**Establishing Novelty in Literature Reviews**

**Rhetorical Moves to Establish Novelty**

**Swales. John and Christine Feak. English in Today’s Research World. Ann Arbor: University of Michigan Press, 2000.**

Swales and Feak redefined the “Swales moves” to address some criticisms of Swales’ research. They define three moves that researchers use to Create A Research Space (CARS). These three “CARS moves” are:

1. **Establish territory**: claiming the centrality and importance of their topic and reviewing prior research in a way that limits and defines the scope of their research.
2. **Create a niche**: making a counter-claim, pointing out a problem with previous research, raising a question, noting an overlooked or understudied area, or extending a theory to a new domain.
3. **Fill the niche**: outlining their purposes and introducing their present research in a way that addresses the niche they have created.

These moves are not necessarily linear: a writer can backtrack at any point and move from discussing a gap in the research (move 2) to again summarizing previous research (move 1). However, these moves do represent the overall trajectory of an introduction to a research article and too much movement back and forth can confuse readers.

**Types of Novelty**

In addition to examining and discussing the rhetorical moves used to signal novelty, it can be useful to think about the *types* of ways research can be new:

1. **New theory or hypothesis**: explain shortcomings in existing theories to set up new theory
2. **New solution to an existing problem**: explain existing problems and clarify how their solutions solve these problems; also, compare and contrast a range of alternative solutions and explain why the new solution is the best among these alternatives.
3. **New territory**: make a case for why this new territory is important to study and show that it has been overlooked by previous research.
4. **New methodology**: critique the methods of previous studies (or characterize them as inconclusive) and explain how they will address these flaws.

**Identification task:**

Below appear several research introductions from a range of fields. For each example

1. Identify the three “Creating a Research Space” moves:
2. Establish territory
3. Create a niche
4. Occupy the niche

Mark each sentence as performing one or more of these moves.

1. Identify the type(s) of novelty the research is contributing
   * New theory or hypotheses
   * New solution
   * New territory (including new population, context, material)
   * New methodology

**Example 1**:

Multiple studies suggest that writers prefer audio-taped feedback on their writing to traditional, handwritten comments (Dragga, 1991; Neuwirth et al., 1994; Pearce & Ackley, 1995; van Horn-Christopher, 1995). However, these studies have primarily observed technical and business writers. Moreover, these studies have not compared students' perceptions of audio-taped comments with "live" forms of feedback, such as student-teacher conferences. To assess the possible effects of different forms of teacher feedback in a general composition setting, this study asks students enrolled in a variety of English writing courses to rank their preferences of different forms of feedback.

**Example 2:**

Peptic ulcer disease is a chronic disease characterized by frequent recurrences. Recent studies have suggested that the eradication of *Helicobacter pylori* infection affects the natural history of duodenal ulcer disease such that the rate of recurrence decreases markedly (1-6). However, the interpretation of these results has been complicated by the fact that several of the larger studies did not use control groups or any form of blinding (3, 5, 6) . In addition, studies of the effect of *H. pylori* eradication in patients with gastric ulcer have not been done.  We report the results of a randomized, controlled trial in which we evaluated the effect of therapy designed to eradicate *H. pylori* on the pattern of ulcer recurrence in patients with duodenal or gastric ulcer.

**Example 3:**

Transmitter Identification (TxID, or transmitter fingerprinting) technique is used to detect, diagnose and classify the operating status of radio transmitters. Due to an ever-increasing number of transmitters, the need for transmitter identification is becoming an urgent issue since it enables the broadcast authorities and operators to identify the source of in-band interference. The transmitters, which share a single broadcast channel, naturally interfere with one another in some coverage overlapped areas. Unwanted strong multipath distortion may be generated by neighboring transmitters in an SFN [6]. However, traditional techniques, like the estimation of the direction of arrival using antenna array, can only give the multipath information from all transmitters. It is difficult to identify the source of each particular interference path, since the carrier frequency and DTV signals are all identical within the SFN. Therefore, a new transmitter identification technique capable of identifying multiple transmitters and weak interference sources and independent of the DTV reception is highly desired.

**Example 4:**

Use of over-the-counter sympathomimetic amines, intended to augment physical performance in athletes or as a weight loss aid, is controversial, and there is little information on potential risks (1). Cardiovascular symptoms comprise almost one-half of the adverse events reported to the U.S. Food and Drug administration (FDA) (2) and range from cerebrovascular accidents to seizures and ventricular fibrillation (VF) (2). Recently, the U.S. FDA banned the sale of ephedrine-containing supplements (3), based on growing concerns about the adverse health effects of the compound when made available without physician supervision. However, systematic data on the cardiovascular effects of ephedrine and, specifically, any potential arrhythmogenic effects are not available.

Sympathetic activation, as may occur with ephedrine use, may alter cardiac electrophysiology leading to an arrhythmogenic trigger (4) in individuals with cardiac disease, even if they are at relatively low arrhythmia risk. Even higher risk of adverse cardiovascular events may occur in subjects with ischemic heart disease. Therefore, autonomic alterations may be the underlying mechanism for the sudden cardiac deaths associated with ephedrine use in case reports. This study examined the hypothesis that ephedrine supplements, used in doses recommended in over-the-counter preparations, increase the relative risk of ischemia-dependent ventricular arrhythmias in the presence of chronic ischemic heart disease. This hypothesis was tested using a clinically relevant canine model of sudden death in which two reproducible populations of animals are produced, based on their relative risk of VF during exercise and transient myocardial ischemia 30 days after myocardial infarction (MI) (5–8).

**Identify the Swales moves in the following abstracts and then decide which version is stronger.**

**A.** Chronic obstructive pulmonary disease (COPD) is a prominent cause of death in the United States and has lowered the quality of living for those affected. COPD is characterized by damage to the airways of the lungs, making respiration a challenge. With significant damage to the airways, it becomes difficult to deliver oxygen to the blood and to release carbon dioxide as needed. As a result, COPD patients are predominantly affected by dyspnea, a chronic and severe shortness of breath. Unfortunately, available treatments cannot eliminate symptoms or reverse the damage done by COPD; however, they can provide relief and contribute to slowing the progression of the disease. The most common treatment regimens include pharmacological options and oxygen therapy. Both aim to reduce the severity of exacerbations and to maintain the patient’s health status, daily activities, and quality of life. Oxygen therapy’s implementation, coupled with intensive management of COPD, has contributed to prolonging the life expectancy of COPD patients. Several therapies have emerged since the initial version of long term oxygen therapy, including Proportional Assist Ventilation (PAV) and Neurally Adjusted Ventilatory Assist (NAVA), both which focus on increasing the life expectancy and quality of life for COPD patients. Practical problems affiliated with home oxygen therapy include oxygen tank safety, maintenance of daily activity and cost. Emerging PAV and NAVA therapies address these issues in part. However, to reach the larger population who is unable to afford the expenses of long term oxygen therapy, oxygen suppliers should begin to evaluate options to lower their expenses, specifically by focusing on oxygen equipment that needs minimal service. [262 words]

**B.** Chronic obstructive pulmonary disease (COPD) is a prominent cause of death in the United States and has lowered the quality of living for those affected. COPD is characterized by damage to the airways of the lungs, making respiration a challenge. As a result, COPD patients are predominantly affected by dyspnea, a chronic and severe shortness of breath. The most common treatment regimens include pharmacological options and oxygen therapy. Pharmacological options focus on short-term relief of symptoms rather than direct intervention. Oxygen therapy, which provides an external source of oxygen has contributed to prolonged life expectancy when coupled with intensive management of COPD. However, many practical problems are affiliated with home oxygen therapy, including oxygen tank safety, maintenance of daily activity and cost. Two new therapies partly address some of these issues. Proportional Assist Ventilation (PAV) and Neurally Adjusted Ventilatory Assist (NAVA) both increase patient mobility and make oxygen delivery to the lungs more efficient and personalized. Specifically, NAVA therapy shows the most promise due to the ability to constantly monitor a patient and adjust oxygen delivery. Although both of these therapies improve the quality of life for COPD patients and increase life expectancy, both are expensive and impractical for the majority of patients. Thus there is still need for lower-cost therapies. [211 words]