"Everything is Medicine": Burke’s Master Metaphor?

Carly Woods
University of Nebraska-Lincoln, cwoods3@unl.edu

Follow this and additional works at: http://digitalcommons.unl.edu/commstudiespapers

Part of the Communication Commons

http://digitalcommons.unl.edu/commstudiespapers/31

This Article is brought to you for free and open access by the Communication Studies, Department of at DigitalCommons@University of Nebraska - Lincoln. It has been accepted for inclusion in Papers in Communication Studies by an authorized administrator of DigitalCommons@University of Nebraska - Lincoln.
"Everything is Medicine": Burke’s Master Metaphor?

Carly S. Woods, University of Pittsburgh[1]

Abstract:

For Kenneth Burke, humans are part of a diseased and ailing society. Yet while the rest of us are under an anesthetic, too doped up to know what is going on, Burke is partially awake and sees through the fog, watching the surgery unfold. Burke’s mission is to elucidate the curative potential of language and literature. Paying particular attention to biographical influences, this article traces key lineages of the medical metaphor in Burke’s major works. I argue that scholars should take seriously the idea that “everything is medicine” to Burke by considering the way that medicine may function as a master metaphor, or a reading strategy, that allows us to more fully understand his theories of symbolic action, identification, and rhetorical demystification.

Examine random specimens in The Oxford Dictionary of English Proverbs. You will note, I think, that there is no “pure” literature here. Everything is “medicine.” Proverbs are designed for consolation or vengeance, for admonition or exhortation, for foretelling. – Kenneth Burke, “Literature as Equipment for Living,” 100.

In 1956, Kenneth Burke went into a hospital for a hernia operation. The doctors gave him an anesthetic, but it was only partially effective, and he was awake during the entire surgery. Burke was able to hear what the doctors were saying, “behind the fog of [his]
anesthesia and the mystique of medical ethics.” After the surgery, he wanted to recount his experience in the operating room, but found himself shushed and given dirty looks by the doctors around him. One intern even remarked “writers talk too much” and promptly denied him adequate sedation in his recovery period (East 199).

I relate this story, not to prompt thoughts of Kenneth Burke’s hernia, but because it serves as a representative anecdote for the way that Burke understood his role as a scholar of language and literature. For Burke, “everything is medicine.” Throughout his major works, Burke uses medical language in order to elucidate his literary theories. He deals with many aspects of literature, science, and religion, but there is a sense in which all of his work aims to diagnose and cure a sick society. The hernia operation incident was related in a letter to his friend William Carlos Williams, the celebrated poet and doctor. Burke and Williams were friends for over forty years, and Burke was amazed by Williams’ ability to master both poetry and medicine. As he remarks in a tribute to Williams in 1963,

In some respects, the physician and the poet might be viewed as opposites, as they certainly were at least in the sense that the time spent on patients was a necessarily time denied to the writing of poetry. But that’s a superficial view. In essence, this man was an imaginative physician and a nosological poet. His great humaneness was equally present in both roles, which contributed essentially to the development of each other... Such constant attempts to see things afresh as “facts,” gave him plenty to do. For he proceeded circumstentially, without intellectualistic shortcuts—and with the combined conscientiousness of both disciplines, as man of medicine and medicine man (Language as Symbolic Action 282).

As James H. East notes, Burke’s interest in Williams’ life as poet and doctor was thematic in their correspondence, with medical matters animating nearly thirty letters. Burke’s many questions about physical ailments, sometimes alarmist in nature, led to long-running tongue-in-cheek exchanges by both men regarding Burke’s hypochondria (xxii). Burke also used his correspondence with Williams as a testing ground, attempting to explain his literary theories in ways that would appeal to Williams’ medical sensibilities. There is reason to believe that this mode of translation worked both ways: not only was Burke able to translate theory into medical language, but the exchanges also helped him to see his own literary projects medicinally. Whatever the source of Burke’s fascination with medicine, the frequency of his treatment of the topic in private communication with Williams provides a wealth of material that helps frame his oeuvre.

To read Kenneth Burke’s corpus is a pleasure, but it is also a task requiring a reading strategy. One such reading strategy is suggested by medicinal metaphors. I argue that scholars should take seriously the idea that “everything is medicine” to Burke by considering the way that medical language may allow us to understand his theories of symbolic action, identification, and rhetorical demystification. Metaphors of illness and cure are easily mapped onto social conditions as well as the conditions of the body. Literature cannot only be medicinal for the ailments of society; it can function “surgically,” under the anesthetic of capitalism, of science, or of technology. Burke is partially awake
and watching the drama of human relations through the fog of this anesthesia as the surgery unfolds. This essay develops an explorative subset of Burke and body studies, focusing specifically on his ubiquitous use of medical language and suggesting a reading strategy for approaching his body of work. I begin by tracing key lineages of the medical metaphor in Burke’s major works, and then explain the significance of medicine as a master metaphor.

Symbolic Acts: Spiritual Cures & Metaphorical Doses

Burke had a profound interest in myth and ritual, and his ruminations at the intersections of magic, science, and religion utilize the medical language of cures and doses as explanatory tools. The commitment to diagnose and cure societal ills surface in his major works and in the context of his lived experiences. This section highlights the ways in which the doctor-patient relationship can be mapped onto the author-reader relationship to deepen Burke’s discussion of symbolic acts and identification.

One factor that may account for Burke’s perennial fascination with spiritual cures is the influence of Mary Baker G. Eddy. Eddy, the founder of the Christian Science movement within the United States, was fervently opposed to traditional drugs, instead advocating for the spiritual powers of homeopathic cures. In an interview in 1983, Burke was asked if he was “rebounding from a kind of naïve Marxism” in *Permanence and Change*. Burke replied that he was instead rebounding from Christian Science, and thus secularizing what he had learned from Mary Baker G. Eddy (qtd. in Feehan 206). He had been raised as a Christian Scientist, but reportedly lost his belief as a child, so this would have been a long rebound indeed (Eberly and Selzer 178).

Eddy’s book, *Science and Health*, details how she was plagued with illnesses throughout her life until she discovered mesmerism through the work of Phineas Quimby. Eddy built upon its medicine-free technique and the idea of Christian spiritual healing in founding Christian Science (M. Eddy). Eddy “sacralized” mesmerism, whereas Burke secularized Eddy’s teachings (Feehan 211). While Burke’s departure from Christian Science meant that he did not adhere to Eddy’s idea that mainstream medicine was wholly harmful (indeed his hernia operation and relationship with William Carlos Williams proved that he sought mainstream help for his physical ailments), the idea of spiritual healing never entirely left him. In secularizing Eddy’s spiritualism, Burke was able to transfer a belief about the healing powers of God to a belief in the power of literature and art. With this telling biographical detail in mind, we can commence our exploration of Burke’s desire to cure through spiritual and literary approaches.

Throughout his work, Burke sees the body as spiritually connected to poetry. In his earliest book, *Counter-Statement*, for instance, he describes the literary form as appealing because it so closely mirrors our bodily processes. Literature is more than just words on a page. “The rhythm of a page, in setting up a corresponding rhythm in the body,” he writes, “creates marked degrees of expectancy, or acquiescence” (*Counter-Statement* 140). If
literature can work with bodily rhythms, it also may have the power to correct those ills that throw off biological harmony. Just as medicine cures the diseases that plague the body, literature may have a curative function, bodily and socially. For Burke, the symbol is medicine for the social ill (Counter-Statement 61).

This recurrent pairing of the symbolic act and the body is exemplified in Burke’s observation that the body can expose mental processes. If symbolic acts are the dancing of one’s attitudes, than psychogenic illness can be seen as the body’s dance. Bodily ailments are symbolic acts, in that the body “dances a corresponding state of mind, reordering the glandular and neural behavior of the organism in obedience to mind-body correspondences, quite as the formal dancer reorders his externally observable gesturing to match his attitudes.”[4] One example of psychogenic illness is the prevalence of ulcers amongst taxi cab drivers. Even though their eating habits are not much different from workers in similar jobs, drivers tend to endure stress of constant motion, and ulcers manifest as bodily responses to the ritual of the occupational act (Philosophy of Literary Form 11). The mind is a microcosm of the bodily system; the mind is “helping the body think” (“Auscultation” 120).

This fascination with the close relationship between the mind and body is reminiscent of classical Greek thinkers. In his essay, “Othello: An Essay to Illustrate a Method,” Burke sheds light on the roots of the medical metaphor in his theory of tragedy. Catharsis, he notes, is derived from the Greek word katharma. Greek society saw catharsis as a sort of medicinal purification, a cure. He writes, “a synonym for katharma was pharmakos: poisoner, sorcerer, magician; one who has sacrificed or executed as an atonement or purification for others; a scapegoat. It is related to pharmakon: drug, remedy, medicine, enchanted potion, philtre, charm, spell, incantation, enchantment, poison” (“Othello” 153). By explaining the roots of catharsis, Burke alludes to the belief of some Greek thinkers that rhetoric was an ambivalent drug that both causes and cures disease. In Phaedrus, Socrates equates the process of healing with the process of rhetoric (549), while Gorgias pairs the effect of speech on the soul with the effect of drugs on the body (53). Burke used the metaphor not only to build upon classical rhetorical theory, but also to explain the complex nature of language, and its potential to both cure and cause societal sickness.

The idea that there are diverse ways to approach therapeutic processes occurs in Attitudes Toward History, where Burke discusses how literature performs allopathic and homeopathic cures (44-47). Allopathic (Greek meaning: opposite disease) medicine is a method of treating disease with remedies that produce effects different from those caused by the disease itself. This is what happens in much of mainstream medicine, as when a person goes to the doctor with a fever, and the doctor administers a treatment that cools the body temperature (Arikha 91-2). By analogy, humor is sometimes used in the face of tragedy for its curative function (Attitudes Toward History 43).

Homeopathic (Greek meaning: similar suffering) medicine is “a system for treating disease based on the administration of minute doses of a drug that in massive amounts produces
symptoms in a healthy individual similar to those of the disease itself” (American Heritage Medical Dictionary 250). A commonly cited example is inoculating a human against rabies by administering a diluted dose of saliva taken from a rabid dog. Proponents of homeopathy tend to put more emphasis on spiritual cures than on medical science. Burke’s discussion of homeopathy refers to a theory of homeopathic mediocology which was introduced in the 1800s as the law of similars by the German physician, Samuel Hahnemann, and has since fallen out of fashion (Ullman 33-4).[5] He notes that Hahnemann’s preoccupation with a “nosological trinity” (the classification and belief that all diseases emanated from three essential ‘stocks’: psora (the itch), syphilis, and sycessis) caused his followers much embarrassment, yet they maintained his theories of dosage. Burke questions whether we can reduce to engage the part (homeopathic theories of dosage, rooted in reduction of disease as cure) without also considering the scope of the whole (Hahnemann’s classification scheme), supposing that Hahnemann’s contributions to medicine were fueled by his now discredited taxonomy (Attitudes Toward History 47).

In contrast to the allopathic cure of using humor in the face of tragedy, a plaint or elegy, which conveys sorrow in the face of tragedy, tries to provide some solace for those in grief. These literary forms tend to spread “the disproportion between the weakness of the self and the magnitude of the situation.” There is a certain protectiveness in this sort of wallowing in grief that Burke identifies with the homeopathic (Attitudes Toward History 44). A plaint or elegy would necessarily provide some sort of spiritual cure—the medicinal metaphor works well here because in times of extreme grief, people often seek remedies like anti-depressants or psychological counseling alongside spiritual remedies. Homeopathy is an aspect of the plaint because

One seeks to develop tolerance to possibilities of great misfortune in small doses, administered stylistically. We may note the broad difference between homoeopath and allopath in stylistic treatments by noting the difference between the man who “coaches” good health by asserting that he “never felt better in his life” (the “allopath”) and the man who, though he might be equally healthy, “protects” himself by conceding: I feel well enough, if only things keep up as they are (Attitudes Toward History 45).

Burke suggests two strategies for dealing with personal health. The first is that of the allopath, which involves a process of self-persuasion in order to keep our bodily organs in good working condition, evocative of his discussion of the two-way relationship between the mental and the physical.

The contrasting strategy of homeopathy guards against the possibility that one’s health may take a turn for the worse by stating that their good health is simply a result of the current conditions—check back tomorrow and the outcome may be different. The homeopath believes that it is useless to try and solve a health problem through traditional antidotes (Attitudes Toward History 45). Instead of handling an illness head-on (“the stronger the antidote the better”), the homeopath will attempt to accommodate the risk, embracing the “‘tragic’ strategy of ‘knocking on wood,’ in systematically welcoming a little disaster as immunization against greater disaster” (Attitudes Toward History 325).[6]
Burke later expounds on what he means by spiritual homeopathy in *The Philosophy of Literary Form*. He explains that while bread is a cure for hunger, it becomes a poison if you eat a barrel of it. Just as every drug or medicine has the ability to be toxic if misused, the poet as a “medicine man” can play a tragic or pious role in distributing either a spiritual or homeopathic cure (*Philosophy of Literary Form* 64-5). This is why the medicinal depends so centrally on identification. Just as the doctor must relate to the patient, the relationship between the poet and reader is primarily one of identification, which may allow the reader to relive experiences in a medicinal mode (*Philosophy of Literary Form* 413). As Ross Wolin puts it

Burke argues that art is effective as symbolic action when a text prompts the reader to relive experiences. This reliving of experiences occurs in part because the reader and author participate in social structures of meaning that have elements in common. In Burke’s view, the reliving of experience is a form of identification (179).

Medicine as a master metaphor is on full display in Wolin’s description: not only is the doctor-patient relationship mapped onto the author-reader relationship, but the very imagery of illness expresses Burke’s theory of identification. Adult patients who are being cared for in a hospital observe both the “regressive principle” of identification because they are reminded of the experience of childhood, when they were cared for by their parents, and the “culminative principle” of identification because enduring illness makes them simultaneously worried about death (a human condition that supercharges identification) (*Rhetoric of Motives* 15).

Thus, the poet as “medicine man” deals in metaphorical drugs, seeking to “immunize us by stylistically infecting us with the disease” without allowing us to overdose (*Philosophy of Literary Form* 65). Just as we would get a small dose of the flu injected into us through a flu shot so that we might avoid contracting the full-blown illness this winter season, the hope is that if a poet presents readers with a story of lived experience that they can identify with, it can function as a way of exposing them, or administering “small doses” of the poetic that can cure their spiritual ailments.[7] Homeopathy thus allows the distillation of the disease into a purified essence that operates as medicine in the body. Drawing on “a kind of inverted Christian Science,” Burke proposes a homeopathic approach to social health (*Attitudes Toward History* 323, 46). He proffers a tantalizing suggestion:

Recall also our remarks on the function of horror stories in *debunking* horror, by reducing the vague mental state to the manageable proportions of an objective fiction. Might not a similar process operate if, by inoculation with a physical illness, the focus of disturbance would shift from vague and unwieldy mental terrors to their psychologically more negotiable material equivalents? Thus, instead of the “allopathic antidote,” we should get the graded series” of “homoeopathic infection” (*Attitudes Toward History* 324-5). Literature provides a necessary exposure to allow individuals to more effectively deal with the terrors, inequities, and tragedies of the human condition. If these doses of the poetic are not well received, and if the poet receives an “impious response,” then we revert to
other attempts at treatment, be it ritual, prayer, or recourse to the scientistic (Philosophy of Literary Form 65).[8]

Rhetorical Demystification: The Good Doctor and the Charlatan

If the poet has the ability to be a “medicine man,” does that mean that the treatment will always be benign? What happens when a medicine man causes an overdose? These questions touch on a second major conceptual theme in Burke’s work that addresses the relations between his use of medicine and his social theories: the drug-like qualities of rhetoric, and the rhetorician’s ability to act as a good doctor or a charlatan.

Burke’s research on drug addicts at the Bureau for Social Hygiene provides another biographical detail that could help explain his proclivity for medical metaphors. The Bureau of Social Hygiene was “a philanthropic organization funded by John D. Rockefeller that researched social problems such as prostitution, narcotics, and police corruption,” where Burke worked from 1928 to 1930 (Jack 446). During his time at the Bureau, Burke studied the effects of drug addiction at the American Medical Association libraries and met directly with medical researchers to discuss his projects. While Burke worked at the Bureau of Social Hygiene for only a short amount of time, this stint accounts for Burke’s facility with and knowledge of the body, and may also lend insight into his attempts to fashion cures within his scholarship. This experience may have also prompted Burke to discuss material medicine, hygiene, and the processes of bureaucratization (Attitudes Toward History 363). Jordynn Jack argues that this time at the Bureau of Social Hygiene did much to inform Burke’s theories of piety, the poetic, and biological components of metabiology in Permanence and Change. It plunged Burke into a world of disease containment where he was able to better understand the affect of drug addiction on the body. Debra Hawhee argues that it was Burke’s experience of ghost-writing a book, Dangerous Drugs, for Colonel Woods at the Bureau of Social Hygiene that sparked Burke’s deep interest in the body, as well as the realization that “both drugs and poetry can be figured as transformative substances, both induce affective change, and both tap into bodily rhythms, creating and increasing receptivity” (“Burke on Drugs”18). Given this potentially sympathetic look at drug use, how can we navigate the blurry line between good doctors and harmful charlatans?

Burke acknowledges that some orators who disguise themselves as legitimate medicine men are really just charlatans who use language to obfuscate and harm. Those involved in processes of persuasion always have the ability to use their “word magic” for purposes of good or evil:

And since the effective politician is a “spellbinder,” it seems to follow by elimination that the hortatory use of speech for political ends can be called “magic,” in the discredited sense of the term […]. The realistic use of addressed language is to induce action in people became the magical use of addressed language to induce motion in things (things by
nature alien to purely linguistic orders of motivation). If we then begin by treating this erroneous and derived magical use as primary, we are invited to treat a proper use of language (for instance, political persuasion) simply as a vestige of benightedly prescientific magic. To be sure, the rhetorician has the tricks of his trade. But they are not mere “bad science”; they are an “art” (Rhetoric of Motives 42).
Burke resists the definition of oration as magic, when it should be seen as rhetoric. In his view, poetic, and rhetorical language can be distinguished because the poetic is a kind of symbolic action, while rhetorical language is inducement to action (Rhetoric of Motives 42-3). An orator must choose between using language that either clarifies or obfuscates information in order to induce an audience to a certain action.

As noted earlier, Burke found one “good doctor” in his friend, William Carlos Williams. Another doctor deeply informs Burke’s work: Sigmund Freud. Freud’s impact on Burkeian theories of identification and symbolic transformation has been well-documented.[9] A more fundamental look at how Freud may have served as a model of a good doctor for Burke is necessary as we work to uncover the medical metaphor. Like Freud, Burke was interested in a talking therapy, in which linguistic clarity serves as a means of achieving mental and social health. This therapeutic approach[10] to theory is elaborated in Burke’s essay, “Freud—and the Analysis of Poetry,” as he explores what the Freudian perspective has to offer to the literary critic. Freud, he notes, perfected the art of observation, focusing on psychiatry rather than aesthetics (Philosophy of Literary Form 258-9). The overlap between these fields lies in that neurotic and poetic acts are both symbolic (Philosophy of Literary Form 262). While Freud worked with the libido as a basic category of analysis, literary criticism works with communication as its basic category. Burke expresses deep admiration for Freud, and wants not to quibble with approaches gained through clinical experience. However, Burke is underwhelmed by the scope of Freud’s vision, which operates on an individual rather than on a societal basis: “there is a pronouncedly individualistic element in any technique of salvation (my toothache being alas! my private property), and even those beset by a pandemic of sin or microbes will enter heaven or get discharged from the hospital one by one…” (Philosophy of Literary Form 263). Burke is instead interested in healing societal ills, urging psychotherapy to “broaden its individualistic, isolated co-ordinates to embody attitudes that fit into a larger social texture” (Attitudes Toward History 325). Ultimately, then, we can see Freud as a good doctor who provided a model of talking therapy at an individual level but who did not quite adequately diagnose and treat societal ailments.[11]

Burke was able to position his own work as essentially therapeutic in the wake of Freudian theory—and drawing from Freud, explores the way that language can be used to both heal and harm society. Noting that Freud was in the class of intellectuals exiled from Nazi Germany, Burke points to how Freudian insight about the persecutor as rejected patriarch can be applied socially to explain Hitler’s paranoia about the Jews (Philosophy of Literary Form 260, 275). Although just a brief cross-application, Burke can be seen as assuming his role within the medical model: he applies a “good doctor’s” theory to the perspective of the greatest of charlatans, Adolf Hitler.
We see evidence of the charlatan at work in “The Rhetoric of Hitler’s Battle.” Here, Burke refers to Hitler as a “medicine man” who has found a cure for the sickness of his nation—but he is really a fraud and his medicine is really just snake oil (Philosophy of Literary Form 191-2). When one hears oratorical fireworks, the impulse is to think of it as magic. So while those who were persuaded by Hitler might have thought of him as a magician or spellbinder, Burke wants us to see him for what he really was: someone who used effective rhetorical tactics, but who, in reality, scapegoated rather than cured. Burke calls Hitler a “medicine man,” but in this sense the dictator was only engaging in what Burke calls the “most rhetorical of businesses, medical quackery” (Philosophy of Literary Form 172).

Hitler was able to mystify his audience because he was disguised as a legitimate politician, making all the right moves to trick people into believing his propaganda. By speaking about the nation’s health, and its poisoning and contamination by Jewish bacillus, Hitler used medical language to persuade (Heynick). Hitler’s medicine involved cathartic practices consistent with the Greek sense of pharmakon. Turning the Jews into scapegoats was a type of ‘medicine’ for members of the Aryan middle class (Philosophy of Literary Form 196). The desire to scapegoat an entire race of people was curative only in that it provided “purification by dissociation.” This allowed Hitler and his followers to get away from any aggravating blame by shifting the focus to the Jews (Philosophy of Literary Form 202). Hitler’s attack on the parliament was another “important aspect of his medicine, in its function as medicine for him personally, and as medicine for those who were later to identify themselves with him” (Philosophy of Literary Form 199). In discussing the parliament, Hitler spoke in terms of symptoms, but as Burke points out, this rhetoric only allowed him to search for a cause that was derived from his medicine, reductive racial theory (Philosophy of Literary Form 201).

When language is used to deceive, rhetorical analysis, at its best, sets the record straight. Burke advocates reading Mein Kampf to uncover Hitler’s rhetorical strategies so that Americans can guard themselves against the dissemination of fascist propaganda, Hitler’s own brand of medicine (B. Eddy 64). If we are at liberty to read the medicinal metaphor back at him, it seems that Burke wishes to “vaccinate” the masses so that they can resist being duped by another charlatan. He acknowledges that the disease will likely never be completely cured, and maintains that word magic “is not eradicable, and that there is no need for eradicating it. One must simply eradicate the wrong kinds and coach the right kinds” (Attitudes Toward History 323-4). If the poet is able to administer doses of the poetic in a measured fashion, we may just find ourselves a spiritual antidote that inoculates us from manipulation. If, however, we confuse snake oil for medicine, or if we overdose on medicine, the delicate balance will be disturbed. Part of Burke’s goal in prescribing the poetic corrective is to try and prevent an American Hitler, and to make sure that his readers can tell the difference between medicine and poison.

Burke comments on context and the fine line separating medicine from poison when he discusses the plight of the drug fiend in the context of piety:
Similarly with the “drug fiend,” who can take his morphine in a hospital without the slightest disaster to his character, since it is called medicine there; but if he injects it at a party, where it has the stigma of dissipation upon it, he may gradually organize his character about this outstanding “altar” of his experience—and since the altar in this case is generally accepted as unclean, he will be disciplined enough to approach it with appropriately unclean hands, until he is a derelict (Permanence and Change 77-8).

As Burke noted during his early research on drug addicts, “we are all drug fiends in a sense, deriving our impetus from drugs naturally produced in the body” and thus it is difficult to cast stones at those who have been duped by ‘bad’ drugs (Jack 461). A person’s orientation makes them privy to the information that ultimately drives these decisions. If a person drinks a bottle that is labeled ‘medicine’, and then dies because there is actually poison inside, they can hardly be considered illogical for not knowing (Permanence and Change 86). If, instead, a person willingly drinks poison, or is warned that their medicine bottle might have been switched and still takes the risk, it is a much different story.

Clearly, the distinction between ‘good medicine’ and poison is a slippery one to navigate. One way to understand this distinction is to map it onto Burke’s discussion of ‘pure literature’ and ‘applied literature’ in “Auscultation, Creation and Revision.” Even the title of this work suggests a connection to Burke’s use of medicine as a master metaphor, as auscultation is, in the medical context, the act of listening for the sounds of certain organs in order to aid in the process of diagnosis (Stedman 75). Any type of literature, Burke acknowledges, involves some manipulation of language to provide us with new ways of seeing worldly situations (“Auscultation” 55). Pure literature is poetry, and is most closely linked with what Burke would consider ‘good medicine’; it serves a therapeutic or prophylactic purpose, but still allows readers to act of their own accord. Applied literature is propaganda or pamphleteering, a sort of poisonous concoction that attempts to convince its readers to take an action without really ‘curing’ any of the worries that may plague them. It is sometimes difficult to distinguish between poetry and propaganda because they deal with the same subjects. Yet propaganda does not really cure an ill, nor does it equip readers for dealing with future situations, because it dictates a ‘quick-fix’ solution, and fails to give the readers a chance to make decisions for themselves. Pure literature gives us the incentive to not just deal with the problem at hand, but equips us to abolish the ills that propaganda glosses over. Readers who seek treatment in literature must make certain that they are receiving ‘good medicine’ by reading critically to check against the excesses of the Hitler-like snake oil that sometimes makes it into the pages of our books.

One of Burke’s most famous sayings is that “literature is equipment for living.” Poetry is produced to enhance comfort in readers; it is the medicine that both arms them against discomfiting diseases like confusion and mystification and provides them with therapy if they get attacked (Philosophy of Literary Form 61). In light of this investigation into the medicinal metaphor, we might revise this saying to be, “literature is medical equipment for living,” for as he observes in A Rhetoric of Motives when exploring the relationship between rhetoric and medicine, medical equipment goes beyond its diagnostic functions. A patient will not be satisfied if they are just handed a cure—it is the examination, the
prodding, poking, and testing with medical instruments, the pageantry of the doctor’s visit, that is necessary in order for the visit to be complete. Rhetoric is necessary to supplement traditional medical treatment because “such instruments present diagnosis in terms of the senses and can thus be so consoling that, even when the apparatus can’t restore a man’s health, it can help him die well” (Rhetoric of Motives 172). Just as Plato explained in Phaedrus, rhetoric can have healing properties that can work alongside the poetic in order to repair an ill society. Even though Burke sometimes draws a harsh contrast between devious orators (charlatans) and poets (doctors), his view of rhetoric does not always have to be so unforgiving. When wily orators, slimy politicians, and Hitler-like dictators use rhetoric to mystify, they act as charlatans selling snake oil. When, however, poets and well-meaning orators use rhetoric to explain, cure, and further understanding within a society, a legitimate medicine has been dispensed and rhetoric and the poetic can work hand-in-hand as agencies of healing.

Medicine as Burke’s Master Metaphor

Now that the major strands of the medical metaphor have been traced, how does one make sense of the overlap between Burke’s frequent mention of medical topics in private correspondence and the prominence of medical metaphors in his theoretical works? One possible explanation is that such an overlap can be chalked up to mere coincidence. Yet this reading becomes less plausible after considering Burke’s suggestion that critics should “play cards-face-up-on-the-table” and attune readers to the meanings that lurk behind their figurative language (Attitudes Toward History 262-3). The findings of this essay suggest that when Burke’s oeuvre is read in this way, his deployment of medical terminology might be interpreted as a terministic screen, representative anecdote, or metaphor. While there are elements of each of these concepts that are possible ways of interpreting Burke’s medical language, metaphor seems most compelling. Medicine is not simply a way of seeing many things for Burke. It is also many ways of seeing many things. Burke uses medicine as a device to see literature in terms of something else, to approach artistic realms from many different angles and perspectives. This distinction more closely aligns medicine with his definition of metaphor. Burke considers metaphor to be the literal-realistic application of his earlier term, perspective, stating: “metaphor is a device for seeing something in terms of something else. It brings out the thisness of a that, or that thatness of a this” (Grammar of Motives 503).

And yet, not just a simple metaphor, or an extended metaphor, Burke uses medicine as a master metaphor. One of Burke’s four master tropes in A Grammar of Motives, a “master metaphor” is figurative language that becomes capable of rhetorically representing a major theory or principle. There are a couple of hints in this explanation that reveal why the medicinal metaphor serves as a master metaphor for Burke. First, the medicinal metaphor is used by Burke to build a grand theory of literature by amplifying different theoretical concepts throughout his books and essays. As the previous sections lay out, medicinal themes in Burke don’t just occur as single anecdotes, but instead cluster around critical points that prompt the reader to think of language and literature’s wider significance in
curing society. Burke’s body of scholarship contains a wide constellation of medical terms, which perhaps appear as if they are operating independently at first glance. However, if the reader takes the time to trace the connections between them, they can be seen as part of a larger system of theoretical work. Medicine as a master metaphor is both a cue to how Burke organizes his work, and also to how he sees his work contributing to the world.

Secondly, the metaphor helps Burke create a system that accounts for differing results: Burke views both poets and Hitler as “medicine men,” which is either confusing or contradicting without a fuller appreciation of medicine as Burke’s master metaphor. The medicinal metaphor helps Burke to distinguish between the dissemination of ‘good medicine’ and ‘bad medicine’. It is worth mentioning here that not only does Burke see things in medicine to help explain literature, but he also sees things in literature that help him to explain medicine (such as his discussion of psychogenic illness). In these instances, it makes sense to think of medicine as a master metaphor because as a system, the master metaphor accounts for these extensions and cross-applications.

If medicine indeed functions as a master metaphor for Burke, a deeper understanding of his use of medical language can lend important insight into Burkean rhetorical theory. Since he considered metaphor the first of his master tropes, it would thus seem worthwhile for Burke scholars to take note of his use of medicine as a system of organization and explanation for the poetic corrective. In his “Dictionary of Pivotal Terms,” Burke explains that master metaphors can sometimes aid in the “heads I win, tails you lose” phenomenon in which a system accounts for various, differing results.[12] In urging philosophers to “play cards-face-up-on-the-table,” Burke acknowledges the utility of identifying master metaphors and exposing where the metaphors mix and shift from one to another. In the same vein, this essay has attempted to compile and assemble the “cards” that Burke has turned face up across his different works and theories in order to suggest one hand that Burke and his intellectual progeny can play.

Similarly, this reading strategy suggests that productive future research for rhetorical scholars might include identifying “why he [sic] feels called upon to choose the metaphor he does choose,” and places where the medical metaphor shifts to and mixes with other metaphors opportunistically (Attitudes Toward History 262). After all, even when Burke was exploring the idea of “watching one’s metaphors,” he uses the medical metaphor for clarification:

“Watch your metaphors” could come to mean, for the writer of the future, what “Watch your step” has meant for crowds in the subway. Or, otherwise stated: the checking of one’s imagery is nearest approach, in matters of method, to the quantitative checking of temperature, weight, and blood pressure in physiological matters (Attitudes Toward History 274-5).

Burke is not alone, of course, in using the medical metaphor. Notably, Nietzsche positioned himself and the role of the philosopher as physician of culture while Richard Weaver called for rhetorically-informed social reform in his formulation of a “culture
Burke’s own career trajectory—from poet to critic—can be seen as unfolding on the medicinal model, as “the medical analogy may be justified by authority, as it has been employed in similar contexts by both a critic and a poet” (Philosophy of Literary Form 65). When his poetry was not taken up as the medicine he hoped it would be, Burke recalibrated the dosage by shifting to literary criticism and social commentary, writing prescriptions for therapy and social healing. The notion that “everything is medicine” may function not only as a tactic for unlocking the Burkeian corpus, but also as an approach to envisioning the possibilities of rhetoric for improving the human condition, with future studies fruitfully viewing rhetorical theory through the lens of the body, its ailments and its treatments.

Burke’s theories placed great faith in the poetic as a cure for many of society’s ills, but he proposes no infallible miracle cure. For those who might point to times when literature does not fulfill a curative function, Burke might respond by saying, as he did in Counter-Statement, that, “we do not categorically praise one remedy above another unless both are intended to cure the same illness in the same type of patient” (186). Instead, Burke’s work demonstrates that, just as with the fog of anesthesia during his operation, he was able to see the potentialities of literature to cure ills when many others had turned to the scientistic.

Notes

1. Carly S. Woods is a doctoral candidate in the Department of Communication at the University of Pittsburgh. The author would like to express her sincere gratitude to John Lyne, Debra Hawhee, Gordon Mitchell, Damien Pfister, the editor, and the anonymous reviewers at KB Journal for their helpful feedback and enthusiasm at various stages in the preparation of this manuscript. An earlier version was presented at the National Communication Association Convention, San Antonio, TX, November 2006. Please direct correspondence to: carlywoods@gmail.com

2. Burke’s interest in the body is well-documented by scholars such as Bryan Crable, Debra Hawhee, Jeff Pruchnic, and Kumiko Yoshioko. Crable traces Burke’s use of the body as dialectic, reading embodiment with Burke’s work on action/motion. Hawhee argues that Burke’s inclination toward the body serves as a counterpart to mechanization, and has explored Burke’s use of Sir Richard Paget theory to discuss the rhetorical melding of mind and body. Her forthcoming book, Moving Bodies, will certainly have more to add to the conversation. Pruchnic seeks to recover the work of the body in Burke by bridging it with cybernetic research Yoshioko details Burke’s use of bodily appeals and the body as a critical focal point for his theory of symbolic action.

3. See especially Attitudes Toward History, Part II, Chapter I. Burke’s interest in myth and ritual is explored in Laurence Coupe’s Kenneth Burke on Myth.

4. Burke envisioned the sufferer as an actor who “adopts mimetic expressions” in order to display their attitudinal state. Drawing from psychoanalysis, he develops the idea that asthma could be a mimetic expression of the inability to breathe as an
embryo—with the asthma sufferer mentally attempting to recapture the experience of womb-living (*Attitudes Toward History* 322-3).

5. Burke’s sense of homeopathy may be different from the “alternative medicines” commonly associated with the term today. Since the early 20th century, the American Medical Association and various medical reports have worked to discredit homeopathy in the United States.

6. The desire to coach oneself to health has resonance with Burke’s references to Jean Piaget’s studies of children’s evolution from autistic to socialized thinking. Burke refers to secular prayer as “the coaching of an attitude by the use of mimetic and verbal language” akin to Piaget’s observations about children verbalizing inner thoughts as commands (“now you must do X”) and naming objects through fiat (“this ball is a barn”) (*Attitudes Toward History* 323). Burke also discusses Piaget and the idea of coaching attitudes in his discussion of transcendence, suggesting a connection between his thinking about social health and secular prayer (*Attitudes Toward History* 337).

7. More recently, the distinction between homeopathy and allopathy has dissolved in the use of vaccinations, which infect patients with small doses of a virus in order to guard against it, and is considered to be a legitimate action backed by the mainstream medical establishment.

8. Burke notes that religion has tended to move towards allopathy by employing and dispensing ritual and prayer as treatment (*Attitudes Toward History* 46).

9. See Wright, Davis, and Quandahl amongst others for excellent examples of the synergy and challenges posed by reading Burke and Freud together.

10. The notion of a rhetoric of therapy and its corresponding language has been developed by Dana Cloud.

11. Freud is just one example of a good but not entirely adequate doctor to Burke. Over the years, Burke took up the cause of many individuals who he hoped would carry out the task of curing an ailing society. Marx, for example, could be seen as a potential doctor of the social order who influenced Burke but ultimately failed at social healing.

12. Interestingly, Burke also references the idea of “heads I win, tails you lose” in defending Freud, stating that it means little to simply point out that this is what Freud was up to. He states that the critic must revise Freud’s terms or create a new lexicon for charting the field: “Freud’s terminology is a dictionary, a lexicon for charting a vastly complex and hitherto largely uncharted field. You can’t refute a dictionary. The only profitable answer to a dictionary is another one” (*Philosophy of Literary Form* 272).

13. Richard Thames deems Burke “nature’s physician” in his overview of metabiology, identifying him as a healer of nature and humanity. Paul Tongeren explores the physician motif in his book, *Reinterpreting Modern Culture*, especially chapter 1, while Roger Thompson develops Weaver’s doctor culture formulation and its implications for rhetorical theory. These are just a few of the many figures that either fundamentally or tangentially rely on medicinal or therapeutic metaphors to communicate their theories.
References


"‘Everything is Medicine’: Burke’s Master Metaphor?" by Carly S. Woods is licensed under a Creative Commons Attribution-No Derivative Works 3.0. Based on a work at www.kbjournal.org.