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Molly Margaret Kessler’s new book, *Stigma Stories: Rhetoric, Lived Experience, and Chronic Illness*, is a welcome addition to a lineage of texts that closely examine stories of individuals living with chronic illnesses and conditions. In Kessler’s hands, stories of gastrointestinal (GI) disorders and ostomies prove themselves rich territory to interrogate complicated issues related to disability, chronic illness, embodied rhetoric, intersectionality, and stigma. Rhetoric of health and medicine (RHM) scholars will find Kessler’s application of Annemarie Mol’s praxiographic methodology particularly useful. Others studying narratives related to chronic illness, mental illness, cancer, and chronic pain will be able to trace parallels to Kessler’s work.

The primary subject of *Stigma Stories* is the stigma surrounding ostomies, a term used as shorthand for several types of procedures that redirect intestinal output outside the body, through a stoma (an opening in the abdomen) rather than through the rectum. Most people are familiar with the idea of a colostomy bag, which is attached to the stoma to collect digestive waste and is often emptied and reattached multiple times a day. Kessler examines how stigma is enacted around such maintenance activities and the bodies of people with ostomies. Kessler touches on other GI disorders, but ostomies are her central focus. Kessler accomplishes her investigation by analyzing stories from twenty interviewees with ostomies as well as public accounts from social media, news articles, a public health campaign from the Centers for Disease Control and Prevention (CDC), and television shows. Kessler is careful to frame stigma as an embodied, material, social practice, not located within an individual but enacted through experience and exchange.

Chapter 1 introduces Kessler’s subject matter and lays a firm foundation for the study of chronic conditions within RHM and rhetoric more broadly. I was particularly impressed by her discussion of disability, where she describes the tension surrounding the application of the term “disability” to GI conditions. The chronic but sometimes intermittent or well-managed nature of ostomies and
GI conditions complicate ideas about disability, permanence, impairment, and recovery. Kessler's situation of chronic GI conditions within the paradigm of disability may be useful to other scholars studying illnesses and bodily conditions that resist categorization.

Chapter 2 justifies Kessler's use of praxiography as her central methodology. Praxiography, an idea akin to multiple ontologies theory, was introduced by Mol in her 2002 study of atherosclerosis, *The Body Multiple: Ontology in Medical Practice*, and emphasizes the study of practices and events as experienced by individual actors. Praxiography as a framework allows Kessler to analyze individual stories without placing the locus of stigma within the individual. Kessler's argument for praxiography, which takes up much of chapters 1 and 2, is perhaps a bit protracted, but her rationale is sound. Other scholars can look to her explication of the term to better understand the praxiographic approach.

Chapter 3 describes the culture of stigma that surrounds ostomies by looking at two public health efforts that used negative stories about ostomies to discourage smoking and gun violence as well as two episodes of *Grey's Anatomy* (2005-) that illustrate public fears about ostomies. Ostomies tend to be depicted as terrible burdens or even punishments for poor health choices. Kessler critiques societal discomfort about uncontrollable bodies and the tendency to see unruly bodies as arhetorical, characterizing negative ostomy stories as variations on a single, incomplete, yet dominant cultural narrative that does not represent or even attempt to understand the full range of ostomy experiences.

Kessler attempts to level the playing field by introducing "disruptive" ostomy stories in chapter 4 and further complicating those stories in chapter 5. Chapter 4 relies on stories from her interviewees as well as public stories found online to illustrate how individuals resist the dominant (negative) narrative about ostomy. Her discussion of compulsory nostalgia, or illness narrative's tendency to frame life before an illness or procedure as inherently better than life during or after, is particularly useful.

Chapter 5 goes deeper into disruptive stories, investigating how different individuals use their ostomy stories to manage stigma, whether through consciously displaying their ostomies or belly images or through asserting the normalcy of living with an ostomy. These stories—which come from online sources and from the TLC UK documentary series *Too Ugly for Love?* (2015-16)—give Kessler an opportunity to correct for an issue she acknowledges: in chapters 1-4, the text tends to frame ostomy stories as either negative or positive and elides issues of intersectionality. Chapter 5, by contrast, features stories that complicate presumed binaries and includes a thoughtful conversation about how storytellers' racial, cultural, queer, gender, or socioeconomic identities might affect the telling of their stories and their experience of having an ostomy. Although Kessler admits that these aspects of illness narrative might be underplayed in the text, chapter 5 serves as a cogent invitation to attend more fully to intersectionality in future scholarly work.

Kessler outlines the main takeaways from her research in chapter 6 and concludes with a personal statement. Throughout the book, she weaves in her personal experience with Crohn's disease, and she fully elucidates her positionality in the final chapter. Kessler's careful critique of her "entangled research" may inspire other scholars to take a similar approach with full awareness of the vulnerability required (p. 187).

In anticipation of readers' potential squeamishness around ostomies and "bathroom stories," Kessler states that she sees the book as "both a response to and an invitation for discomfort" (p. xiii). Although I agree that addressing discomfort is often RHM's job, I, personally, felt comforted by Kessler's willingness to approach a subject so intimate and so important to many people's lived ex-
perience. I saw myriad connections between her analysis and other rhetorical work on diabetes, cancer, eating disorders, obesity, disability, and addiction, just to name a few. I hope scholars read Kessler's work and are inspired to employ similar praxiographic methods, theoretical frameworks, and care in their study of other conditions, especially ones seen as too niche or too disquieting to investigate.

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