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Corporeal Anxiety

Representations of Disability in the Centers for Disease Control and Prevention's *Tips from Former Smokers* Messages

Jacob Justice (he/him)

Extensive evidence demonstrates that the Centers for Disease Control and Prevention's multimedia anti-smoking campaign, *Tips from Former Smokers*, is an effective public health measure. In this essay, Justice explains the rhetorical appeals utilized in the campaign that contribute to its resonance, arguing that the campaign invokes corporeal anxiety, an emotion that emerges from societal aversion to disability. These appeals to corporeal anxiety operate as enthymemes by relying upon an unstated premise: that disability is negative and ought to be avoided to preserve one's normalcy. This analysis treats the campaign messages as a form of bodily rhetoric and visual argument, arguing that the campaign deters smoking through graphic bodily imagery and narratives of lost normalcy that conceptualize disability as tragedy or deficit. The author concludes that the success of the campaign comes at the expense of perpetuating stigma against people with disabilities.

KEYWORDS: bodily rhetoric, visual argument, emotional appeals, tobacco, advertising.

Corporeal Anxiety and Representations of Disability

In 2012, the Obama administration's anti-tobacco efforts culminated in the *Tips from Former Smokers* campaign, a product of the Centers for Disease Control and Prevention (CDC) and its then-director Dr. Thomas R. Frieden. The campaign's anti-smoking messages, which typically range from 30 seconds to 2 minutes long and appear across various media, including television, social media, print, and radio, provide a window into the struggles of former smokers coping with the painful aftermath of smoking-related disabilities and diseases. The graphic approach utilized by the *Tips* campaign commands the attention of viewers in a way that few public health campaigns do.

Each *Tips* message combines testimony and bodily imagery to incite corporeal anxiety in audiences and invoke prior bodily normality that has been irretrievably lost due to tobacco related disability or disfigurement.¹ Corporeal anxiety is an emotion characterized by distress at the prospect that able-bodiedness is temporary that arises from perceived bodily vulnerability. By appealing to corporeal anxiety, an able body is appealed to and reinstated as the implicit norm, against which deviant bodies are to be judged. One message, titled "Terrie H.'s Tip Ad" (CDC, 2012, March 15), begins with an aged, yearbook-style photo showing a smiling young woman with flowing, shiny brown hair. This image is accompanied by a narration, delivered by a hoarse, straining voice, stating, "I'm Terrie and I used to be a smoker." In the next frame, viewers are shown present-day Terrie, who is identified by a caption as being 51 years old. In a jarring contrast with the photo, Terrie is nearly bald, her mouth is disfigured, and she presses her thumb to her throat while she speaks. Terrie offers advice about preparing in the morning, saying: "first your teeth, then your wig, then your hands-free device, and now you're ready for the day," as she inserts dentures and conducts her daily routine. Terrie's last step is to wrap a scarf around her neck, concealing the stoma caused by her laryngectomy. The message

¹I have previously analyzed two *Tips from Former Smokers* messages and argued that these messages stoke corporeal anxiety by blurring the human/machine and natural/technological binaries (Justice, 2018). In this essay, I extend this argument by further theorizing the constitutive elements of corporeal anxiety and explaining how this emotion can be activated. In addition, this essay includes an expanded discussion of how corporeal anxiety can function as part of enthymematic argument that takes the audience's aversion to disability for granted. These findings illustrate several damaging myths upheld by the campaign that perpetuate stigma toward people with disabilities.

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concludes with a caption that warns: “smoking causes immediate damage to your body.” “Terrie H.’s Tip Ad” operates as an enthymeme by relying upon an unstated premise that Terrie’s lifestyle is tragic and undesirable.

According to anti-smoking advocates, such stark imagery is necessitated by a stark public health crisis (Bayer, 2008, p. 467; Brewis & Wutich, 2019, pp. 3–5). The CDC estimates that smoking is the leading cause of preventable death in the United States, contributing to more than 480,000 deaths per year (CDC, 2019). Although the scientific evidence linking smoking to fatal diseases is overwhelming and widely understood, millions of people knowingly put their lives at risk. Anti-smoking advocates face an array of rhetorical barriers to success, including popular associations between smoking and “leisure, pleasure, sexual attractiveness, [and] affluence” (Tinkler, 2005, p. 16). Compounding these barriers is the tendency of “a significant proportion of the population” to disregard anti-smoking messages (Mahoney, 2010, p. 33). Through motivated reasoning, smokers minimize the well-known risks of smoking and rationalize their continued tobacco consumption (Strickland et al., 2011, pp. 941-942).

To adapt to these barriers, anti-tobacco advertising has evolved. For many years, the CDC emphasized that smoking reduces life expectancy (Newman, 2014). After collecting data from research groups of smokers, the CDC diversified their arguments to exploit a fear that is apparently even more dreadful than death: corporeal anxiety (Newman, 2014). The centerpiece of this effort is the *Tips from Former Smokers* campaign, the first ever federally funded, nationwide, multimedia anti-smoking campaign (McAfee et al., 2013, p. 2007). The campaign’s key pitch is not a mortality-based fear appeal, but rather graphic images of former smokers suffering from disability and disfigurement, many of whom use medical technology such as prosthetic limbs and oxygen machines.

A growing body of public health research indicates the CDC’s campaign has been effective. Existing research “has consistently found a statistically significant association between exposure to *Tips* and increased quit attempts” (Prochaska et al., 2018, p. 581).² An initial study of a nationally representative cohort estimated that *Tips* resulted in 1.64 million quit attempts and that at least 100,000 smokers sustained abstinence (McAfee

²Quit attempts are an important metric for determining the effectiveness of anti-smoking campaigns, as “more quit attempts will always translate into more quits” (“The End of Smoking,” 2019, p. 7).

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et al., 2013, pp. 2007–2008). A longitudinal study assessing the 2014 campaign similarly credited *Tips* with spurring 1.83 million quit attempts and “104,000 6-month sustained quits” (Neff et al., 2016, p. 4). A long-term assessment, based on survey data collected in seven waves from 2012–2015, found that increased exposure to *Tips* advertising resulted in a greater probability of making a quit attempt, significantly contributing to tobacco cessation efforts (Davis et al., 2018, p. 56). In its first year alone, *Tips* “saved about 17,000 people from a premature death” (Myers, 2015, para. 4). The campaign’s appeals to corporeal anxiety may have been particularly persuasive, as “the graphic emotional approach . . . had the desired result of jolting the audience” into considering behavioral changes (Emery et al., 2014, p. 290). Although the Trump administration halted many Obama-era initiatives, the campaign entered its ninth year in 2020 (PR Newswire, 2020).

However, nearly every successful campaign comes with a cost (Laudau, 2011). I argue that the appeals to corporeal anxiety within the *Tips* campaign convincingly highlight the health risks of smoking, but are ethically problematic. By emphasizing smoking’s capacity to disable users, the campaign’s graphic bodily imagery and narratives of lost normalcy contribute to stigmatizing discourses that conceptualize disability as tragedy or deficit. There is ample evidence these tactics are effective; the role of rhetorical critics should be to explain why and at what cost. This essay contributes to ongoing scholarly discussions of the *Tips* campaign by demonstrating its participation in stigmatizing discourses and its reliance on appeals to corporeal anxiety that exploit societal aversion to disability for persuasive effect.

Unfortunately, much literature on public health communication is preoccupied with messaging effectiveness rather than ethics (Lupton, 2015, p. 9; Pfau, 2007, p. 217). Compounding this dearth of analysis regarding the ethics of appeals to corporeal anxiety is the fact that “little is known about” how “health communication may unintentionally stigmatize people who already possess attributes targeted for prevention” (Wang, 1998, p. 149). To explain why this campaign is simultaneously persuasive and stigmatizing, I rhetorically analyze a selection of *Tips* messages and illustrate how these messages activate viewers’ corporeal anxieties. Rhetorical critics are uniquely positioned to attend to the ethical dimensions of public health communication by centering disability justice concerns to “expose and

critique” appeals that reinscribe negative attitudes toward disability (Malkowski & Melonçon, 2019, p. xi).

My rhetorical analysis proceeds through three sections. First, I further define corporeal anxiety and explain how visualizations of disability can activate this emotion and operate as visual arguments. Importantly, appeals to corporeal anxiety may function as enthymemes by presuming the audience’s aversion to disability. Second, I analyze several messages from the *Tips from Former Smokers* campaign, demonstrating that the messages resonate by linking smoking to corporeal anxiety. Third, I conclude by discussing implications derived from this analysis. This essay enhances understanding of appeals to corporeal anxiety, which have recently been utilized in several other public health campaigns, and outlines ethical issues stemming from such appeals.³ The *Tips* campaign exemplifies an approach to public health messaging that eschews mortality-based appeals and instead links risky behaviors to disablement. This analysis demonstrates that the increasing prevalence of appeals to corporeal anxiety in public health campaigns may be a worrisome development that reinforces disability stigma. Since cultural stigmas surrounding disability are sustained rhetorically, analysis of these texts is vital to identify ways that public health campaigns may unintentionally disparage certain communities.

Corporeal Anxiety

The *Tips from Former Smokers* campaign is built around appeals to corporeal anxiety. Corporeal anxiety is an emotion that emerges from societal aversion to disability. I construe disability broadly to encompass “ideological categories as varied as sick, deformed, ugly, old, crazy, maimed, afflicted, abnormal, or debilitated” (Garland-Thomson, 2002, p. 74). A disability studies perspective illuminates that “disability is not a physical or mental defect” but rather an “elastic social category” that disadvantages and devalues certain bodies (Siebers, 2008, p. 4).

American society conceptualizes “able-bodied and disabled people as effectively two separate groups,” in contrast to cultures that consider them “human beings in different stages of the life cycle” (Knight, 2013, p. 15).

³Examples of public health campaigns that appeal to corporeal anxiety include the Food and Drug Administration’s *The Real Cost* anti-smoking campaign (Huang et al., 2017) and an anti-obesity campaign by the New York Health Department (Johnson, 2012).

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This demarcation hinges upon disavowal of temporary able-bodiedness, or the uncomfortable truth that able-bodiedness is a fleeting phenomenon, in light of inevitable bodily vulnerability to old age and injury (Siebers, 2008, p. 7). Societal “disavowal of disability” manifests “itself in the stigmatization” of people with disabilities (Knight, 2013, p. 22). Through stigmatization of disability, attributes of the body are transformed into emblems of bad character that connote abnormality, deviance, personal failure, and other variations of badness (Miller, 2019, p. 63; Johnson, 2010, p. 465). Disability stigma renders certain bodies invisible, disposable, or subhuman, while aggrandizing an idealized able body as the normal or default mode of embodiment (Dolmage, 2013, p. 22). Stigmatization is a “rhetorical process” (Johnson, 2010, p. 462). The attributes associated with disability have no a priori meaning, but rather are scripted as signifying negative connotations in particular “rhetorical environments” where these attributes are interpreted as symbolizing deviance or abnormality (p. 465).

Stigmatization of disability, in turn, contributes to corporeal anxiety. My construction of the term corporeal *anxiety* acknowledges that this emotion consists of latent unease. The term corporeal anxiety has been used by scholars to describe feelings of bodily vulnerability. While discussing the disruptive potential of new technologies, N. Katherine Hayles (1997) argued that corporeal anxiety is born from a sense that bodily integrity is jeopardized by multiple threats (p. 801). Deborah Dixon (2016) similarly noted that corporeal anxiety arises from “intimations of a corporeal disorganisation” (p. 155). This analysis builds upon previous discussions of corporeal anxiety by theorizing how this emotion may be strategically employed as part of a rhetorical appeal, particularly in the public health context. Further examination of how corporeal anxiety can serve as a rhetorical appeal is needed to increase understanding of recent public health campaigns.

Corporeal anxiety overlaps and is interrelated with a fear of disablement, but is distinct from fear. Fear is traditionally understood as being experienced in relation to a specific object (Bourke, 2003, p. 126). In contrast, anxiety is a generalized ontological condition characterized by diffuse feelings of insecurity (Gustafsson & Krickel-Choi, 2020, p. 878; Hendrix, 1967; Hyde, 1980). Corporeal anxiety is the underlying distress at the very indeterminacy of the boundaries between the categories of “disabled” and “able-bodied.” This emotion confronts temporarily able-bodied individuals with the prospect that their bodies will inevitably be marked by stigmatized attributes associated with deviance or abnormality.

APPEALS TO CORPORAL ANXIETY AS ENTHYMEME

Appeals to corporeal anxiety can function as enthymemes by relying upon an absent premise, presumably shared by the audience, that disability is tragic and ought to be avoided to preserve one's normality. Such appeals take for granted the audience's desire for normality and compel the audience to imagine themselves in the position of a person struggling with a disability. Enthymemes are commonly defined as arguments drawn from unstated premises that allow audiences to "fill in the blank" and complete a syllogism by supplying missing premises from preexisting knowledge (Finnegan, 2001, p. 143). An audience's active participation in this cooperative exchange between rhetor and audience may heighten the persuasiveness of arguments constructed through enthymemes (Jamieson et al., 1999, p. 13).

Appeals to corporeal anxiety can also "block enthymematic associations" (Olson & Goodnight, 1994, p. 250). Efforts to deter smoking are complicated by positive emotional associations that many smokers attribute to cigarettes. Through the inescapable saturation of virtually every medium with positive representations of smoking, the industry normalized and glamorized tobacco while fostering stubborn associations between smoking and both masculinity and femininity (Amos & Haglund, 2000, p. 8; Nichter et al., 2006; Proctor, 2011, p. 134; White, Oliffe, & Bottorff, 2012). Relatedly, consumers often view smoking as signifying independence, rebellion, and sex appeal (National Cancer Institute, 2008; van den Berg et al., 2014). Although tobacco advertising has become more restricted, cigarette advertisements continue to encourage positive attitudes about smoking (Dube et al., 2013, p. S46). By associating smoking with disability, which is often conceived of as antithetical to independence, appeals to corporeal anxiety may disrupt persistent positive enthymematic associations.

I identify two means by which rhetors can incite corporeal anxiety. First, rhetors may stoke corporeal anxiety through visual arguments that feature bodily imagery. Second, rhetors can activate corporeal anxiety through narratives that portray disablement as a loss of normalcy. Through complementary visual arguments and narratives, appeals to corporeal anxiety may negatively associate an object with disability and encourage aversion to this object. Importantly, both visual argument and narrative operate through enthymeme. Visual arguments function as enthymemes; since images are often polysemic, they are persuasive only if "audience and rhetor"

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share “unspoken assumptions” (Young, 2015, p. 334). In addition, storytelling can construct “narrative enthymeme[s]” wherein the audience actively participates in meaning making (Carroll, 1996, p. 281). Through visual argument and narrative, rhetors may facilitate audience involvement in argument construction and thereby enhance persuasion, particularly if the audience subscribes to the suppressed premise that disability is negative.

Embodied Visual Argumentation. This essay contributes to scholarship demonstrating the resonance of bodily rhetoric and argument. Rhetoric is “an embodied practice” in several senses: the body is a resource for invention, can provide evidence that enacts an argument, and is a site where power relations are navigated (Chávez, 2018, pp. 243, 245; Dolmage, 2013, p. 89; Hawhee, 2004). Due to their capacity to signify, bodies can serve as “the site and substance” of argumentation (DeLuca, 1999, p. 10), and are ripe for rhetorical analysis (Harold, 2000, p. 866). Moreover, bodily rhetoric can bring “presence” to a rhetor’s argument, enhancing audience comprehension and retention (Singer, 2011, pp. 146, 140).

Disabled bodies may operate as visual arguments, as “visualizations of disabled people act as powerful rhetorical figures that elicit responses or persuade viewers to think or act in certain ways” (Garland-Thomson, 2002, p. 58). Visual arguments, or arguments in which premises or conclusions are conveyed through images, are considered by argumentation scholars to be especially powerful because they are “capable of eliciting an extensive emotional response” (Birdsell & Groarke, 2007, p. 103; Kjeldsen, 2018, pp. 87-88). Emma Bloomfield and Angeline Sangalang (2014) argued that visual arguments involving bodily imagery can invite audiences to interpret individual bodies as stand-ins for larger groups of people, allowing audiences to extrapolate from a single visual to draw broader conclusions.

Through activation of corporeal anxiety, imagery of disability can play an outsized role in the process of argumentation. The visual presence of disabled bodies can constitute, in a Toulminian sense, the warrant and data for an argument (Justice, 2018). Visual encounters with disability confront audiences with “an unsettling awareness” of inevitable bodily vulnerability (Garland-Thomson, 2009, pp. 58–59; Wendell, 1996, p. 92). In doing so, imagery of disabled bodies can support verbal arguments by providing vivid representations of scientific concepts that may otherwise seem abstract (Lazard & Atkinson, 2015, p. 11; Lazard et al., 2018).

Disability imagery can generate contradictory emotional responses. Scholars have identified that emotional associations are influential on

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decision-making (Lobel & Loewenstein, 2005; Westen, 2008) and have linked disability imagery to emotional reactions such as fear, disgust, and pity (Gerber, 2012, p. 6; Harris, 2019; Hughes, 2019). Aristotle (2007) recognized that “torments and diseases of the body and old age and sicknesses” can inspire pity (1386a9, p. 140), and explained that rhetors can bring audiences to a pitying state of mind by prompting them to imagine themselves suffering a similar fate (1386a7, p. 140). Aristotle further linked pity to fear, arguing that “things are fearful that are pitiable when they happen or are going to happen to others” (1382b12, p. 130). Pity is therefore often adjacent to emotions such as fear and anxiety because recognition of perceived pitiful characteristics in others can motivate individuals to consider their own bodily vulnerability. In cultures that disavow temporary able-bodiedness, disability imagery may spur identification between viewers and people with disabilities, further troubling the normal/abnormal divide as audiences come to “view themselves in these images” (Lazard et al., 2017, p. 648). If both rhetor and audience accept the premise that disability is negative, disability imagery may function enthymematically as an emotionally laden warning to accede to the rhetor’s argument.

Narrative. Corporeal anxiety can also be activated through narratives of lost normalcy, wherein an able-bodied person tragically succumbs to disability. American culture is rife with narratives that negatively portray people with disabilities as dependent and helpless (Bérubé, 2005; Fletcher & Primack, 2017, p. 345). Jay Timothy Dolmage (2013) taxonomized “myths of disability” that transcend culture and time and shape understandings of disability, including the “disability as object of pity” trope, which represents people with disabilities as invariably “sad and impotent,” and the “disability as isolating and individuated” trope, which emphasizes loneliness as the dominant feature of life with a disability (p. 31, p. 35).

Narratives of lost normalcy may enact a “rhetoric of realism” through “the testimony of disabled people” who relay “gritty accounts of their pain and daily humiliations” (Siebers, 2008, p. 65). Furthermore, narratives that reduce people with disabilities to objects of pity may denigrate disability but foster identification with people with disabilities, as such appeals contain “an implied and frightening threat that all of us are vulnerable to the same misfortune” (Shapiro, 1994, p. 24). This simultaneous revulsion toward disability but pity toward the person with a disability arouses corporeal anxiety by reminding audiences of their own bodily vulnerability. Narratives of disablement, by outlining the realities of life with a disability, may

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function as a participatory and enthymematic mode of argument by inducing audiences to imagine how they would behave in a similar situation. In the next section, I argue that these techniques for activating corporeal anxiety—embodied visual argumentation and narratives characterizing disability as a loss of normalcy—are dominant in the *Tips from Former Smokers* campaign.

Appeals to Corporeal Anxiety in the *Tips from Former Smokers* Campaign

In our present society, an able body is elevated as a norm, while disability signifies deficit or deviance (Dolmage, 2013, p. 20). *Tips from Former Smokers*, through its use of disabled bodies as cautionary tales, appeals to and sustains this stigmatizing norm to garner persuasive appeal. *Tips* messages operate enthymematically, taking for granted the audience's desire to maintain bodily normality, which facilitates persuasion while using verbal arguments minimally. In what follows, I analyze the visual arguments present in multiple *Tips* video messages, arguing that the campaign refutes positive emotional associations attributed to smoking.

The messages analyzed in this essay are representative of several techniques that the *Tips* campaign utilizes to invoke corporeal anxiety. Specifically, the campaign activates corporeal anxieties by linking smoking to disability and portraying life with a disability as painful and abnormal, describing assistive medical technology as freedom-limiting and characterizing such technologies as a threat to the bodily integrity of their users. Smoking is commonly associated with pleasure and independence (Tinkler, 2005). In the messages analyzed here, the *Tips* campaign blocks these associations by establishing for audiences new, negative emotional associations between smoking and corporeal anxiety.

BRANDON

"Brandon C.'s story" (CDC, 2012, June 6) generates corporeal anxiety to "de-normalize" smoking and block associations between smoking and independence (Bell et al., 2010, p. 795). The message argues that smoking is linked to Buerger's disease, a condition associated with blood clots so severe that amputation may be required. The message's subject, Brandon, provides evidence to support this claim through a combination of bodily rhetoric and a verbal narrative of lost normalcy. In advancing this argument, Brandon's

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testimony activates corporeal anxiety by appealing to the senses through invocation of disgust and bodily deterioration. Disgust is a multifaceted emotion characterized by revulsion that involves taste, “smell, touch, even at times sight and hearing” (Miller, 1997, p. 2). Brandon, who is introduced to viewers using prosthetic legs, recounts being unable to quit smoking despite severe health consequences:

A third of my foot was missing its skin so you could see the red fleshy meat. Where my big toe used to be I had a huge ulcer so big as to when I cleaned it out, besides gagging on myself from the smell, I could see the bones inside of my foot. Both of my index fingers are shorter. The tips turned black, the black tissue fell off, I had bones sticking out of one of my index fingers, and then the other finger, the tip turned black and the doctor actually pulled that off. The addiction is so overwhelming that after losing my body parts, I’m still outside smoking. Buerger’s disease and my addiction to cigarettes has left a lasting impact. (CDC, 2012, June 6)

Brandon’s graphic account of his medical struggles implicates the senses. His use of colorful language such as “red fleshy meat” and “black tissue” to describe his body, invocation of olfactory sensations powerful enough to provoke “gagging,” and his description of intense pain, all have the capacity to provoke disgust and link cigarettes to aversive bodily experiences. Brandon’s “representations of noxious smells and visual decay” engage the audience’s senses and render the risks of smoking more comprehensible (Winderman, Mejia, & Rogers, 2019, p. 121).

The message additionally incites corporeal anxiety by confronting audiences with forthright visualizations of disability. Brandon’s gruesome account of amputation is reinforced by disabled bodily rhetoric. At several points, the viewer is invited to stare at Brandon’s residual limbs. In these moments, the message focuses upon Brandon’s legs, which are amputated from the knee down and shown resting over the side of a bed. These images of “vanished limbs and all too visible stumps” demand “intense looking and equally intense responses” (Garland-Thomson, 2009, p. 128). Also significant is the message’s portrayal of medical technology. About halfway through the message, Brandon is shown applying prosthetic legs. This “hybrid of machine and flesh” upends “visual expectations” and confronts

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audiences with the reality of the body's fragility (Garland-Thomson, 2009, p. 128).

"Brandon C.'s story" (CDC, 2012, June 6) engages in enthymeme blocking by portraying smoking-related disabilities as life-shattering and freedom-inhibiting. Brandon portrays his disability as a disruption of normalcy, noting that "in a matter of three and a half weeks, my left foot went from a normal looking foot to a foot that had to be amputated" (CDC, 2012, June 6). As Brandon brings these painful bodily "images before the eyes" through his lurid narrative (Hawhee, 2011, p. 159), the footage shows Brandon going about his daily routine, beginning with application of prosthetic legs. The message concludes as Brandon descends a staircase while wearing prosthetic legs, as a voiceover reflectively states that his "life will always be affected by cigarettes" (CDC, 2012, June 6). Brandon's message, which vividly invokes painful complications that arise from smoking, links smoking to revolting bodily experiences and abnormality, contra years of advertising portraying cigarettes as the key to autonomy and independence (White, Oliffe & Bottorff, 2012).

Brandon's message blocks these positive associations through an enthymeme that draws upon the audience's presumed anxieties toward the prospect of disablement. "Brandon C.'s story" (CDC, 2012, June 6) operates as an enthymeme by providing data in the form of Brandon's narrative and bodily rhetoric while advancing no explicit anti-smoking claim. The message takes for granted that audiences will interpret Brandon's disability as abnormal and restrictive, enthymematically guiding viewers to the suppressed conclusion that smoking should be avoided because of its capacity to inflict bodily harm without requiring any additional commentary. Brandon's message illustrates the argumentative power of the disabled body, as amputation imagery and narratives are presented as self-evident and undeniable data to support the campaign's overarching claim that smoking threatens bodily integrity. The corporeal anxieties invoked by the message serve as the key warrant connecting Brandon's bodily data to the absent claim that smoking should be avoided. Brandon's message functions as a coherent anti-smoking argument—despite several unstated premises and claims—because the CDC's target audience is presumably invested in avoiding bodily vulnerability and will therefore experience distress when confronted by the possibility that smoking can increase the likelihood of amputation.

BECKY

The message titled “Becky H.’s Tip” (CDC, 2016a, January 20) provides a concise rejoinder to tobacco advertising’s association of cigarettes with independence, freedom, and autonomy. Becky’s message argues that smoking leads to severe health risks that inhibit independence and offers Becky’s own bodily rhetoric and use of medical technology as evidence supporting this claim. Similar to “Terrie H.’s Tip Ad” (CDC, 2012, March 15), the message begins with a striking contrast between the smoker’s past and present selves, advancing a narrative of lost normalcy. The message begins with Becky, at age 54, introducing herself to the viewer. Becky is depicted utilizing a nasal cannula to assist with respiration. While Becky’s testimony unfolds, the viewer is transported into the past via an aged, yearbook-style photo showing a teenaged Becky flashing a glowing smile.

As the viewer peers into her past, Becky explains her decision to begin smoking was motivated by classic tropes of tobacco advertising: “I started smoking when I was 16. I thought it would make me look so cool, and feel so free” (CDC, 2016a, January 20). After the message cuts back to the present, Becky states that she has “end stage COPD [chronic obstructive pulmonary disease]” and has undergone lung surgery. Becky’s mention of lung surgery is accompanied by a brief visual of Becky revealing a long, curved scar on the back of her shoulder. The image of Becky’s scar provokes corporeal anxiety for “those who cannot bear the surprising particularities of stark human embodiment and perhaps the unwelcome reminder that their own bodies are or will be disabled, too” (Garland-Thomson, 2009, p. 116).

In contrast to “Brandon C.’s story” (CDC, 2012, June 6), Becky’s testimonial contains an explicit anti-smoking argument. The message concludes as Becky laments that she is now “chained to an oxygen tank” and sternly warns: “My tip is: if you keep smoking, your freedom may only go as far as your oxygen tube” (CDC, 2016a, January 20). As she delivers this final warning, Becky walks across the room holding her oxygen tube. She then walks past her oxygen tank, as the viewer is shown a ground-level view of her oxygen tube being dragged cumbersomely along a carpeted floor. The embodied visual argumentation of Becky and her oxygen machine provides crucial support for the message’s overall claim: that smoking will ultimately inhibit freedom. Becky’s testimony and her visually demonstrable lack of independence (as traditionally conceived in tobacco advertising) cumulatively

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constitute a compelling counterpoint to the myth that smoking is liberating (White, Oliffe & Bottorff, 2012).

Corporeal anxiety is central to the message's enthymeme blocking. Whereas "Brandon C.'s story" (CDC, 2012, June 6) invokes the specter of painful bodily disintegration through amputation, "Becky H.'s Tip" (CDC, 2016a, January 20) activates corporeal anxieties by confronting audiences with the prospect of their body shackled by medical technology. Both Brandon and Becky's messages generate corporeal anxiety by framing medical technology as negative. Becky's tip operates as an enthymeme by presuming, as much pro-tobacco advertising does, that the audience is invested in an ideal of bodily autonomy and mobility that implicitly denigrates life with a disability as dependent and fettered (Beasley, 2020, p. 171). The message defines Becky's disability as antithetical to freedom, portraying technology as an impediment to the independence she once presumably enjoyed. In "Becky H.'s Tip" (CDC, 2016a), these corporeal anxieties—stemming from images of the body "chained" to technology—are the basis of new, negative emotional associations between smoking and disability, and smoking and dependence on medical technology, overriding or weakening prior positive associations between smoking and independence encouraged by pro-tobacco advertising (White, Oliffe & Bottorff, 2012).

SHANE

"Shane T.'s Story" (CDC, 2013) features a 44-year-old survivor of throat cancer who has undergone multiple surgeries and speaks through an electro-larynx. Whereas Terrie's voice (CDC, 2012, March 15) sounds hoarse and raspy, Shane's voice has a synthetic and electronic tone that does not change pitch significantly. Throughout the message, Shane narrates his history of tobacco addiction by placing the handheld electro-larynx device onto his neck, which produces a vibration that allows him to speak. Shane's message taps into corporeal anxiety through the aural dynamics of Shane's bodily rhetoric and medical technology, which violate "vocal norms" (Marshall, 2014). The message exploits "technophobic" sentiments that cause temporarily able-bodied individuals to feel anxiety at the prospect of relying on assistive technology (Shapiro, 1994, p. 234). His "mechanical voice" "threatens" audiences with the blurring of the "natural-artificial" and "human-machine" dualisms (Myres, 2016, p. 165; Schermer, 2014, p. 57). By complicating the boundaries between the "natural" body and technology,

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Shane's vocal device activates anxieties that disability will render one's body no longer "static, rational, and whole" (Cherney, 1999; Dolmage, 2013, p. 111).

Aside from Shane's tone of voice, the "immediate visual context" is significant (Birdsell & Groarke, 1996, p. 6). His electronic tone is juxtaposed with an organic background. Shane appears to be in a park, with vibrant green trees and grass behind him, alongside a rippling pond and fountain. In the 1960s and 70s, many tobacco corporations released advertisements featuring lush natural backdrops and "green landscapes," to instill an association between their products and "vitality," "freshness," and "healthfulness" (Stanford School of Medicine, 2015, para. 1). Variations on this theme persist in contemporary tobacco advertisements that feature "imagery of plants and farms" to "implicitly communicate naturalness" (O'Gara et al., 2019, p. 336). The contrast between Shane's medical technology and the pleasant green landscape blocks residual associations between tobacco and nature by heightening anxieties that smoking will jeopardize the naturalness of the body.

"Shane T.'s Story" (CDC, 2013) activates corporeal anxieties in a manner similar to, but distinct from, "Brandon C.'s story" (CDC, 2012, June 6) and "Becky H.'s Tip" (CDC, 2016a, January 20). Like other *Tips* messages, Shane's story operates enthymematically by capitalizing upon preexisting audience aversion to disability and medical technology. While Brandon's story associates disability with pain and abnormality, and Becky's tip highlights the restrictiveness of technology, Shane's story fuels anxieties over technology endangering the "organic unity and autonomy of the body" (Dolmage, 2013, p. 111). The association of these negative emotions—corporeal anxieties over the blurring of the natural/artificial and human/machine binaries—with smoking reframes the habit as a threat to one's body and humanity (Justice, 2018).

BRIAN

"Brian H.'s Tip" (CDC, 2016b, January 20) argues that smoking increases the risk of conditions that can impede national service. The evidence offered for this claim is the testimony of Brian, who is identified as a 60-year-old veteran of the United States Air Force and a heart disease survivor. Early in the message, Brian states that "I joined the service so I could serve my country and see the world" (CDC, 2016b, January 20). After Brian's

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patriotism is verbally demonstrated by this claim and visually demonstrated by his military paraphernalia, the tone of the message changes abruptly. Brian states: “but I smoked,” and the setting shifts from a household to a hospital (CDC, 2016b, January 20). The viewer is shown an emergency room curtain being pulled back as the steady beeping of medical devices becomes audible. Instead of adventuring across the world, Brian says, “a lot of the world I got to see looks like this,” as the viewer is shown medical devices and fluorescent hospital lighting (CDC, 2016b, January 20). Brian concludes by stating: “My tip is: it’s hard to serve your country when you’re too weak to put on your uniform” (CDC, 2016b, January 20).

Brian’s message enacts a narrative of lost normalcy by associating disability with tragedy, impotence, and loneliness, and equating life with disability to a life confined to a hospital bed, devoid of adventure and excitement (Dolmage, 2013, p. 35). The patriotic imagery in the first half of the message—Brian’s uniform, commemorative hat, and medals—is replaced by the sterile imagery of a hospital room full of humming medical technology during the message’s second half. These scenic elements dynamically illustrate Brian’s transformation into a person who is “too weak” to serve his nation, complementing the message’s verbal content (CDC, 2016b, January 20). Brian’s message highlights the fragility of the body by raising the prospect that all people—even those who have devoted their lives to service and adventure—are at risk of acquiring “the stigma of being disabled—of being old, dependent, not normal—that can come with using [medical] devices” (Shapiro, 1994, p. 234).

“Brian H.’s Tip” (CDC, 2016b, January 20) is one of several campaign messages that features testimony from former military service members and veterans (CDC, 2020). Enthymematically presuming this community’s investment in a patriotic ideal that links capacity for service to physical ability, Brian’s tip generates corporeal anxiety by showcasing a lifestyle where use of medical technology forces a life of passivity rather than active service. In advancing this argument, Brian’s testimony deconstructs associations between smoking, military service, and patriotism. Statistics suggest that rates of smoking are higher in the military population than the civilian population (“Tobacco Use in the Military,” 2018). In addition, tobacco companies have historically featured patriotic imagery and soldiers in their advertising to cultivate an “association between smoking and military service” that “persists” to this day (Smith & Malone, 2009, p. 1595). Brian’s message reframes cigarettes as antithetical to national service through

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appeals to corporeal anxiety. Smoking is no longer a symbol of masculine autonomy; the habit drains Brian of his vitality, confining him to a hospital and preventing him from fulfilling his patriotic impulses (White, Oliffe & Bottorff, 2012).

The appeals to corporeal anxiety in “Brian H.’s Tip” (CDC, 2016b, January 20) are similar to those of “Becky H.’s Tip” (CDC, 2016a, January 20) and “Terrie H.’s Tip Ad” (CDC, 2012, March 15). Just as Becky and Terrie’s tips juxtapose each smoker’s past and present selves to illustrate how smoking scars bodies and depletes youthful beauty, Brian’s tip contrasts a past of heroic service with a smoking-induced life of tedium and bodily decline. In all three messages, smoking is associated with corporeal anxieties of premature bodily breakdown through a “before and after” narrative that dramatically distinguishes between the smoker’s pre- and post-disability self. In doing so, the campaign highlights the fact that the boundaries between able-bodied and disabled are ultimately tenuous, heightening corporeal anxieties. Brian’s tip therefore integrates unique themes such as patriotism and national service into the campaign’s familiar template that links smoking-related disabilities to tragedy and abnormality.

MARIE

Like “Brandon C.’s story” (CDC, 2012, June 6), the message titled “Marie W.’s story” (CDC, 2012, May 4), examines the life of a former smoker and Buerger’s disease survivor. Through bodily rhetoric and verbal narrative, Marie’s message emphasizes smoking and Buerger’s disease’s capacity to cause ongoing suffering and reduced quality of life. Consistent with the “disability as object of pity” trope, Marie portrays her disability as a life-changing misfortune that, in her bleakest moments, stripped her life of value (Dolmage, 2013, p. 35). Marie recounts the depressive state she experienced after contracting the disease, stating that “my first three or four years were just unbearable. I wasn’t living, I was just existing” (CDC, 2012, May 4).

As Marie relays this narrative portraying her disability as a “personal tragedy” stemming from her choice to smoke (Dolmage, 2013, p. 43; Siebers, 2008, p. 188), the message visually emphasizes the markers of her disability. The viewer is provided a close-up look at Marie’s fingers (which lack fingertips) and her right foot (which lacks toes), inviting scrutinizing stares. At multiple points during the message, the visual focus shifts away from

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Marie's face, instead emphasizing her fingers, which are shown placed in her lap, with missing fingertips and scars visible. Marie's residual fingers, which vary noticeably in length, demand audience attention by subverting "visual expectations" of "symmetry" (Garland-Thomson, 2009, p. 123). These uncensored images of disability provide crucial backing for the message's overall claim that smoking can heighten the risk of amputation.

Alongside this bodily rhetoric, Marie's message incites corporeal anxiety through a narrative emphasizing that smoking can lead to unexpected disabilities with long-term consequences. Marie states regretfully that she has battled with the disease "for almost 17 years" and that she must "be very careful in what I do, because today or tomorrow, I could bump into something and lose another finger" (CDC, 2012, May 4). Marie recounts a grave choice she faced between ongoing pain and amputation:

You say to yourself, "You want this pain, or you want your leg? You want this pain, or you want your finger?" You know, at that point, it's like, "cut whatever you want to cut. Just stop this pain." (CDC, 2012, May 4)

Marie then offers a grim warning to viewers: "Just think of waking up one morning, and all of a sudden, your leg is gone" (CDC, 2012, May 4). The message concludes with Marie reflecting about how "life is so different now" as she takes out the garbage while walking with what appears to be a limp. Aggressive tobacco industry advertising has perpetuated associations between smoking and "appealing attributes including female liberation, glamour," and "success" (Carpenter, Wayne, & Connolly, 2005, p. 838). In this message, Marie's bodily rhetoric and testimony block such associations by linking smoking to tragedy and disability.

Marie's bodily rhetoric and verbal account of her suffering, which recounts pain so debilitating that she was merely "existing" rather than living, invites viewers to sympathize with her pain while internalizing that her fate could be theirs if the advertisement's warning is not heeded (CDC, 2012, May 4). Her message can produce ambivalent audience responses, as pity is a contradictory emotion that both "opens hearts" and "raises walls of fear" (Shapiro, 1994, pp. 22-23). Marie's testimony encourages identification, imploring viewers to put themselves in her position and imagine being confronted with an impossible choice between unbearable pain or amputation. Yet, any identification generated by such appeals risks being

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“underline[d]” by fear (Shapiro, 1994, p. 38). Pity expressed toward people with disabilities is easily transformed into corporeal anxiety, as temporarily able-bodied audiences are confronted with the realization that this fate could be theirs (Aristotle, 2007). To the extent that viewers identify with Marie, they must acknowledge the shared vulnerability of all bodies to disability, which spurs corporeal anxiety by complicating a tidy demarcation between the able-bodied and disabled.

Since both messages feature a former smoker living with the consequences of Buerger’s disease and amputation, comparisons can naturally be drawn between “Marie W.’s story” (CDC, 2012, May 4) and “Brandon C.’s story” (CDC, 2012, June 6). Both messages operate as persuasive enthymemes by providing audiences the personal testimony and bodily rhetoric of former smokers without overtly instructing audiences not to smoke. Associating smoking with corporeal anxiety, through vivid invocations of smoking-induced bodily deterioration, steers audiences towards the unstated conclusion that their bodies are as prone to disability as Marie or Brandon’s and that smoking should therefore be avoided. The *Tips* campaign demonstrates the rhetorical force of such appeals to corporeal anxiety. The campaign messages analyzed here move the audience to contemplate their own painful bodily decline, not through mortality-based appeals, scientific argument, or statistics, but through disability imagery and narratives that jolt audiences into the realization that smoking can disturb the boundaries between the categories of able-bodied and disabled.

ENTHYMEME BLOCKING IN *TIPS FROM FORMER SMOKERS*

Several themes are dominant throughout the *Tips from Former Smokers* campaign. The campaign portrays former smokers with disabilities as leading lives defined by “difficulties and tragedy” where “pain and suffering” are “dominant forces” contributing to a “passive-dependent existence” (Harris & Harris, 1977, pp. 69–70). Furthermore, through intimate testimony and stark bodily imagery, the messages convey feelings of irreconcilable loss of personal potential and normality due to disability, with technologies depicted as uneasily integrated into their lives and failing to restore prior wholeness. These appeals to corporeal anxiety encourage audiences to exert control over their “bodies and attempt to perfect them” which can “create rejection, shame, and fear” over “deviations from bodily ideals” (Wendell, 1996, p. 85).

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The *Tips* campaign represents a concerted effort to visually counter positive associations attributed to smoking, using the audience's presumed desire for an able body "as a communicative force against the costly and life-threatening habit" (Dutta & Boyd, 2007, p. 262). These messages operate as "oppositional arguments" that "block enthymematic associations" between smoking, sex appeal, and independence (Olson & Goodnight, 1994, p. 250). By transforming cigarettes into "a social negative" that signifies potential disablement, the campaign discourages audiences from "uncritically supplying the unspoken assumption" that cigarette use is linked to desirable qualities (p. 262).

The CDC offers moving real-life counterexamples to tobacco industry myths: the Marlboro Man's hyper-masculinity is met with tragic stories of men incapacitated by the aftermath of smoking addiction, and associations between smoking and independence are countered with images of former smokers encumbered by technology (White, Oliffe & Bottorff, 2012). The campaign blocks associations between smoking and independence, but paradoxically shares an investment in the same values lauded in the tobacco industry's advertising. By defining disability in opposition to independence, the campaign perpetuates damaging myths that synonymize disability with deficit and tragedy (Dolmage, 2013).

Conclusion

Two key insights follow from the analysis conducted here. First, I have established the rhetorical potential of appeals to corporeal anxiety, which are an impactful technique for inculcating audience aversion to risky health behaviors and can be found in several public health campaigns (Huang et al., 2017; Johnson, 2012). I have also identified imagery of disability as a means to provoke corporeal anxiety, building upon research outlining the rhetorical salience of disabled bodies (Garland-Thomson, 2002, 2009). Second, I have demonstrated that appeals to corporeal anxiety may reinforce disability stigma. This insight challenges the tendency of some analyses of the *Tips from Former Smokers* campaign to treat the campaign as an unambiguous success.

Effective campaigns must clearly articulate the dangers of smoking, as smokers tend to dismiss health risks as "remote and not worthy of immediate concern" (Arnett, 2000, p. 626). The *Tips* campaign demonstrates that visualizations of disability can viscerally and intuitively convey health risks. The campaign's claims are underpinned by a novel form of evidence that is

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difficult to ignore: the bodily rhetoric and testimony of former smokers who have survived smoking-related health conditions and have the scars to show for it. Their bodily rhetoric instills a sense of urgency to adhere to their “tip” by rendering the abstract health risks of tobacco consumption tangible and immediate.

This analysis gains significance as public health campaigns increasingly utilize this style of appeal. Appeals to corporeal anxiety can be found in the Food and Drug Administration’s *The Real Cost* campaign, which was launched in 2014 and is targeted at adolescents. Messages from *The Real Cost* campaign argue that smoking can threaten one’s body and physical attractiveness through dramatizations that depict adolescents “paying” for cigarettes by pulling their teeth out or ripping their skin off (Huang et al., 2017). Similarly, an anti-obesity campaign created by the New York Health Department raises the threat of disablement to discourage unhealthy eating (Johnson, 2012). One campaign poster “shows a man with his leg amputated below his knee,” and his “crutches leaning against the wall,” with the caption “Portions Have Grown: So Has Type 2 Diabetes, Which Can Lead to Amputations” (Grinberg, 2012, para. 32). This essay—by theorizing corporeal anxiety and explaining how the *Tips* campaign activates this anxiety—provides future scholars a vocabulary to critique the participation of emergent anti-smoking and public health campaigns in stigmatizing discourses through emotional appeals that portray life with a disability as painful and tragic. Rhetorical criticism that elucidates how disability imagery and narratives are used as embodied data to spur corporeal anxiety and thus compel behavioral change is needed to provide a full accounting of the stigmatizing side effects of such messages.

The *Tips* campaign has raised awareness of smoking’s risks, generated quit attempts, and encouraged viewers to seek out cessation services by emphasizing smoking’s capacity to disable users. However, this success has come at the expense of “further [contributing] to stigmatizing discourses” (Kearney, 2020, p. 57). The *Tips* campaign garners persuasiveness by cementing associations between disability, deficit, and tragedy (Dolmage, 2013). The campaign further positions people with disabilities as objects of disgust. These negative associations are not an abstract concern: “smokers are highly aware of their status as ‘disgusting’ and ‘deviant’ that is perpetuated via some anti-tobacco campaigns” (Lupton, 2015, p. 11).

Tips from Former Smokers messages operate as enthymemes by relying upon an unstated premise: that disability is negative and ought to be avoided

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to preserve one's normalcy. However, when viewers do not accept this premise because they identify as disabled or do not view disability as a deficit, the campaign may strike a discordant note. The campaign's potential to stigmatize has been highlighted by members of the "colorectal cancer and ostomy support communities" ("The Campaign & The Concerns," n. d., para. 1; Kessler, 2016). Several *Tips* messages generate corporeal anxiety by describing lifestyle changes that sometimes accompany "living with the aftermath of intestinal surgery" (Bernstein, 2015, para. 1; CDC, 2015). These advertisements feature testimony about the unpleasantness of using an ostomy bag, which is a device used by survivors of colon cancer to pass stool or urine through a stoma. Users of ostomies, and their advocates, have criticized these messages for perpetuating "stigmas about life with an ostomy" and denying "the reality that each ostomate, present, and future, can have a normal life" (Ostomy Connection Editors, 2015, para. 6). This concern extends beyond the campaign's portrayal of ostomies and applies broadly to its depiction of disability as abnormal and tragic. This reaction illustrates that the *Tips* campaign may stigmatize not only smoking, but disability itself, since many people live with disabilities portrayed in the campaign despite never having smoked a cigarette.

In many analyses of public health campaigns, "there is a widespread, unexamined agreement that if a public health issue is at stake, then it is appropriate to use confronting tactics" (Lupton, 2015, p. 9). Advocates of the *Tips* campaign have defended the campaign by arguing that the ends justify the means (Bayer, 2008, p. 467). For example, Dr. John Seffrin, chief executive of the American Cancer Society, justified the *Tips* campaign by stating: "If this ad campaign helps people quit and prevents some from starting, it's the right thing to do" (qtd. in Harris, 2012, para. 12).

Similarly, analyses of the *Tips* campaign have tended to center the narrow question of effectiveness while neglecting the question of ethics. The numerous studies touting the campaign's persuasiveness often note the novelty of the campaign's appeals, which center the threat of disability rather than appealing to fear of death and vouch for the effectiveness of these appeals, but do not consider that these appeals denigrate people with disabilities (Davis et al., 2018, p. 53; McAfee et al., 2013; Neff et al., 2016). In their analysis of the *Tips* campaign, Sherry Emery and colleagues (2014) noted the existence of "ethical concerns about the use of fear" but concluded that the fear appeals and graphic imagery of the *Tips* campaign are effective and preferable to other tactics (p. 286). Nadia Sawicki (2016) also argued

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that emotional appeals such as those in the *Tips* campaign may be ethically permissible on the basis that the advertisements do not unduly manipulate audiences or impede their ability “to reason autonomously and make informed decisions” (p. 223). Unconsidered in these evaluations is the potential of the campaign to reinforce harmful attitudes about people with disabilities.

If the *Tips* campaign succeeds in encouraging negative attitudes towards smoking, but does so by reinforcing ableism, then the campaign’s public health effects may be more mixed than acknowledged. The campaign’s capacity to stigmatize, while ethically problematic in its own right, may also undermine public health in insidious ways, as “being positioned as disgusting can lead to intense feelings of self-hatred and shame” (Lupton, 2015, p. 11). Stigmatization not only demeans the personhood of those who are marked for exclusion, but “can cause additional strain on health, and may thwart positive behavior change” (Brown-Johnson et al., 2015, p. 410). Alexandra Brewis and Amber Wutich (2019) demonstrated that a pattern of stigmatization, exclusion, and worsened public health outcomes is endemic wherever well-meaning public health interventions classify groups of people as undesirable (pp. 3-8). This analysis complements existing research by attending to stigmatizing side effects of the *Tips* campaign that are often unconsidered in studies narrowly examining effectiveness.

Public health campaigns that exploit corporeal anxieties and stigmatize disability as tragic or abnormal are proliferating (Fairchild et al., 2018). Yet much scholarship narrowly considers messaging effectiveness rather than ethics (Lupton, 2015; Wang, 1998). Indeed, *Tips* messages are persuasive precisely because they appeal to the audience’s desire to avoid loss of normality, which casts those who do not meet that norm as Other. The term “corporeal anxiety” expands the vocabulary of future scholars studying the rhetoric of health and medicine to critique public health communication on disability justice grounds, allowing critics to articulate how underlying societal discomfort with the inevitability of temporary able-bodiedness can function as a double-edged rhetorical resource for public health communicators. Appeals to corporeal anxiety are powerful in part because of their enthymematic potential; anti-disability attitudes are so prevalent that rhetors may take for granted that many auditors will interpret life with disability as a tragic nightmare scenario. Since stigmatization is a “rhetorical process,” scholars of rhetoric must continue to study and criticize such disabling

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rhetorics (Johnson, 2010, p. 462). Far from being an act of empty negativity, criticism of these negative portrayals of disability “generates a range of possible awarenesses, critical tools, and disruptions” (Dolmage, 2013, p. 286). Rhetorical criticism has the potential to assist future message designers in the key challenge of developing rhetorical tools that promote public health without resorting to techniques that denigrate people with disabilities.

A promising alternative to both mortality-based appeals and appeals to corporeal anxiety may be “gain-framed” anti-tobacco messaging that focuses on “the benefits of quitting smoking” rather than “the costs” of smoking (Mays et al., 2015, p. 770). Unfortunately, the current media landscape is dominated by negative messaging (Sifferlin, 2014). Nonetheless, there is empirical support for the efficacy of positive anti-smoking messaging, as Sol Richardson et al.’s (2014) comparative study examining the relative effectiveness of positive and negative emotive campaigns found that positive campaigns generated “a significant increase” in calls to an anti-smoking hotline (p. 45).

Optimistic messaging could emulate *Tips from Former Smokers* by utilizing a realistic testimonial format, since evidence suggests audiences find this approach to have fidelity and believability. These messages could feature former smokers testifying about the tangible improvements they have experienced in their lives after the decision to quit. Speaking from their own personal experience, former smokers could describe the financial, health, and socio-psychological benefits derived from their decision to quit. These rhetorical strategies would not require the graphic and negative depictions of disability shown in the *Tips* campaign.

A particularly promising line of argument might be to emphasize the benefits to family relationships that smoking cessation can bring. Smoking cessation not only benefits the individual smoker, but can bring spillover benefits within the smoker’s familial and social circles by reducing relationship tensions caused by smoking (Bottorff et al., 2015, p. 364). Anti-smoking messages that emphasize relationship benefits to cessation, rather than “focusing on smoking as a negative habit” could encourage smokers “to reflect on themselves as part of a positive, larger whole—the family—and reconsider smoking cessation in light of the benefits of quitting within that larger context” (p. 367). Gain-framed, positive anti-smoking messaging could help to articulate new positive associations between smoking cessation and transcendent values such as family and love.

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