁷Actress Marlo Thomas, daughter of St. Jude's founder Danny Thomas, narrates this commercial. Notably, however, Marlo's role as narrator is uncredited.

One child, for example, shares his hospital bed with his mom while they read a book together. As their montage frame closes, this child looks lovingly up at his mother (0:03). Another mom, meanwhile, holds her child as he gestures to something off screen. Here, the camera lingers for a moment, fixated upon this child's head that is bald and scarred (0:05). The final cut of the montage briefly yet poignantly features a toddler fast asleep on their father's shoulder, their pacifier pursed tightly between their lips (0:07). Throughout this emotional montage centered upon young cancered bodies in affectionate proximity to their parents, the disembodied narrator continues saying "...because the only thing a family should worry about is helping their child live." Before the white title card (with the logo now prominently centered) fades back in to conclude the commercial, the first featured parent looks gratefully into the camera and "speaks" directly to the audience, saying simply "Because of you..." The narrator then completes the sentence, saying "...there is St. Jude."

The constitutive force stemming from St. Jude's use of "family" as a recurrent thematic element in their overarching narrative is multifaceted. Paired with the textual and oral presence of their well-known "Because of You" mantra, the corporeal presence of cancered bodies and their grateful parents repeating the same mantra underscores both the broader constitutive influence of the motto, as well as the constitutive link that bodies form. The discursivity of "Because of You" directly addresses and implicates members of the audience — not only are viewers of this commercial literally "hailed" into the collective by this saying, but they also maintain a stake in the hospital's existence. The parent's bodily presence next to their sick child also exerts an interpellating power towards other parents as well. Parents of healthy children can identify with the featured parent through the earth-shattering horror emanating from the potential "what if?" scenario — what if it were their child in that hospital bed?

The parents also help manifest two additional themes in the narrative that later become central to the constitutive impact of the cancered bodies featured in St. Jude's fundraising commercials: *benevolent capitalism* and *paternalistic charity*. The emergent theme of benevolent capitalism is arguably the most obvious ideological of the thematic elements present in St. Jude's grand narrative. A benevolent form of capitalism suggests the existence of a cohort of for-profit businesses and entrepreneurs that operate to the benefit, not the detriment, of society. Within rhetorical constructions of benevolent capitalism, rhetors often downplay or ignore the inherent exploitation of labor and bodies in the pursuit of wealth, obfuscate the profit motivations of associated actors, and instead only emphasize the good deeds of corporations and their leaders. Paternalistic charity, meanwhile, manifests under the auspices of traditional notions of fatherhood. Charities, like the patriarchal head of a family, are intrinsically protective of to those they feel compelled to protect. While not necessarily pejorative, the historically paternalistic ethos of colonizing forces, as well as enduring connotations of the overzealous father of daughters, more often describe the work of charities. In other words, no matter how well-intentioned, charities operate in conjunction with entrenched power structures that restrict and even exploit those they are dedicated to helping.

Both of these emergent themes manifest strikingly within Ellee's mother, Shauna, as well as the nameless mother featured at the end of the short "Because of You, There is St. Jude" fundraising commercial. Both mothers' nonverbal communication and their prominent bodily presence at the center of each commercial's narrative exude an affect so strong and so nearly universal in the human experience that it invites audiences to resonate with — that of the grateful desperation of a parent only looking to protect their children. Discussing her family's experience with Ellee's cancer, Shauna's voice shakes and, on several occasions, breaks entirely; when not

wide with shock and trauma, Shauna's eyes also well with water, her lips tremble with emotion. Although only on screen fleetingly, the nameless mother similarly exudes this grateful desperation as she quietly repeats "because of St. Jude..." directly to the camera and audience. This mother's water-welled eyes also display an exhaustion akin to a shell-shocked soldier — beneath her eyes lurk dark circles, the sockets to her eyes appear gaunt and shallowed, ultimately drawing attention to her blank expression similar to the "thousand-yard¹⁸ stare."

Crucially, both Shauna and nameless mother's desperation is only alleviated through the benevolent form of capitalism practiced by the paternalistic St. Jude charity. Explicitly and implicitly, both mothers communicate their gratitude to both "you," the audience, and St. Jude Children's Research Hospital. Shauna, for example, nearly and tearfully succumbs to her gratitude, telling the audience that "we will never be able to repay St. Jude for what they've done to allow me to be with her everyday [and not have] to worry about paying those medical bills at the end..." (4:37). Within their prominent and corporeal positions as narrators and main characters, these parents of St. Jude become bodily instantiations of both their own family and the "family" fostered in and through the research hospital. Operating in tandem with their children's cancered bodies, the parents of St. Jude highlight the benefits of capitalism and the caring ethos of the research hospital. Ultimately, then, the parents of St. Jude additionally serve as a constitutive link to the broader American cancer community as embodied catalysts for many of the narrative's developing thematic elements.

¹⁸ Regarding the rhetorical function of the "thousand-yard stare," Wade (2019) demonstrated that the stare is not only "malleable" in how it is used to draw the spectator's attention to or deflect their attention away from a facet of war, but that the stare maintains "the potential to reference violence obliquely, giving civilian spectators a means of contemplating war's psychological costs and grappling with problems of accountability and response, creating opportunities for recognition, compassion, and care" (p. 138).

4.7.3 *Danny Thomas and St. Jude the Martyr*

St. Jude's founder and namesake exert considerable constitutive influence within the discursive and nondiscursive background of the organization's fundraising commercials. In particular, both "Because of St. Jude" and "Because of You, There is St. Jude" feature Danny Thomas and St. Jude the Martyr to varying degrees of conspicuity. Their presence, ultimately, serves as the corporeal foundation to another emergent theme of the hospital's grand narrative discussed above — that of a paternalistic charity. In other words, Danny Thomas and St. Jude are the embodiments of their charity's fatherly¹⁹ nature — and much of the constitutive draw appears here as a product of their bodily activation of interrelated transhistorical narratives.

As depicted in the St. Jude media campaign, Danny Thomas prayed to Jude, the patron saint of hopeless causes, to help him find gainful employment to provide for his family. In return, Danny said in his prayer that he would build Jude a shrine worthy of the saint's name. Just like the ethos the research hospital and charity would later embody, Danny Thomas manifested a paternalistic ethos in his desperate attempt to provide for his family, specifically his wife and then unborn child. What initially drove Danny towards praying to St. Jude the Martyr was a dual motivation rooted in fatherhood and ostensibly lost causes — while his acting career appeared to be lost, he felt compelled to protect and care for his child. Similarly, Danny also felt compelled to care for the children with little hope of surviving the dreaded disease cancer.

While Danny's presence and paternalistic ethos is more explicitly present in other media produced and disseminated by St. Jude, his body is indeed present across each of this chapter's

¹⁹ Contributing to this theme of paternalistic charity as well as the emphasis on "family" throughout St. Jude's overarching media narrative is the aforementioned presence of Danny's daughter, Marlo. Particularly after Danny's passing, Marlo frequently appeared in the organization's commercials. Although only "speaking" to the audience in the brief narrative vignette "Because of You, There Is St. Jude," even her disembodied presence further contributes to these themes of paternalistic charity and family.

three artifacts. In particular, Danny is omnipresent in the “Because of St. Jude” featurette. To the melancholy of somber music set against a montage of aerial shots of the hospital’s exterior in Memphis, Tennessee, the audience sees Danny’s name beneath St. Jude’s in massive lettering affixed to the hospital in the introductory seconds of the featurette. Set within this frame, then, the featurette then moves to provide the discursive and nondiscursive exposition to their story through the disembodied narration provided by each of the featured children (00:01-00:18). Then, in a crescendo swell of triumphant music in the featurette’s climax, Danny, in effect, “speaks” to the audience from beyond the grave while his statue lovingly holding and interacting with children appears on screen. Danny’s transhistorical and ghostly presence here is significantly bolstered by the inherently constitutive nature of what he is “saying” to the audience. In what appears to be series of different, even somewhat disjointed, public addresses digitally spliced together, Danny tells the audience:

“...you and I held out that we will do everything in our power to bring about the defeat of these catastrophic diseases...[I need your help...I can’t do it alone...please help me...]...St. Jude Children’s Research hospital, world renowned [for] advancements in pediatrics and clinical care...we’re going to treat children of every Creed, nationality, and color, and, by the grace of God, it shall be done...” (2:30-3:07).

As Danny “speaks” from the past, “Because of St. Jude” features the present and the future corporeally on screen. In a montage of several childhood cancer patients celebrating the completion of their treatment, the featurette visually recenters their cancered bodies in their moment of triumph. Then, in the fading light of the featurette’s conclusion, Danny “speaks” to viewers one final time. The camera pans to writing attributed to Danny etched in stone, presumably situated on the grounds in front of the hospital, that reads: “Those who work for the good are as those who do the good.”

Overarchingly, Danny Thomas and St. Jude the Martyr serve as embodied links to the American cancer collective's glorified past. Although to varying extents, both Danny and St. Jude extend the transhistorical narrative beyond the present; the contemporary research hospital, in effect, resurrects their bodies in an effort to exert constitutive and instrumental influence over members of the larger American cancer collective. While never explicitly connected within their discourse, the nondiscursive connection between Danny and St. Jude effectively sacralizes both Danny, his cause, and the modern organization that bears both of their names. Both Danny and St. Jude are now associated with hopeless causes together — and, importantly, both of their efforts in pursuit of providing hope to the hopeless are subsequently framed in divine and biblical light.

4.7.4 The Haunting Specter of Ideology: Maintaining the Privatized Healthcare System Through the Illusion of Freedom

At the confluence of the children's cancered bodies and the larger narrative structure surrounding them resides a powerful constitutive force that ultimately works to maintain the hegemony of capitalism in American healthcare — the illusion of freedom. More specifically, the aforementioned themes of family, profound patient growth, benevolent capitalism, and paternalistic charity converge with the larger narrative's cast of characters, use of scene, and various focalization techniques to conjure American cancer rhetoric's imbedded simulation of agency.

Overwhelmingly, the cancered bodies in the St. Jude Children's Research Hospital advertisements maintain the illusion of freedom by highlighting the intrinsic strength of their childhood cancer patients. More specifically, the research hospital structures their narrative's

overarching fabula around an adaptation of the “happy warrior” trope²⁰ for their protagonists. This trope often manifests within a narrative’s main character as a set of laudable characteristics that help position them to fight for a noble cause with honor and virtue while also inspiring others in the process. As the title suggests, the “happy warrior” approaches the prospect of a violent or difficult battle with a positive zeal, ultimately knowing that a greater good can arise from the bad. Indeed, much of the constitutive power emanating from the St. Jude Children’s Research Hospital advertisements originates in their construction of a larger narrative probability and fidelity through the “happy warrior” trope — and the centrality of the children’s cancered bodies on screen further bolsters the identificatory resonance of the narrative.

While the St. Jude Children’s Research Hospital’s adaptation of the “happy warrior” trope does maintain American cancer rhetoric’s illusion of freedom in highlighting the individual strength and determination of its childhood cancer patients to “fight” and, ultimately, prevail over cancer, the illusion further intensifies within the emphasis that these children learn a valuable lesson from their ordeal with cancer. In other words, the “happy” portion of the trope is an extension of the “thriving, not just surviving” theme and manifests in focusing on the good that can come from the bad, that there is virtue and a deeper meaning embedded within their traumatic cancer experience. In the “Because of St. Jude” featurette, for example, the children all begin their narratives by informing the audience of their interests, pursuits, and passions. Jordyn is an accomplished gymnast; Javon is pursuing a degree in journalism; Reid is an aspiring film maker; and Mary is a prolific golfer. These children then narrate to the audience that “because of St. Jude” they were able to foster these interests, pursuits, and passions during their cancer

²⁰While many examples of the “happy warrior” abound in history, the literary contours of the trope originate in William Wordsworth’s 1807 poem “Character of the Happy Warrior.” The poem is largely centered around the famed British Vice-Admiral, Lord Horatio Nelson.

treatment. For example, Mary recounts that while undergoing chemotherapy treatment with St. Jude, she learned to “read the greens” and improve her average golf score to such an extent that she is now pursuing the sport further. Meanwhile, another patient, Nick, discloses that he is “not the same person that [he] was” when initially diagnosed with cancer — that he is now “a better human being” because he “went through St. Jude.”

Altogether encompassing this discursive employment of the “happy warrior” trope that maintains the illusion of freedom is the omnipresent focalization on the children’s cancered bodies. In their embodied narrative capabilities, the children’s cancered bodies further underscore the potential, and, crucially, the promise of American cancer rhetoric’s illusion of freedom. Each featured body is happy, healthy, and thriving — they are cancer and cancer treatment success stories. In their success, then, the children in these ads serve as physical exemplars, corporeal proofs of the illusion of freedom — that beating cancer is not only possible, but entirely probable when the right mentality is applied. The “system,” meanwhile, is relegated to the discursive and nondiscursive background, and the St. Jude organization is realistically the only relevant instantiation of the larger healthcare infrastructure. In short, the constitutive narrative within these advertisements remains concentrated on the children’s cancered bodies.

The illusion of freedom is also uniquely maintained in relation to the St. Jude Children’s cancered bodies in another important way. In the commercial use of their bodies, the St. Jude Children’s Research Hospital advertisements emphasizes the profound agency an individual donor wields in the successful treatment of childhood cancer. In other words, the illusion of freedom extends to the philanthropic stranger, the proverbial Good Samaritan, in the reapplication of the illusion’s implied arguments. In “Because of you, There is St. Jude,” for example, the audience assists in the realization of benevolent capitalism and paternalistic charity

— it is “because of you,” the audience, that this charity exists. Within this extension, then, the illusion ultimately suggests that childhood cancer can indeed be vanquished with the help of a monetary donation. Indeed, the identification power of this fantasy is altogether situated in the immense power of literally anyone and everyone in the audience — that even the smaller donation carries with it the capability to help save a childhood cancer patient.

4.8 Conclusion: The Ideological Weight of Cancered Bodies

While this chapter revealed the identification force of cancered bodies as emanating from and through their corporality and bodily presence within their respective narratives, the larger ideological weight of these bodies warrants additional attention. In particular, what are the ideological implications for the individual cancer patient, the larger collective, the invisible/visible paradox of the disease, and for enduring notions and consequences of cancered body stigma? At the heart of each of these questions is the presence, absence, and nuance of interactivity — that is, what are the broader constitutive consequences regarding how we interact with cancered bodies?

For the individual cancer patient, the ideological weight the body carries is altogether immense and exploited. As demonstrated by Walter White and the St. Jude’s Children, cancered bodies in America function as catalysts and canvasses for the reinforcement of a conservative social and political worldview. In Walter White, an individual cancered body can exert both an alluring entrepreneurial ethos that is violent, profitable, and extrajudicial, while also embodying a quintessential “white, masculine victimage” (Johnson, 2017, p. 15). Walter and his cancered body help negotiate the inherent and contradictory tension within American conservatism — that white men are simultaneously a “fraught, imperiled, and perpetually marginalized” group (Johnson, 2017, p. 15) that are also uniquely capable of pulling themselves up by their proverbial

bootstraps in defense of their way of life, values, and family. Walter White is an exemplar cancered body for adherents of America's conservative ideology — Walter's cancer diagnosis initially positions him as the sympathetic victim which ultimately helps to cement the justificatory framework for his later violent entrepreneurial actions. For the individual cancer patient, then, Walter White's exemplary use of his cancered body in service of a conservative worldview presents yet another social and political hurdle to overcome. There is, in short, a quiet danger for cancer patients lurking in the background of this popular cultural artifact — will they be compared to Walter White?

Meanwhile, the ideological weight of the St. Jude Children's cancered bodies yields a challenge for individual cancer patients that is also based in comparison. Adult cancer patients, for better or worse, do not evoke the same affective response as childhood cancer patients. While both manifest similar external bodily changes due to the treatment of the disease also similarly festering internally, cultural connotations of childhood cancer patients almost universally revolve around notions of purity and innocence. Childhood cancer patients are, rightfully, considered wholly undeserving of the maliciously unjust malady developing within them; adult cancer patients, meanwhile, are subjected to higher levels of scrutiny and evoke decidedly less pity in comparison. This scrutiny and pity, of course, varies with the type of cancer an adult is diagnosed with, along with the patient's demographic characteristics — but, overarchingly, for the individual adult cancer patient, this comparative binary houses several potential ideological consequences. In witnessing the omnipresence and clout of St. Jude Children's Research Hospital, individual adult cancer patients may perceive there to be a scarcity of material and monetary resources for their treatment, which could, in turn, impact their overall mental and emotional well-being. This potential is especially heightened within the context of America's

capitalistic healthcare system, wherein a scarcity of resources results, in part, from the profit motivations of insurance companies.

Considered together, however, the exploitation of Walter White and the St. Jude Children's cancered bodies similarly remain in the service of preserving the hegemonic status quo. Indeed, their bodies further reveal that, in interactions with individual cancered bodies, connotations of personal strength, resilience, and bravery endure. The individual cancer patient's agency remains at the forefront, while the systems that exploit their cancered corporality continue to lurk undeterred in the background. The focus in these interactions continues to largely be centered upon what the individual cancer patient is doing to treat the disease (despite realistically not having any control over the efficacy of their treatment), and not in how their body and their very existence is but a fleshy manifestation of a corporation's quarterly bottom line. As bodily synecdoches, Walter White and the St. Jude's Children continue to reinscribe the illusion of freedom underlying American cancer rhetoric — that “defeating” cancer is a matter of individual strength and private enterprise.

Relatedly, in viewing Walter White and the Children of St. Jude in their designated, individually focused, and glorifying frameworks, and also as largely “successful” cancer narratives, the American cancer collective can continue to disengage from the underlying material, economic, and social issues behind these cancered bodies. The cancered bodies of children, in particular, continue to provide an affective outlet for the American cancer collective's diffusion of responsibility. That is, Americans can continue to donate vast sums of money annually to St. Jude Children's Research Hospital while simultaneously continuing to use their civic power and engagement in maintenance of the status quo. In their charitable donations, Americans can feel good knowing that they helped manifest one of the organization's mottos —

“Because of You, There is St. Jude” — while also failing to see the underlying irony at the heart of this motto. Indeed, St. Jude Children’s Research Hospital only exists because our for-profit healthcare system exists — and while this system may have been built by powerful capitalistic interests, people wholly invested in the system’s intrinsically exploitative ideology maintain it in perpetuity. Americans, in short, do not recognize the hidden-in-plain-sight ideological consequences of a private, charitable organization built around the cancered bodies of children. Although the hospital’s very existence is an indictment of the for-profit American healthcare system’s failure, the consequences of discontinuing financial support for St. Jude Children’s Research Hospital may evoke a multiplicity of crises ranging from the bodily and material to the existential and the spiritual. The American cancer collective is, in effect, held hostage by capitalism’s dominance over the meaning of “healthcare” in America.

How Walter White and the St. Jude’s Children maintain American cancer rhetoric’s illusion of freedom may be of the largest consequence for the American cancer collective. In reinforcing an ethos of rugged individualism in cancer patients, Walter White encourages members of the American cancer collective continue to accept the confluence of exploitative ideologies that ultimately maintain the illusion. Indeed, through Walter’s cancered body, viewers further internalize a glorified sense of individualism important to capitalism, conservatism, and hegemonic masculinity, ideologies that, historically, helped construct a larger American identity centered in violent colonialism and white supremacy. More simply, despite being an embodied critique of capitalistic healthcare, Walter White’s transformation into a “bad ass” may lead the larger collective to continue to focus on the cancer patient’s individual characteristics, further distracting from the larger systemic issues of material and bodily import.

Similarly, the illusion of freedom maintained by/through the Children of St. Jude's cancered bodies ultimately produces an ideological consequence based in the efficacy of private charity. While obviously successful in soliciting billions of dollars in small-amount donations, the ideological consequence resides in the inherent focus upon the efficacy of *your* individual donation and not upon the system that created the need to solicit private charity in the first place. Because the children's cancered bodies narratively structure the donation solicitation (displaying the before, during, and successful after effect of cancer treatment), in effect corporally proving that *your* individual donations work, the for-profit American healthcare system again escapes critique. The St. Jude Children's Research Hospital commercials ultimately reinforce the illusion of freedom from a slightly altered standpoint — they emphasize not only the personal strength of the children with cancer, but also the power of stranger agency in helping these children “beat” cancer.

Finally, these cancered bodies additionally reveal the nature of our interactions with individuals experiencing invisible illnesses. When Jesse noticed Walter's radiation tattoo in “Crazy Handful of Nothin,™” the character's dialogic exchange effectively encapsulates the general framework of invisible illness communication. First, while Jesse immediately connected Walter's cancered body to his aunt's cancered body, succinctly demonstrating the identification that occurs with and through bodies, Jesse's reaction teetered from incredulous to indignant. Upon the bodily revelation (and discursive confirmation) of Walter's cancer via the small tattoo, Jesse's nonverbal cues suggest a rapid emotional deterioration, moving from initially sympathetic to bitterly angry. Jesse reaffirms these nonverbal cues seconds later, verbally confirming feelings of betrayal at the lack of Walter's transparency regarding his terminal diagnosis.

This exchange highlights the stigma surrounding invisible illnesses and the bodies they occupy, further fostering several ideological implications. Within the nondiscursive revelation and/or discursive disclosure of cancer's presence, stigma manifests in pejorative associations²¹ — that a cancer patient's diagnosis automatically renders them weak and feeble, that their diagnosis is, in effect, a death sentence. While all of these connotative associations may, in fact, reside in reality, this stigmatization of cancered bodies ultimately leads to dehumanization. In addition to the interpersonal consequences associated with stigmatizing cancered bodies, the bodily consequences stemming from the dehumanization of cancered bodies may materialize within American public health policy. Or, more specifically, some cancered bodies may be used to justify inaction in healthcare reform. Patients with lung cancer, for example, could be used as a straw man argument against the implementation of a single-payer healthcare system, with opponents using their cancered bodies to sow popular discontent at the thought of taxpayer money being used to save a smoker. In all, while undoubtedly powerful, the constitutive force of cancered bodies in America remains fraught with difficult ideological consequences.

²¹ See Horan et. al. (2009) for a comprehensive list of stigmas associated with invisible illnesses.

5 CONCLUSION

While the rhetorics that sustain the American experience with cancer are certainly linked together in their multimodal contributions to the larger, cultural rhetorical formation, their connection to one another involves significantly more nuance. This dissertation established the interconnectedness of American cancer rhetoric across its discursive and nondiscursive modalities as primarily residing within the constitutive realm — that is, despite a variation in the communicative channel, a patterned identification processes occurred in the textual/oral, visual/material, and bodily instantiations of the rhetoric. The consistency of American cancer rhetoric's constitutive force additionally extends beyond these communicative channels to also bridge ostensibly disparate contexts and environments. The various modalities sustaining American cancer rhetoric also reside within differing communicative spheres that can largely be described as political, corporate, and social. In short, American cancer rhetoric permeates throughout the entirety of American culture, ultimately displaying a remarkable congruity across political public address, corporate commodification, and popular culture through interrelated identification processes.

To more effectively explicate the interconnectedness of American cancer rhetoric across its many modalities and cultural contexts, this concluding chapter proceeds in four parts. First, it briefly summarizes this dissertation's cancer-related findings to further reveal how an integrated constitutive rhetoric binds divergent modalities and contexts together. Paired with its summary of findings, this chapter then articulates this dissertation's larger contributions to constitutive theory and applies these extensions beyond the scope of cancer and healthcare in America. Most notably, it expands upon the concept of "invisible illness" and constitutive rhetoric to more effectively account for the impact of unseen exigencies in constitutive theory. The third section

then considers this dissertation's generative scholarly value beyond its inherently Americanist scope.

The final section functions as a space for embodied reflection that considers the material and bodily impact of constitutive theory upon the individual cancer patient. As a site of embodied reflection, this section ends the dissertation focused on what it ultimately began with — my own cancered body. In (re)emphasizing my position as a former cancer patient, I utilize this section to explore the existentiality that I believe to be pervasive in rhetorics of cancer. Within this process of embodied reflection, I attempt to personally come to terms with the bleak state of cancer rhetoric in America that my scholarship ultimately revealed. In practicing this process of critical self-reflection, I hope to reiterate once more the humanity at the center of this project.

5.1 The Interconnectedness of American Cancer Rhetoric & An Extended Theory of Constitutive Rhetoric

5.1.1 Constitutive Metaphors in American Cancer Discourse

In national cancer rhetoric, metaphors and constitutive rhetoric are intimately connected through their synchronous definitions, functions, and overarching purposes. Metaphors and constitutive rhetoric both exert a power to tap into, alter, and sustain notions of collective identity, ultimately helping to also draw individuals into a collective through shared understanding and sense making. Through identity and ideological laden martial and moonshot metaphors, the “War on Cancer” and “Cancer Moonshot Initiative” enact Charland's (1987) three effects of constitutive rhetoric. These metaphoric frameworks help define the boundaries of the American cancer collective, provide an enduring sense of identity through their metaphoric

activation of powerful transhistorical narratives, and perpetuate the illusion of agency in our individual and collective experiences with cancer.

Importantly, both the martial and space exploration metaphoric frameworks used in the presidential construction of the “War on Cancer” and the “Cancer Moonshot Initiative” did not suddenly manifest from one lone presidential rhetor. Rather, these metaphors evolved over time, ebbing and flowing with the socio-political fluxions of the moment and vacillating from their inconsistent utilization by presidents. As such, the resulting entailments from these metaphoric frameworks could not properly be brought to bear until the larger generic expectations of presidential discourse were met. For the “War on Cancer,” this translated into the unfulfilled expectations originating in the genre of presidential war rhetoric – that is, the “War on Cancer” could not succeed until the commander-in-chief convinced the American public that fighting disease was indeed akin to fighting a war. This dissertation found the relationship between a metaphor’s entailments and its genre to be of significant constitutive import. If an audience’s generic expectations are not met, the constitutive impact of a metaphor’s entailments become more difficult to fully manifest.

At the same nexus of metaphorical entailments, the genre of presidential war rhetoric, and constitutive impact, the “Cancer Moonshot Initiative” emerged in the waning identificatory and instrumental efficacy of the “War on Cancer.” This chapter found that while ostensibly situated within a different cognitive realm, metaphors of space exploration in American cancer rhetoric evolved as extensions of the martial metaphoric frame. Although lofty and inspirational, presidential space exploration rhetoric masked the militaristic realities of the Space Race. In other words, the American romantic fascination with space travel and its corresponding language ultimately masked the existential anxieties of the early Cold War “missile gap.” In its

presidential application to American cancer policy, then, space exploration metaphors contain vestiges of its martial predecessor and its associations, producing a fusion of the two frameworks. As a result, presidential cancer rhetoric conflates our collective sense of identity – our individual cancer identities become entangled with our collective American identity. Both the “War on Cancer” and the “Cancer Moonshot Initiative” become, in effect, patriotic endeavors.

Metaphors of war and space exploration proliferate in corporate and social contexts as well. For example, after the “launch” of the “Cancer Moonshot Initiative,” a number of biopharmaceutical companies adapted Obama and Biden’s space exploration metaphoric framework (Wernecke, 2021, p. 345); while many breast cancer “awareness” organizations (like the Komen Foundation) and their localized chapters continue to extensively employ metaphors of war to further inspire their community to “fight” breast cancer. Moreover, these formations continue to merge the metaphorical confluence and evolutionary progression amid the ongoing rise of entities and phenomena like the United States Space Force, the “billionaire space-race,” and the enduring fascination with works of popular culture such as *Star Wars*.

Furthermore, understanding the ideological functions of health and medicine rhetorics that are employed through constitutive metaphors in public address is now a matter not only of symbolic import, but a matter of significant material and bodily import as well. As a theoretical paradigm, constitutive metaphors can assist in the scholarly endeavor to further uncover the ways in which metaphors are used in political and health related discourses beyond the scope of cancer. For example, scholars can apply this dissertation’s framework for constitutive metaphors to similarly metaphor-laden contemporary rhetorics surrounding the COVID-19 pandemic in America. Like cancer, COVID-19 continues to be framed as a disease that must be fought,

beaten, and destroyed. Indeed, as rhetors from across the ideological spectrum continue to employ a variety of additional metaphors in their COVID-19 discourses (particularly regarding vaccines and masks), analyzing the constitutive force of their metaphors can further reveal the ongoing ideological consequences of this area of health and political rhetoric.

5.1.2 Constitutive Materiality and the Iconic Objects of American Cancer Culture

In their constitutive materiality, the iconicity of pink ribbons and yellow bracelets highlight the connection between political, corporate, and social contexts in the American cancer experience that is intimately interwoven with nondiscursive identification. As iconic objects of American cancer culture, the pink breast cancer “awareness” ribbon and the yellow Livestrong cancer patient “support” bracelet provide individuals within the larger American cancer collective with the visual and material means to communicate their affinity with the community. Helped by the vast industrial and marketing resources of corporations, the ubiquity of the pink ribbon and the yellow bracelet provides members (regardless of political and socio-economic status) with the means to, quite literally, feel interconnected with one another in their adornment of these iconic objects.

In addition to positing the existence of iconic objects, this dissertation also advanced a more nuanced understanding of the constitutive force of such artifacts by attending to the intricate relationship of and between an object’s visual and materiality. While iconic images are largely confined to the visual modality, iconic objects can engage both sight and touch, thereby activating a more intimate identification power. Indeed, the constitutive influences at work within an iconic object’s nondiscursive rhetoricity warrants careful consideration — and this dissertation provided a framework for scholars to enact such consideration. To understand an iconic object’s position as a simultaneously visual and material vector of identity and ideology,

scholars should uncover the object's material and rhetorical history, describe in detail its nondiscursive contours, and articulate how, exactly, the object projects constitutive force.

The concept of constitutive materiality provides a foundation for future rhetorical scholarship to examine the identification and ideological power imbued within wearable objects across contexts and environments outside the American cancer experience. While an obvious illustration of this could be found in former-President Trump's devoted group of followers and their unusual proclivity towards the highly visual display and material adornment of MAGA merchandise, a more potent example can be found in the law-enforcement community. In particular, there appears to be an increasing number of law-enforcement officers displaying iconography associated with the vigilante "Punisher," Marvel Comic's violent antihero character. Visually, the icon typically consists of a white skull set against a black background. In its material manifestations (notably made popular by "American Sniper" Chris Kyle), the skull icon is worn as a patch, t-shirt, or hat. Not only is the "Punisher" logo increasingly prevalent among police officers, but many right-wing militia groups have also adopted the logo. Despite even the character's co-creator highlighting the disturbing irony in law-enforcement officers embracing the symbol of a violent vigilante dedicated to enacting violence outside the confines of the legal system, the symbol endures within the "Blue Lives Matter" movement. In short, understanding the constitutive materiality of this logo can help scholars to better address and critique its litany of ideological, material, and bodily entailments.

Constitutive materiality can also be applied to the peculiar commodification of the famed Marxist revolutionary, Ernesto "Che" Guevara. Despite devoting the entirety of his life towards the violent dismantling of imperialistic capitalism across Latin America, the iconic image of Guevara (taken by Cuban photographer Alberto Korda in March 1960) abounds today in

consumer fashion and popular culture (Mestman, 2010, p. 23; Portwood-Stacer, 2008). Indeed, the “Che-chic” fashion trend extends beyond t-shirts, berets, and hats — Guevara’s likeness appears on a profusion of commodified merchandise ranging from posters and flags to tattoos and currency (Mestman, 2010). Overarchingly, Guevara’s visual and material iconicity is employed by a variety of politically left leaning individuals and organizations, ranging from the vaguely anti-establishment college student to organized resistance groups. Although occupying a diametrically opposite position in relation to the aforementioned “Punisher” logo on the ideological spectrum, examining the constitutive materiality of Che Guevara may shed light on historical and contemporary leftist movements.

5.1.3 *Constitutive Corporality and Cancered Bodies*

Cancered bodies effectively demonstrate not only the potent rhetorical power flowing through and emanating from human bodies, cancered bodies exert a strange and alluring constitutive force as well. As two exemplars of cancered bodies in American popular culture, the constitutive corporality of Walter White and the Children of St. Jude is rooted in the centrality of their cancered bodies on screen and within their overarching narratives. That is, the identification power produced by these cancered bodies resides in their respective narrative’s focus on the nondiscursive contours of their bodies in situ. In the multimodal viewing experience, audiences intimately witness the dramatic fluctuations of a cancered body undergoing radical medical treatment. Although Walter White’s role within the larger *Breaking Bad* narrative is markedly divergent from the narrative role the childhood cancer patients play for the St. Jude Children’s Research Hospital organization, the ideological consequences stemming from these cancered body portrayals ultimately serve to maintain the hegemony of capitalism as the foundational premise of the American healthcare system.

Although far from the first to consider the constitutive impact of bodies, this dissertation addressed significant gaps in the existing research – particularly regarding the partial application of Charland’s (1987) three ideological effects of constitutive rhetoric in relation to the identification allure of bodies. Much of this scholarship did not wholly consider how bodies can help constitute the collective subject, activate a transhistorical narrative, and maintain the illusion of freedom, ultimately providing an incomplete picture of how bodies can function as vectors of identification and ideology. In building toward a more complete theory of constitutive corporality, this dissertation fully considered applicability of the entirety of Charland’s (1987) process as enacted by cancered bodies.

This dissertation’s framework for constitutive corporality additionally (re)centered the corporeal presence of characters in constitutive narratives. By attending to the physical features of a character’s body – their bodily presence, gestures, complexion, movement, height, weight, hair style, eye color – this framework of constitutive corporality provides scholars with the tools necessary to understand the nuance in an audience’s corporeal identification with a narrative’s characters. Moreover, in recognizing a character’s body as situated within an overarching narrative consisting of protagonists, narrators, scenes, themes, and settings, as well as strategies to enhance probability and fidelity, this dissertation’s contribution to corporeal-based constitutive theory can be found in its (re)emphasis upon the importance of narrative *and* bodies in the identification process.

Beyond a cancer related scope, this dissertation’s framework for constitutive corporality can be useful in an interdisciplinary scholarly setting. Indeed, scholars concerned with broader issues such as body representation in media, film and television studies, and composition studies can find use in this theoretical framework to better explicate the intricacies in a character’s

embodied appeal. Furthermore, constitutive corporality can arguably also be applied in praxis. Writers for television and film, as well as playwrights and novelists, can utilize this framework for constitutive corporality in their fictional compositions to more effectively engage with their creative creations which may, ultimately, result in the production of characters with lasting import.

5.2 Considering the Presence of Invisibility in Constitutive Theory

Cancer's paradoxical position as an "invisible illness" and its impact on the constitutive corporality of cancered bodies prompts a thoughtful reconsideration of constitutive theory. As currently understood, constitutive theory in nondiscursive rhetorical studies is overwhelmingly predicated upon the identification and ideological implications emanating from what is visible and unchanging in individuals and collectives. This focus on the static external contours of materials and bodies ultimately conceals the influence that invisible, internal exigencies exert within the identification process. While this dissertation considered cancer as one such invisible and internal exigence that wields considerable constitutive force, the presence of invisibility in the identification process can also apply beyond that of disease to account for similarly important realms such as political affiliation, sexual identity, and religious belonging, to name a few.

To better construct a foundation for a reconsideration of constitutive theory that is inclusive of the invisible, this section builds upon the previous section's discussion of this dissertation's contributions to constitutive theory through the lens of making the invisible visible. Put another way, this section articulates how American cancer rhetoric maintains its multimodal constitutive allure by providing members of the collective with the means to transform cancer's invisible presence into a highly visible one. Ultimately, in theorizing the constitutive implications of making the invisible visible in areas beyond illness such as political affiliation,

human sexuality, and religion, this section also discusses several implications that an extended theory of constitutive rhetoric might engender for communication scholarship within these larger co-disciplinary areas.

First, the theoretical framework for constitutive metaphors presented in chapter two largely coincides with the traditional parameters of “invisible illnesses” as defined by Horan et al. (2009). Because an individual must choose to verbally disclose their invisible illness to another individual, they must carefully select a discursive framework to use in making the invisible visible as how they verbally disclose their illness entails significant interpersonal consequences (Caughlin et al., 2008, 2009). This individual may then employ a series of metaphors in their verbal disclosure — and these metaphors may indeed be the constitutive metaphors of war and space exploration utilized by others within the larger collective. The individual discursively disclosing their indivisible cancer may, for example, vow to “fight” the disease, or provide reassurance that they will unceasingly “search” for or “endeavor” for a treatment option. By using these constitutive metaphors to make their invisible illness visible, the individual in this hypothetical example succinctly demonstrates the usefulness in considering invisible exigencies in constitutive theory.

Constitutive metaphors can be used as a framework for examining the identification processes – and ideological consequences – occurring as the result of the relationship between invisible exigencies and identity. Because the resultant ideological consequences from this relationship often translate into policies that impact the material and bodily wellbeing of many groups, the framework of constitutive metaphors presented in this dissertation can help scholars concerned with the rhetorical geneses of oppression and subjugation in their research. One such example resides at the confluence of public health and political rhetoric and the ascendancy of

transphobic public “health” policy. In a growing number of states across the United States, Republican-controlled governments continue to enact dehumanizing laws targeting gender transitioning and transitioned citizens. Under the guise of “health,” “biology,” and “protecting children,” many of these laws altogether ban gender-affirming healthcare and further restrict the bodily anatomy of citizens. Examining the use of discursive abstractions such as “health,” “biology,” and “protecting children” as constitutive metaphors in this context can yield insight into how this language is inherently based in identity and ideology. These metaphors, in short, can be critiqued in how they constitute reactionary identities through the creation and maintenance of a shared understanding amongst the opposition group’s members.

Conversely, a trans-identifying individual may employ their community’s constitutive metaphors to disclose the invisible and internal factors important to their identity. Scholarship here can utilize the framework of constitutive metaphors presented in this dissertation to better ascertain how identity-affirming metaphors can humanize members of the trans community. This (re)humanization of the trans-community’s members can, in turn, help to interpellate others into their community – and scholarship within this co-disciplinary area may be able to explicate the ideological consequences of this interpellation. In short, this dissertation’s framework for constitutive metaphors can provide scholars with the means to properly assess the nuance stemming from invisible factors important to the construction of individual and collective identities.

Similarly, a basic function of American cancer culture’s iconic objects can be described through their ability to make the invisible cancer experience visible in general. That is, the pink breast cancer “awareness” ribbon and the yellow Livestrong cancer “support” bracelet allow individual members to meaningfully communicate their membership within the American cancer

collective in that they know or have lost someone to the disease. While their exact cancer experience remains ambiguous and invisible (they may not even personally have cancer), an individual can still make their proximity to cancer symbolically visible in the visual display and material adornment of these iconic objects. For public health advocates and health campaign designers, an individual's decision to visually and tactilely communicate their affinity to and with other members of the cancer collective via consumeristic fashion trends carries notable potential to increase the efficacy of their messages. While such aesthetic choices already inspire a genuine "awareness raising" component even in the highly corporatized pink ribbon centered events (akin to Susan G. Komen's "Race for the Cure" events), the pink ribbon's constitutive influences could be harnessed to better implement "awareness raising" methods for tangible material and bodily results. For example, in lieu of simply "racing for a cure" under the pink ribbon's omnipresence, private charities and publicly funded health agencies alike could channel the profound identification power of the ribbon to sponsor community-specific mobile breast cancer mammogram screenings and educational events. Here, the transformation of cancer from invisible to visible is no longer only a performative act — there is potential for profound material and bodily benefit.

The constitutive materiality of American cancer culture's iconic objects demonstrates the theoretical versatility of other iconic objects in broadening a community. Indeed, the aforementioned examples of the "Punisher" logo and the commodification of Che Guevara's image exert a constitutive power to not only reveal their wearer's previously invisible ideological allegiance, but to also hail additional members into their ideological collective. Additionally, the visual display or material adornment of religious iconography may also bear constitutive materiality. In building towards a theory of constitutive materiality, there are additional

implications for intersecting rhetorical theories and critiques. For example, continuing to examine the adornment of the “Punisher” logo by both law enforcement officials and right-wing militia members as a performative act of white masculinity through the lens of constitutive materiality may help scholars in their explication of the logo’s allure in these communities.

Finally, cancer’s paradoxical position as an “invisible illness” and its impact on the constitutive corporality of cancered bodies produces perhaps the most effective paradigm to reconsider constitutive theory. Overarchingly, the scholarly norm in nondiscursive constitutive rhetorical studies has placed greater emphasis upon the identity characteristics present at birth that remain largely constant throughout a person’s lifetime. The paradox of cancer, however, resides in the profound transformation of a person’s external bodily characteristics. In its untreated form, cancer is indeed an invisible illness, predominantly consigned beneath the flesh, rarely producing any noticeable side effects until it overcomes the body. When medically treated, however, cancer transforms its host body from the inside out, rendering the illness highly visible. By considering the constitutive consequences of the influx cancered body, this dissertation repositioned constitutive theory to additionally account for the development of internal exigencies that impact the identity of the individual.

Beyond cancer, this repositioning of constitutive theory can theoretically be considered in contexts at the confluence of invisibility and visibility. Given the frequency of and the fluidity present within situations such as those pertaining to sexuality, political beliefs, and religious values, the applicability of constitutive corporality’s framework increases significantly. As a critical method applied in scholarly examinations of these contexts, constitutive corporality can help scholars not only articulate the ideological effects emanating from the bodies under review, but this framework can also help scholars explicate how, *exactly*, bodies accomplish these

effects. Indeed, constitutive corporality's (re)centering of the body within stories, its attention to the nondiscursive contours of the characters as they connect with audiences, provides future scholars with the heuristic vocabulary necessary to demonstrate how bodies are vectors of identity and ideology. In short, this dissertation's reconsideration of constitutive theory and its application to corporality within an invisible/visible paradigm carries a potential to help scholars further uncover the nuances of identity and ideology in the 21st century.

5.3 Cancer Rhetorics Beyond an Americanist Scope

Although inherently Americanist in its scope, the intellectual value of this dissertation may reside in the decidedly more globalized scholarship it could generate. In other words, because this dissertation both established the existence of American cancer rhetorics and also demonstrated the constitutive rhetoricity of these culture-bound rhetorical formations, this project provides a pathway for other scholars to consider how other cultures rhetorically construct cancer. Here, I suspect that future studies examining the cancer rhetorics of another culture may reveal poignant differences from America's cultural rhetoric regarding cancer, especially within the textual/oral and visual/material realms. Given the prolific presence of the American military in our past and present, as well as our cultural deference towards corporations and our commodification proclivities, the use of martial metaphors and pink ribbons, for example, may not be as notable. Moreover, understanding how cultural connotations and associated language practices varyingly shape cancer experiences in different parts of the world can shed additional light regarding both the nature of intercultural communication as well as cancer's unique presence in the human experience.

5.4 Toward a “Corporeal Solidarity”

In closing this dissertation, I find it important to write once more as a former cancer patient. Although my identity as an individual both figuratively and literally scarred from my cancer experience was never truly dormant, I exerted considerable effort to write this dissertation as a scholar of rhetoric. One implication entailing this exerted effort may reside in my overarchingly negative reading of American cancer rhetoric. In other words, perhaps my efforts to subdue my identity as a former cancer patient ultimately contributed to what can be construed as an overly critical and bleak outlook regarding the role of cancer rhetorics in America. Here at the end of things, then, I want to explicitly fuse both identities together to ask, “so what?” Why does this matter? What do the contributions and extensions to constitutive theory articulated throughout this dissertation mean for cancer patients across America, as well as for the larger collective constructed around them? In attempting to answer these questions, I believe there is an opportunity to (re)emphasize the positive humanity that underlies everything this dissertation is concerned with, and to also move closer to Hill’s (2016) concept of “corporeal solidarity” (p. 294).

So, why does any of this matter? To start to answer this, I find it necessary to return again to the concept of the body, as this dissertation both began and ended with cancered bodies. Bodies are catalysts for profound identification for the very simple reason that every human body is intrinsically composed of the same components of flesh, blood, and bone that instantiates our own corporality. The constitutive rhetoricity of a body resonates so meaningfully because, after all, “our bodies [are all] made of stardust” (Krauss, 2012, p. 17). The same elements present in the aftermath of the Big Bang, the same elements born in the death of distant stars, instantiate corporality for each and every one of us. The identificatory nature of the human body does not

reside in necessarily “seeing” ourselves in someone else, but rather in a cosmic knowledge that we are all made of the very universe that sustains us.

If the human body is indeed of the primordial universe, then so too is cancer. Therefore, the identification power originating in cancered bodies also occurs at an elemental, molecular level. Cancer’s innate, natural composition, then, generates yet another paradox — if the disease is not only the body destroying itself, then it is also the universe extinguishing its own creation. On some level, I believe, all of humanity understands this to some degree, and this shared elemental ancestry of and between every human body is the crucial driving force of identification with and of cancered bodies. The constitutive affect produced in the interaction with cancered bodies resides at the nexus of corporality and metaphysical recognition — that we may one day resemble the disease addled bodies before us, that we may share the experience of our collective elemental lineage reconverging to destroy us from within. Rhetoric, ultimately, constructs the connecting pathways of this nexus, allowing humans to varyingly communicate their identification between the metaphysical and physical.

Despite this ancient, cosmological connection between human bodies that still abides today within our molecular and elemental composition, the human experience is marred by division, hierarchy, and exploitation. This marring is particularly evident in the American cancer experience — and this division, hierarchy, and exploitation is overwhelmingly sustained by the rhetorics of cancer in America that feign unity, equality, and fairness. Situating the material and bodily consequences stemming from this treatment of cancered bodies in America, Hill (2016) asked simply — “why does the state protect the fiscal health of corporate bodies, but refuse to implement the industrial regulation and economic justice needed to protect the physical health of corporeal bodies?” (p. 294).

Positing one way to begin to correct this marring of cancered bodies, Hill (2016) positioned the concept of “corporeal solidarity” as a way to “track[] divisions and make[] connections across and through bodies, diseases, and orders” (p. 294). Like many scholarly and communicative calls for solidarity, however, “corporeal solidarity” remains a call unanswered. Extensively evidenced throughout each chapter of this dissertation, Americans seemingly care more for the positive affect produced in performances of solidarity than they do in attempting to realize the promise and potential of a true bodily solidarity. That is, Americans prefer wearing a yellow bracelet, adorning a pink ribbon, congregating for charity “walks,” donating money, and watching cancered bodies on screen more than enacting any civic power to influence actual material and bodily change.

The extensions to constitutive theory proposed in this dissertation, then, matter to cancer patients and the larger collective for the simple reason that there is power in revealing the ideological consequences of our cultural rhetorics. While I am under no illusions regarding the civic potential of this dissertation’s contents, I vehemently believe that one voice speaking truth to and about power rarely remains alone. Indeed, my hope resides in the scholarship this dissertation may one day inspire, in the clarity this research may bring to a cancer patient undergoing treatment, and in the resolve this clarity may reinforce in future generations as they confront the exploitation of their bodies in the American healthcare system.

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