

## Project 1 | Assignment 2

As we have discussed, this class has been designed to help you master the skills associated with producing what we call “intellectual arguments,” written documents situated in prior written work on ethical, social, political, and cultural dilemmas over which reasonable persons disagree. Each written document that you produce for the course will situate itself within an ongoing “conversation” between scholars, other intellectuals, and members of the wide public who deliberate about how best to interpret and/or act upon issues of mutual interest.

Typically, we’ll ask you to do some reading in order to become familiar with the parameters of such a conversation. You’ll make note of what’s been said (and also note what might have been said, but so far has not). Together, we’ll describe the “territory” of past and potential analyses, interpretations, and positions that have been offered in response to a salient issue so that you can prepare to cast your own argument about the question, issue, or dilemma at hand. We realize that in high school you may have been asked to design a thesis statement as a first order of business, and then to discover how you will support that claim in your writing. Here, we don’t want you to rush toward a position; in fact, designing a claim for your own argument will come late, following a process of intense critical inquiry whereby you become intimately familiar with a range of possible arguments—positions not your own—but important and influential nonetheless.

Over the course of the next several weeks, you will read and analyze a number of documents that will help you to define, interpret, and analyze this constituent question:

*What effects does public language about illness have upon our individual and collective experience of a phenomenon such as our current pandemic, and what are the effects (personal, social, political) of such language use?*

We will read documents produced by journalists and scholars who approach that big question from various perspectives and points of view. As you might expect, members of communities often convey their experiences and thoughts about illness to one another in ways consistent with their cultural traditions and preferences. This is to be expected. But not all representations are ennobling, humane, or accurately aligned to medical fact. You are responsible for observing and documenting the formative role of public language in directing our shared experience of illness for good and for bad.

For Tuesday, August 25 or Thursday, August 27 (whichever day your Reading Group convenes), we would like you to read a report that appeared in *Science Communication*, written by three scholars (Larson, Nerlich, and Wallis) who study the ways in which scientific information is communicated to the public. Their work both documents the ways in which biorisks are talked about (and therefore understood by the mass public) in terms of “war” and “invasion,” and judge the enabling and problematic effects of these uses of language.