Kairos in the Let’s Move! Campaign: Crafting Moments of Change through Humanistic Rhetoric

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Kairos in the Let’s Move! campaign: Crafting moments of change through humanistic rhetoric

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ABSTRACT

Research has established a concerning upward trend of obesity rates in America. The government, including the United States Department of Agriculture and the United States Department of Health and Human Services, has attempted to change American’s poor eating habits by creating public health guides and by making nutrition information publicly available. Public health guides and initiatives have the potential to influence Americans to change, but it is vital to simultaneously help Americans understand the guidance and convince them to use it in their daily lives. Through close textual analysis of Michelle Obama’s announcement speech for Let’s Move! and the updated food guide, MyPlate, this thesis argues kairos is essential to public health rhetoric. The primary goals of this thesis are (1) to increase our understanding of how kairos functions within successful nutrition rhetoric and (2) to enrich our definition of kairos in the field of rhetoric. Since successful public health efforts targeted at obesity necessitate changing beliefs, a rhetor must utilize a kairic moment to create a sense of urgency and interrupt complacency. This understanding of kairos is aligned with existing scholarship that defines kairos as an opportune moment that a rhetor must be sensitive to. This thesis suggests a rhetor may also advance the kairic potential of presented rhetorical situations. Specifically, Let’s Move! advances kairos through humanistic rhetoric that appeals to individualized memories and personal knowledge of good dietary options. By addressing cultural beliefs, personal values, and real-life experiences with food, nutritional information is made comprehensible and relatable. The public can better understand the guidance and implement it into their lives at the times they find it relevant.
CHAPTER 1
INTRODUCTION: A HISTORY OF QUANTIFICATION IN AMERICA’S LANGUAGE OF NUTRITION

There is a mounting list of alarming statistics surrounding the condition of nutrition and diet in America. For instance, “Data from 2009-2010 indicates that over 78 million U.S. adults and about 12.5 million (16.9%) children and adolescents are obese” (“Facts and Statistics”). Rising rates of obesity is not a new public health concern, and its consistent growth across time is especially concerning. The dilapidated condition of the American diet has become an issue that crosses age, gender, socioeconomic class, and time. I use the word “dilapidated” deliberately because it is not as simple as a lack of knowledge or access to the tools necessary to live a healthy lifestyle. The crisis is much more complex. Like a house owned by a disinterested tenant, the American body has been left to every whim of the environment it exists in. Contextual factors relating to the physical environment—including food deserts, food insecurity, dwindling parks, and fast food restaurants on every corner—make it difficult for Americans to make healthy choices. In conjunction with a food culture based around convenience, escalating rates of obesity seem unavoidable.

In response to the escalating rates of obesity and its related health concerns, the White House launched its first ever anti-obesity campaign. On February 9, 2010, First Lady Michelle Obama unrolled the nationwide campaign by announcing the Let’s Move! initiative. Since her announcement, Let’s Move! has faced a variety critiques from the media, but these critiques also admit that childhood obesity rates are on the decline (Shen). Though the obesity crisis is still a major health concern, in under a decade the rate of childhood obesity in America has declined from 14% to 8% among children between two and five years of age (“Facts and Statistics”). Due to the many factors that contribute to the obesity epidemic, the government’s campaign cannot
be given direct causal credit for the improvement of the crisis, but Let’s Move! is acknowledged as a main advocate in reports (2014 Annual Progress Report). The correlation between decreasing rates of obesity in children with Obama’s unrolling of a public health initiative targeted at children is noteworthy. Moreover, a focus upon children as the primary audience of the Let’s Move! campaign is only one of the many ways the government has changed its approach in comparison to previous attempts. Though I cede that giving all of the credit to Let’s Move! for the recent decline would deny the intricacies of situation, I argue that changes in the government’s approach in correlation with changes in obesity rates call for rhetorical analysis.

When considering the power American government has historically had over nutrition science, concerns, and perceptions, changes in the government’s approach to the obesity crisis reflects a changing trend in how Americans discuss and make decisions about their nutrition. Through close textual analysis of Michelle Obama’s speech that launched Let’s Move! and the resulting MyPlate food guide infographic, I argue that the government’s new approach demonstrates kairos’ role in nutrition rhetoric. The Let’s Move! initiative and the MyPlate guide demonstrate how kairos not only been addressed, but it has also been crafted to change American’s nutrition choices. Let’s Move! simultaneously responds to and bolsters a moment of kairos for the obesity crisis by addressing the real-life experiences of tasting, cooking, and buying food. I argue that emphasizing humanistic rhetoric, where the physical and social reality of experiencing food is described, allows for the Let’s Move! campaign to approach its audience in a more kairic manner than previous efforts. A tradition of asserting quantitative terminology and classifications in prior federal public health guides undermined their kairic potential. Let’s Move! and MyPlate’s transition in their approach to discussing or presenting what makes choices “good” or “bad” has empowered Americans to act upon calls to make more healthful
choices. Standards for healthful eating based in a balance of humanistic and scientific rhetoric have advanced the kairic potential of the available rhetorical situation.

My argument takes the following form: In this chapter, I present an overview of the historical exigencies the government’s health guides have sought to address and explore why kairos is relevant to the obesity crisis. In Chapter 2, I analyze how the literature defines kairos, and I summarize how kairos applies to the Let’s Move! initiative. In Chapter 3, I analyze kairos inherent within and cultivated by Obama’s announcement speech for Let’s Move!. In Chapter 4, I analyze kairos within the design of the MyPlate visual health guide. I conclude, in Chapter 5, with suggestions for further research, recommendations for MyPlate design revisions, and exploration of college students as a potential target audience for the Let’s Move! initiative.

1.1 The Context of Federal Food Guides and Health Campaigns

American beliefs about diet and nutrition cross many boundaries and are impacted by a multitude of voices. Institutions such as the World Health Organization, U.S. Department of Health and Human Services (HHS), National Weight Control Registry, Institute of Medicine, American Dietetic Association, Centers for Disease Control and Prevention, American College of Sports Medicine, and American Drug Association are some of the institutional voices that influence what Americans believe about the foods they eat (Bryant and Green). There are also countless debates and conversations surrounding nutrition in America, including those related to organic production, GMO research, military technology, farming practices, exercise and dieting programs, environmentalist concerns, insurance standards, cancer research, intuitive eating, and the list continues. The multitude of voices and debates surrounding what Americans should and should not ingest demonstrate the complex context federal food guides and health campaigns must approach.
For a rhetorical analysis of current public health nutrition rhetoric, it is important to note why the conversations surrounding Let’s Move! have been so critical and why a direct causal relationship between a decrease in childhood obesity and the success of the campaign would be difficult to determine. The role of public policy in American society and its consistent failure in the past to address the American obesity crisis demonstrate the obstacles inherent in addressing the obesity crisis. The United States Department of Agriculture (USDA) is the federal institution given the duty and authority to create official food guides for Americans and update the food guide’s contents based on the most recent version of the Dietary Guidelines for Americans, which is revised every five years. A food guide “translates nutrient intake recommendations into food intake recommendations and provides a conceptual framework for selecting the kinds and amounts of foods that will provide a nutritionally sound diet” (Spark 303). For more than one hundred years, since W.O. Atwater began his research on food composition and the nutritional needs of the body, the USDA has released food guides, such as the Food Pyramid and MyPyramid, to help Americans decide what to eat and how much to eat. Yet, obesity rates throughout history have increasingly become worse as the guides have become more readily available to the public, regulated, and scientifically accurate (Mudry 3).

There has been much debate about the reasons why campaigns focused on solving the obesity crisis in America consistently fail. One of the factors that disable campaigns is the positioning of food guides as governmental control. The rational guidelines from the USDA interact with “two highly emotional components of every American’s life: the appeal and safety of the daily diet and the freedom to make private decisions without government interference” (Timmer 4). Though the food guides may contain useful information, the choice to follow guidelines implemented by the government is at odds with the democratic belief system that
America is founded upon, which advocates for limited governmental influence over personal choice.

Valuing personal choice over guidelines set by the government is further complicated by varying beliefs over who takes the onus of the blame for the escalating obesity crisis in America. Individual, industrial, governmental, and commercial interests intersect on the obesity issue, and with these conflicting interests come a myriad of fingers to point the blame in the other direction. What health psychology scholars have found is that “campaigns to reduce obesity largely focus on changing lifestyles by individuals” (Etzioni 118). Some argue that for “the consumer who has the motivation, knowledge, and financial means, the American food system offers a diet as healthy, safe, and appetizing as any in history” (Timmer 6). The USDA argues that their guidelines provide the necessary knowledge to make healthy choices, but the obesity crisis crosses financial, economic, and educational status. Additionally, the USDA has been reprimanded in the past for placing the concerns of the agricultural economy over best health practices for food consumption. “On one side are the 312 million or so people of the United States and their health, which the USDA is charged with safeguarding. On the other side are the three hundred or so companies that form the $1 trillion industry of food manufacturing, companies that the USDA feels obligated to placate and nurture” (Moss 213). The USDA faces a conflict of interest when it creates nutritional guidelines because of the many interests the USDA must protect and enforce.

Clearly, focusing on the individual’s “motivation” and “knowledge” is problematic. When focusing on the individual as the power agent who decides to live an unhealthy lifestyle, the larger societal context of the American diet is deemphasized. The reality that “the enterprise of manufacturing and marketing of foods is, at its most basic level, about sales” is ignored (Moss
Furthermore, food advertising is specifically targeted toward maintaining what the USDA would classify as unhealthy choices, yet the clear implication of current American beliefs is that it is, ultimately, “up to the obese people to lead a healthier lifestyle” (Etzioni 118). Public policies oftentimes overlook addressing the larger societal factors impeding nutritional health and focus on providing generalized advice suited for most people, further perpetuating the conflicting messages Americans receive about what they should eat. The point here is not that individuals have zero responsibility, but an emphasis on the individual’s culpability without individualized help could undermine the success of public health guides.

A final contextual factor that has impeded the success of public health initiatives in the past is that the guidelines implemented by institutions, such as the USDA, are oftentimes indecipherable to the average American. “Consumers often seem unable to translate the recommendations into food choices or to assess the suitability and composition of their own diets in comparison with the recommendations” (Thomas 4). The disconnect between the information in the USDA guides and the everyday American audience impedes success of initiatives. This issue becomes more problematic when considering the previously mentioned controversy surrounding who is at fault for the obesity crisis. The American consumer is left without the knowledge to make well-informed decisions while still taking on the burden of the blame for their resulting unhealthy choices.

1.2 Kairos in Federal Food Guides and Health Campaigns

Why, then, are food guides and health campaigns charged with addressing the obesity crisis when they face so many obstacles in reaching the American public? Scholars in fields such as dietetics, food science, and public health have examined the obesity crisis in America and made suggestions for how best to help the public have a more healthful relationship with food.
Often, their suggestions address how the government can better assist American consumers through food guides and campaigns. The responsibility for educating citizens about a balanced diet is placed primarily upon the government for multiple reasons. Spark’s list of requirements for nutrition education highlights these concerns. Spark explains that effective nutrition education must:

- Reach the whole population
- Recognize motives for action and include suggestions on what to do and how to do it
- Develop qualified leadership
- Drive home the same ideas many times and in many ways
- Employ every suitable education tool available
- Adapt those tools to the many and varied groups to be reached and use them with intelligence and skill
- Consider all phases of individual, family, and group situations that have a bearing upon the ability to produce, buy, prepare, conserve, and consume food
- Afford opportunities for participation in making, putting into effect, and evaluating local nutrition programs
- Enlist the fullest participation of all citizens and work through every possible channel to reach the people
- Be adequately financed (304).

Nutrition education must be highly adaptable to an individual’s unique situation, while at the same time have the resources to bring large groups of people together. Pragmatic needs must also be met, such as proper funding and qualified leadership. Essentially, successful nutrition education requires the resources only the government has access to. The government has the
means to appeal to Americans across the nation within their specific context. However, federal food guides have historically focused on standardizing nutrition guidelines and aid across all contexts, which is why kairos has been hindered within nutrition rhetoric.

Kairos is a rich rhetorical concept, and its connection to the Let’s Move! campaign and MyPlate design will be explored further in following chapters, but it is important to establish its relevance to the complexities of the obesity epidemic here. The classical Greek definition of kairos that my argument adopts is “the opportune moment.” Kairos necessitates a rhetor is aware of the most opportune context, time, and means to appeal to an audience so that the rhetor may convince her audience to change their understanding and actions. A rhetorical argument will address the audience and context appropriately through appropriate means, while a kairic rhetorical argument goes one step further by insisting that an ephemeral opportunity is essential to moving an audience to significant change. Thus rhetoric may be static. It may respond to a particular exigence, emerge out of a particular context, and be designed for a particular audience, but it may lack the malleability to move and adapt to complex and changing circumstances. Unless rhetoric has the capacity to adapt naturally, it will not recognize crucial opportunities for major change. The practice of disseminating nutrition education is about creating moments and opportunities for the information to connect with the audience. It is about how individuals understand their food beliefs and making them active participants in the evaluation of what defines a food as “unhealthy” or “healthy” to consume. As Pajares wrote in his essay about teacher beliefs: “One likes to think that reason and evidence advance knowledge and that informed scholarship develops; beliefs are basically unchanging, and when they change, it is not argument or reason that alters them but rather a conversion or gestalt shift” (311). Since food choices mix with an individualized mix of personal taste, cultural associations, and health goals,
changing nutrition beliefs requires the most ripe of moments. Nutrition rhetoric that changes a person’s beliefs results from a personal kairic moment, which converts how that person views their dietary decisions. Since nutrition advice that leads to changed habits must be suited to an individual’s specific situation, the rhetoric must be highly sensitive to kairos.

1.3 A History of Quantification in Health Guides

Americans want to utilize the public health guidelines given to them by the USDA. The department’s previous website containing information about healthy food choices, www.mypyramid.gov, was one of the most frequented federal sites (Tanne 387). Americans know of the USDA’s available advice, but communication breaks down in the process of interpretation and application of these guides. Public health guidelines are created and implemented not only to “produce” knowledge but also to persuade an “adjudicating audience” of their validity (Jack 111). The American obesity crisis’ correlation with an increase in the number of programs designed to fix it proves that there has been a consistent breakdown in the chain of communication. As Chapter 2 will argue, what is supported by the USDA as factual, scientific knowledge has actually been socially constructed through scientific rhetoric within the government’s labs, where the real human experiences of tasting and cooking food were displaced by an obsession with abstract nutrition targets and data points.

Later, in Chapter 2, I will expand upon how humanistic rhetoric interacts with kairos. However, before I continue I need to make clear the sense in which I use the term “humanistic,” since humanism is a concept that carries a variety of meanings. I want to make explicit that when I am referring to humanistic rhetoric I am referring to rhetoric that appeals to a qualitative set of interests involving traditions, customs, and social occasions that affect what is appropriate or desirable to eat. These are subjective experiences that are not defined by a quantitative
epistemological basis. It is rhetoric where, as Leff writes, “tradition serves as the source and ground for civic discourse, since such discourse draws from and works to sustain the identity of the community, while it also functions as an instrument to effect change” (219). Historically, the USDA has focused on setting nutrition standards based in empirical scientific research, which led to the standardization of recommendations across audiences and contexts within the United States. My thesis defines this as scientific rhetoric that is defined by quantifiable goals and measurements. This framework is at odds with the kairos necessary to educate an audience and convince them to change. The qualitative values of what are “good” and “bad” have become “inextricably linked to the language of quantity. In other words, good and bad are products of calculation, not social determination” (Mudry 13).

My intent is not to suggest that science does not have its place in the rhetoric of nutrition but that the goals of scientific discourse to quantify and standardize information is at odds with the purpose of food guides to educate the public. The issue is that “[u]ntil recently, efforts to act on new understandings about diet and health were focused primarily on achieving consensus among scientists on the appropriateness of certain dietary guidelines and on publicizing various, somewhat different sets of guidelines” (Thomas 19). The rhetoric within the guides was focused upon an audience of scientists and nutrition experts rather than the general public. By moving the final goal from quantifiable language, such as body mass index, weight, or calories, to qualitative goals, such as color, taste, and cultural beliefs, the health guides are able to connect to people in a way that enables them to act on the information given to them. As Thomas explains, “To encourage better eating, health-promoting food choices must be accessible, easy to identify and prepare, economical, enjoyable, and adaptable to various life-styles” (25). The use of
quantifiable language and an emphasis on scientific discourse undermines the social nature of rhetoric to function dialectically.

Furthermore, when seeking to change belief, an overemphasis upon scientific rhetoric encourages passivity rather than action from an audience. As Schommer-Aikins explains in her essay on the study of personal epistemology:

“For example, if learners believe that certain knowledge is handed down by authority, then they will likely believe that learning is passive, is heavily influenced by innate ability, and is likely to come quickly based on this absorption concept of learning. They are likely to not question authority in the classroom and to cease to try learning if they do not learn quickly. On the other hand, if the teacher encourages critical thinking and careful evaluation of expert assertions, learners may revise their beliefs about the certainty of knowledge, which in turn may reduce their unquestioning acceptance of an expert’s word, which ultimately lessens their passivity as learners.” (Schommer-Aikins 26)

Take the above situation of an interaction between a “teacher” and “learner” and replace the role of teacher with the guidance given by public health guides. By taking a more humanistic approach, the public is encouraged to evaluate and question the purported accuracy and authority of public health guides. When the audience is made an active participant in the decision-making process of what is healthy to eat, the audience is made into an active participant in learning about nutrition. Rather than taking a deductive and authoritative approach, the guides must be aware of their audience’s unique beliefs about health. The approach of the guides must be humanistic and relatable in order to increase potential kairic moments that lead to individualized changed understanding.
1.4 The Let’s Move! Initiative and MyPlate Health Guide

For the purposes of my research, I have narrowed my focus to First Lady Michelle Obama’s recent Let’s Move! campaign and the resulting health guides produced by the USDA to support Obama’s call to action. A transition to humanistic rhetoric in Let’s Move! and MyPlate are analyzed as instigators of kairic moments. With the launch of Obama’s Let’s Move! initiative, the attention has been placed on children, and their parents and educators, as the primary target audience for the USDA’s nutrition guidelines. Obama’s nationwide mission to solve “the challenge of childhood obesity within a generation so that children born today will reach adulthood at a healthy weight,” has resulted in a profusion of programs specifically targeted toward children (“Let’s Move” Kick-Off). By focusing on the Let’s Move! campaign and MyPlate guide, the following analysis is centralized around artifacts targeted toward American children and, consequently, their parents and educators.

Even a brief review of the names of these programs point to children as the main audience for this new initiative: Let’s Move Active Schools, Let’s Move Salad Bars to Schools, Let’s Move! Museums & Gardens, Chefs Move to Schools, Let’s Move Faith & Communities, Let’s Read. Let’s Move, Let’s Move Outside, Let’s Move! in Indian Country, and Let’s Move! Childcare (Bumpus, Tagtow, and Haven 338). Scholars in the field of dietetics readily agree that “prevention must start as early as possible, since school-age children already have an unacceptably high prevalence of obesity and associated medical conditions,” and public health initiatives, like Let’s Move!, often are implemented within schools where they can be easily managed, observed, and maintained (Wojcicki and Heyman 1457). Since the decline in obesity rates revolve around children, analyzing these artifacts gets at how things are changing and how kairos is functioning in American nutrition rhetoric.
It must be acknowledged that the Let’s Move! campaign has faced critique. There has been some controversy suggesting Obama’s cooperation with corporate interests (Fed Up). Though Obama has confronted criticism, the momentum Let’s Move! has gained in American media and schools and publicity it has brought to the childhood obesity crisis cannot be denied. Let’s Move! is sponsored by multiple well-known athletes, celebrities, and musicians, and a dance has even been made for the initiative called the “GimmeFive Dance” challenge (Let’s Move: America’s Move to Raise a Healthier Generation of Kids). The multitude of subgroups that have arisen to advance the initiative’s mission further underscore its success at bringing saliency to the childhood obesity issue.

Michelle Obama utilizes the USDA within her action plan because it has a legacy of determining public policy around what is “good” and “bad” for our bodies, and it exercises the most control over other institutions. “At least six USDA offices within three agencies have a profound effect on public health nutrition policy and practice” (Spark 13). One of these programs is the National School Lunch Program, which has direct authority over children’s nutrition education and exposure (Mayer 611, 605). The USDA also maintains a strong influence on professionals enforcing and implementing nutritional standards. Practicing physicians, dieticians, educators, and researchers all have access to the USDA’s guides and are required in some form to adhere to these guidelines (Mayer 14; Spark 3).

At the launch of Let’s Move!, President Barack Obama signed a presidential memorandum forming the first-ever Task Force on Childhood Obesity. The Task Force includes the Domestic Policy Council, Office of the First Lady, Interior, USDA, U.S. Department of HHS, U.S. Department of Education, NEC, and other agencies (“Let’s Move” Kick-Off). The Task Force was assigned the duty to review all of the programs and policies relating to child
nutritional and physical activity to develop a nationwide action plan ("Let’s Move” Kick-Off).

Changes in USDA guidelines resulted from the Task Force’s findings, including new standards for the National School Lunch Program (NSLP) and an updated website promoting the new MyPlate visual health guide. The USDA’s purpose is to monitor “food availability and consumption,” so a focus on the changes in the arguments presented by the USDA in result of the Let’s Move! campaign provide a rich source for rhetorical analysis of nutrition rhetoric (Spark 3).

Obama’s announcement of Let’s Move! has revived the conversation around nutrition. Her successful rhetoric is worth examination. Some scholars of feminist rhetoric have included Obama within their research concerns, but her rhetoric surrounding Let’s Move! has largely gone unnoticed. The issues that Michelle Obama addresses with Let’s Move! are not new; obesity, diabetes, and heart disease have snowballed to the point of becoming an American epidemic. The moment, the exigence, has been prime for the taking, and many have tried to help. The upswing in awareness of childhood obesity and action taken by Americans to address the crisis demonstrates the kairic moment has been seized, so Let’s Move! and MyPlate serve as touchstones of kairic rhetoric that convinces Americans to change their food practices.
CHAPTER 2

UNDERSTANDING KAIROS: SITUATIONAL CONTEXT, RHETORICAL SITUATION, THE OPPORTUNE TIME

Kairos is necessary to nutrition rhetoric and the creation of impactful health campaigns. The textual and visual arguments for Let’s Move! have utilized kairos, and this has increased the impact of the campaign across audiences and contexts. For the sake of my analysis, I will focus on three conversations that are relevant to kairos within public health initiatives: (1) the classical Greek understanding of kairos, (2) the rhetor’s interaction with kairos, and (3) kairos within visual rhetoric. Examples from previous health initiatives are presented within the literature review; however, further analysis of Michelle Obama’s announcement of Let’s Move! and the MyPlate guide will take place in subsequent chapters.

2.1 The Classical Greek Kairos

The previous chapter established that most scholars agree upon “the opportune moment” as a definition for kairos. This definition narrows kairos’ scope to the situation or opening through which rhetoric is called and is connected to kairos often being referred to as “the situational context” or “the rhetorical situation,” which overshadows its richness as a concept (Kinneavy and Eskin; Bitzer). The Greek understanding of kairos provides a broader viewpoint, which illuminates a definition for kairos that is intertwined with human action and changed epistemology.

The Greeks deified the concept of kairos; Kairos was a god that embodied the key principles of the term. Usually the god was shown as an ephebe characterized by his “striking hair style, a lock at the front with short hair behind,” which represented a symbol for grasping the “favourable opportunity by the forelock” (Kinneavy 93). Greeks also used kairos to describe archery and basket weaving by using it in reference to a “penetrable opening” or “an aperture
through which an arrow or shuttle must pass for success” (“Kairos in” 313). These three visual representations for kairos emphasize the spatial and temporal aspects of our modern conceptualization of kairos as rhetorical situation (“Kairos in”). Each conceptualization of kairos necessitates timely and nimble action in order to achieve success.

However, the Greeks also connected kairos to epistemology. Kinneavy outlines kairos’ connection to epistemology through an explanation of a sophistic understanding of truth. He writes, “kairos brings timeless ideas down into the human situations of historical time,” so kairos places “value on the ideas and forces humans to make free decisions about these values” (Kinneavy 88). This view has clear connections to Protagoras’ sophistic epistemology for rhetoric where the nature of knowledge is contingent upon the current situation. Only “orthon,” or a kind of knowledge that “approaches universal truth,” can be achieved by society (Carter 103). Kairos was the “cornerstone of rhetoric in the Golden Age of Greece,” because the context both determined the knowledge that could be agreed upon and the language that was appropriate to use in order to determine this knowledge (Sipiora 3). This connection between the sophistic Greek understanding of kairos and a socially constructed epistemology highlights kairos’ necessity to public health initiatives. Kairos carries an idea into the most opportune of moments of human situations, and within such moments humans are charged with making choices about the validity of the idea. Kairos is the fleeting spark of revelation or epiphany. Ideas that were previously intangible or irrelevant to human epistemology become salient or relevant due to a specific situation and time. Entrenched epistemology is affected and changed only through these kairic moments.

An example of such a moment would be an interaction between a doctor and a patient about the patient’s vitamin D deficiency concerns. The doctor asks what the patient has been
doing to address this issue. The patient tells the doctor she has been taking vitamin D supplements every morning before heading off to work. The doctor asks if she is taking these supplements with breakfast. The patient admits that she does not eat breakfast. Instead, she opts for a cup of coffee and waits to eat until lunch. The doctor, seeing the opportunity to help the patient make better dietary choices, explains that vitamin D is one of four fat soluble vitamins, along with A, E, and K. As a fat soluble vitamin, it requires bile to be effectively absorbed into the body. Bile, a substance that aids in fat digestion, is released only when at least 5-10 grams of fat have been consumed. The patient, now properly educated on the matter, decides to eat a small cup of Greek yogurt every morning before taking her supplement. The doctor increased the patient’s knowledge, which caused her to change her eating habits and increase her overall health. The doctor identified a potential kairic moment and utilized the presented situation to shift the patient’s existing knowledge.

Furthermore, a moment is only truly kairic if the potential kairos of the situation is achieved. For example, in the above situation, even if the moment were kairic the doctor could have said the wrong thing and be perceived as rude by the patient, and the potential kairic moment could slip through the doctor’s fingers. Likewise, the doctor could have decided to give an oversimplified diagnosis and only told the patient that they needed to eat “something” with the vitamin D supplement. The patient, without a complete understanding of the issue, decides to have fat-free yogurt for breakfast. Only when armed with full knowledge is the patient granted complete authority over her health concerns moving forward. Therefore, kairos can both call for and constrain action, language, and agency. The rhetor’s role is further relevant to kairos, since a specific rhetor affects the rhetorical situation presented. The same argument with the same presented evidence of vitamin D as a fat soluble vitamin may be ignored by the patient if it were
presented by a person with less authority than a doctor or if the patient were not already
concerned about their vitamin deficiency. Kairos is not just a moment that calls for a rhetor to
speak; kairos is the interaction between situation, epistemology, audience, and rhetor (Consigny).

Some scholars may argue that the above example could simply be defined as a rhetorical
situation rather than a kairic one. The distinction between the definition for kairos and rhetoric is
that a kairic moment necessitates a highly specific set of unique circumstances that sparks
sudden realization and change in a person’s existing beliefs. To give one further example,
consider you ask a friend for some fruit to eat. They know that you prefer bananas, but they only
have one banana left, so they would rather give you an apple. They tell you that they have a
banana, but it is their last one and is overly ripe. Then they tell you that the apples they have are
crisp and juicy. You sense you are being persuaded to eat an apple, so you acquiesce and have
one. This is a simple example of a rhetorical situation you have probably encountered before,
one where someone close to you convinces you to choose a certain option over another.

Now imagine if you had not had an apple since you were young, and this was your first
time having one in over twenty years. You would perhaps be more hesitant to eat the apple, and
even a little uncomfortable doing so. After much convincing, you decide to have an apple. You
are struck by the sweet and sour taste, the crisp texture, and further sensations of taking a bite
into an apple. You remember how much you used to enjoy apples and wonder why you do not
eat them more. Later, you think back upon this experience and buy apples at the grocery store.
The higher stakes of the interaction, the highly individualized set of circumstances, and the
changed beliefs about apples are what make this situation a kairic one. The experience of eating
the apple transcended time, and it made you change your resulting actions by changing how you
feel about apples. A rhetorical situation is not necessarily kairic, but a kairic situation is also
rhetorical. In fact, it is the most heightened of rhetorical situations. Kairos only exists when a rhetorical situation is the most opportune and the most appropriately addressed.

Modern nutrition rhetoric, be it textual or visual, must be kairic in order it to be successful. The purpose of such rhetoric is to change Americans’ eating habits by teaching them about nutrition. An analysis of the most current public health guide, MyPlate, will follow in Chapter 4, but one of the previous versions serves well as an example of kairos within nutrition rhetoric. The Food Pyramid was originally conceptualized in Sweden, and it was introduced by the USDA to the American public in 1992 (see fig. 1). The Food Pyramid was the visual representation and translation of the *Dietary Guidelines for Americans* during that time period. The Food Pyramid was advocated for by nutrition experts and federal institutions, including the Food and Drug Administration, for 13 years until the design was replaced by MyPyramid in 2005. The Food Pyramid’s design, which is based in the concept of a hierarchy of food groups, was publicized and instituted in schools across America by the USDA through the National School Lunch Program. The guide’s influence quickly spread as it became the standard for nutrition education.

Kairos’ role in public health guides is evident in the Food Pyramid’s rhetorical situation. The Food Pyramid offers guidance for nutrition decision-making that would now be considered inconsistent with current dietetic nutrition research. This raises potential ethical concerns for

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![Food Pyramid Image](Image)
public health initiatives that I will discuss in the implications section of my thesis, but what is important to note here is the guide’s effectiveness. The Food Pyramid convinced the public of its validity. Ideas about what were considered healthy amounts of prescribed food groups spread throughout society and controlled the way many Americans perceived their diet.

Rhetoric seeking to change people’s health habits must be kairic twofold. It must change or confirm the audience’s current epistemology about food, and it must convince the audience to act upon that epistemology. The failure of the Food Pyramid to actually halt increasing obesity rates is partially a failure of the scientific accuracy of the information provided, and partially a failure of the guide’s creating kairic moments. The Food Pyramid was not able to get Americans to use the guidelines, though it affected their epistemology of what is healthy versus what is not healthy. Americans would know that what they were doing was not aligned with an abstract standard, but the audience would not want to change or know how to change their actions to match said guidance. The guide was not able to transcend time and reappear in its audience’s minds in order to assist its audience with changing their day to day decisions in order to lead healthier lifestyles and decrease obesity rates. The guide was able to convince the general population of the accuracy of its provided information, since it spread to become the standard for nutrition. However, the Food Pyramid was not able to convince the general population to act upon the presented information, as discussed in Chapter 1, which is why experts who have studied the previous health initiatives complain about their ineffectiveness. As Schwenk writes in her discussion of children’s use of the Food Pyramid: “Unfortunately, many children lack a sense of urgency about healthful eating and do not put into action what they know about nutrition” (3). The audience may have known of the standards, but they did not feel an immediacy to apply said guidance in their day to day lives.
A truly kairic guide must not only convince the audience that it is accurate, but also convince the audience that they must follow the provided guidance by making its advice tangible. Health guides and initiatives must make the epistemology applicable to potential kairic moments of making dietary decisions, where the audience makes the choices that determine their level of health. This is particularly important to be aware of when discussing the sensitive topics involved with dietary choices, including an individual’s perception of her body image and her purchasing choices. Any “environment of communication” necessitates a rhetor be aware of the “social and ‘political’ relations, tastes, needs and desires” of the audience (Kress 119).

Potentially kairic moments for nutrition are sensitive, individualized moments that require such an environment of communication in order to be successful. The decision to get healthy is one that can only be enacted through small choices about what to eat for dinner or what to buy at the grocery store. Nutrition rhetoric must situate guidance within kairic moments in the audience’s lives in order to create lasting change.

Additionally, the science behind the guide’s nutritional information arose out of kairos within the rhetoric of science. The information within public health initiatives are based in the most current science, which demonstrates that kairos functions in the rhetorical situation that creates the guide. Many scholars of rhetoric and technical design have established scientific knowledge as rhetorical and spoken out against a positivist understanding of science. Carolyn Miller is a well-known voice in asserting that scientific knowledge is based on socially agreed upon truths rather than “sensory data” that is “empirically verified” (“A Humanistic Rationale” 612). Using Thomas Kuhn’s theory of paradigms and Stephen Toulmin’s views of the evolutionary framework for science, Miller claims that science based in “postpositivist thinking” is “remarkably congruent with a rhetoric in which kairos is central” (“Kairos in” 314).
positivist understanding for science is understood as a linear progression, where new evidence is discovered from reality and builds upon the current understanding. The rhetoric of science acknowledges the social dependence of knowledge creation and necessitates kairic moments in order to come to new knowledge. Public health guides, such as the Food Pyramid, become the artifacts that disseminate knowledge that arise from the most recent moment of kairos within nutrition science.

2.1.1 Humanistic Rhetoric in Nutrition Communication

The scientific language that dominates many aspects of nutrition rhetoric originated from caloric research back in 1862, when President Abraham Lincoln passed the Morrill Act. Scientists, in a competition with Europeans, were in a race to analyze the relationship of food with the human body. The human body was conceptualized as a system of inputs and outputs, and scientists’ goal was to discover the proper nutrition that led to the least amount of waste. As more scientific research was conducted, scientists needed a way to publish their findings and discuss their studies. Mudry argues that this scientific root for dietetic discourse has led to the obesity crisis in the United States. She explains, “The qualitative values of what are ‘good’ and ‘bad’ have become “inextricably linked to the language of quantity” (Mudry 13). It is a positivist language, a language “free of the emotion and metaphysics which pollute ordinary language” (“A Humanistic Rationale” 612). This means that social determination is not given a voice in conceptualizing what is healthy versus unhealthy, and moments of kairos necessary to public health initiatives are undermined.

Mudry’s book was published in 2009, the year before the launch of the Let’s Move! campaign, but her critique of positivism in nutrition rhetoric is still worth consideration. The original ideal model for the human body’s use of nutrition is evident in our society, and viewing
our food as “intakes” is one way in which scientific discourse frames many people’s beliefs, knowledge, and practices. Let’s Move! and MyPlate acknowledge science’s role within nutrition rhetoric, but they primarily focus their rhetoric upon the social aspects of eating food. Let’s Move! targets parents, teachers, and professionals, which places the audience as protectors of America’s children. Obama approaches her audience as real people who want to give future generations a happy and long life. She discusses real interactions of eating food and making dietary choices within personal contexts. This form of humanistic rhetoric focuses on valuing human experiences as a source of determining what is healthy, and it asks the audience to compare themselves to other human experiences, rather than an intangible numerical standard. In the following analyses of Obama’s speech and the MyPlate visual, I argue that a transition from scientific language to humanistic language enables a space for kairos. Americans are given agency when nutrition science’s power is deconstructed and the real, social context of food in America is acknowledged.

Think back to my example of a kairic situation, where you bite into an apple for the first time in over twenty years. Did your mouth water? Did you picture a bright, shiny red apple in your mind’s eye? Did you think back to the time you last had an apple? Utilizing human experiences with food is powerful, and this sort of humanistic rhetoric encourages kairos for changing nutrition practices. As Leff writes, “From the humanistic perspective, rhetoric has constitutive force because it comes at the intersection of past memory and current interests and balances and adjusts both considerations” (219). The Let’s Move! initiative devalues scientific discourse in favor of humanistic concerns and emphasizes community involvement, which is why parents and educators as the audience is of particular interest. Obama approaches Americans as real people (i.e. parents and educators) and does not blame them for making unhealthy choices
by acknowledging the societal factors that influence dietary choices. The social nature of Let’s Move! calls for educators and parents to have a more confident voice in deciding what to eat, and its values are echoed in the language of the updated USDA guidelines. The updates to USDA guidelines reflect an increased emphasis on personal choice, since they no longer advocate for a one-size-fits-all solution.

2.2 The Rhetor’s Interaction with Kairos

There are currently two understandings for how rhetoricians interact with kairos that have implications for Obama’s Let’s Move! announcement speech and the MyPlate guide. I define these two as the rhetor as guest and the rhetor as host. Rhetor as guest is based in a classical Greek conception of good oratory that “has the qualities of fitness for the occasion, propriety of style, and originality of treatment” (Isocrates 73). Early teachers of rhetoric “tried to instill in their students a sensitivity to opportunities, an ability to seize the moment, or a capacity to perceive the ‘right time’ for action” (Jasinski 149). The rhetor must develop sensitivity to current situations, or else their rhetoric could lack the propriety and decorum necessary for their purposes. Within this framework, kairos invites the rhetor to speak, but it is up to the rhetor to discover this invitation. The rhetor is the guest that arrives to the rhetorical situation necessitating a change.

Though they do not directly address kairos, Lloyd Bitzer and Richard Vatz provide two different ways to understand a rhetor’s interaction with kairos. Bitzer supports the rhetor as guest framework in his essay, “The Rhetorical Situation.” Through his distinguishing between “persuasive situation” and “rhetorical situation,” Bitzer establishes his definition of the rhetorical situation through exigencies and constraints (3). He argues that not all situations that call for rhetoric are “always accompanied by discourse” and that “rhetorical address” does not give
“existence to the situation” (Bitzer 2). The situation “calls the discourse into existence,” which supports a perspective that necessitates the rhetor be hyperaware of the opportune moment to speak (Bitzer 2). As Miller explains, “Bitzer’s objectivism insists that the situation exists independent of the rhetor” where the situation manifests “its own requirements” and makes “demands on the rhetor” (“Kairos in” 312). This places the rhetor in a reactionary role to kairos and calls for a rhetor to identify a rhetorical situation.

In “The Myth of the Rhetorical Situation,” Vatz argues for a rhetor as host, where the rhetor invites kairos. He explains that a rhetor has the power to create “salience” and to make a situation rhetorical (Vatz 160). Rhetors “choose” or “do not choose” to make “situations, facts, events, etc” salient, and once this “salience” is determined the “situation must be translated into meaning” (Vatz 160). In contrast to the rhetor as guest, Vatz’s rhetor is one who crafts kairos. This rhetor must still be aware of the context within which she operates, but emphasis is placed more on the rhetor’s “responsibility for the salience” she creates (Vatz 158). For the rhetor as host, any moment has the potential for kairos. An imaginative rhetor can define a moment as kairic for their purposes, and this entails a rhetor who is respectful of their ability to create salience.

Critiques of the rhetor defined as host are based in the belief that this view focuses too much on the rhetor’s ability to manipulate their audience, which ties back to debates surrounding a sophistic understanding of rhetoric. As Cynthia Miecznikowski Sheard writes, “An incomplete sense of the concept has led some to focus on a speaker’s opportunism and manipulation of an audience which kairos makes possible” (292). Sheard does not deny that a rhetor has the ability to influence kairos, but her concerns are that the perspective of the rhetor as host leads rhetoricians to “overlook the attendant ideas of appropriateness and propriety” and forget that
“kairos grounds discursive exchange in the conventions of the culture within which it operates” (292). Similar to Vatz’s call for a rhetor as host who is respectful of their ability to create salience, Sheard’s concerns call for a rhetor to blend creation with reaction. This type of rhetor may create or react to kairic moments, but the context still exerts substantial control over their rhetorical decisions.

The varying perspectives on how a rhetor approaches kairos is linked to current literature surrounding the definition of kairos in contrast to chronos, where the rhetorician must be extremely conscientious of the context in order to subvert chronos. For the Greeks, kairos was sometimes “viewed as neutral” with eukairos, a “good time,” set up in opposition to akairos, a “time without kairos,” or “kakakairos,” a “wrong time” (Kinneavy 85; Sipiora 2). More recently, scholars have contrasted kairos to chronos in order to analyze kairos’ role in rhetorical theory.

The theologian Paul Tillich defined chronos as “quantitative” and kairos as “qualitative,” where kairos is defined as “time fulfilled” that transcends chronos through divine imperative (61-2). Chronos is the linear progression of time while kairos is a special moment that breaks the linear progression (Smith).

For Tillich, kairos is achieved through the divine. In “Kairos as God’s Time in Martin Luther King Jr.’s Last Sunday Sermon,” Ben Crosby supports this argument and writes that kairos “requires an agent-rhetor—in essence, a divine—who has the wherewithal to stop and redirect time according to the will of God” (Crosby 276). By defining a rhetor as “agent,” Crosby advances the perspective of rhetor as host, where the “rhetor repositions him/herself, the audience, and the exigence within a new circumstance of time and space” (264). For Crosby, the rhetor forms kairos through building “spaces of suspension and poise that represent opportunities to reconceptualize time” (271). The rhetor makes the opening through which rhetoric flows.
The following analysis argues that a rhetor must fulfill both roles, rhetor as host and guest, in order to affect an audience’s dietary epistemology. Rhetors must look for opportune moments to approach sensitive topics like a person’s dietary choices, and rhetors must hone their skills at halting complacency to advance kairos. What my argument suggests is that an opportune moment can only advance potentially kairic moments for nutrition so far. The fact that obesity rates have consistently been too high in America suggests that the situation has been kairic for some time. Since previous health initiatives and guides have met little success, a rhetor as host model demonstrates how Obama has been able to impact obesity rates. Though Obama is not appealing to a divine imperative for her announcement, she is still the “agent-rhetor” that Crosby describes. Obama’s Let’s Move! initiative and the resulting MyPlate guide call to an ethical imperative. By evoking personalized experiences with food and consistently tying the initiative to aiding children, the upward trend of the obesity crisis is given saliency.

2.3 Kairos in Visual Rhetoric

Though the rhetorical concept kairos was originally understood visually by the Greeks through the deity Kairos and the practices of archery and basket weaving, visual rhetoric for data visualization and technical design often leave out the same rich connections between the concept of kairos and the visual. Kairos is often discussed as one piece of the rhetorical situation or not addressed. Through the example of the Food Pyramid, it is evident that kairos must be acknowledged more thoroughly within public health guide design. Not only does the information provided in the guide have to be based in the most current nutrition science, the guide must be able to persuade an audience to change their actions through increased knowledge. Consequently, the design must be rhetorical, and it must be sensitive to kairos. As Schriver explains, “readers’ interpretations of content may be deeply entangled with their personal
conditions and social position” (188). Kairos becomes essential to visual rhetoric for public health guides since the visual representation of kairic information either increases or decreases its acceptance and effectiveness. The visual design is especially important because it influences audience comprehension and the endurance of the audience’s ability to recall the information at a later time.

Scholars who analyze visual rhetoric have discussed kairos as the “circumstances of the moment relative to a particular time and place” or in reference to the “mode” of communication (“The Visual Rhetoric” 284; Sheridan, Michel, and Ridolfo). I argue that the visual design of public health guides demonstrates that kairos also functions epistemologically within visual rhetoric. Kairos is more than the rhetorical situation that a visual functions within. Public health guides, such as MyPlate, cannot wait for the opportune moment to convince the public to change their views and actions. MyPlate’s very purpose, to halt the rising rate of obesity through teaching Americans about healthy nutrition choices, requires a visual rhetoric based in kairos. MyPlate must be an agent of change through becoming an agent of kairos.

It becomes even more pertinent to increase the understanding of kairos within visual rhetoric when considering the new and evolving modes of communication available through technology. The growth of multimodality and digital rhetoric enable audiences to have more interaction with data visualizations and increased agency over those interactions. Sheridan et al. argue that these types of modern audience interactions entail rhetors make “kairotic decisions” about “modes, media, and the technologies of production, reproduction, and distribution” (Sheridan, Michel, and Ridolfo). When the MyPyramid design replaced the Food Pyramid in 2005, the USDA made the decision to incorporate a URL for an accompanying website. MyPyramid.gov is no longer an active website, but it was originally established to support
MyPyramid and included additional nutrition information. The URL MyPyramid.gov is featured in the upper right corner of the MyPyramid design (see fig. 2). By including a URL that ties MyPyramid to an additional source of knowledge, the USDA extended the reach of their guide’s message and incorporated an additional layer to the consideration of visual kairos.

Interactivity becomes a concern for visual rhetoric within a digital space. Redish suggests that creating “multiple pathways through a document” allows readers to have the flexibility to determine their role and level of response (Redish 16). Redish writes, “Readers are not passive vessels into which technical communicators can pour information. Readers are active participants in the communication process” (19). She further connects this to how essential participation and interaction are to the sharing and creation of knowledge because “research shows us that people learn best when they are actively involved” (Redish 10). Hocks describes a framework for visual analysis of digital rhetoric through audience stance, transparency, and hybridity (632). Though her framework does not include kairos explicitly, Hocks views digital rhetoric as providing audiences with agency and awareness of themselves that leads to increased choice through interaction (633). Miller and Hock’s emphasis on interactivity and audience agency demonstrates how crucial kairos becomes to visual rhetoric. These aspects of rhetoric are supported by multimodality within visual design. Public health guides must function within their

given rhetorical situation, which is why the recent guide’s use of multimodality is noteworthy. Instead of waiting for “the opportune moment” to occur, public health guides utilize the visual to increase interactivity of their design and open kairic space for Americans to relate to and interpret the guidelines provided.

The spread of Let’s Move! and its influence over children, through their parents, teachers, and health professionals, are linked to the kairos within its rhetoric. The following analysis of Obama’s announcement of Let’s Move! and analysis of the MyPlate guide demonstrate a kairos defined by human action, epistemology, and rhetor as host. Successful public health initiatives must cause the audience to change their food practices by increasing their knowledge of healthful eating across contexts. The initiative connects to multiple audiences across contexts by expressing the real life experiences of tasting, cooking, and buying food. I argue that emphasizing humanistic rhetoric, where the physical and social reality of experiencing food is described, subverts the tradition of asserting quantitative language, which originated from nutrition science. A transition in the approach to discussing what makes choices “good” or “bad” empowers Americans to act. The audience is given tangible guidance that can be applied to their past, present, and future experiences of interacting with food. The audience’s agency is acknowledged, which opens up space for kairos. By establishing standards for healthful eating based in a balance of humanistic and scientific rhetoric, the larger American audience is given multiple pathways to interpret and utilize public health suggestions.
CHAPTER 3

MICHELLE OBAMA’S ANNOUNCEMENT OF LET’S MOVE! AS CREATING KAIROS

The Let’s Move! initiative breaks away from previous failing conventions within public health guides because the initiative takes a kairic approach to the obesity crisis. The changes in the campaign’s approach are discernable in Michelle Obama’s announcement of the Let’s Move! initiative. It is her approach to the obesity issue that causes the situation to turn kairic. Firstly, Obama acknowledges the importance of science, but she equates scientific standards with the value of real human interactions with food. Obama takes suggestions that are confusing or feel intangible and transforms them into applicable scenarios that happen in daily life. Secondly, Obama does not approach the issue by blaming individuals for a lack of self-control. She admits the complexities of trying to be healthy in a society that is driven by convenience, efficiency, and consumerism. Thirdly, Americans are called to action for the betterment of society. Rather than focusing on the individual, Obama stresses the need to stop childhood obesity together. By choosing children as the primary target audience, Obama raises an ethical imperative. Each of these aspects of her approach contribute to the campaign’s skill at bringing kairos to the situation to change an existing trend of unhealthy practices. The press release from the Office of the First Lady at the launch of Let’s Move! states:

Let’s Move is comprehensive, collaborative, and community-oriented and will include strategies to address the various factors that lead to childhood obesity. It will foster collaboration among the leaders in government, medicine and science, business, education, athletics, community organizations and more. And it will take into account how life is really lived in communities across the country—encouraging, supporting and
pursuing solutions that are tailored to children and families facing a wide range of challenges and life circumstances. (“First Lady Michelle”)

The press release stresses the dissimilarity between Let’s Move! and the trend of previous health initiatives. Let’s Move! is an initiative focused on addressing the context of the American diet fully. The approach is personable and centered on supporting others within a community.

Furthermore, Obama’s identity as a public figure balances two positions of authority which oversee making healthful decisions. Previous efforts tried to remedy the trend of errors in approach, but they could not succeed without a rhetor to take the situation’s kairic potential and generate an opportunity for change. Previous health initiatives did not have an experienced rhetor like Obama to spearhead their goals. What makes her approach successful is her ability to fully acknowledge the context of the obesity crisis from multiple positions of authority. She is a figure-head with the ethos of government authority and pathos of a mother of two. Obama has since referred to herself and been referred to in the media as “mom-in-chief.” She has the necessary authority to speak about the issue from a broad perspective that includes the backing of the government, medical professionals, and personal experiences of motherhood.

What the success of the campaign demonstrates is that a rhetor, such as Obama, can influence the kairic nature of a moment. She is a rhetor who hosts kairos to the Let’s Move! initiative. She takes the rhetorical situation of spiraling obesity rates, and she turns the continuing situation into a spark for change. The kairos created by her speech is upheld in the actions of the Let’s Move! initiative, which is why Let’s Move! has spread quickly and been considered a source for decreasing childhood obesity rates. A rhetor impacts the kairos available within a situation, so the rhetorical situation is not the only determinant of kairos. Rhetors do not simply
react to kairos; instead, rhetors have the ability to craft and influence kairos within a rhetorical situation.

The following analysis of Obama’s announcement is conducted in three parts. Specific moments are pulled from Obama’s announcement speech to highlight how her rhetoric empowers the audience to act, which brings kairos to the opportune moment presented. Specifically, the method Obama takes of humanizing the moment and making it tangible to her audience is explored. To conclude the analysis, I describe how even the name of her initiative, Let’s Move!, establishes her call to action.

3.1 The Context of Obama’s Announcement Speech

While serving as the 44th First Lady of the United States, Michelle Obama became a strong voice in American poverty, health, and educational concerns. One of Michelle Obama’s most well-established causes is her commitment to health and wellness. She is a known advocate for the organic food movement and has instructed the White House kitchens to prepare organic food for her family and their guests. In March 2009, Obama further displayed her dedication to public health and community outreach by working with 23 fifth graders from a local Washington, D.C. school, Bancroft Elementary, to plant a 1,100-square-foot garden as part of an educational program about choosing healthy foods. She has since released a book entitled American Grown: The Story of the White House Kitchen Garden and Gardens Across America to promote healthy eating.

The discussion for the Let’s Move! initiative grew from Obama’s garden project with Bancroft Elementary School children. Her interaction with these students about “proper nutrition and the role food plays in living a healthy life” inspired Obama to tackle the childhood obesity epidemic (“Let’s Move” Kick-Off). Her initiative’s connection to this garden project and her
continued activism within educational communities is emphasized through the environment of the Let’s Move kick-off event. Obama is introduced to the stage by one of the Bancroft Elementary School students, who thanks Michelle Obama for the happy memories she has from the garden project and the knowledge she gained about vegetables. Obama also has the Watkins Hornets elementary football team, which she later congratulates for being the national football champions, sitting on chairs on the stage behind her throughout her speech. Obama speaks to a room filled with press, governmental officials, and corporation owners, whom she addresses as parents, educators, and Americans concerned about the childhood obesity epidemic. Her audience interacts with the movements of her speech through applause, moments of notable silence, nodded heads, and laughter.

Obama states that the purpose of her announcement is to inform Americans about the steps being taken for the Let’s Move! campaign, reinforce the significance of the childhood obesity issue, and call all Americans—including parents, officials, industry leaders, and educators—to action. Chapter 1 established why previous public health initiatives targeted at obesity have consistently failed, including the perception of guides as governmental control over personal choice, campaigns focusing too narrowly upon the culpability of the individual, and guides’ overemphasis on numerical information that is frequently indecipherable to a non-expert. Obama’s approach in the speech analyzed here demonstrates how Let’s Move! addresses the concerns of failed public health guides and initiatives.

3.2 Parataxis as Inviting Kairos

Obama uses a combination of anaphora and polysyndeton to establish an overall paratactic structure for her announcement. Through the consistent repetition of “and” at the
beginning of her sentences, Obama avoids a hypotactic arrangement for her announcement. Evidence of this is in the excerpt below (the word “and” is italicized for clarity):

> And then, public health experts, as Tiki said, tell us that the current generation is actually on track to having a shorter lifespan than their parents. *And* none of us wants this future for our kids. *And* none of us wants this future for our country. (Obama)

“And” is used in this way throughout Obama’s address. Obama uses the word “and” a total of 219 times; accordingly, “and” comprises a considerable five percent of all words used within Obama’s speech. Within these 219 occurrences, “and” is used at the beginning of succeeding sentences approximately twenty-three times, without taking into consideration stand-alone sentences that begin with “and” but are not preceded by or followed by a second instance. The longest string of sentences that begins with “and” totals six sentences, while the majority of instances total two to three. Oftentimes only one sentence may divide instances of “and” used as an anaphora, or the sentences between will begin with “so” or “but,” which are additional conjunctions classified as paratactic. The rest of the instances of “and” occur primarily in lists of clauses, and the remainder appear sparingly to connect like nouns.

When conjunctions are employed repetitively in quick succession, oftentimes in places where they could be omitted, the tempo or rhythm of the speech is slowed (Burton). Obama uses coordinating conjunctions, or polysyndeton, to this effect. Her use of polysyndeton in the overall speech and as anaphora causes Obama’s address to have a conversational tone. She utilizes this style in order to craft a paratactic arrangement for her speech. Parataxis approaches her audience in a non-hierarchical way and advances the argument that her audience has the power to make choices and act. Parataxis comes from the Greek for “side by side arrangement” and is in contrast to hypotaxis, Greek for “arranging under” (Hale). Parataxis calls for equality and runs
“one idea into another by using ands to smooth the jump from one autonomous thought to the next,” while hypotaxis insists on hierarchy and “joins clauses with subordinating conjunctions, such as when, although, and after” (Hale).

In the selected excerpt above, the content of the sentences and form reflect Obama’s kairic method. She gives voice to what experts tell us about the obesity crisis; however, it is stated in a conversational manner as something Tiki Barber, NBC correspondent and former NFL athlete, had already mentioned. Then, she turns the statistic from something intangible and into what her audience wants for their children and for their society. It is one of many moments within her address that draws her audience together and forms them as a collective voice. Obama’s use of the word “and” joins her sentences together in a manner that is not based in a scientifically oriented deductive arrangement. Obama’s paratactic structure approaches her audience from a broad scope of experiences that are stated in a manner that values them equally. Parataxis arrangement calls for her audience to connect the multiple voices for this issue into one cohesive American voice calling for action. It is a tone that does not blame individuals. Instead, Obama makes palpable the frustrations of a public hindered by their environment in order to acknowledge the realities of human experience.

Obama’s overall paratactic structure is especially powerful when she uses it to introduce her personal moment of epiphany. The excerpt below is pulled from her description of her life as a mother trying to provide healthy meals for her daughters (the word “and” is italicized for emphasis):

“And one day my pediatrician, thankfully was someone who was already doing what the American Academy’s gonna [sic] do, pulled me aside and told me, ‘You might want to think about doing things a little bit differently.’ And for me, that was my moment of truth.
It was a wakeup call that I was in fact the one in charge, even if it didn’t always feel that way. *And* today, it’s a moment of truth for our nation.” (Obama)

In this excerpt, Obama is describing a moment of kairos within her own life where someone broke through to her and inspired her to act. Through her example, Obama demonstrates kairos’ power within nutrition rhetoric. New truths become available due to moments that necessitate them. When we know we have the ability, and furthermore the responsibility, to control the situation, then we are situated within a kairic moment to act. Change is inspired through creating awareness of agency over a seemingly insurmountable situation.

By using “and” to connect her kairic experience with our current moment of truth as a nation, Obama advances the kairos of her speech. By admitting her own humanity and flaws, Obama makes her call to action relatable and desirable. Rather than placing all of the blame for the obesity crisis on others, Obama takes on the burden of the blame as well. She further uses paratactic sentence structure to equate her experiences with the goals of her Let’s Move! initiative. The paratactic structure draws together her moment of realization with America’s current situation. It is not a language that defines her audience as a disconnected other. Rather, it is an empathetic approach. Instead of presenting an unreachable ideal, Obama emphasizes that a moment of truth is now available for everyone.

Additionally, Obama breaks the traditional hierarchy of authority through paratactic arrangement. Instead of an expert telling Obama the proper way to act in order to be healthy, her doctor makes a suggestion. Her doctor’s advice is presented conversationally by Obama, and the doctor’s suggestion is given through hedging language such as “might,” “think,” and “little bit.” By introducing expertise in this manner, Obama makes the moment feel approachable. She transcends time to carry a personal moment to the current moment in order to make her audience
understand their obligations to act moving forward. The nutrition experts and our busy lives are not in control of our choices, we are. And if Obama can do it, we can too.

Parataxis allows for Obama to approach her audience in a way that utilizes quantitative information from the traditional voices of power without valuing that information over the humanistic, qualitative concerns of Americans. She utilizes statistics strategically within her speech, but she does not base her argument around statistics about the current obesity epidemic in order to reason with them through the tradition of scientific logos appeals. Instead, the anaphora “and” promotes voices and perspectives that esteem the human experiences of Americans. Obama is reminding Americans that experts can be relied upon to tell us that a problem exists, but only our wants and our efforts have any actual influence over the truth of their observations. The decision and moment to act is within our hands.

3.3 Obama as Host Rhetor

Obama further crafts kairos through a conversion from scientific to humanistic rhetoric by embodying the concerns of Americans, and she builds momentum for her call to action through additional anaphora. The following excerpt of Obama’s speech is worth noting because it serves as a preliminary call to action. It builds to a culminating moment where she announces the name of her initiative. She states, “So, instead of just talking about this problem and worrying and wringing our hands, it's time for us to get going and do something about this. We have to act.” The description of “worrying and wringing” hands serves as a visual metaphor that is engaging and conversational. Obama is telling us to fulfill the kairic potential of the moment by acting upon her rhetoric, and she does so in a manner that inspires her audience. She makes her concerns real to her audience and gives the issue a spatial nature, which is one of the
essential elements of kairos. Obama speaks against the continuation of further stagnation of action.

After Obama gives voice to American desires, she uses the call to action “let’s move” as an anaphora, which builds to the announcement of the name of her initiative. It motivates her audience to act by further drawing the audience together into a community focused on action. Obama’s voice rises and gains intensity as she approaches the end of the following excerpt:

So, let's move. Let's get this done. Let's move to get families and communities together to make healthy decisions for their kids. Let's move to bring together our governors and our mayors, doctors and nurses, businesses, community groups, educators, athletes, moms, dads, you name it, together to tackle this challenge once and for all. And that's why we're here today, to launch this wonderful new campaign called 'Let's Move!' Let's hear it. Let’s move! (Obama)

She pulls her audience into a moment of kairos by both calling to them and giving them agency. Obama commands that now is the time to act and to change things for the better together. This is further mirrored in her call to her audience to state the name of her initiative with her. She beckons, “Let’s hear it” and the following “Let’s Move!” is spoken enthusiastically with her audience.

By pulling the audience to vocalize with her, she causes them to act upon her initiative’s purpose. The audience physically joins the conversation as an authority with agency. Rather than being told what to do by yet another governmental authority, Obama’s audience is given the agency to have a voice. It is even demanded that they have a voice in the matter. The audience is pushed into action even within her speech by raising their voices. Audience members are not sitting in the crowd as uninvolved observers because the audience is called into a participatory
role. Furthermore, the audience speaks the name of the initiative as a group, which forces the audience to act together within a community. This builds the community mindset of the Let’s Move! initiative by bringing everyone together as equals who each have a role to play in subverting the trend of childhood obesity in our society. She wants her audiences to become voices in the issue, so she has them do so within the rhetorical situation presented. Obama acts as an agent rhetor that makes the moment kairic and motivates her audience to participate and act.

This moment within Obama’s speech is also significant because it is when she officially announces the name of her initiative within her speech. Obama announces the name of her initiative as an inversion of the established anaphora, where “let’s move” comes at the end of the sentence rather than the start. She states, “And that's why we're here today, to launch this wonderful new campaign called 'Let's Move!'” (Obama). This inversion is especially powerful since her use of “and” at the beginning of the sentence furthers the overall paratactic structure of her speech. The subversion of anaphora draws particular attention to her naming of the initiative, while the continued parataxis maintains an approachable tone to the announcement.

Not only is Obama’s overall approach focused on honoring human experience and building a community, but she also directly says that human experience is valuable. She states:

And, as what Tiki said, often when we talk about this issue we begin by citing sobering statistics like the ones we've heard today. We, we [sic] can't say it enough because we have to drill this in that over the past three decades, childhood obesity rates in this country have tripled—that nearly one third of children in America are now overweight or obese. That's one in three of our children. But, the truth is that these numbers don't paint the full picture, and it's important to say this. The words 'overweight' and 'obese,' those words don't tell the full story. Because this isn't about inches and pounds, and it's not
about how our kids look. It has nothing to do with that. It's about how our kids feel, and it's about how they feel about themselves. It's about the impact that we're seeing that this issue is having on every aspect of their lives. (Obama).

This is another moment where she subverts a tradition of valuing science as the only source of authority for health decisions. She uproots her audience’s current epistemology of healthful eating based in complacency or confusion by making them a decision-making authority. Obama values the statistics for what they are, but she translates the data into meaning for her audience. Again, the statistic is informally introduced as something Tiki Barber has previously discussed. “Truth” originates from human experience and not observable data. Science cannot resolve the crisis. It necessitates “us” coming together to create change.

Markedly, Obama’s speech would not have been as effective without her strategic use of data within her announcement. It is how she frames this data that marks her method as distinct from the failed attempts of other initiatives. Admittedly, in some cases the scientific may be more kairic than the humanistic. It may be more effective to create an opportune moment through the use of statistics rather than humanistic descriptions. It is Obama’s breaking of the trends established in previous initiatives that makes her rhetoric kairic. She is changing the established origin of truth for the crisis from guidelines given based in data to guidelines given based in human experience. By translating the quantitative into the qualitative, Obama is making statistics tangible to what her audience members experience. As Vatz writes when discussing kairos, “Rhetors choose or do not choose to make salient situations, facts, events, etc. This may be the sine qua non of rhetoric: the art of linguistically or symbolically creating salience. After salience is created, the situation must be translated into meaning” (160). Rhetors take an available situation’s saliency and make it meaningful. Obama takes a possible kairic moment,
and she makes it kairic by changing how Americans think about the health crisis. Rather than an incomprehensible or inapplicable blanket statement to eat healthier and exercise more, Obama builds a support system. She brings immediacy to the situation by making the call to act about children and about the quality of our lives.

Obama utilizes her role as a rhetor to maintain a balance of power, which simultaneously gives her audience agency while discouraging complacency. She makes the moment kairic through these means. One way she accomplishes this is through humanizing the moment by breaking the barrier between speaker and audience. She takes the conversation about the obesity crisis from one that is out of the audience’s control and places it within a new context, where the audience is the voice of power. The spark for change that makes the Let’s Move! initiative successful arose out of her break from the trends of previous health initiatives. By valuing their feelings and beliefs, the unquantifiable experiences of real people, Obama makes a space where Americans have agency. She uses this space to call them to use their agency; she creates the opportune moment.

3.4 Undermining Naming Conventions as Framing Kairos

Even the name “Let’s Move!” entices kairos to appear by calling for action. Obama’s initiative breaks the traditional conventions for naming governmental organizations that aid with health issues. Typically these names are explicit in who they address and what they address, and the names are often shortened to acronyms. The National School Lunch Program (NSLP) and United States Department of Agriculture (USDA) are good examples of the established standard. But Obama’s initiative does not follow expectations. Though the primary focus of Let’s Move! involves nutrition, this focus is not acknowledged directly in the name. Instead, “movement” is emphasized. Obama’s goal is to get Americans to act by appealing to them as agents of change.
That is why she approaches them in a way that subverts the traditional standard for naming institutions.

Obama uses “let’s move” as a way to build momentum for her announcement of the name of her initiative and to further unite the voices of Americans to act. By uniting the varying approaches and perspective surrounding the American obesity crisis, Obama empowers her audience to act for the betterment of American children. “Let’s” is itself a contraction that brings a group of people together with an action. “Let’s” or “let us” is also a plea that places her audience in a position of power to make the change she calls for. She is both demanding and asking her audience to act.

It is also worth noting that the name Let’s Move! is itself a sentence. The conjunction “let’s” makes the tone conversational, while the exclamation point brings immediacy to the cause’s concerns. Just as the rhetoric in her announcement commands to her audience to act through a relatable and conversational tone, the name of her initiative both invites and demands action. Let’s Move! is humanistic and kairic. Let’s Move! is not simply a name for Obama’s organization. It serves as an immediate, humanizing call to action.

Obama does not simply address our current context; she deconstructs what we take for granted about our society’s approach to diet. Obama’s use of humanistic language maneuvers a space within which Americans can have a conversation about their nutritional choices. She provides multiple descriptions of the current contextual factors that necessitate such a widespread approach to the childhood obesity epidemic. Obama is not a passive voice responding to context. She gives voice to the situation and defines the kairos for her announcement. She builds the momentum of the moment’s exigence through her emphasis on the power of our choice to act now in comparison to the past or future. Obama breaks the linear
chronos of the burgeoning obesity crisis and crafts the opening for kairos. Furthermore, she subverts the standard public health initiative by deemphasizing scientific discourse’s relevance. Instead, Obama challenges her audience to reevaluate what they consider to be healthy and worth measuring. She moves the “knowledge that we have about food, nutrition, and health” from “products” of scientific discourse and into the realm of humanistic consideration (Mudry 11). With the transition of this knowledge, Michelle Obama is able to use the most appropriate language necessary to empathize with her audience and lead them to change their habits.
CHAPTER 4

KAIROS ADVANCED BY THE MYPLATE PUBLIC HEALTH GUIDE

As a part of the Let’s Move! nationwide campaign to end childhood obesity, in June 2011, Michelle Obama, Agriculture Secretary Tom Vilsack, and Surgeon General Regina Benjamin unrolled the new MyPlate public health guide to replace the previous MyPyramid guide. MyPlate is the most recent public health guide created by the USDA that translates the over eighty-page *Dietary Guidelines for Americans* into an infographic. The *Dietary Guidelines for Americans* text, which is researched and produced by the U.S. Department of HHS and the USDA, contains information intended for policy makers and health professionals, whereas the MyPlate health guide condenses nutrition guidelines into one visual for the overall American public. MyPlate transitions charts and calculations into a visual representation of best portion sizes of food groups in comparison to other demarcated food groups, making it an influential example of data visualization.

This fourth thesis chapter examines the kairic visual rhetoric of MyPlate in comparison to the visual rhetoric of previous infographics produced by the USDA. In 1992, the Food Pyramid image “codified” quantifiable nutrition guidelines into an “icon” for the American public and was widely advocated for within the American school system (Mudry 79). Public health guides like the Food Pyramid face a multi-faceted and complex rhetorical situation. Infographics must take a rhetorical approach in order to provide guidance that is accurate according to the most current nutrition science and comprehensible to a lay audience. Since public health guides translate the *Dietary Guidelines for Americans* into a visual representation of portion suggestions for all Americans, the infographic must convince multiple audiences of its credibility and validity.
The Food Pyramid was updated and replaced by the MyPyramid guide in 2005 to better match updated nutrition information provided in the *Dietary Guidelines for Americans* (see fig. 2). The revisions of the visual demonstrate the USDA’s attempts to keep the guidelines current with contemporary nutrition science and the changing needs of their audience. MyPyramid was then replaced by MyPlate (see fig. 3), a guide that no longer follows many conventions established by the Food Pyramid and MyPyramid design. What makes MyPlate unique is its kairic approach to the provided rhetorical situation of public health guides. MyPlate’s visual rhetoric differs from its predecessors, and the guide is backed by a much larger set of resources than any preceding guide. As with the previous renditions of the nutrition public health guide, MyPlate’s purpose is to condense and interpret the recommendations for nutritional dietary limits outlined in the most recent edition of the *Dietary Guidelines for Americans* into a visual. MyPlate visual’s purpose is to show the optimal number of servings a human should eat from each food group in order to have a healthy diet and avoid diet-related chronic illness. What has changed is that the new MyPlate design utilizes multimodality and humanistic rhetoric to approach its broad rhetorical situation as a search for kairic moments, where Americans act upon the provided guidance and change their behavior.

The Food Pyramid and MyPyramid designs were rhetorical for the time they were relevant to their provided rhetorical situations, but the guides were not oriented toward a kairic
design. The transition to MyPyramid and the subsequent MyPlate infographic in 2011 demonstrates a shift in the USDA’s concerns and the USDA’s imagined audience. The MyPlate guide is different because it is not only rhetorical, but the design is also kairic. To be considered kairic, the provided nutrition guidance must cross many potential contexts, since nutrition decisions are influenced by personal taste, cultural practices, and genetics. Rather than orienting the design upon a standard that Americans are intended to work toward and achieve, the MyPlate guide leaves space for ambiguity in the design that allows for the audience to connect their own experiences with the infographic’s guidelines. It is a design more concerned with valuing personal taste and personal contexts of interacting with food, and it has the additional support of a community with digital resources.

The design of MyPlate is rhetorically conscientious of timing in a new manner, since it crosses multiple genres, situations, and audiences with a variety of food cultures and beliefs. MyPlate advances kairos in two primary ways within its design. First, it utilizes multimodality and modern technology. Second, the supra-visual design links the information provided to the real context and moment of sitting in front of a plate of food. A rhetorical approach is necessary for the guide to be effective at persuading its audience of its validity. More importantly, the guide must be kairic to cause change in an individual’s epistemology and convince the audience to act upon provided suggestions. Previous designs have been rhetorical and effective at portraying accurate information to an interested audience, but their primary goal has been fidelity to a static guide rather than the contextual flexibility and targeted motion required of a truly kairic rhetoric. Americans must not only be able to see that the information is accurate and authoritative, and that it is applicable to them and others, but they must also actually be
motivated to apply the guidelines according to the opportune moments that emerge within their own lives.

4.1 The MyPlate Design

To guide the analysis of the MyPlate visual’s kairic design, its primary design elements will be broken down according to Kostelnick’s coding modes of textual, spatial, and graphic (“Supra-Textual Design” 12). Though the design appears simple, it contains many design elements that could be analyzed (see fig. 3). The following are the focus of this chapter’s analysis:

4.1.1 Textual

At the intra-textual level, there are two typefaces that are used on this infographic. A serif typeface for the words “fruits,” “grains,” “dairy,” “vegetables,” and “protein” is implemented, and each word is the same point size. The URL at the bottom of the visual is sans serif, which follows the convention of sans serif font used for URLs in web browser address bars. The words are all capitalized with the URL using sentence case to distinguish individual words, excluding the “.gov” at the end of the URL.

Inter-textually, center-alignment is used throughout. The URL stands out from the rest of the type since it is larger, contains bold words, and uses two colors. The URL at the bottom of the image plays two roles. The inter-textual bolding of “MyPlate” also serves as an extra-textual and supra-textual element. Extra-textually, “MyPlate” labels the overall image and describes the visual shown. Supra-textually, the large URL connects the image to its larger context. It repeats the URL of the website it advertises and appears on, the USDA’s ChooseMyPlate.gov informational site.
4.1.2 Graphic

The overall infographic is set apart from surrounding content by its green background color that serves as a border for its content. At the extra-graphic level, information is displayed on a recognizable image of a place setting, with a fork, plate, and cup serving as white backgrounds that contrast the colored content.

The white space between the colored pie-shaped pieces serves as an inter-graphic element that distinguishes each food group from each other. The differing colors of the individual pieces also function in a similar manner. The use of a different color for each group suggests that the elements are distinct from one another. At the intra-textual level, the different colored pieces are outlined in a darker shade and contain a fading effect within them that makes the image have an almost 3-D, puzzle-like appearance. The repetition of this 3-D effect connects the colored pieces to one another.

4.1.3 Spatial

At the extra-spatial level, it is important the note the use of a pie chart to display information about portion sizes. Pie chart conventions are followed through the way individual pieces are labeled, but the use of an off-center point to break up the pieces subverts typical pie chart conventions. The URL has higher visual hierarchy over the rest of the content because it spans across the whole width of the above visual.

Inter-spatially, the pieces are broken up along horizontal and vertical lines. The red and purple pieces correspond in size and shape, while the green and orange pieces do the same. The words are each centered within their colored piece and aligned horizontally. The words are displayed the same amount of distance from their flat side within corresponding sized pieces (i.e. red/purple; green/orange).
4.1.4 Primary Design Elements

MyPlate guides dietary choices by showing recommended portion sizes of food groups in relation to one another on a real plate. The portion sizes are displayed in comparison to other portion sizes in a chart that blends conventions of pie charts and mosaic data displays. The grouped portions are not aligned in the center like a typical pie chart and the “Dairy” group is displayed outside of the larger circular frame. Since the image does not strictly adhere to expectations of conventions for pie graphs, the plate, fork, and cup are given more prominence in the design. The place-setting form allows for viewers to distinguish suggestions for food portions by comparing the sizes to other food groups, and the information is not presented in a way that would be associated with percentages of a total like a pie chart.

The most prominent individual visual element within the larger design is the URL ChooseMyPlate.gov featured beneath the plate and cup. The URL stands out from the rest of the type since it is larger, contains bold words, and uses two colors. The URL at the bottom of the image plays two roles. The inter-textual bolding of “MyPlate” also serves as an extra-textual and supra-textual element. Extra-textually, “MyPlate” labels the overall image and describes the visual shown. Supra-textually, the large URL connects the image to its larger context. It repeats the URL of the website it advertises and appears on, the USDA’s ChooseMyPlate.gov informational site. The URL has higher visual hierarchy over the rest of the content because it spans across the whole width of the above visual. It is a visual element that functions at the inter-, extra-, and supra-textual level.

The ChooseMyPlate.gov website identifies four primary target audiences for the infographic: children, students, adults, and professionals (ChooseMyPlate.gov). Individuals may be more familiar with previous versions of nutrition infographics and have expectations for the
MyPlate visual based off of those previous versions. The audience classified under “adults” or “professionals” could be more familiar with the MyPyramid guide (implement from 2005-2011) or even its predecessor, the Food Pyramid. The updated MyPlate subverts certain conventions that adults have grown to expect from the USDA’s visual nutrition guide. Previously, the design centered on a pyramid and contained images of food examples for food groups. The updated MyPlate design is formatted like a place setting and has the shortest food group labels of all of the guides (i.e. “Dairy” versus “Milk, Yogurt & Cheese Group). MyPlate also is the first guide to place the URL of the associated USDA webpage so prominently in the design. MyPyramid does include a URL, but it is much lower on the guide’s visual hierarchy, appearing in the smallest font below the image’s title and subtitle.

4.2 MyPlate’s Humanistic Approach

Kairos is created through the humanistic approach of the MyPlate visual design. By subverting expectations of previous food guides and using a plate, cup, and fork as a background image the USDA is approaching their audience within a context they would be familiar with and already associate with food. The previous use of a pyramid in the MyPyramid and Food Pyramid designs was not as distinctly connected with the practice of eating food. The MyPlate guide creates an association between the infographic and the real-life context in which its audience would need to use the information in the guide. Arguably, when a child, student, adult, or professional sits in front of their plate of food, they would be able to call up the MyPlate image and compare their plate to the USDA’s suggestions. The reverse would also be possible. When a viewer looks at MyPlate, they would be able to think back to their previous meals or think ahead to planned future meals. This process of recollection, connection, and evaluation in multiple contexts is what makes the image kaic. It is an image that enables the provided nutrition
information to move across time and situations. Rather than displaying suggestions oriented on numerical accuracy and a pyramid form, like the previous public health guides, the MyPlate image is directly linked with the practice of eating food.

When discussing the MyPlate design, Kathleen Zelman, RD, WebMD’s Director of Nutrition, is quoted as stating, “This icon really has the potential to trigger an ‘aha!’ moment, where people say, ‘Hey, this is not that hard, I can do this.’” She explains, “These ‘aha!’ moments are what make people finally change their behavior” (DeNoon). The simple user-centered, rhetorical design is uniquely pinpointed to open up spaces of time that spark a change. MyPlate’s ability to appeal to personal experiences through the familiar image of a place setting breaks with traditional classifications of healthy versus unhealthy on a pyramid-like hierarchy. Instead, MyPlate connects with real human experiences of eating food. Toby Smithson, R.D. a national spokesperson for the American Dietetic Association supports the argument that the place setting visual is significant to the usability of the design. He claims, “It’s such a recognizable image. Everybody has seen a plate, used a plate. It’s much easier to visualize when it’s something we use on a daily basis” (Huffpost Healthy Living). Dr. Margo Wootan of the Center for Science in the Public Interest argues, “With the old pyramids, it was very hard to translate the recommendations into what you should eat. This is very straightforward. It takes a lot of the guesswork out” (Huffpost Healthy Living). Through its relatable design, MyPlate’s advice is easily visualized when it is needed, and the applicability of the infographic is advanced. The design allows for kairos to arrive within an individual’s necessary moments, and it aids the audience in changing their nutrition practices.

Wansink and Kranz found that what most influenced early-adopters of MyPlate was the design of the graphic. Wansink and Kranz used a national online survey to ask mothers across all
food cultures questions about their MyPlate attitudes and behaviors. Their study found that the “best predictors of a mother's belief that MyPlate would help them eat better were that they found it relevant” and “easy to understand” (Wansink and Kranz 730). Mothers who choose to use MyPlate have to be able to connect to the visual information provided and be able to apply the visual to their specific situation. Wansink and Kranz wrote, “these findings suggest that demographic traits may be less predictive of adoption than one's belief that the message is clear and simple” (730). Clarity of message and simplicity of design increases the effectiveness of MyPlate by leaving it up to the audience how much they want to engage with the information.

Wansink and Kranz proved the necessity for public health guides to be kairic in order to help Americans change their habits. They explain that their research “challenges the traditional tendency to analyze the effectiveness of nutrition education through the lens of demographic segmentation” (Wansink and Kranz 728). Wansink and Kranz focused on the “personal food attitudes, preferences, and habits of the mothers surveyed” (728). What they discovered is that mothers who found MyPlate relevant and easy to understand in comparison to others was “unaffected by the mother's education, marital status, or BMI.” (Wansink and Kranz 730). Mothers who liked vegetables most out of the assigned food groups most strongly believed in MyPlate’s effectiveness, while fruit lovers were less confident. MyPlate familiarity was highest among those who could easily understand the guide and were familiar with MyPyramid. There was a correlation between nutrition knowledge and cooking experience to early adopter’s understanding and use of MyPlate. The implications of the findings are that public health guides’ acceptance and use is determined by personal preferences and beliefs about food. The traditional means of classifying the audience of public health guides demographically by education, marital status, or BMI did not accurately account for the usability of the design. It was a mother’s
preferences for vegetables over fruits, their familiarity with using guides, and the perceived simplicity of the provided guidance that contributed to early adopters’ use of MyPlate.

MyPlate advances kairos by approaching the audience as people with their own food beliefs. In previous guides, examples of appropriate food choices were displayed in the design. MyPlate maintains a simple design that is easily recalled and necessitates an audience fill in the provided food groups. The place setting image of a plate, fork, and glass are familiar forms that allow for the audience to have power over the design. Rather than ceding their control to the standards provided, the audience is charged with interpreting the design. Individual interpretation and understanding is encouraged by the simplicity of the design, since the audience is left to fill-in what is a healthy choice for each food group displayed. The Food Pyramid lists specifics of serving sizes and demonstrates a design based in numerical data. It is an approach concerned with avoiding errors in interpretation of the provided nutritional science of the guide. MyPlate’s design takes a more kairic approach by establishing standards for healthful eating based in a balance of humanistic and scientific visual rhetoric. While the standards of nutrition science are still supported by the design, controlling the interpretation of the information as definable data is not MyPlate’s goal. The visual rhetoric of MyPlate is kairic since the design is centered on drawing contexts of human experiences together across time and connecting them to the provided guidance. The larger American audience is given multiple pathways to interpret and utilize the infographic.

4.3 MyPlate Utilizes Multimodality

One concern that arises from the MyPlate guide’s design is the simplification of the labels of food groups. By creating broader category names without demonstrating examples of appropriate correlated food choices, what is defined as “dairy” or “protein” could become too
ambiguous to the audience. This could be problematic because of what the audience might associate as appropriate foods for each category may in fact be unhealthy options. As Schriver explains, “readers’ interpretations of content may be deeply entangled with their personal conditions and social position” (188). If the reader grew up viewing a fast-food cheeseburger as a source of “protein,” they could use the guide inappropriately according to the USDA’s dietary guidelines. This is answered by the multimodal nature of MyPlate and is why the large ChooseMyPlate.gov URL in the design is essential to the success of MyPlate’s kairos. It forms the MyPlate image into a multimodal knowledge tool, which is a second way MyPlate encourages kairos for nutrition.

The prominent positioning of the ChooseMyPlate.gov URL on the visual suggests a secondary purpose for the infographic. The visual wants to persuade Americans to go to the ChooseMyPlate.gov website and use the additional educational materials provided on the site, including a diet tracker, recipes, and exercise tips. The concern of overly ambiguous information is answered through the prominent URL at the bottom of the MyPlate design that functions at the inter-, extra-, and supra-textual level. MyPlate’s reference to the USDA website, which includes more detailed information, allows for the guide to keep a simple design while approaching such a complex contemporary context. Redish demonstrates in practice why overwhelming an audience can be detrimental to the success of a document. She explains, “If the organization, language, and design make the document too difficult, many readers will give up” (Redish 2). The same is true of visual design. If a visual is too complicated or distanced from the audiences’ experiences, then the audience becomes discouraged and their understanding is impeded. When readers’ needs are not being met effectively, then communication breaks down.
The USDA’s guide must be clear and concise with its message, which limits the amount of knowledge the visual can contain. MyPlate’s reference to the USDA website, which includes more advanced and detailed information, allows for the guide to keep a simple design while approaching such a complex context. The bright, friendly colors and easy to read text makes what could be a confusing and uncomfortable topic seem approachable, while the emphasis on the URL gives the almost child-like design the ethos it needs for an adult audience. The design matches a contemporary context, where Americans have come to expect official websites as a source of credibility. MyPlate is taking advantage of the multiple modalities available in a modern context. Sheridan, Michel, and Ridolfo write, “Although kairos has traditionally been applied to strategies of persuasion and to the verbal, we expand the concept to include decisions about mode, media, and technology that, we argue, are critical considerations for successful rhetorical interventions.” The MyPlate image is helpful for immediate moments, but it can only teach so much while maintaining a simple, memorable design. The goal of having a large URL is to encourage the audience to seek further education and resources in order to act upon the guide and continue changing their nutrition choices through knowledge growth.

MyPlate is the first guide to place the URL of the associated USDA webpage so prominently within the visual. MyPyramid does include a URL, but it is much lower on the guide’s visual hierarchy, appearing in the smallest font below the image’s title and subtitle (see fig. 2). Furthermore, the MyPyramid visual was too reliant upon the complimentary website to help the audience understand the provided nutrition guidance. Nestle writes of the MyPyramid design, “Most nutritionists that I know hardly knew what to do with it. It required going online and playing with a website, and was unteachable in clinic settings.” She further calls MyPyramid’s design a “travesty” since the design is “hopelessly complicated, impossible to
teach, and requiring the use of a computer” (Nestle). Nestle speaks against relying upon a website to take the responsibility of explaining the information provided by the infographic. The distinction between her concerns about MyPyramid and the website for MyPlate is that the MyPlate website does not take the place of explaining the content in the guide. The digital tools available advance further kairic moments by allowing the audience to seek additional knowledge and resources, but the website does not take the place of the guidance MyPlate provides. For example, a mother could look at the MyPlate image and still understand many basic principles the image is seeking to encourage its audience to follow, such as filling half of the plate with fruits and vegetables.

Kairos is supported by the MyPlate image crossing print and screen contexts. The burden of providing detailed suggestions is taken off of the visual guide and placed upon the other resources on the ChooseMyPlate.gov website. One example is the free MyPlate email subscription to advice that covers topics from making healthier choices when eating out at restaurants to checking the internal temperature of meat with a food thermometer. The guide is able to keep a simple and more memorable design that is readily accessible for an audience to call to mind within their kairic moments of eating, when they would most need the knowledge within MyPlate. Each of the additional tools increases the applicability of the guide by making the audience active participants with the knowledge provided by MyPlate. The web tools allow MyPlate to be customized to the needs of the individual. A person’s knowledge, situation, and desires can be better accounted for through multiple modes of communication. This functionality also advances kairos by giving an audience increased opportunities to come across situations in their daily lives that make the provided information useful. By approaching the audience with
multiple tools seeking to create knowledge and change in practices, the MyPlate guide increase
the possible kairic moments available for its audience.

4.4 An Infographic Backed by a Rhetor and Community

As with the Let’s Move! initiative, Obama’s participation in unrolling MyPlate is
relevant to the kairos of the guide’s approach. She serves as a voice to back the credibility and
usability of the information provided through the MyPlate visual. According to Obama, the
information is easily applicable. During her speech at the unveiling of MyPlate, Michelle Obama
stated:

When mom or dad comes home from a long day of work, we're already asked to be a
chef, a referee, a cleaning crew. So it's tough to be a nutritionist, too. But we do have
time to take a look at our kids' plates. As long as they're half full of fruits and vegetables,
and paired with lean proteins, whole grains and low-fat dairy, we're golden. That's how
easy it is. (USDA Office of Communications)

She describes a moment in which the kairic design of the guide allows for the guide’s audience
to not only understand the provided information but to also act upon it. MyPlate is “easy” to use.
It is there to help moms and dads who are humans going about their busy lives to make healthier
choices.

There is a community of support that backs MyPlate and its audience. MyPlate has
available a myriad of private and public MyPlate Community and National Strategic Partners
that are working together to halt rising obesity rates in America. These partners are at work to
advance the goals of MyPlate. For example, nearly 6,000 USDA partners teamed together to
deem March 8, 2012 as “What’s on My Plate?” day in order to “heighten public awareness of the
importance of choosing nutritious foods for a healthy meal (USDA Office of Communications).
MyPlate is reaching its audience in their homes and associating its infographic with topics that are phrased as friendly reminders and approached with a team mindset. Robert C. Post, PhD, deputy director of the USDA Center for Nutrition Policy and Promotion, told WebMD, “What we learned is it is not just giving information, it is a matter of making people understand there are options and practical ways to apply this to their lifestyle” (DeNoon). He stated, “We need to transcend information—‘here’s what the science says’—and give people the tools and the opportunities to take action” (DeNoon). MyPlate enables multiple kairic moments through its design, digital tools, and community. The goal of the guide is to reach people in their personal food contexts at home, school, work, favorite restaurants, and local supermarkets, so no individual feels at a loss when trying to make a healthy choice.
CHAPTER 5

IMPLICATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

The above analyses demonstrate that rhetors must build more than an awareness of kairos in order to identify the correct moment to speak. An orator must be aware of the current context, but an effective orator can also take an existing situation and influence its kairic potential. Specifically, a rhetor seeking to change a person’s beliefs must utilize a kairic moment by creating a sense of urgency and breaking complacency. Successful nutrition rhetoric, which causes someone to change their health practices for the better, is one example of how a rhetor can influence kairos. The success of Obama’s Let’s Move! initiative and the updated MyPlate health guide reveal how kairos has been supported by the anti-obesity campaign. Breaking with an existing trend of emphasizing numerical information and instead emphasizing human experience is one way that nutrition rhetoric has formed kairic moments, but this may not be true of other disciplines. Further research of kairic rhetoric in other fields would advance the discipline. By studying how kairos exists in other fields, each with their own unique set of exigencies and constraints, we can better understand the nature of kairos. An enriched understanding would better enable us to teach emerging rhetors the necessary skills to utilize kairos as a rhetorical device.

Kairos is the “cultural and political contexts” that “produce both the best solutions to problems and the best verbal means of presenting them persuasively,” but it can also go the other way (Bizzell and Herzberg). Rhetors can determine the best solution to a problem and, through their rhetoric, persuade an audience that a certain cultural or political context is the moment to change. Kairos is not only an outside force to be sensitive to. Kairos is a rhetorical device that can be utilized to advance the immediate urge to act.
5.1 Further Research of Michelle Obama’s Rhetoric

The widespread influence of Michelle Obama’s Let’s Move! initiative calls for further analysis of her rhetoric. Firstly, by studying Obama’s rhetoric, dietetic experts can further break apart Obama’s kairic moves and advance additional public health efforts. Secondly, Obama’s unique ethos as the first African American First Lady is a rich bed for feminist rhetorical analysis. As the analysis in Chapter 3 discussed, Obama uses her experiences of motherhood to approach her audience in a relatable manner, but she also maintains certain formal conventions that assert her identity as First Lady. Additional analyses of her rhetoric would progress the field of rhetoric and develop our understanding of modern feminine deliberative speeches. Furthermore, additional analyses of Obama’s rhetoric will advance the study of First Lady rhetoric and their role within American politics.

5.2 Potential Ethical Concerns for the MyPlate Guide Design

MyPlate demonstrates how visuals can craft kairos by encouraging audience interaction and increasing the opportunity for new understanding. Kairos is central to visual rhetoric that seeks to influence an audience’s choices, actions, and knowledge. Furthermore, there are pedagogical implications for kairos in visual rhetoric based on the ethics of public health guide design. There will always be ethical concerns when it comes to giving advice based in ever changing nutrition science. The most apparent of which is the concern that current nutrition science may not be providing information that is the most healthful for an individual’s dietary choices. The transition to a digital focused public health guide raises a second. As Sheridan et al. explain, “Providing activist rhetors with computers and Internet access does not increase participation in the public sphere unless citizens also have access to the complex skill sets necessary to use these tools effectively.” Simply because the technology is available does not
mean that everyone has access to the technology or the skills required to use it. The need to teach the role of kairos within visual rhetorical becomes a concern when considering how much influence visual rhetoric can have over others. As Hocks writes, “This approach to literacy education reinforces the value of teaching students to think of themselves not just as critics but as designers of knowledge” (Hocks 644). We must teach students to both be aware of kairos within visual rhetoric and create kairic moments through visual rhetoric, so they are aware of how others influence their perception of healthy food options.

5.2.1 Revision Suggestions for the MyPlate Guide

To advance the kairic potential of the MyPlate design, I suggest that the USDA create versions of the MyPlate guide that can be applicable to other cultures found in the United States. For example, instead of only using a stereotyped image of a plate and fork, the USDA could provide images that include a bowl and chopsticks. Also, the suggested amounts of food in relation to each other on the plate are clear, but “dairy” portion sizes could be difficult to determine in other settings. Since it is not included as a part of the pie chart, it is difficult to tell how much dairy to have in relation to the other food groups. Additionally, MyPlate suggests that only liquid dairy is an appropriate nutritional source for that food group. This is an example of why the large URL is essential to the design, since the information that accompanies the guide clarifies that other dairy products, such as cheese and Greek yogurt, are also healthful sources of dairy.

Considering the accompanying website influences the kairos of MyPlate’s design, Schriver’s call for feedback-driven audience analysis would benefit the MyPlate infographic. The guide could be brought among high-risk demographics, such as children and low-income neighborhoods, to test the guide’s effectiveness. It would be important to test how the audience
understands the guide if they are not able to access the USDA’s ChooseMyPlate.gov website. Further analysis of how the inability to interact with the tools available on the site and the available online community is necessary.

5.3 College Students as a Potential Target Audience

The Let’s Move! initiative identifies its primary target audience as children and reaches them by focusing its efforts on parents, educators, and experts of nutrition. College students would benefit from a similar effort. Nutrition research has found that college is a time where students would benefit from such targeted nutrition education and support community. It is another opportunity for public health initiatives to approach an audience within a kairic time period of their lives.

Important changes in life occur in young adulthood, and it is when many will be selecting their own foods to purchase, cook, and consume for the first time within their own homes, schools, and workplaces. Young adulthood is a “critical” time-period for determining future habits that follow an individual into the rest of their lives (Rottensteiner et al. 2061). Since college students face, “a new set of challenges, including developmental, environmental, and social transitions, and are developing established lifestyle habits, they represent an important target group for nutrition education and prevention efforts” (Cousineau, Goldstein, and Franko). Campuses often provide nutrition resources to their student population, but a connection between the target audiences of the Let’s Move! and college students would advance the goals of the campaign. By calling to students and engaging them in a critical discussion about their food beliefs, perhaps their risks for serious health issues related to dietary choices will be reduced in adulthood. They will also be better equipped to fill the role of parent, educator, and expert if they are called into that role later in life.
REFERENCES


