Rhetoric and Healing: Revising Narratives About Disability

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Then medicine, too, it seems, is concerned with words.

Socrates, Gorgias

How may one transform his failure into profit, not in the sense of those who leave failure behind them, since that change would involve a profound forgetting, but in the sense of those whose structure of existence is made of the materials of their frustration?

Kenneth Burke, Towards a Better Life

I

Community-outreach writing programs have been seen recently as opportunities for healing. In “Kitchen Tables and Rented Rooms: The Extracurriculum of Composition,” Ann Ruggles Gere (building on studies by Shirley Brice Heath, Glynda Hull, and Patricia Bizzell) argues that in groups ranging from farmers sharing ideas on tractors and cows, to women coping with poverty or addiction, the group members rapidly come to see “that writing can effect changes in their lives” (75–77). Gere stresses a need for community-based literacies that cut across race, gender, and class, serving different groups of people with similar life-problems; through the writing process, she sees the possibility of “transformations in personal relationships” (80).

In the same vein, panelists at a 1992 CCCC session (“Spiritual Sites of Composing”) emphasized the healing properties of writing, assigning a strong thera-
peutic function to an activity that is often considered to be merely cognitive. Over
the course of five summers, C. Jan Swearingen sponsored support workshops for
women’s groups, encouraging them “to draw on the power of spiritual conviction”
in “the tasks of making meaning” (Swearingen 252); JoAnn Campbell used medi-
tation with adults “seeking help with writing blocks” (Campbell 247); and Beth
Daniell, working with Al-Anon groups, found them motivated by a “deeply-held
belief in the power of language to heal and to bring about and deepen spiritual
experience” (Daniell 241). Given their success in using writing for therapeutic pur-
poses, they all endorsed an effort, in Gere’s words, “to uncouple composition and
schooling . . . [and] to focus on the experiences of writers not always visible to us
inside the walls of the academy” (80).

Prompted by a similar desire to connect with a community of adults outside
the academic setting, my colleague Ann Spector and I offered a writing seminar for
people diagnosed with multiple sclerosis (MS), a progressive deteriorating disease
of the central nervous system with effects ranging from mild numbness to total
paralysis. In forming this group, we aimed to design a rhetoric workshop grounded
in an interactive pedagogy that would encourage the participants to write about
their disability in ways they would find therapeutic. That there could be value in
such an undertaking was strongly suggested by the late literary critic Anatole Bro-
yard who, shortly before his death in 1990, extolled the practice of writing about
the self in relation to illness. “Always, in emergencies, we invent stories. We
describe what is happening, as if to control the catastrophe,” he wrote, stressing
the importance of a patient’s narrative in keeping him from “falling out of life into his
illness” (28).

In a like manner, Reynolds Price, in his recent memoir, A Whole New Life, indi-
cates that writing about the body was, for him, a powerful therapeutic tool in help-
ing him convert a “mid-life collision with cancer and paralysis” into “consoling
gains” that have blessed him with a new life. His journey, as he wrote his way
through his illness, was from “black frustration” and “powerlessness” to a trans-
formed state in which he was able to move beyond a preoccupation with his own
disability to a sensitive awareness of those around him: “I learned to sit and attend,
to watch and taste whatever or whomever seemed likely or needy, far more closely
than I had in five decades” (vii, 190).

Typically, with the onset of disability, the impaired feel an acute sense of dis-
placement, living as they do in a culture that privileges strength, beauty, and health
over frailty, deformity, and illness. They correctly perceive that cripples generate
discomfort, that wounds disturb, that damaged bodies affront. In his classic work,
Stigma: Notes on the Management of Spoiled Identity, Erving Goffman reminds us just
how discrediting a “failure, a shortcoming or a handicap” can be, noting that when
stigmatized in terms of “spoiled identities,” the impaired are likely to internalize
their deficiencies as personal failings (3). Since MS strikes most adults during their
most productive years—between twenty and fifty—its impact can be as psychologically devastating as it is physically debilitating. Before becoming entirely crippled, MSers may limp, stumble, and drop things; often, they need help with the simplest tasks—tying a shoelace, unscrewing a jar lid, putting out the garbage. Mundane worries over whether they can negotiate a curb or make it to the bathroom on time create an undercurrent of tension that is always burdensome and often frightening. Oscillating between periods of exacerbation when symptoms worsen and periods of remission when disability lessens, MSers may appear sick at times and healthy at others.

In *A Leg to Stand On*, neurologist Oliver Sacks explains just how complex any experience of bodily impairment can be. Citing Freud’s observation that “the Ego is first and foremost a body Ego,” Sacks asserts that our notion of “self” is intrinsically linked with the biological integrity of our body: “One may be said to ‘own’ or ‘possess’ one’s body—at least its limbs and movable parts—by virtue of a constant flow of information . . . from the muscles, joints and tendons. One is oneself, because the body knows itself, confirms itself at all times by this sixth sense” of “proprioception” (81, 71). As victims of neurological damage, MSers well know what it is to live without this “sixth sense.” They know, too, what it is to live with a disease so mercurial, so little understood by others, that they are often charged with abetting the anxiety and depression that worsen their condition, an accusation that stirs a tangled network of family misunderstanding. Chronic illness is thus far more than an isolated instance of physical failing; it is, as Arthur Kleinman indicates in *The Illness Narratives*, “transactional, communicative, profoundly social” (186). Yet, despite the physical and emotional hardships faced daily by MSers, Ann Spector and I had a strong sense that as our group committed themselves to writing and revising narratives about their disability they would gradually discover the healing power of their own rhetoric.

At the core of a therapeutic rhetoric is an assumption that any experience of failure is amenable to being reconstructed in a way that makes that failure tolerable, even beneficial according to a different set of values. In *Coping with Failure: The Therapeutic Uses of Rhetoric*, David Payne explores this idea and proposes that as most forms of therapy aimed at ameliorating a person’s sense of inadequacy are rhetorical in nature, “failure and rhetoric are necessarily and fundamentally related” (147). Therapeutic discourse, according to Payne, draws lines of argument from a set of basic *topoi* to manage “self-society tensions, integrate or explain past-future discrepancies, or reconcile spiritual-material trade-offs” in ways that permit us to reconceive failures as “opportunities for self-growth and change” (44, 154). In its healing function, rhetoric identifies and treats our perceived sense of personal and social shortcomings.

While the foundations for a therapeutic rhetoric are strongly rooted in antiquity, the attention given today to the transformative nature of such discourse aligns
it just as solidly with modern rhetorical theory. Building on claims that rhetoric is epistemic, a heuristic for the construction of knowledge through argument (Chaim Perelman), that meaning resides in interpretation (I. A. Richards), that it is hermeneutical (Ann Berthoff), and that language is both sermonic (Richard Weaver) and hortatory (Kenneth Burke), therapeutic rhetoric underscores the intrapersonal nature of discourse that uses all available means of self-persuasion to convert “failure into profit” in a Burkean sense of these terms (Towards 40). “In a society of perfect men,” contends Henry Johnstone, Jr., “rhetoric would not be needed” (83). But being human, “our nature thus rooted in failure” as William James contends (130), most of us rely on rhetoric to mitigate feelings of inadequacy and to revise the meaning of our lives accordingly—an assumption deeply embedded within the goals Ann Spector and I hoped to achieve with our group of writers (130).

II

Our seven-member group, though small, was diverse. The three men and four women, ranging in age from twenty-eight to sixty-three, had all attended college, but only three had degrees. Two in the group had been corporate managers, another the publisher of medical pamphlets, and another an editor of a poetry journal; one had been a secretary, and two were housewives. No one in the group was currently employed. All struggled with some neurological impairment and required the aid of either a cane or a walker. Because most lacked sufficient muscle control to take handwritten notes, and because all complained of sporadic memory loss, each used a tape recorder, enabling them, while working at home, to review and evaluate suggestions for revision that had been made in class.

During our introductory session, members quickly coalesced into a support group, encouraging and encouraged by one another’s candor in speaking about personal failures stemming from their illness—failed bodies, failed marriages, failed jobs, failed dreams. One, a woman in her forties, shared her anxieties about her rapidly deteriorating body, which she expected would soon fail completely; another, a man in his fifties, voiced anger over his doctor’s seeming indifference to the chronic problems occasioned by MS—tingling limbs, bone-tiring fatigue, incontinence; others, concerned that most literature they had read about MS was written by people without experience of the disease, spoke to the issue of (mis)representation and vowed to write their stories from a perspective that would, in their words, “tell it as it is.”

Throughout the ten-week seminar, we made an effort to conduct the writing process within the twin goals of expressivist and social constructionist pedagogy to help the group evolve both personal and community voices. We began by engaging members in a focused “invention” exercise centered on their disabilities to help them create a language capable of registering, in its own symbolic form, the con-
tours and weight of their impaired bodies. Such volitional acts of language-making, argues Elaine Scarry in *Literature and the Body*, enable writers to “animate” and enter the damaged body in a way that gives them some control over the “nonconsensual nature of disease” (95–96). As members found language with which to verbalize their experience (many wrote about feeble hands, hobbling legs, and shuffling feet), most gained renewed reverence for the body, coming to see its failing less as a curb on physical mobility than as an occasion for spiritual deepening. For some, the initial foray into the composing process was not easy. Perceiving themselves as mere pawns gripped by a monster disease, a few had difficulty exercising the anger and shame long associated with their fall into illness. Still, most eventually came to own their disabilities in ways that readied them for the next stage in the healing process: turning loss into opportunity, failure into profit. David Payne offers two options for managing such change: compensation and consolation. Compensation entails “defining failure in such a way that it may be repaired or erased,” whereas consolation involves accepting “a failure that cannot be repaired or completely undone” but which may be “consolingly interpreted in ways that make the consequences less painful, easier to accommodate, or even valuable according to some alternate set of priorities” (152). Insofar as the impairments of MS were, for the most part, “failures” that could not be “undone,” the group turned to rhetoric to explore how illness might be made profitable through a discovery of a renewed sense of the body and the self.

Given the negative cast of some members’ initial self-constructs, several struggled for weeks before evolving a rhetoric that spoke of any consoling gains earned from illness. The syntactic and metaphoric features of the writers’ texts were often revealing and prompted suggestions for revision. Most were quick to see how shifts in rhetorical focus reflect changes in perception—how, for example, passive voice can imply “feeling out of control,” while active voice may suggest “being in charge.” Moreover, we often had to guide the group away from voices that infringed upon their work, effacing authorial presence and undermining self-worth. As Mikhail Bakhtin reminds us, efforts to compose the self are always hindered by the intrusion of an array of internalized voices: “The word in language is half someone else’s. It becomes ‘one’s own’ only when the speaker populates it with his own intention, his own accent, when he appropriates the word, adapting it to his own semantic and expressive intention” (293–94). Though initially discouraged by a few members’ early work, which merely echoed truisms from the surrounding culture, we nonetheless took heart from Anne Hawkins’s recent study of illness narratives, stressing the efficacy of revision in sparking the “imaginative reformulation of experience that reconnects the isolated individual sufferer with his or her world” (27).

In *Reconstructing Illness: Studies in Pathography*, Hawkins suggests that while illness is always experienced in relation to a particular “configuration of ideologies, practices and attitudes,” the “self” of pathographical writing is always a “self-
in-crisis” which converts “fictions, metaphors, and versions of self” into a “hard, defensive, ontological reality—primed for action, readied for response to the threat of the body” (17–18). Hawkins’s assumption—that writers can awaken from the unexamined fictions that trap them in demeaning versions of self and convert such attitudes into salutary responses to illness—prompted us to see revision less as a redraft of writers’ initial statements than as the ongoing generation of new perspectives. In guiding members to use revision as a therapeutic process, we followed the advice of Montaigne and gave them license to “seek out change indiscriminately and tumultuously,” even to “speak [their] meaning in disjointed parts,” if necessary, as they meandered through their life histories, excavating buried memories that would reinvigorate their lives (“Of Vanity” 761, “Of Experience” 824).

Though never directed to work within a prescribed narrative structure, members were urged to attend to the details of style. We introduced the group to rhetorical schemes of construction to illustrate how stylistic devices could, in the words of Kenneth Burke, “impart emphasis” and add “saliency” to their arguments (Counter-Statement 140–41). Though it was difficult for some, those who did experiment with the more common schemes—anaphora, parallelism, repetition, to name a few—discovered just how useful attention to matters of style could be in assisting them to explore and accept a redemptive side of illness.

By the end of the workshop, many had developed an awareness of the power of rhetoric, amazed at how its epistemic and persuasive functions had coalesced in their writing. As Jim Corder argues in his essay, “A New Introduction to Psychoanalysis, Taken as a Version of Modern Rhetoric,” since “each of us is a gathering place for a host of rhetorical universes,” all the “features of utterance—invention, structure and style—cycle, reciprocate, and occur simultaneously.” In any rhetorical act, “invention feeds structure and style, which in turn feed new possibilities of invention” (141, 145). Working rigorously with all the “features of utterance” enabled most members to find spiritually satisfying trade-offs for the physical and material losses stemming from illness.

In the following section, selections from two student narratives reveal the ways in which revision, largely through ongoing textual amplification, provided a therapeutic stimulus for the authors. In their essays, both confront the onset of MS and describe ensuing struggles with disability. John deals with several agendas in addition to his illness, whereas Glenn focuses almost exclusively on his relationship to disease.

III

Having been recently diagnosed, Glenn, thirty-three, divorced, with two sons, is largely consumed with finding mechanisms for coping with his disease. He begins
his essay by questioning the nature of illness itself: “Does disabled mean unable? Sometimes it does. Some people who find that they have a chronic, incurable disease become that illness. There may be little that can be done about the way disease attacks us physically. The real issue, however, is the way we see ourselves in relation to our illness” (Liebensohn 234 in the subsequently published version). Quick to propose boundaries within which he is willing to explore his disability, Glenn contends that his issue is not the disease but “the way we see ourselves in relation to that disease.” Clearly, though, Glenn’s image of “self” in the next paragraph is so dominated by the medical community’s voice that he is temporarily diverted from pursuing his argument:

I was diagnosed as having multiple sclerosis in 1985. Six months prior to my diagnosis, I began having eye problems—blurred vision and slight pain behind my left eye. I was sent to an ophthalmologist by my neurologist and told that I had optic neuritis. My doctor then ordered a CAT scan. Next came the Evoked Response Test. The technicians attached electrodes to my arms and head. I was told to concentrate on the monitor as patterns flashed on the screen. It was like watching patterns on television after the station has signed off for the night. (234)

Several rhetorical cues here are worth noting, the most obvious being Glenn’s persistent use of passive voice (“I was diagnosed,” “I was sent,” and “I was told”) to convey a sense of powerlessness in the face of these clinical tests. He uses active verbs in only two places (“my doctor then ordered,” “the technicians attached”) and then only to describe acts performed by the medical team. Though paratactic sentence patterns underscore Glenn’s reluctance to comment directly on his prognosis, the trope in the last sentence (“it was like watching . . . after the station has signed off for the night”) seems to reveal anxiety about his own life being “signed off” by illness. The passive voice permeates the early drafts of Glenn’s essay, with the active voice appearing, interestingly, only in situations in which he makes self-effacing statements to emphasize the negative self-image brought on by his illness: “I went into the men’s room, locked the door behind me and started crying. I was 33 years old and I felt that my life was over. I was a newlywed with two sons and a good job. Suddenly, I felt like I had nothing” (234).

Several more paragraphs probe the distressing effects of MS on Glenn’s life. First, a frightening episode of time disorientation generates fears about losing his mind: “One afternoon, after waking from a nap and thinking it was early morning, I limped to the dinet for breakfast. When the person next to me ordered meat loaf, I suspected something was wrong. Once it grew dark, I knew for sure.” Later, the onset of a pronounced limp stirs anxiety about public ridicule: “I was extremely self-conscious about having to use a cane to offset my periodic loss of balance. I felt the stares of those who passed me on the street. But I also knew that using this support would keep people from mistaking me for some sort of substance abuser” (235). Surrounded by inquisitive stares, Glenn is shamed by his “loss of balance” and mor-
tified at the thought of being mistaken for a drug “abuser.” Of all Glenn’s ordeals, the most agonizing seems to be the collapse of his marriage, described with heart-tugging poignancy: “When I told my wife about the test results, she never even shed a tear. During the next six months, we had no relations and no relationship. I decided to move back with my parents. My wife gave me her wedding ring and asked for my apartment key. She never even asked where I was going” (233). If we note the phrasing of this passage, we see how Glenn’s use of parallelism adds salience to his meaning, intensifying the spousal rejection triggered by his illness (“no relations and no relationship”) and deepening the pathos of his wife’s breached vow, symbolized by the swap of a “wedding ring” for an “apartment key.”

No one in the group ever encouraged Glenn to revise his thesis nor did we intrude on his argument (though, frankly, there were times when we wanted to, worried that he had fallen so deeply into his disease he might not resurface). Suggestions, instead, centered on prompts for refocusing his present obsession with failure toward more salutary experiences from the past, which he eventually did do. Consider the way Glenn’s tale of victimhood gradually emerges as a story of empowerment as he recalls a time before his illness:

One day, I walked several blocks to my old grammar school. The building has been abandoned now for ten years. The doors and windows were boarded up and the concrete was cracked and pitted. Grass grew through the fractures. A large boulder blocked the entrance to the playground where we used to line up in the morning in single file by grades, awaiting the ringing of the bell to start class. As I stared at what looked like an ancient ruin, many memories entombed inside me flashed through my mind.

I remembered how I had once been a shy five-year-old, frightened of not fitting in with other kids. But I remember overcoming those fears and making friends. I saw myself playing kick ball, my strong legs carrying me swiftly past the bases after I had sent the ball deep into the field. I remembered, too, my first girlfriend and my first kiss. (235–36)

Here, Glenn uses a series of tropes that fuse like overlapping shapes in a cubist painting to reflect upon a recent stroll through his old neighborhood. Images depicting the now deteriorated school attended in his youth (“doors and windows were boarded up,” “concrete was cracked and pitted”) bleed into distant memories of happy days spent there as a student (“the playground where we used to line up,” “the ringing of the bell to start class”). Using the “old grammar school” as an extended metaphor for his own physical dysfunction, Glenn projects feelings about his deteriorating body onto the old school which he also perceives as “an ancient ruin.”

In “Writing Documentary as a Therapeutic Act,” Mark Allister explains that using “the distance of the metaphor” allows a writer to work through “conflict unconsciously without needing to confront in a direct, cognitive way the issues in his real life” (98). Allister’s observation underscores the importance of the
metaphorizing process in enabling writers to “turn chaos into coherence” by assigning new meanings to their “disturbing and disturbed present” (99, 98). Having successfully used the “distance of the metaphor” to divest himself of the paralyzing emotions that hitherto undermined his self-worth, Glenn can now turn to the potentially curative “memories entombed . . . inside [his] mind” to get “in touch with the person [he] once was.” The foregrounding of moments from childhood—when his “strong legs” could still carry him “swiftly past the bases”—rekindles Glenn’s faith in himself and stirs his yearning to become “a real father . . . again” to his sons, whom he has long neglected because, in his words, “I’d been too busy feeling sorry for myself.” A week later, when Glenn confirmed that he had actually renewed ties with his sons, Ann Spector and I couldn’t help wondering to what extent Glenn’s “inducement to action” might have been sparked by the urgings of his own rhetoric, by what Burke sees as the “performative” or “hortatory” possibilities latent in all such discourse (Rhétoric 42).

Having used the tools of rhetoric to recall the empowering moments from his past and to suppress the debilitating effects of his illness, Glenn is now prepared to reconsider the implications of his opening question: Does disabled mean unable? Reflecting on the concessions he was forced to make when returning to his old job site to assume a lower-paid, lower-skilled position soliciting customers by phone—a job he had previously trained others to do—he concedes:

> It no longer mattered that I wouldn’t be department head, a position I had earned after ten years with the company. What mattered was that I could again be productive. I swallowed my pride and started making calls. I discovered that I could do it and do it well. I no longer felt unable. Physically challenged, yes. Unable, no. (236–37)

Glenn’s need to exert some control over the unsettling vagaries of his illness may have impelled him towards an overly tidy ending; still, in a steely effort to affirm himself within rather than against the question of disability (“Physically challenged, yes. Unable, no”), he now redefines himself in terms of socially acceptable goals and, in the process, eases the tensions between self and society expressed earlier in his narrative.

Turning to John’s text, we find a denser narrative, one that totally resists the more predictable closure seen in Glenn’s work. Our youngest and most disabled member—single, in his late twenties—John was also the most resistant to writing, the reason for which is evident once he begins:

> “GET YOUR PRIORITIES STRAIGHT! IT DOESN’T MATTER WHAT ONE CHOOSES TO DO, AS LONG AS ONE IS THE BEST! STOP WASTING YOUR LIFE! JUST DO IT!”—was my father’s vehement advice to me. But, all the wisdom of an exceptionally successful man is for naught when expounded upon to a deaf boy. Especially, when that boy is his son.
Creative constipation often stymied me. Its obvious cause was an underlying need to produce immaculate, profoundly significant works at will. This dire expectancy of perfection often prevented the attainment of my goals. It was contrived by me in an attempt to emulate my father—a portrayal of unequal success personified to me... .

Finally, that standard is history, for me. Like every aspect of mortality, it too, was temporary.

The initial sentences, all imperative, in capital letters, reveal John’s acute feelings of subjugation in the presence of his father. Exhortations to “get [his] priorities straight” and to “stop wasting [his] life” embody what psychologist Aaron Beck refers to as “the tyranny of the shoulders” which, like Freud’s concept of the superego, creates unrealistic norms against which people measure themselves and fail (256). John expresses his sense of oppression by seeking distance from himself, referring to himself not as “John” or “I” but as “one” and then as a “deaf boy” and as “his son.” Nowhere does he emerge as a free subject, and it seems clear that he not only acquiesces to the “tyranny of the shoulders” but believes in their efficacy. Even in an effort to justify a wasted life, John is made voiceless by the rhetoric of his argument. Consider, for example, how the syntax of the second paragraph, in which the pronoun “it” becomes a marker for John as the logical subject (“It was contrived by me”), points up a depersonalization in John’s conception of himself. Furthermore, the oxymoron “creative constipation” reflects John’s strong feelings of frustration and his sense of bifurcation at this stage in his writing. Driven to “emulate” his father as the personification of success, John has contrived an “expectancy of perfection” impossible to achieve. What we see in the opening of John’s essay, then, are a number of rhetorical constructs marked by what Mikhail Bakhtin would call “double-voiced” blurrings in which a narrator’s voice fuses with the voice of his internalized hero, prompting him toward language that caters more to his hero’s deeds than to his own. Yet, once John succeeds in exorcising his father’s voice (“Finally, that standard is history”), he quickly moves on to issues that reflect his own agenda.

Like Glenn, John describes his initial encounter with disability as an experience of utter despair before reimagining it as an occasion for growth. Using the “past-future” topos to determine the extent to which illness was responsible for his school failure, John, expanding his analysis of his past, goes on to explain that “two years of steadily declining grades weren’t the result of irresponsibility” but the effect of “progressive incoordination and cerebral confusion” which led to a “steady dependence on drugs” and an attempted suicide. John’s recurring perception of himself as victim, acted upon first by his father and now by a “mental depression” that caused him to be “unceremoniously flunked” out of the engineering program at Purdue, reveals his unmitigated sense of defeat in the face of his as yet undiagnosed illness. Surprisingly, though, once the medical roots of his dysfunction are
confirmed, John is more relieved than distressed by the diagnosis: “After suffering years of waste, the relief of knowing far outweighed my fear of ignorance. My life, which had been a directionless eternity so far, had taken on a strikingly definitive reality. My mind was deluged with all the meanings of this new information.” Of interest here is the way John’s shift in syntactical patterning changes his rhetorical stance, finally permitting him to emerge as “subject” (“my life,” “my mind”). Vindicated by this “new information,” he gradually moves away from his fixation on failure and, in the process, begins to focus on more enabling moments from the past. Notable is an incident from the final section of John’s revised narrative involving a young woman, Donna, also physically impaired, whom he met at a local community college shortly after his diagnosis.

As was my habit, I took care at the first meeting to sit next to the most wholesome-looking, buxom student in the class. A deeply felt appreciation of the female anatomy had a lot to do with this. . . . My adolescent desires were fueled by fantasy, so instant passion was most often my romantic demise. One fact alone confirmed my level of maturity at that point. I knew that it was always advisable to let a relationship age for a week or so before even hinting of eternal commitment.

Foregounding an event that had once graced him with “true contentment,” John relives the moment he first met Donna, whose gait, he later tells us, was, to him, “a most enrapturing sight,” despite an exaggerated curvature in her spine and her dependence on canes. Relying on images that invite him to relive the “instant passion” once felt for “the most wholesome-looking, buxom student,” John earns a momentary stay against the feelings of powerlessness that hitherto defined his general attitude. John resists ending his narrative with a tacked-on closure; his final words suggest that, despite ongoing physical setbacks, he has at last reached accord with himself and his illness through the love of another human being. Collapsing into Donna’s arms after yet another disappointing school failure, John writes: “Chronic fatigue, characterized by loss of mental function and physical stamina had once again been my downfall. I wasn’t alone in my grief, though. She wiped her own tears from beautiful blue eyes as she held me closely.” Having wrestled long and hard to replace a self-effacing voice with one that is at once humorous, sexual, self-accepting, and outer-directed, John has finally refocused his presentation of himself to himself, and in the process seems to have discovered the healing power of his own rhetoric.

What our experience of working with this group clarified is that when writers use rhetoric to define and redefine themselves they go through transformational stages that enable them to transcend the confines of their illness. In effect, they offset the centering effects of their illness and imaginatively reposition the self, which has been marginalized by our culture’s mechanized construct of illness. Writing collaboratively within a supportive community for ten weeks, many in the group realigned their internal mirrors in ways that were wholly renewing. But as
ongoing renewal demands steady refashioning of the self again and again through language, several continued to meet with us to extend the healing begun in the workshop and have since published their work. They offered these reflections on the writing experience:

In the long hours of sleeplessness, I now think of how to write things. I think affectionately of the other writers. My living is not a waste now. I am capable of doing good.

The request to produce weekly was great. We knew there were people who cared about what we’d do. It gave us a reason for being hopeful, something we’d virtually forgotten about.

Writing provided me with an outlet to get rid of destructive anger. I also want to write to help promote justice and dignity for handicapped people.

Though writing and revising narratives of disability could not restore the crippled bodies of these writers, the insights gleaned from the heuristics of writing did seem to have therapeutic value for those grappling with the darker issues of chronic illness.

IV

Although in some quarters the notion that rhetoric can be healing, rather than merely agonistic, may seem untraditional, it remains true that a therapeutic concept is woven throughout Western rhetoric and finds its earliest articulation in the work of classical authors, who believed rhetoric as apt an instrument for healing spirit as for persuading mind.

In *A History of the Cure of Souls*, John T. McNeill reminds us that Socrates “was, and wished to be, *iatros tes psuches*, a healer of souls” (27). Despite his attack on the Sophists for what he considered their misuse of rhetoric in pandering to audiences, he argued that the philosopher’s duty as physician to the soul was to minister to others through a “just” and “right rhetoric” (*Gorgias* 249). In the *Phaedrus*, he explains that the art of rhetoric follows methods similar to the art of medicine: “In both cases you must analyze a nature, in the one that of the body, in the other that of the soul” (137). As implied by Gorgias, in Plato’s dialogue of the same name, rhetoric which aims to heal the soul may also bring about cures of the body. In his own work, the “Encomium of Helen,” Gorgias speaks of rhetoric as a “powerful lord” and argues that “the effect of speech upon the condition of the soul is comparable to the power of drugs over the nature of bodies” (53). Even Cicero, in his advice to those seeking to comfort the souls of others, recommended the use of “healing words,” what Aeschylus had called “*iatrois logoi*” (McNeill 29).

In these ancient roots, then, we find the origin of the word “iatrologic,” a term used by recent scholars to wed the fields of rhetoric and psychotherapy in describing our modern, secular approach to the cure of souls (Baumlin and Baumlin
245–61; Corder 138–40; Szasz 25–40). In their article, “Psyche/Logos: Mapping the Terrains of Mind and Rhetoric,” James and Tita Baumlin make important connections between these two disciplines, insisting that as psychology has enabled rhetoricians to apply new insights to textual analysis, rhetoricians have in turn influenced psychotherapy, “teaching that the patient’s discourse is a radically textual event yielding its meaning to figurative analysis” (246). They conclude that psychoanalysis “has become literally the study of a patient’s discourse, an explication of one’s defensive tropes and schemes” (246). Psychologist Aaron Beck, in Cognitive Therapy and the Emotional Disorders, also confirms the links between these two fields, observing that psychotherapists rely extensively on rhetoric when offering “alternative rules for the patient’s consideration” (256). Suggestions for clarifying “the distortions, self-injunctions, and self-reproaches that lead to . . . distress and disability,” Beck insists, channel patients away from potentially harmful accounts of past events toward restructured narratives that create a healthy present (258). In the process, rhetoric may be said to mirror psychology, “each mapping the effect of logos or language upon psyche” (Baumlin and Baumlin 246).

As evidenced in the work of both ancient and contemporary rhetoricians, then, when conceived as an “interpersonal” exchange between at least two persons, be it rhetoric and audience or psychotherapist and analysand, rhetoric may be said to include iatrology as one of its many aims. But are there grounds for positing a curative role for a self-persuasive or “intrapersonal” rhetoric such as that used in written discourse? May rhetoric be considered therapeutic for writers who deliberate through inner speech, becoming an audience for their own words? If so, just how does one, in the words of Kenneth Burke, “transform failure into profit, not in the sense of those who leave failure behind them, since that change would involve a profound forgetting, but in the sense of those whose structure of existence is made of the materials of their frustration”? (Towards 40).

In A Rhetoric of Motives, Burke moves beyond the Aristotelian notion of rhetoric as persuasion aimed primarily at an outside audience to a modern post-Christian rhetoric that considers the individual as both subject and object of his own discourse. This shift of emphasis results in a focus on “ideas or images privately addressed to the individual self for moralistic or incantatory purposes” (38). Defining rhetoric from the point of view of the person “addressed,” Burke believes that “A man can be his own audience, insofar as he, even in his secret thoughts, cultivates certain ideas or images for the effect he hopes they may have upon him; he is . . . an ‘I’ addressing its ‘me’ ” (38). He may even invent “psychologically stylistic subterfuges for presenting [his] own case to [himself] in sympathetic terms” (39). To this end, then, “he is being rhetorical quite as though he were using pleasant imagery to influence an outside audience rather than one within” (38). When aimed at promoting personal or cultural well-being, Burke suggests that “stylistic subterfuges” may be highly ethical, enabling us to restructure long-held “pieties” or
beliefs that no longer foster the health of soul or psyche. As Clayton Lewis explains in “Burke's Act in A Rhetoric of Motives,” when reconceiving worlds other than the ones to which we are daily confined, we “transform discordances, disharmonies, perceived chaos and disorder, conflicts or other signs of difference into newly created orders” which, in turn, may change our “audience” and our “view of self” and “possibly change reality itself” (376). Thus, a Burkean view of rhetoric as “performative,” rooted in a belief that we can convert “failure into profit,” strongly suggests a place for healing in intrapersonal as well as interpersonal discourse—a finding that has important implications for those of us professionally involved in assisting others to present their own cases to themselves in “sympathetic terms.”

One uses rhetoric for many purposes, say the Baumlins: “to express, to create, to praise, to blame, to analyze, to explore, to doubt, to destroy, to curse . . . to cure and heal” (259). As the last of these purposes—“to cure and heal”—has long been ignored within our profession, it may well be time to explore the therapeutic potential of the reflective prose that we ask students to write in more traditional classroom settings. But, whether the move to link rhetoric with healing happens within the walls of the academy or in less structured settings as part of composition's extracurriculum, the critical issue is that it happen.

WORKS CITED:


