

Epideictic Priming amid COVID-19: Metonymy under the Microscope

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Abstract: The COVID-19 pandemic and its constituent controversies illustrate how the epideictic motives of mutual imagination and “showing forth” contribute irrevocably to rhetorical motion. Imagistic representations of disease like the Center for Disease Control’s morphological depiction of the SARS-CoV-2 “spike protein” form illustrative metonyms that reduce or “essentialize” complex networks of sociomedical phenomena into tangible shorthand, priming audiences for deliberative action. Images of symptomatic suffering that characterize diseases like polio, measles, and the common cold viscerally orient audiences to bodily suffering, compelling the sort of imaginative, deliberative vision that Aristotle terms *phantasia*. The spike protein obfuscates human suffering by substituting the euphemistically ineffable realm of microbiology. Journalists and medical communicators, therefore, bear an uncomfortable ethical imperative to represent metonymic suffering, not for its sensationalism or shock value, but for its epideictic capacity to prime or “turn” audiences toward meaningful deliberative action in support of real human well-being.

Keywords: COVID-19, metonymy, epideictic, medical rhetoric, *phantasia*

Introducing the harrowing short story “The Masque of the Red Death,” Edgar Allan Poe’s narrator offers stark, paradigmatic visualizations of disease and suffering: “No pestilence had been ever so fatal, or so hideous. . . . There were sharp pains, and sudden dizziness, and then profuse bleedings at the pores, with dissolution, [followed by] scarlet stains upon the body and especially upon the face of the victim” (1842/2001). *Fatal* and *hideous*—note the descriptors of the plague permeating Poe’s famously macabre tale of privileged elites underestimating their own mortality. These adjectives name a *what* (the Red Death kills) and a *how* (it kills hideously) that harness fundamental worldly fears of mortality and suffering. The COVID-19 era mirrors Poe’s former theme of inexorable fatality. The domestic tally of COVID-19 deaths has, as of January 2023, risen to over 1.1 million, or roughly

one in every three hundred Americans—the highest death toll of any pandemic in American history (Centers for Disease Control 2023).

But *hideous*? Strangely enough, medical and political communicators offer scant language about *how* COVID kills. *Fatal* is a predominantly forensic assessment, mirroring the stasis of material conjecture and the traditional domains of scientific and medical fact-finding (Fahnestock 1986, 277–78). Institutions like the Centers for Disease Control and Prevention (CDC) can measure fatalities as brute statistics mapped onto precipitous sinusoidal curves, tracking monthly dips and spikes among new cases and mortalities. But such graphics do little to *show* the disease at the level of visual, visceral effect. By contrast, Poe’s blood—the “bleedings at the pores” and the “scarlet stains” marring victims’ faces—is hideous and hideously metonymic, imposing symptomatic human suffering as the tangible shorthand for the abstract medical, political, and sociological whole. Here, the visual, figurative example culturally *defines* or *essentializes* the disease at the level of epideictic expression, Aristotle’s present-oriented rhetoric of praise, blame, and cultural affirmation (Aristotle 2007, 1.3, 1.9).

The stubbornly evasive depiction of COVID-19 through almost exclusively microbiological imagery provides a peculiar counterexample to the trend of representing disease through symptomatic suffering. This article rhetorically investigates the CDC’s morphological representation of the SARS-CoV-2 “spike protein” that popularly accompanies government, medical, and journalistic coverage of the COVID-19 crisis. I regard this image as a visual metonym with dangerously far-reaching social, political, and medical consequences, specifically, the obfuscation of human suffering.

In what follows, I first theorize such visual, metonymic representations of illness as a form of *epideictic priming motion*, where *trope* (*tropos*) implies a “turn,” the assuming of a rhetorical *direction*, that necessarily underlies and precedes deliberative calls to action. I contend that visual metonyms, or representative stage-setting images, of symptomatic suffering figuratively *essentialize* disease, orienting audiences to deliberative lines of action and attitude. This pattern of representation suggests that how we visualize disease matters immensely.

I then analyze the COVID spike protein alongside dominant metonymic representations of measles, polio, and the common cold, arguing that the CDC and other authorities inadvertently encourage complacency by locating the essence of the disease within the ineffable plane of microbiology. My argument is not that medical communicators should overtly appeal to fear but rather that rhetorical representation of disease should allow an imaginative orientation to corporeal suffering. Such an orientation facilitates a sense of deliberative *phantasia* rooted in corporeal experience, whereas metonyms of viral morphology mirror the figure of *euphemismus*, whereby the “good”—or conceptually abstract—supplants the visceral experience of suffering.

I conclude that communicators bear an ethical imperative to represent symptomatic suffering frankly, not for its sensationalism or shock value, but for its epideictic

capacity to prime or turn audiences toward meaningful deliberative action in support of real human well-being. A short analysis of the evocative *New York Times* video essay “Dying in the Name of Freedom” demonstrates such turning, revealing the vital sense of rhetorical mobility bound up in tropological representation. Here, again, devices like the metonym pivot audiences toward the routes of kinetic motion necessary for deliberative action.

Visual Metonyms and Epideictic Priming

Because medical visuals efficiently compress, or *essentialize*, complex phenomena into compact images, I characterize them here as epideictic metonyms that prime, or *turn*, audiences toward certain attitudes and deliberative actions in the future. This broader epistemological and ethical question of *how* citizens visualize disease has long occupied scholars across disciplines. In his foundational *The Birth of the Clinic*, for example, Michel Foucault theorizes the medical ideal of the “speaking eye,” whose sweeping “clinical gaze” quickly aggregates and articulates medical data, reconstituting clinical patients as vessels of pure disciplinary discourse (1963/1994, 114–15). Foucault’s ocular metaphor has proved prescient, given the visual turn of medical culture that characterized the late twentieth century especially. Advances in medical imaging technology have, as Kirsten Ostherr (2013, 14) documents at length, effectively merged in the public imagination with parallel popularizations of medical issues in visual media like film, television, and digital video as the “cultural life of medical images” has come to outstrip mere clinical utility. Revising Foucault slightly, postmillennial visual culture yields a more complex clinical gaze that both perceives and “speaks” visually: the photograph, the clinical illustration, and the microscope slide isolate pictures that both supply disciplinary, medical data and project rhetorical emphasis onto the social world, affirming and revising public attitudes toward illness and medicine once these images escape the clinic walls.

Across public messaging like hospital posters, government websites, and journalistic communication, medical images behave less like refereed scientific concepts and more like unmoored topoi of public rhetoric (see Wetherbee 2020), which can epideictically and efficiently express the essences of medical problems. Such drift toward public circulation mirrors what Jeanne Fahnestock (1986, 277–90) calls the *accommodation* of scientific argument (a basically descriptive, forensic genre) to the largely epideictic, celebratory (or condemnatory) genre of popular reportage. Where Fahnestock stresses the shock and awe of epideictic style, I want to stress the expansive, culturally constitutive motives of *epideixis* (lit., “showing forth”) that Jefferey Walker resuscitates into “the rhetoric of belief and desire” (2000, 9–10). The primary, formative work of epideictic, Walker contends, sustains the cultural material on which the secondary, pragmatic genres of deliberative and forensic necessarily rely. Read accordingly, images of symptomatic suffering are rhetorically bivalent. They are frightening and sensationalistic, the unmistakable work of horror,

but they are also formative, culturally constitutive, “showing forth” a salient image of plague and disease that can fuel pragmatic deliberations of social and medical practice. The same goes for real-world medical visuals—photographs, illustrations, slides—which can epideictically show forth all the more vividly and viscerally.

My emphasis on visual metonymy mirrors a range of studies wherein rhetoricians examine isolated and medical visuals, both disciplinary (clinical/scientific) and public in context (e.g., Fountain 2014; Reeves 2011; Rosner 2001; Zhang 2016). Most notably, Emily Winderman, Robert Mejia, and Brandon Rogers link the early twentieth-century paranoia over parthenogenetic miasma with the metonymic image of “Typhoid Mary,” noting how, in tropologically transforming the image of an Irish immigrant, public health officials “created an ethnic, gendered, and classed metonymic understanding of disease transmission” (2019, 126). This sense of metonymy—substituting the tangible for the abstract or complex—locates complex social relationships (here, paranoiac fear toward olfactory miasma and immigration) within intuitively accessible images of the human form.

Metonymy, accordingly, *essentializes* medical phenomena within a compact visual shorthand. Alongside metaphor, synecdoche, and irony, metonymy constitutes one of the four “master tropes” Kenneth Burke proffers as a comprehensive conceptual playbook of figurative thought (1969, 503–17). Burke aligns metonymy with the tropological motive of “reduction,” supplying “efficient” shorthand for the “essence” of a given issue, system, or cluster of ideas, where *essence* denotes judgment about the *primary* quality of a complex construct (Burke 1969, 505–11; Burke 1984, 252–54). Note, here, that essence constitutes rhetorical selection rather than a priori classification: “A thing has many aspects, good, bad, indifferent. You ‘transcend’ this confusion when . . . you ‘vote’ that *one* of these aspects is the *essence* of the lot. For instance, you may vote that the essence of man is ‘the way in which he is like a god’; or you may vote that his essence is ‘the way in which he is like an animal’” (Burke 1984, 260). Comparably, medical communication “votes” as to the essence of a communicable disease. Is the essence what the disease *does to patients* medically? How it *makes citizens behave*? What it *looks like* microbiologically? Metonymic visuals like coughing bodies or spike proteins are, among other things, tropological votes of essence. The shorthand reduces the whole, whether it means to or not.

Crucially, such essentializing also creates *rhetorical priming motion*. The term *trope* stems, as Hayden White (1986, 2) stresses, from the Greek *tropos*, for “turn” or “direction.” For example, when Aristotle details the common topic of arguments from hypocrisy, he invokes *tropos* to recommend turning an argument against an opponent, implying the ironic motion of deflection or inversion (2007, 2.23.7). Tropes, in this metaphoric sense, route and reroute vectors of rhetorical energy through conceptual and polemical thought. White describes such tropological motion as, “not only a deviation *from* one possible, proper meaning, but also a deviation *toward* another meaning, conception” (1986, 2).

Medical phenomena like typhoid and the COVID-19 crisis invite two coincident forms of such motion. In addition to the Burkean reduction and condensation

of sociomedical phenomena into the compact shorthand of the visual, such reduction primes audiences for, or *turns them toward*, certain attitudes and directions of response. In his work on visual metonymy and synecdoche in technical design, Russell Willerton (2005, 10–13) stresses that, visually employed, these tropes particularly excel at “stage setting,” or introducing intuitive thematic frameworks into document design: an apple and a book equal grammar school; a snorkel and a pail equal the beach; a spiny orb equals the COVID-19 pandemic.

Such stage-setting images constitute a specific form of epideictic communication. Mirroring Walker’s (2000) notion of epideictic as epistemologically “primary” and anterior to the deliberative and the forensic, Chaïm Perelman and Lucie Olbrechts-Tyteca’s *The New Rhetoric* construes epideictic as the rhetoric of cultural groundwork: “Epideictic oratory has importance for argumentation because it strengthens the disposition toward action by increasing adherence to the values it lauds” (2008, 50). Rhetors epideictically affirm certain values, symbols, and commonplaces in the present (good Americans are individually responsible) so that such devices can motivate pragmatic, deliberative utterances in the future. (Get vaccinated! It’s the responsible thing to do.) Every time journalists, government agencies, health organizations, hospitals, or other public communicators display Typhoid Mary, or a child disfigured by polio, or—to return to the present concern—the COVID-19 spike protein as their stage-setting visual metonym, they are, wittingly or not, participating in a collective epideictic performance that condenses public perception of larger phenomena, like the COVID-19 pandemic, into a metonymic symbol, thereby priming audiences for certain attitudes and deliberative actions in the future.

The CDC’s Spike Protein as Visual Metonym

I turn here to specific metonymic representations of modern disease. Symptomatic metonyms offer a viscerally intuitive orientation to suffering that mirrors the sense of imaginative vision Aristotle describes as *phantasia*, whereas microbiological metonyms—like the CDC’s spike protein—dangerously obfuscate human suffering through the device of *euphemismus*, which here substitutes benign abstraction for tangible harm. Readers in the 2020s will likely recognize the image—a heavily textured, dramatically shadowed gray sphere budding red cloves and orange specks, afloat in either a lily-white or a deep charcoal void (fig. 1). The medical illustrators Alissa Eckert and Dan Higgins designed the CDC’s go-to image of the SARS-CoV-2 spike protein ostensibly to mix evocative power with scientific accuracy (Fairs 2020). By April 2020, the image had quickly propagated everywhere from medical websites to hospital walls to the over-the-shoulder graphic on *Saturday Night Live*’s “Week-end Update” (Berlin 2020). In 2020, numerous morphological depictions of the coronavirus saturated media communication surrounding the pandemic, alongside other metonymic images like the rhetorically evocative face mask and the vaccine

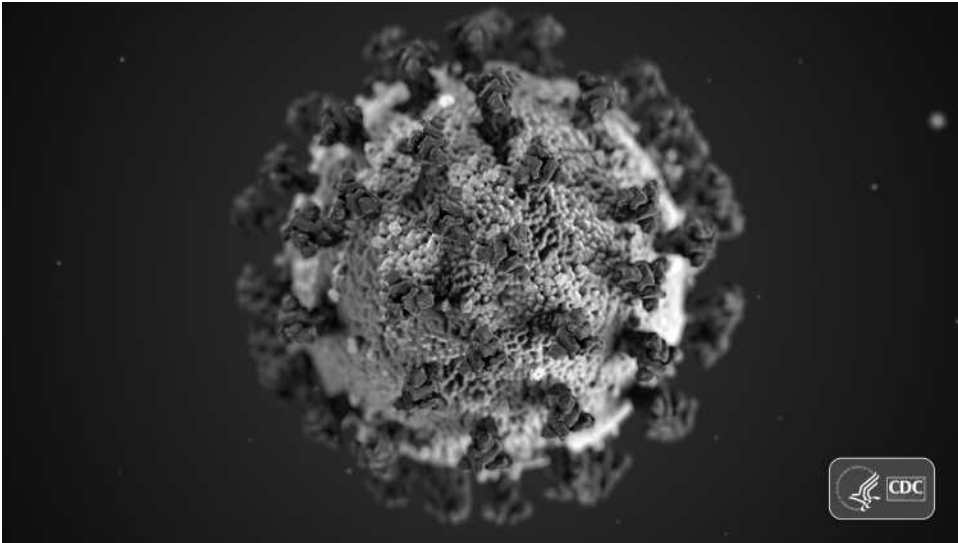


Figure 1 | The CDC's morphological illustration of the SARS-CoV-2 spike protein, designed by Alissa Eckert and Dan Higgins. Centers for Disease Control (2022).

syringe that would surface later (Gordon and Wetherbee 2022). More than any other scene-setting image, however, the spike protein—and the CDC's version especially—anchored diverse journalistic and infographic communication about COVID-19 and its constituent controversies and practices.

The spike protein contradicts the dominant visual culture of medicine, which generally essentializes illness through tangible, symptomatic effect—a runny nose, a pervasive rash, an inverted joint. COVID offers the strange exception. Even so, this image came to punctuate the everyday iconography of American life, exemplifying the grounded, intuitive “everyday process of seeing” that Megan Poole (2020, 605), invoking Burke, names rhetorical *orientation* (see also Joubert and Wasserman 2020). This default visualization of viral morphology in public communication is historically unusual, a comparison affirmed through a series of quick Google Images searches. Though cursory, the Google Images mosaics offer a useful barometer of metonymic perception surrounding matters like COVID-19—a sort of abridged aggregate of the “new materialist” visual analysis advocated by Laurie E. Gries (2015).¹ An October 2022 Google Images search of “COVID-19,” for example, represents a quick sketch of the “rhetorical life” (Gries 2015, 176) that morphological depictions of COVID have led in public perception. The search engine yields four separate iterations of the CDC image that appear alongside eight other artistic renderings of the spike protein, one image of Chinese citizens in face masks, and one health care worker administering a vaccine. I compared this mosaic to comparable representations of polio, measles, and the common cold, all of which foreground some form of symptomatic human suffering. An October 2022 Google Images search of “polio” yields primarily symptomatic children, many bearing misshapen hands and limbs to the



Figure 2 | A child suffering from polio This media comes from the Centers for Disease Control and Prevention's Public Health Image Library (PHIL), with identification number #5578.

camera (e.g., fig. 2). “Measles” produces blotchy red rashes, again showcasing suffering children (e.g., fig. 3). A search of the phrase “cold disease,” finally, summons chiefly stock imagery of adults and children blowing their noses (e.g., fig. 4). I will stress here that even this most diminutive of ailments manifests visually through frank depiction of symptomatic suffering, however mild.

The CDC graphic designers Eckert and Higgins, interestingly, professedly designed the spike protein graphic to inspire alarm, though I contend that this intention matters less than does the graphic’s metonymic essentializing of COVID-19 as a microbiological phenomenon. In an interview with the magazine *Dezeen*, Higgins testified: “Instead of being referred to as ‘invisible,’ we wanted to create a realistic virus that people can envision when walking into public places or coming in close contact with strangers. . . . Something that says this virus is real, and it’s to be taken seriously” (Fairs 2020). The textured shadows, Higgins elaborates, were meant to suggest realism, while the red S proteins (the spikes) were colored to inspire “a feeling of alarm.” Yet as Ostherr puts it: “Virus depictions bear no resemblance to the human body suffering from the disease it causes, making these images appear scientifically neutral, objective, and impartial” (2020, 710). The CDC image stands out most for its abstractness, its stark, decontextualized aestheticism. The image may alarm, but it does so in the style of an avant-garde sculpture or a spacecraft of unknown origin—more ethereal science fiction than primeval horror. It is arresting, even beautiful. Following Roland Barthes (1978, 46–51), I would contend the CDC spike protein



Figure 3 | A child suffering from measles. Source: <http://sourcehttp://phil.cdc.gov/phil> (ID# 0132).



Figure 4 | A stock graphic of a woman blowing her nose. This media is licensed under the Creative Commons Attribution-Share Alike 4.0 International license.

concretely *denotes* the SARS-CoV-2 virus to any moderately informed public but likely *connotes* only differential abstractions within the idiolects of viewers, insofar as the spiked orb offers no intuitive, tangible connection to human experience.

Symptomatic renderings of polio, measles, and the cold aggregated on Google Images do not necessarily represent deliberate attempts to inspire fear. Contrarily, many such images represent dispassionate attempts to document the effects of disease scientifically. I argue, however, that intent matters less than does composite *effect* once an image or a cluster of images propagates—a theory bolstered by public apathy about COVID-19 when compared to many other communicable diseases.

Once a metonymic image takes hold in the public imagination as the dominant representation of a pathogenic phenomenon, the intentions of its designer pale compared to its metonymic effect in essentializing the disease and priming audiences for routes of deliberative action. Lawrence J. Prelli notes: “The rhetorical displays of scientists and other technical communicators often involve adducing proof for claims through staged performances that ‘make known’ noteworthy features of some occurrence or event or object by simulation, exhibition, or presentation” (2006, 15). Scientific “displays” of COVID-19 have compressed the “noteworthy features” of the virus into microbiological abstraction, whereas most diseases are “exhibited” before the public imagination through metonyms of symptomatic suffering that at least *enable* an orientation of corporeal fear, regardless of their original intent.

Put another way, these metonymic representations of disease compel audiences to *see* differently, some facilitating a robust, imaginative sense of vision (*phantasia*) and some obfuscatory abstraction (*euphemismus*). Corporeal metonyms generally allow what Debra Hawhee terms robust *rhetorical vision*, or visually evocative expression that typically “resides in short bursts of language, in vivid turns of phrase, in lively and lifelike metaphors” (2011, 159). Hawhee chiefly associates rhetorical vision with the Aristotelian concept of *phantasia*, or imaginative visualization born of stylistic and emotional evocation, resulting in “belief formation and decision making” (2011, 148–55, 159). In his commentary on *phantasia* and epideictic, Ned O’Gorman offers a similar conclusion: “Put axiomatically: *the primal function of public discourse is the phantasmatic*. When rhetoric produces corporate phantasmata, these phantasmata form the basis of the deliberative discourse of the polis” (2005, 34). Note that this two-stage process precisely mirrors the epideictic-to-deliberative motion that I describe in this article: the rhetor shows forth (engages in *epideixis*) to establish formative direction, facilitating commitment to the forward motion (*kinesis*) such a turn enables. Though Hawhee via Aristotle emphasizes metaphor, metonymy also fits the bill. Metonyms of symptomatic illness may not bring disease to life, but they do vivify human experience through the visual implication of the verb *suffer*, much as the March of Dimes antipolio campaign, for example, leveraged images of children disabled by the disease to stimulate the public imagination viscerally (Wilson 2005, 174–76). Symptomatic metonyms facilitate consequent action implying deliberative verbs: *prevent*, *ameliorate*, *cure*, *vaccinate*, and so on.

Phantasmatic images of symptoms and suffering epideictically prime us for deliberative action toward care and prevention, toward ameliorating suffering and stopping disease. Images of polio-stricken children with misshapen limbs, for example, lack the connotative ambiguity of the spike protein; they helped motivate deliberative action toward the eradication of the disease. Similarly, images of the skin rash and pustules associated with measles intuitively turn us toward preventative care, ideally vaccination. More important, in a sense, is the more abstract knowledge that measles can also cause pneumonia and sometimes death, but this knowledge is *less tangible* and *less viscerally affecting* than the metonymic shorthand of the rash.

The CDC spike protein may visualize, but it fails to summon the vivid *phantasmata* of corporeal suffering. I instead associate morphological depictions of SARS-CoV-2 with the obfuscatory figure of *euphemismus* (lit., “good speaking”). Etymologically and conceptually linked to the modern *euphemism*—substituting the mild for the harsh—*euphemismus* traditionally provides a “figure of testimony,” or a prognostication of good that Sister Miriam Joseph (1947/2005, 312–13) counts as an inventional topic as well as a stylistic device. As an epideictic topic, *euphemismus* via metonymy can be understood as heuristically *reframing*, *reorienting*, or *retelling* the future in optimistic terms, substituting the good for the bad—or, more precisely, substituting the ineffably abstract for the corporeally dire. Such epideictic visuals ironically allow us to unsee corporeal suffering, pivoting logically to a realm of imagistic abstraction and a series of deliberative propositions all too familiar: *Stop worrying. Stop living in fear. Take off the mask. Let’s get back to normal.*

The Hideous *Phantasia* of “Dying in the Name of Freedom”

The CDC’s spike protein belies the corporeal hideousness of the COVID-19 pandemic, and the rare metonymic representation of corporeal suffering from COVID conveys as much. Corporeal, symptomatic images locate deliberative drama within the human body and prime audiences to act decisively concerning their own bodies and those of others. Amid the COVID era, a rare representation of such suffering appears in Alexander Stockton and Lucy King’s video essay “Dying in the Name of Freedom,” published digitally on the *New York Times* website in August 2021. In this video, filmed in the city of Mountain Home among the Arkansan Ozarks, Stockton interviews hospitalized, unvaccinated COVID patients to sobering effect, vividly dramatizing the stark, embodied reality of living and dying with severe COVID. One interviewee, a fifty-three-year-old tech salesman and avowed libertarian vaccine skeptic, died nine days after speaking with her. On camera, between coughs, plastic respiration paraphernalia buckled around his face like a space-age catcher’s mask, he intones a painfully apt confession: “I probably should have had a little healthier fear.”

Healthy fear aptly describes the sort of vivid epideictic priming needed to turn human deliberation toward care and prevention. The turn of phrase is prescient, but the concomitant visualization of a recently able-bodied, bedridden COVID patient on death’s door is what makes the video essay *hurt*. In this sense, the visual metonym of the hospitalized Arkansan mirrors the evocative “bursts of language” that Hawhee associates with verbal expressions of *phantasia*. While all visual rhetoric is imagistic, few visual representations of COVID-19 have afforded viewers the chance to *imaginatively visualize* the disease with the vividness that reflects the hideousness of its lived suffering, resisting the euphemistic impulse to collapse the pandemic into the abstract marker of the spike protein. The patient on a ventilator summons the same sense of embodied *phantasia* that stems from dominant metonyms of

polio and measles, yielding priming motion toward deliberative precaution against contracting and spreading disease.

As Ostherr notes, however, frank depictions of patients on ventilators and intubation—the clearest tangible markers of severe COVID—have been rare: “The pictures that emerge from the few professional journalists who are granted direct access to hospital COVID-19 wards convey a strong sense of public relations approval, having undoubtedly passed through review by the hospital’s legal and marketing teams” (2020, 715–16). Amid the fraught political landscape surrounding government responses to COVID-19 (see Callahan 2021), the CDC’s spike protein feels comparatively safe and ideologically neutral—though it is surely neither if it compels apathy or complacency in the face of ongoing human suffering. Metonymic images of such symptomatic suffering, in short, enact a sort of *hideous phantasia*, or active stage-setting iconography, that reflects the palpable horror of the COVID-19 pandemic and primes deliberative motion toward the drama of prevention, amelioration, and advocacy for the vulnerable.

Conclusion

The visceral, imaginatively rich *phantasia* of such corporeal metonyms contrasts with the euphemistic effect of the CDC spike protein, which locates deliberative drama within the ineffable plane of microbiology. The depictions of ventilated patients in “Dying in the Name of Freedom” orient me to COVID-19’s immanent mortal poses to the human body. The spike protein may inspire nebulous unease, but it remains alien, intangible, inert. Intellectually, I know that my world is overrun with these spiny, microscopic invaders, but, emotionally, the spike protein metonym does little to compel me emotionally. It is a recognizable, familiar shorthand but not a viscerally tangible one.

A defense of hideous *phantasia* risks ethical concerns about privacy, exploitation, and reversion to fear. In *AIDS and Its Metaphors*, for example, Susan Sontag justly bemoans the tropological transformation of illness and disease into subjects of war, the sort of enemy to be eradicated in “total” conflict on the “battlefield” of the human body (1990, 183). The euphemistic erasure of bodily conflict, however, primes audiences toward deliberative complacency about suffering. Ideally, metonymic images of hideous circumstances should appear both phantasmically *real* and *stirring*; that is, they should supersede Foucault’s aseptic clinical gaze by humanizing what is human, honoring bodily suffering through bold, active, and personal rhetorical vision.

“Dying in the Name of Freedom” appeared late in the pandemic amid few similar attempts to represent COVID-19’s frank experience of human suffering. COVID’s damage is principally done, if ongoing, though its rhetorical situation allows new reflection on the role of metonymic representation in times of medical catastrophe. The pandemic illustrates that appeals to healthy fear, propelled by unsparing

rhetorical vision, are not only appropriate but also ethically imperative amid hideous circumstances. *Fatality* may be a fact, but *hideousness* is something we must rhetorically, metonymically affirm through epideictic motion—through *turning* audiences' eyes toward real suffering.

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Notes

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1. Such image searches offer imperfect metrics of public perception, in large part because they often mirror algorithmic bias toward individual users' search histories. In this case, however, I have cross-referenced the images under discussion with search results from browsers with no cookies, site history, or personal data to verify that they represent dominant trends in medical visualization.

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