

DISEASE AS DRAMA: DRAMATISTIC CONSTRUCTS AND MODES
OF REDEMPTION IN COVERING ILLNESS IN *GLAMOUR*
MAGAZINE

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Master of Arts

by

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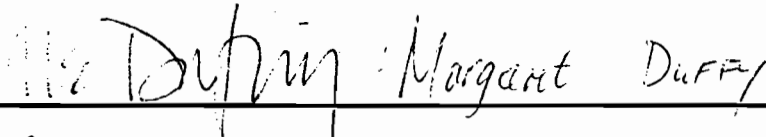
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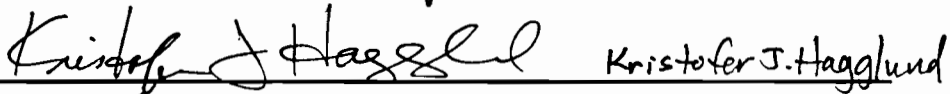
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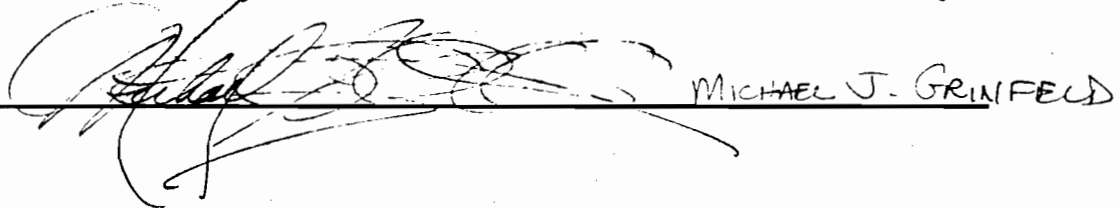
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I hereby certify that in their opinion it is worthy of acceptance.









To my mom

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Chapter I

I-A.

Kenneth Burke's Dramatism

English writer Walter Pater once observed that theatre is “mass with secular vestments.” (King, 2001, p. 35) Kenneth Burke, the godfather of dramatism, would have argued that most forms of human rhetoric are mass in secular vestments.

But just how is rhetoric related to religion? Burke says that most, if not all, forms of human communication can be traced back to basic religious metaphors. As an analytical model, dramatism is rooted in the symbolic nature of language and meaning.

Dramatism studies human communication as symbolic action, the purpose of which is not to merely convey information—indeed, information is more of a byproduct according to Burke--but to persuade someone to do something by way of symbolic action. Why symbolic? Because language is inherently metaphoric, and what is said might carry a hidden meaning that is not immediately visible. Instead, meaning is shared between the communicator and the recipient of the message, thus the arbitrary nature of meaning.

From dramatisitic point of view then, language is not merely means of communication but a way to make sense of the surrounding world or to handle a specific situation. Depending on the situation, language can be a means to persuade, define, divide, bring together, punish, admonish, victimize, inspire and so fort.

Dramatism is a form of rhetorical analysis. In fact, dramatism and rhetoric (finding the available means of persuasion in any given situation, as classically defined by Aristotle) are closely related. Burke's own definition of dramatism (in his "On Symbols and Society") as a method is fairly succinct.

"Dramatism as a method of analysis and a corresponding critique of terminology designed to show that the most direct route to the study of human relations and human motives is via a methodological inquiry into cycles or clusters of terms and their functions." (Burke, 1989, p. 135)

Dramatism is by no means a neat and straightforward theoretical model, but its core might be gleaned from Burke's *pentad*, his recipe for analyzing the rhetorical situation. The pentad was originally introduced in Burke's "A Grammar of Motives" (1969).

Every communication situation can be deconstructed by answering the following: what/where (*scene*) is happening, who (*agent*) is doing what (*act*), why (*purpose*) and how (*agency*)? Such is the essence of Burke's pentad, which Blakesley defines the "heart" of Burke's dramatism. (2002, p. 5) In his later works, Burke added a sixth term, attitude, thus making the pentad a hexad. Attitude names the state of mind that predisposed the agent to act. It answers the question "What is the agent's attitude toward the act?" (Blakesley, 2002, p. 33)

But the pentad is deceptively simple. Indeed, it is far more complicated than merely identifying the above five elements. Its essence lies in the interplay (*ratios*) among the five elements. One function of dramaturgical analysis is to reveal how highlighting certain aspects of an issue might serve to divert attention away from other aspects of that issue. For example, a speaker or a writer might focus on X, thus obscuring Y. This

mechanism is explained in “Permanence and Change,” (1954, p. 49), where Burke says that “seeing is also a way of not seeing—a focus on object A involves a neglect of object B.” A narrator’s choice gives away his or her purpose. Depending on which pentadic element the narrator chooses to play up, we can speculate about the philosophical biases of the narrator and the worldview underlying the discourse. Each element is related to a specific philosophical school.

Burke’s pentad is a tool for analyzing the relationships among different ideas in different contexts in order to uncover the motives behind a given rhetorical situation. The elements are not analyzed in isolation, as separate units, but their meanings are dependent on how they interact with one another. Dramatism then requires us to go beyond the immediately evident meanings of the pentadic elements and instead analyze the meanings of these words on a meta-level.

Because dramatism is a fairly elastic method of analysis, and a philosophy in and of itself, it has been used to analyze political rhetoric, political movements, works of psychoanalysis, economics, pop culture and other fields of human intellectual activity. Burke also believed that rhetoric is an attempt to reduce division and uncertainty. Rhetoric, Burke said, is closely related to *identification*, which is a means of bridging division and uncertainty. Burke believes that in any given rhetorical situation there are dialectical forces of division and identification. According to Burke, there is no absolute division nor absolute identification, but rather degrees of them. Identification, or consubstantiality (literally shared substance), is the semiconscious, or even unconscious, human impulse to find something in common with another person, or idea. Thus, it is the manifestation of the desire for identification. Rhetorically, consubstantiality can be

achieved by various means. Consubstantiality, as imagined by someone who feels identification, can be clear or ambiguous, real or imaginary. Two consubstantial people do not have to be identical in order for identification to occur. It is sufficient that only certain traits be perceived as consubstantial for identification to occur, Burke says.

Hence, the dialectic nature of identification—it is based in both similarities and differences. For example, person A and person B may not be similar or alike, but might share similar interests. This is enough to make them consubstantial, Burke argues in “A Rhetoric of Motives.”

“In being identified with B, A is substantially one with a person other than himself. Yet, at the same time he remains unique, and individual locus of motives. Thus he is both joined and separate, at once a distinct substance and consubstantial with another.” (1969, pp. 20-21)

Ultimately, rhetoric relies on the subconscious desire to act together, but this togetherness is achieved by differentiating one group from another. Only then the sense of togetherness is possible. Thus if there is no division, there is no identification, Burke argues.

Transformation is another central tenet of dramatism and closely related to identification. Burke argues that identification and transformation are forms of symbolic violence.

“The imagery of slaying is a special case of transformation and transformation involves the ideas and imagery of identification. That is: the killing of something is the changing of it, and the statement of the thing’s nature before and after the change is an identifying of it.”(Burke, 1969, p. 20)

Slaying, symbolic or actual, figures prominently in Burke's writings, most notably in his analysis of Hitler's anti-Semitic rhetoric in "The Rhetoric of Hitler's 'Battle,'" which appeared in "The Philosophy of Literary Form," 1967.

Burke argues that the desire to kill someone or something is better viewed in terms of a desire to kill the principle that someone or something stands for. (1969, p. 13) The take-home point here is that the killing and transformation need not be physical or literal but symbolic acts of slaying.

Terministic screens are another important aspect of dramatic analysis. A terministic screen is a rhetorical maneuver that highlights given aspects of an issue while downplaying other ones by the use of devices such as different terms for the same thing. In "A Grammar of Motives" (1969, p. 59), Burke sums the above in the following manner:

"Men seek for vocabularies that will be faithful reflections of reality. To this end, they must develop vocabularies that are selections of reality. And any selection of reality must, in certain circumstances, function as a deflection of reality."

Another element of dramatism is form, a concept related to analysis of how writers and readers construct meaning. Form is closely related to what Burke calls "equipment for living." (Blakesley, 2002, pp. 49-51) Readers (listeners, viewers) use symbols to deal with certain situations in their lives and make sense of them. Dramatism thus regards literature (or any spoken or written form of communication for that matter) as an adaptation to a situation, marked by identification between audience and writer. Thus, the writer and the reader together experience symbolically a desire and its subsequent

gratification as a result of the literary act (theatre, book, film, journalistic pieces, songs, and so on).

In “The Philosophy of Literary Form” (1967), Burke describes literary forms as strategic, stylized answers to a given situation that help the audience cope with a certain situation. Writing (or really any form of communication) then functions as the writer’s answer to a situation while also appealing to the readers by way of identification. In this sense, literature is “acting together.” (Blakesley, 2002, p. 51) Acts of literature are then *representative anecdotes* that encapsulate human situations in one single instance (anecdote). Representative anecdotes can be cathartic in their effect on the audience in that they may provide relief of anxiety, arousal of hope, satisfaction of desire, and so forth. (Burke, 1969, p. 59)

I-B.

BURKE: Modes of Application in Previous Research

Kenneth Burke’s writings on dramatism are as much critical models for the study of rhetoric, as they are a philosophy in their own right. Burke’s criticism has been applied to study texts ranging from Hitler’s “Mein Kampf” (by Burke himself) to presidential rhetoric to contemporary cinema. Social and political rhetoric seem to be a preferred digging ground for research among Burkean scholars, perhaps because the rhetoric of politics renders itself very easily to the Burkean concepts of social order, hierarchy and disorder. Applying Burkean criticism to these areas, however, may suggest a much too

literal and narrow treatment of Burke, Brummett has argued. (1984) Instead, Burkean concepts should be and can be expanded beyond the realm of political and social communication. For instance, Mahan-Hays and Aden (2003) utilize Burke's concepts of the representative anecdote, equipment for living and frames of acceptance/rejection/transition to perform textual analysis of the TV show *Talk Soup*. The authors argue that Burke's discussion of *attitude* provides a unifying theme of criticism throughout his writings. They suggest that Burke's concept of attitude can help highlight a rhetor's socio-cultural position through the identification of attitudes. The authors synthesize into a rhetorical model Burke's otherwise disparate discussions of attitude, representative anecdote and frame of rejection/acceptance/transition. In addition, the authors discuss Burke's concept of the representative anecdote and how it can be used to study social structures. Burke suggests that we achieve superiority by moving up the social ladder and looking down to feel superior. In a dialectical mode, humans seek to remedy the social distinctions they achieved by moving up in the first place, by trying to identify (be consubstantial) with others. The authors label the first anecdote "Moving Up/Looking Down," and the second one "Being With." The authors conclude that as young people face the prospect of "downward mobility" and uncertain futures, they find equipment for living in media texts that allow them a perspective of looking down, not moving up, to achieve the American Dream.

Fox (2002) used Burkean criticism to analyze texts of workplace communication. Fox argued that workplaces can be viewed as stages where drama unfolds and the pentad's five elements can be used to analyze the rhetorical situations.

A number of scholars, including Burke himself, have applied dramatism to the study of social and political rhetoric, specifically the rhetoric of anti-Semitism. Swartz (1996) analyzed the role of Burke's concept of *scapegoatism* in creating and fueling anti-Semitic sentiments. Swartz argued that the concept of scapegoatism with its elements of "otherness" and division has been applied rhetorically as a form of racist discourse at one time or another to all minorities. Swartz argued that rhetoric of perspectives could be used to analyze the success of Nazi extermination policies. Perspectives theory involves the stressing of certain aspects over others as to frame a desirable viewpoint or perception of reality. Scapegoatism, therefore, might be one manifestation of perspectives rhetoric, Swartz concluded.

Brummett (1980) used Burke's concepts of order and disorder, guilt and redemption, scapegoatism and victimage to analyze the rhetoric of San Francisco Mayor Joseph Alioto during the "Zebra" murders of 1973 and 1974. The scapegoat, Brummett argued, is a particularly powerful rhetorical symbol because the scapegoat functions to alleviate the guilt of its attackers. As applied to Zebra murders (committed by a black man against white people), the social order was symbolically violated by perceived or actual racial intolerance, stemming from the racial disparity between the attacker and his victims. This situation created the rhetorical need for a symbolic scapegoat, a situation that the mayor's administration redefined rhetorically in its public statements.

Sheckles (2004) analyzed the rhetoric of South African President Thabo Mbeki on HIV/AIDS by utilizing Burke's concepts of victimage and scapegoating as well. The author found that "the West" was often blamed for the HIV/AIDS crisis in Africa, and thus portrayed as the rhetorical scapegoat for this exigency. Mbeki employed a similar

scapegoating strategy between 1996 and 1998 in scapegoating the apartheid government in South Africa. In both instances, Mbeki sought to create unification by the creation of a common enemy—in the first case The West, the apartheid regime in the second.

Brummett (1981) employed Burkean models of scapegoatism, mortification and transcendence to analyze presidential campaign rhetoric, which is an especially fertile ground for Burkean methodology, with its references to social order, Brummett stated. Specifically, Brummett studied the rhetoric of presidential candidates Ronald Reagan, John Anderson and then-President Jimmy Carter. Carter used mortification and redemption, while Reagan used transcendence. Anderson employed scapegoating, the author concluded.

Brummett (1984) argued that another one of Burke's concepts, the representative anecdote, could be a useful tool in media criticism. He applied Burke's representative anecdote to fictional and non-fictional discourses that addressed public concerns on issues such as cloning, foreign affairs and social regimentation. Specifically, Brummett discussed the representative anecdote as found in the book and film versions of "Invasion of the Body Snatchers." In essence, the representative anecdote supplies people with equipment for living, allowing them to make sense of the world around them by means of symbolic acts. Brummett described the representative anecdote as a critical method to decode a text, as a critical lens, filter, a template through which "the critic studies and reconstructs the discourse."

Another application of the representative anecdote as equipment for living is Brummett's analysis of five haunted-house films (1985). These films helped audiences overcome feelings of disorientation and disaster, the author found. The representative

anecdote then functions much like symbolic medicine for a disturbed audience, the author concluded.

Livesey (2002) examined dramatistic approaches used by advertorials on global warming published by ExxonMobil.

Miller (2004) employed Burke's pentad, terms of order and concept of identification to analyze a sample of articles from the 1998-1999 coverage of *The New York Times* of President Clinton's impeachment crisis. Miller concluded that the arguments offered by Democrats and Republicans took the form of competing dramas. Democrats used a scene-act ratio, whereas Republicans employed both an agent-act ratio and a purpose-act ratio.

I-C.

Review of Existing Academic Literature on Media Coverage of Disease

The following section is a review of the existing academic research on how disease has been covered in mass media. It is a roadmap to the body of research, identifying the most widely used analytical tools for examining disease coverage.

While medical professionals remain the most reliable source of health information for the majority of people in the United States, media may play critical role in shaping people's understanding of disease and health. A 2000 survey by the American Heart Association found that 43 percent of women received their heart disease and other health

information from magazines, compared to 38 percent who received their cardiovascular primer from their physicians. (<http://www.americanheart.org/statistics/cvd.html>)

But do media tell the whole story or just parts of it? More importantly, do media cover disease realistically or do they use predictable narrative cliches? If so, do we get a true and complete picture of disease as a process? Do reporters cover disease using narrative frames that force a complex process into a narrow and predictable conflict-resolution scenario? The following review of literature addresses some of the above questions. Discussion of these issues has implications to newsroom routines and definitions of medical newsworthiness. On a larger scale, how media cover disease rhetorically might have effect on personal perceptions of risk, diagnosis and treatment-seeking behavior.

Covering Disease: Perception versus Reality

The gap between actual and perceived risk has become one of the causes celebre among those lamenting media effects. A 2001 poll by the American Heart Association found that 34 percent of women were aware that heart disease is a major killer of women. However, fewer than one in 10 perceived heart disease as their greatest problem, whereas 62 percent of women believed cancer is their leading health problem. In reality cardiovascular disease is the number-one killer of both men and women.

Why are women are so keenly aware of breast cancer and only marginally cognizant of heart disease? Many scholars have studied media coverage of disease and health along the breast cancer-heart disease line.

Often, media get the blame for not supplying the right type, or the right amount of coverage. Emblematic of this attitude is a statement made by one cardiologist during a radio broadcast. She accused media of being “obsessed with breast cancer,” thus making it a top-of-the-mind-awareness disease for women. (National Radio broadcast 2004)

Statistics indicate that one in two women will die of cardiovascular disease compared to one in 25 who will die of breast cancer, yet many more women fear breast cancer than they do heart disease (National Radio broadcast, 2004). The implications of such lack of awareness range from women seeking help too late to medical professionals not performing aggressive tests and therapy in women with risk factors for heart disease.

The above examples are only the latest in a long string of instances that illustrate the notion that media coverage determines how people perceive certain issues. This notion is hardly new. It fits snugly into a rich tradition of criticizing media for many of society’s ills, from declining morals, to teenage shootings to what rapper Chuck D. called the “dumbassification” of American culture and politics. (Kolbert, 2004)

In academia, “dumbassification” and other media effects carry euphemistically forgiving labels like framing. In fact, framing might offer a particularly useful framework for analyzing coverage of disease. Framing is a rich theoretical model that could offer a number of research approaches, including cultural, textual and rhetorical analyses. Framing, therefore, is a general theoretical paradigm, whereas specific methods of analysis (such as rhetorical or textual analyses) are used to help explain how news is framed.

Metaphor and rhetoric are particularly important when it comes to depictions of disease and health since they can affect the way audiences perceive illness and health,

which can ultimately affect attitudes toward diseases. The implications of attitudes toward disease and health extend beyond the purely medical and well into the realm of public health and health policy.

Framing as a Theoretical Construct and Research Model

News as Shadows on the Wall

Framing's deepest philosophical roots can be traced back to Plato's treatise "The Cave." To illustrate the relationship between perception and reality, Walter Lippman borrowed Plato's cave metaphor in his groundbreaking book "Public Opinion." (1949). In "The Cave," Plato described cavemen who knew the outside world only by observing the shadows of objects cast against the walls. Thus, people in the cave did not see the physical world outside, but a somewhat distorted reflection of it. Yet, because they did not know the difference between reality and reflection, the cavemen perceived the shadows just as real as the objects that they reflected. The shadows became the cavemen's reality. (Lippman, 1949)

Covering Disease and Framing the Public's Perceptions: What does current research tell us?

Much of the research on disease and framing hovers around issues of frames, audience perceptions or the relationship between the two.

Clarke (1992) examined coverage of heart disease, cancer and AIDS in a sample of national magazines, focusing on several aspects of the diseases: moral worth of the disease and the individual diagnosed with it, use of evaluative words and euphemisms to describe the disease, location of the disease, societal view of the disease, optimism about

outcomes, preventability, causes and consequences. The study found that media presented diseases not merely as physical pathologies, but also gave them moral and cultural dimensions. Pain, discomfort and disability were interpreted culturally rather than as objective, physical realities. Cancer was often portrayed as an immoral predator that invades the body. Heart attacks, by contrast, were presented as morally neutral events. AIDS was described fairly objectively, the author found, but people diagnosed with HIV or AIDS were often portrayed as a morally repugnant outcasts, hopelessly doomed and isolated from all sources of support. Clarke contends that by attaching cultural meanings to biologic realities such as disease, media may affect how people diagnosed with certain diseases perceive themselves and are perceived by others.

In the same investigative vein, Clarke (1999) examined media coverage of prostate cancer between 1974 and 1994. Focusing on the gender portrayal of the disease, the study employed both manifest and latent content analyses. Manifest content is the overt, explicit meaning of the text, whereas the latent content represents to sub-textual, underlying meaning of the text. The author employed both qualitative and quantitative methods of analysis. The quantitative tools were used to measure the number of times that manifest themes such as prevention, cause, diagnosis, treatment, prognosis and early detection appeared in the articles. The qualitative tools were used to study the underlying (latent) meaning of the text. The study found that prostate cancer, much like breast cancer, was depicted through a gendered frame of reference.

Covello and Peters (2002) examined women's risk perceptions of certain age-related diseases including heart disease, breast cancer, lung cancer and others. The study examined audience effects in addition to media content. The study found that most of the

surveyed women had inaccurate perceptions of risk and treatment, and lacked the skills necessary to evaluate media reports about health and medicine. For example, heart disease has incidence and mortality rate among women far greater than breast cancer. Still, many women were not aware of their risk for heart disease. Media played a critical role in shaping risk perceptions among audiences, mainly by telling audiences what to think about, or which diseases they should worry about, the authors found. Compounding risk perceptions were factors such as dread, understanding and personal control, the authors suggest. Thus, the more dreaded the disease, the higher the risk perception. The risk of more dramatic diseases, such as cancer, tended to be exaggerated, whereas the risk of more mundane diseases, such as cardiovascular disease or emphysema, was largely underestimated.

Andsager and Powers (1999) analyzed news frames of breast cancer coverage in magazines in the 1990s. The authors analyzed 127 articles from three news magazines and four women's magazines to examine whether they focused on economic or social concerns. Two types of content analyses were used: sources and frames. News magazines tended to frame breast cancer in terms of insurance coverage, research funding and general economic issues, whereas women's magazines focused on the social, psychological and emotional aspects of dealing with breast cancer, the authors concluded.

Employing framing analysis, Lepre, Wash-Childers & Carver-Chance (2003) discussed the coverage of managed-care organizations in U.S. newspapers. The authors analyzed 209 articles drawn from newspapers ranging in circulation between 30,000 and 1.7 million. The study employed a holistic framing analysis, designed to identify the themes and frames of the article as a whole rather than the sum of its individual parts.

Coverage tended to present managed-care organizations (MCOs) in a negative light, the authors concluded. The dominant theme was covering managed care in terms of villains and victims (MCOs versus patients). Language linking managed care to danger and decline was common in most stories. A second emergent frame was the depiction of doctors and other health professionals as victims of managed care, which threatened their autonomy to make proper healthcare decisions for their patients. Hospitals were also framed as victims.

Coleman and Corbitt (2004) examined the social construction of depression in news stories over a 14-month period. The authors found news routines that make individuals and events newsworthy included such attributes as timeliness, proximity and extraordinary occurrences. Violent behavior and deviant acts created news, and stigma occurred, in part, when individuals or groups were described as deviant. The authors found that stigmatization occurred in stories that relied on routines focused on violence. Use of the stylistic practices of personalization and solutions tended to blame the victim while oversimplifying causes and cures.

Hybridization of Framing

1. Rhetorical Analysis as Sub-genre of Framing

Rhetorical and cultural analyses are two dimensions of framing research.

Weldon (2001) employed cultural and mythological models to examine non-fiction coverage of the Ebola virus. Applying a six-step model, Weldon argued that Ebola coverage had the markers of an urban legend. Weldon discussed the way popular media, such as books, movies and the press, construct biological pathologies along mythological

and cultural frames. The importance of public health policies and competent medical practices was diminished and overtaken by a more dramatic predator-victim type of portrayal, Weldon argued. This is how a virus that kills less than .006 percent of the population became a "bogeyman" stalking mankind.

Huxford (2000) studied media coverage in the wake of the cloning of Dolly the Sheep in Europe. He found that media borrowed frames of coverage from pop culture, including sci-fi movies and books, and thus manipulated coverage of the issue. Huxford argued that the sci-fi frames that journalists used emphasized anti-science themes, while at the same time bringing out oppositional, antagonistic frames such as science versus religion, high versus low culture, mass society versus individualism. Huxford attempted to explain journalists' flair for such frames and narratives. One explanation could be the reporters' tendency to group complex events within easily comprehensible images and themes, Huxford speculated. In their drive to simplify a complex world into neatly organized frames, media heavily employed frames in covering the cloning debate. Thus, media are not always objective, neutral and detached and framing remains a central--if controversial--approach to organizing news, he concluded.

Using content and textual analyses, Woodstock (2001) traced the transformation of rhetorical frames used to depict cosmetic surgery in mainstream magazines. Once portrayed as a way to rid one of a debilitating flaw thus empowering women, cosmetic surgery lately has been framed more and more as a choice of power and a sign of empowerment for women who are already in control of their own lives. This shift in frames was spurred by the distortion of feminist rhetoric, Woodstock argued. The media

representation of the benefits of cosmetic surgery was a function of the changing social norms of beauty and health, Woodstock suggested.

2. Framing Plus: Knowledge Gap, Agenda-Setting and Gate-keeping

Generally speaking, many scholars transcend pure framing, venturing into quantitative ground, studying matters of coverage quantity and frequency. It is not uncommon for researchers to employ a combination of methodologies, such as agenda setting plus framing, agenda setting and knowledge gap, agenda setting and gate keeping and other.

For example, Pratt and Ha (2002) traced media coverage of five major infectious diseases in sub-Saharan Africa over a 17-year period. They studied the fluctuations in amount of coverage as well as the changes in framing. The authors also applied social learning and social cognitive theories. During the 17-year timeframe, HIV/AIDS, a stigmatized disease, dominated the coverage from the early to the mid-1990s; however, there was a paucity of AIDS/HIV news in the early 1980s. Non-stigmatized diseases, such as malaria and tuberculosis, received much less coverage in proportion to their occurrences. Thus, the lack of sustained media coverage of these non-stigmatized diseases might have played a role in the lack of attention by policy makers, Pratt and Ha concluded.

Krishnan, Durrah and Winkler (1997) performed content analysis of AIDS/HIV coverage in five monthly African-American magazines between 1981 and 1994. They examined both the nature of the articles as well as the type of terminology used, particularly descriptors used in reference to people infected with HIV or having AIDS.

All of the examined magazines used mostly informational articles, although interviews, advice columns, first-person narratives and biographical sketches were used as well.

News as Narratives

Bahk (2001) studied the movie *Outbreak*, using Greenberg's drench hypothesis to explain drenching effects of dramatic media representations of viral outbreaks. Three drench variables were used—perceived realism, role identification and media involvement. Applying these variables, the author tested their effect on the audience's locus-of-control belief orientations. "Health locus of control" is defined as underlying belief orientations that guide health behavior and perceptions about life, health and disease. Bahk concluded that dramatized portrayals of occurrences in the movie led viewers to believe in chance outcomes in health and decreased sense of control about their own health. In particular higher degree of identification with characters was positively correlated to inflated perceptions of one's own risk and absence of control when it comes to fatal viruses and health in general.

Sharf and Freimuth (1993) examined the construction of illness on TV, particularly coping with cancer in the show *Thirty-something*. The authors employed textual interpretation, seeking for embedded messages in the show's depiction of cancer. They discovered seven major themes throughout the show's depiction of one character's battle with cancer. The authors deconstructed the depiction of the character and the disease from psycho-emotional and medical perspectives. The study focused on the portrayal of the following aspects: cancer and self-image, patient's relationships with

doctors, relationships with other cancer patients, relationships with family and friends, cancer and spirituality, cancer and sexuality, cancer and seeking cancer information. The authors identified the following take-home messages:

- de-stigmatization of the cancer patient
- credible portrayal of the character avoiding the “super-heroine” cliché or the victim cliché
- cancer’s effects on all aspects of social and personal life

1. News as Myth and Social Ritual

Bishop (2001) used narrative analysis to deconstruct dominant themes in the coverage of eating disorders in 47 feature articles that appeared in popular magazines in the 1980s and 1990s. Bishop found a “meta-story” that emerged from these portrayals that could be described along the following paradigm: “Victims suffer alone, trapped by their selfishness and perfectionism, while stunned family members and peers stand by watching as the disease suddenly takes hold.” Media images were blamed for the growing incidence of eating disorders. Bishop concluded that such oversimplified narratives distort the complex reality of living with and dealing with an eating disorder. Bishop used narrative analysis, arguing that while the focus of narrative analysis was the individual story, it was possible to thread through a number of stories that make up a larger, meta-story, thereby rendering a more nuanced perspective.

Bird (1996) examined 1991 news reports about a Texas woman deliberately infecting men with HIV. The story triggered a wave of national coverage, but was later exposed as a hoax. Bird examined the story as a product of oral folk tradition that became

transformed into news. News, Bird argued, is folklore and thus a cultural construction that tells a story about things of interest, reflecting the fears, anxieties and concerns of the day. In this case, the story came to symbolize cultural fears and cultural vulnerabilities about a predatory, invisible disease, Bird concluded. Thus, media function not merely as dispassionate mirrors of reality, but as expressions and manifestations of the cultural milieu. News reporting then is a form of storytelling, not merely a factual account, Bird said.

Lule (2002) employed myth as a theoretical framework to deconstruct coverage of the Sept. 11 terrorist events on the editorial page of *The New York Times*. Lule studied 84 editorials that appeared between Sept. 12, 2001 and Oct. 12, 2001. Lule found that *The Times* drew from four cultural myths: *The End of Innocence* (Everything has changed), *The Victims* (We might have been), *The Heroes* (amid the horror) and *The Foreboding Future* (as horrible as it is to imagine). Myth provided meaning of society for society, especially in times of crises, and also served to explain the unexplainable and to reconfirm values and beliefs, Lule concluded.

2. Disease As Metaphor

Studies of disease as metaphor usually fall in one of two groups:

- a) diseases as metaphors for larger social/historical phenomena
- b) diseases as metaphors used in the discourse of specific populations, such as, patients, doctors, and so forth

One of the most enlightening studies of the imagery of disease is Susan Sontag's seminal book *Illness as Metaphor*. (1978) Sontag focused on the metaphoric and

symbolic aspects of disease images. Hers is a philosophical/cultural essay on how we perceive and structure disease symbolically. Sontag analyzed the symbolism of tuberculosis and cancer, as well as the evolution of these metaphors throughout the years. Sontag did not focus on any particular media genre or type of discourse, but instead roamed the entire rhetorical gamut, from medical texts to fictional accounts to public-health communication.

Weiss (1997) explored the metaphorization of disease (AIDS, cancer and heart disease) in the discourse of patients and health-care providers. Weiss' findings were drawn from depth interviews with 75 nurses, 40 physicians and 60 university students. In examining the parallels among the three diseases, Weiss found that while AIDS and cancer were considered symbolically postmodern pathologies with moral dimensions, heart disease usually was constructed as a defect in the body's machinery. Metaphorically, cancer was depicted as an invasive, subversive disease, where mutant cells proliferating out of control colonize the body. Weiss found that non-patients and medical staff employed similar metaphors to describe AIDS and cancer. Key symbols that emerged in AIDS metaphors were pollution and transformation. In cancer imagery, the dominant themes were change and transformation. However, people with cancer employed slightly different frames of reference from the frames used by those without cancer. Cancer patients disassociated themselves from the disease, describing the individual organ as having cancer. People without cancer tended to view the entire person as having cancer. In addition, people without cancer tended to view people with cancer as passive victims of a predatory disease. Similar views of the disease were expressed by nurses and physicians. Nurses tended to metaphorize cancer as animal. AIDS was not

metaphorized as an animal, but rather as an all-invasive, all-embracing disease—much like a net—from the onset, compared to cancer’s slow and staged growth. Both AIDS and cancer were described in terms of “pollution” and “transformation” metaphorical frames, and the two diseases were metaphorical counterparts, Weiss concluded. Heart disease, by contrast, has remained largely free of social or political symbolisms, Weiss argued. In addition, metaphors used in heart disease descriptions were concrete, whereas metaphors for AIDS and cancer were metaphysical.

In “Embodied Metaphor in Women’s Narratives About Their Experiences With Cancer,” Gibbs and Franks (2002) explored metaphors used by women in tales of their own experiences with cancer. The use of certain metaphors in speech reflected persistent metaphorical patterns of thought, the authors found. In addition, women tended to use multiple, sometimes contradictory, metaphors to describe the same phenomena, Gibbs and Franks argued. Most metaphors used by the women were metaphors based on ordinary, healthy, embodied experiences. Metaphors provide a tool for intellectual and linguistic coping with suffering, as well as a plan for transformation, the authors concluded. Metaphors served as “filters” to regulate how people viewed their past experiences and envisioned their future.

Other scholars have investigated the image of diseases such as AIDS in cinema and film. Guerrero (1990) analyzed the rhetorical construction of AIDS as monster in science fiction and cinema. Guerrero focused on three artifacts: *The Thing*, *The Fly*, and *Life Force*. The author compared the 1950s and the 1980s versions of the films, arguing that the properties of the respective monsters have evolved to reflect the fears of the audience—from political (Cold War references in the 1950s) to biological (AIDS in the

1980s). In *The Thing*, the biological properties of the xenomorph-monster mimicked the biological properties of replication of the HIV virus. This close analogy served to scare audiences, even though they might not have been aware of the metaphorical connection, Guerrero argued. Thus, the stealth, invasive and silent nature of the HIV virus had the modus operandi of the monster portrayed in *The Thing*. The two versions of *The Fly* (1958 and 1986), on the other hand, reflected the changes in the ideology and structure of the family and sexual relations that occurred from the 1950s to the 1980s. The shift from repressed erotic desires in the nuclear family of the 1950s to the liberated singleness of the 1980s drew upon the audience's anxieties about sexually transmitted diseases in the 1980s, Guerrero argued. As the protagonist's sexual encounters with his girlfriend increase in intensity, subtle symptoms and changes in his body start to emerge, a symbolic reference to AIDS, Guerrero argued. In the 1985 film *Life Force* an epidemic is caused by a xenomorph vampire that takes the shape of an attractive young woman who seduces its victims and sucks the life out of them—an obvious metaphor for the sexual aspect of HIV. By portraying the victims as emaciated, skeleton-like creatures, the film also evoked AIDS' main visual symptom—wasting of the body.

Curtis (1994) explored journalistic narrative used to depict scientific and medical phenomena. The focus of Curtis' study was why journalists cast their material in a narrative form using familiar fictional genres. Curtis analyzed articles that appeared in the journal *Science*, a mass-circulation magazine for popular science published by the American Association for the Advancement of Science between 1979 and 1986. Covering science as a narrative, allowed journalists to moralize surreptitiously about events in science while purporting merely to describe them, Curtis found. He analyzed

the stories by applying three of Aristotle's six basic plots: villainous protagonist succeeds, good hero succeeds, noble hero miscalculates but only temporarily and ultimate vindication is satisfying.

3. Rhetoric in Disability Discourse

Wang (1998) studied whether messages of public-health campaigns portrayed disability in a stigmatizing way. Wang analyzed promotional messages (ads) published in popular magazines. To analyze perceptions of injury prevention messages, Wang conducted depth interviews among people with disabilities. Paradoxically, while health promotion is intended to get people to adopt behaviors that would ward off disability, the implicit message "Don't let this happen to you," may instead serve to portray people with disabilities in a stigmatizing way, Wang found. Health promotion tactics tended to reinforce the stigmatizing notion that people with disabilities were medically afflicted and limited in their capacity to fully participate in life, Wang concluded.

4. Disease and the Rhetoric of Responsibility

Kirkwood and Brown (1995) analyzed public health communication as rhetoric of responsibility. The authors argued that although much of the communication focused on causes of disease in medical and scientific terms, beliefs about such causes were better suited to be analyzed rhetorically as means of influencing attitudes and behaviors. The authors employed Bitzer's model for analyzing the rhetorical situation and Fisher's narrative paradigm. The study analyzed public health messages (such as pamphlets, books, newspaper and magazines articles) about AIDS, cancer, stroke, pulmonary

disease, chemical dependence and heart disease. The authors concluded that because many attributions of responsibilities for disease are rooted in conflicting scientific evidence, communicators had considerable freedom in selecting attributions that serve their persuasive goals.

What Does Literature Tell Us So Far?

Scholars have used a wide range of critical approaches to study coverage of disease in the media. Most have focused on how coverage of diseases frames understanding of disease and perceptions of risk. Thus, most scholarly endeavors have employed either framing or agenda-setting theories or a combination of the two. A group of scholars have looked at the process of structuring diseases as news stories, using framing in combination with other theoretical lenses, such as gate-keeping and knowledge gap. In another vein of investigation, scholars have looked at how disease images are structured symbolically and rhetorically in mass media texts ranging from books to film to news. A substantial segment of studies have explored disease as metaphor and/or disease as contemporary myth. Some have studied disease images in the language of patients and doctors, rather than within a specific mass medium.

However, few have studied disease dramatically, through a Burkean lens.

I-D.

Dramatistic Analysis of Disease

Despite the flexibility of Burke's dramatism, there appears to be a shortage of studies on disease as a dramatic expression. One of the few examples of Burkean criticism as applied to the study of popular texts about disease comes from Schultz (1986). Schultz employs Burke's Terms of Order and Helen Merrell Lynd's concept of shame to deconstruct the debates surrounding the 1990 approval of cochlear implants for deaf children. The rhetorical tug-of-war between the warring camps was exemplified by two opposite ideas: The cochlear implant as a chance for disadvantaged children to overcome their hearing disability versus deafness as a subculture and an alternative way of being rather than a disability that needs to be cured. The question of identity became central to one's decision of whether to work with the established order (cochlear implant) or outside of it (deafness as subculture), Schultz argued. The controversy surrounding cochlear implants served as a representative anecdote for the broader societal debate over the benefits and disadvantages of new medical technology, the author concluded.

Another application of Burkean criticism to the study of disease comes from Cooks and Descutner's dramatisitic analyses of two eating disorder therapies (1993). The study examined the rhetorical elements of two therapies (as used in self-help literature) designed to help women cope with eating disorders. The authors found that each therapy featured the same key terms, but they had different functions and triggered different interpretations. The authors used Burke's concept of the representative anecdote and found that the representative anecdotes used in both therapies were similar, but one of them—spiritual recover therapy--was a semi-religious narrative while the other one—feminist psychoanalytical therapy--used a secular narrative.

Kenny (2001) used Burkean dramatism to deconstruct the rhetoric of a family coping with their daughter's lapse into a persistent vegetative state. Applying Burke's pentad, Kenny analyzed the narratives offered by the woman's family and their decision to take their daughter off life support. The family's narratives were representations of the symbolic transformation that took place within the family in order to accept what they originally couldn't, the author concluded.

Chapter II

II-A.

Research Question

The purpose of this study is to explore how personal medical crises are narrated in and covered by *Glamour*, a popular women's magazine. This analysis will attempt to shed light on the dramatic constructions of personal narratives of disease. Seven articles that appeared in *Glamour* will be analyzed.

The study will attempt to answer the following question:

What modes of redemption and pentadic elements dominate personal narratives of disease in *Glamour* magazine?

II-B.

So What?

Medium and Sample

As the above review indicates, the study of disease from a dramatic perspective represents a glaring gap in the existing body of scholarly literature. Burke's dramatism has been used to study political and social rhetoric, film and books, but few have used Burke to study how mass media construct narratives about disease.

So what?

Given that women rely on media in general and on magazines in particular for their health and medical news, studying the rhetoric of disease narratives in these magazines might shed light on several important issues. For example, the rhetorical depictions of disease and health might have implications on readers' attitudes toward disease, as well as on readers' attitudes toward risk and personal responsibility. This is especially relevant given the dynamics of identification that mark the somewhat parasocial interaction between writer/protagonist and audience. In addition, understanding the rhetorical construction of disease might shed light on newsroom routines, as well as on whether narratives reflect the complexities of the medical conditions they cover or gravitate toward predictable conflict-resolution scenarios without regard for the clinical specifics of a disease.

Medium: Why *Glamour*?

Published by Conde Nast Publications, *Glamour* positions itself as a monthly magazine, covering subjects ranging from fashion, beauty, health, personal relationships, career, travel, food and entertainment. *Glamour* is edited for the contemporary woman and informs her of the trends and recommends how she can adapt them to her needs and motivates her to take action.” (Writers Market, 2003, p. 731)

Glamour reaches almost 12 million readers a month, 90 percent of them women between the ages of 18 and 49, with a median age of 33.5. (Conde Nast media kit, <http://www.condenastmediakit.com/gla/circulation.cfm>, 2005)

Glamour falls under the category popular consumer women's magazine and is fairly representative of this breed, other examples of which include mainstream newsstand presences such as *Allure*, *Elle*, *Marie Claire*, *Self* and the like.

Sample

Glamour employs two types of disease narratives—a third-person narrative of the “as told to X” variety and a first-person narrative of the “this happened to me, it can happen to you” kind. The similarities between the two are more than the differences. Both narratives are rich in personal details. Sometimes, the third-person variety would include statements from family members, experts and physicians, whereas the first-person narrative would render such statements through the writer/protagonist's words.

The focus of both types of articles is not necessarily the disease itself but the means of dealing with it employed by the character. These articles focus on the social, medical and psycho-emotional aspects of coping with a disease, rather than on the disease itself. For the purposes of this study, we shall assume that we are dealing with one single narrative genre—personal story of disease—regardless of whether it is narrated in the first or in the third person.

Seven articles, which appeared in the magazine between 1999 and 2005, were selected to represent a variety of diseases. (NOTE: Not every issue of *Glamour* features such narratives, but the genre resurfaces predictably and recurrently several times a year.)

The articles were selected to represent a variety of medical conditions, which was essential to this analysis in order to determine whether different diseases resulted in different redemptive modes and different dramatic strategies.

1. Cystic fibrosis, a congenital terminal illness that usually results in premature death by the age of 30 or so (*July 2003*)
2. Chronic fatigue syndrome, a relatively newly discovered disorder with a poorly defined cause and symptoms that is tricky to diagnose and that might have both physiological (autoimmune) and psychological components and affects primarily the lifestyle and productivity of the individual (*June 2005*)
3. Breast cancer, a form of cancer with a high political profile, heavily covered in the media; statistically kills one in eight women, but is highly curable if diagnosed early and treated aggressively (*September 2004*)
4. Sarcoidosis of the central nervous system, a rare, poorly understood illness with no known cure, which while rarely deadly is marked by tremendous chronic suffering (*October 2000*)
5. Colon cancer, a form of cancer that strikes mainly people over 50, produces few symptoms in its initial stages and has high mortality rate if caught at a later stage (*December 1999*)
6. Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease, a rare, always fatal condition that strikes suddenly (*February 2005*).
7. Cocaine addiction, a disease characterized by a complicated interplay of physical, psychological and social causes, whose outcomes vary widely depending on individual circumstances (*February 2003*)

The above offers an assortment of diseases with various causes, clinical characteristics, treatments and outcomes. Moreover, the above selection represents a fairly wide spectrum as far as degree of personal responsibility. For example, cystic

fibrosis and sarcoidosis are examples of diseases that are purely congenital in nature and where little can be done by a person in terms of risk factors and treatment choices. Breast cancer is also a disease that is largely determined by genes. There is little a person can do in terms of regulating risk factors and outcomes. Yet, compared to a disorder such as cystic fibrosis, breast cancer might be affected by more than genes alone. Environmental conditions, as well as certain lifestyle choices might come into play. Hence, with breast cancer, at least in comparison to cystic fibrosis and sarcoidosis, there is a slightly increased sense of personal responsibility as far as prevention and early diagnosis. At the far end of the spectrum of personal responsibility, addiction is more easily definable as social disease and one in which personal choice has greater weight. While drug addiction has both social and physiological components, personal behavior and responsibility are perhaps more powerful predictors of the disease's course and outcome.

Chapter III

III-A.

Why Dramatism?

What makes dramatism an appropriate method of analysis of media portrayal of disease, other than the scarcity in academic research in this area?

Burke developed the idea that drama is our fundamental sense-making of the world. (Blakesley, 2002) Media texts may provide a particularly interesting study for dramatism given audience's appetites drama. One needs to look no further than the stereotypical "hero" story or "survivor" narrative clichés that pop up in the news recurrently and predictably.

Dramatism in general, and the representative anecdote in particular, are what Burke calls "equipment for living." Or as Brummett puts it, "Because the media are anecdotal, because audiences expect dramatic structure in media content, critical analysis of the media ought to be sensitive to form and drama." (1984, p. 164)

Burke suggests that the symbolic viewing of the dramatic expression of real problems is psychologically satisfying and necessary as means of coping with them. Thus, the representative anecdote functions as "symbolic medicine" for a troubled audience. (Brummett, 1985, p. 248) For these reasons, studying media texts on disease and health as "representative anecdotes" that provide "equipment for living" is both appropriate and interesting.

III-B.

Elements of Dramatism

The Pentad

The dramatisitic pentad is Burke's most universally applicable tool for rhetorical analysis, and perhaps his one and only step-by-step analytical recipe. As its name suggests, the pentad consists of five elements—*act* (names what took place in thought or deed), *scene* (the background of the act, the situation in which it occurred), *agent* (what kind of person performed the act) *agency* (what means or instruments were used), and *purpose* (why it was done).

“Men may violently disagree about the purposes behind a given act, or about the character of the person who did it, or how he did it, or in what kind of situation he acted; or they may even insist upon totally different words to name the act itself. But be that as it may, any complete statement about motives will offer some kind of answers to these five questions...”
(Burke, 1969, p. xv)

This represents the core of Burke's understanding of how language is used symbolically. In his later works, Burke introduced a sixth term--attitude is. Attitude describes “how” something is being done. For example, one might cultivate a garden with seeds and water (agency), but with extreme care (attitude), as Sonja Foss explains in her book “Rhetorical Criticism: Exploration and Practice.” (1996)

One element, the agent, warrants further discussion here. Burke says that the agent, as a category, can be subdivided into further categories, such as co-agents (allies, friends) or counter-agents (villains). These can have motivational power because they

might trigger or influence how the agent acts, thereby becoming co-agents. For example, an agent might be helped out by a co-agent or opposed by a counter-agent. The co-agent and the counter-agent might exert such great motivational power upon the agent, and subsequently his or her choice, that these two are considered co-dominant elements that share dominance with the agent. For example, the agent would have not had to act a certain way if the counter-agent had not done something. Thus, the counter-agent is an important force in the way the agent acts. In purely, dramatic terms, the counter-agent is the villain whom the hero faces in his or her pursuit. Also, under agent, one can place any character traits or motives, such as “fear,” “malice,” “will,” “ideas,” and so forth. (Burke, 1969)

Burke explores language as drama by defining the relationship between each two of the pentadic elements, or what Burke refers to as “ratios” (act-scene or actor-agency). The “ratio” procedure allows the analyst to determine what term or terms dominate the rhetorical situation, that is, which aspect or aspects the rhetor deems the most important. For example, in his speech in the wake of the 1969 car accident that killed Mary Jo Kopechne, Sen. Edward Kennedy, emphasized the scene (the circumstances) over the agent (the author himself) thus painting himself as a victim of the circumstances rather than as the one responsible for the accident. (Ling, D., in Foss, 1996)

Burke warns that it would be counter-productive and simplistic to interpret ratios as causal relationships. Instead, they should be interpreted as “principles of selectivity.” (1969, p. 18) One special note should be made here: What is labeled *agent* in one scenario might become a *scene* in another, thus causing a shift among the other elements of the pentad and in the entire structure of the pentad.

A “purpose-agent” ratio for instance would focus on what means were used and why this specific choice was made by the agent. An agent-act ratio would focus on how the character of a man influences to his behavior and actions. (Burke, 1989, p. 136, 1989) Blakesley says that one simple way to determine the ratios is the ask the following: *How does the influence the?* For a total of 10 possible ratios between each two of the five pentadic elements. Determining ratios, helps us determine the weight that each element carries. (Blakesley, 2002, p. 34) For example, the scene-agent ratio asks how the scene influenced the agent, and so forth.

Identifying the dominant element clues us into the rhetor’s (the narrator’s) philosophical bias and rhetorical purpose. Each of the five elements corresponds to a philosophical school. For example, idealists favor agent as the dominant term, while pragmatics favor agency. Focus on the scene as a motivational force is usually a marker of materialistic type of discourse, while emphasis on the purpose underlies mysticism. Realism favors the act as a dominant element, while dominance of the act suggests realism, and emphasis on agency is related to pragmatism. Pentadic analysis then allows us to speculate about the philosophical underpinnings of the texts and the social and cultural implications that it might carry.

Terms in Burke’s pentad are fluid and thus can be easily manipulated. The pentad is tricky to apply since the choices of what constitutes each element are ambiguous, but this arbitrariness is unavoidable. The point here is to defend the choices made by the critic in applying the pentad. Thus the critic must explicitly interpret his or her interpretations and explain the reasoning behind them. For instance, in his “A Grammar of Motives,” Burke speculates that in certain rhetorical contexts, some might see Judas as

saint for it was Judas' betrayal of Christ that made possible mankind's redemption. (1969, p. xxi) This example goes to show that the interpretation of a rhetorical context varies widely and the terms of the pentad should be applied with a corresponding flexibility.

Terms of Order and Language as Drama

Dramatism analyzes all rhetoric and all symbolic action, including language and literature, as if they were drama. Most, if not all, of Burke's concepts are rooted in his view of rhetoric as drama, and by drama Burke means drama as contained in inherently religious metaphors. Hence, Pater's statement that drama might be mass disguised in secular vestments.

Burke argues that drama happens because of violation—mostly symbolic, not necessarily actual—of the established social order, an act that breeds guilt, which in turn creates the need for redemption. This, according to Burke, is the never-ending cycle not only of human existence, but also of all symbolic forms of communication.

In his study of lology (words about words) Burke offers an analytical model that is rooted in the Christian drama of guilt, suffering and redemption. Burke explores this guilt-purification-redemption cycle in his "The Rhetoric of Religion." (1961) The guilt-redemption cycle is the universal drama of human existence and is grounded in the Genesis. Its elements are to be found in all forms of human communication, according to Burke. The drama of human motivation and human action is contained in the terms of Order and Disorder. Here is how Burke explains the rhetorical cycle of order-disorder:

Here are the steps as described in “The Rhetoric of Religion: Studies in
Lology”

In the Iron Law of History
That Welds Order and Sacrifice
Order Leads to Guilt
(for who can keep commandments!)
Guilt Needs Redemption
(for who would not be cleansed!)
Redemption needs Redeemer
(which is to say a Victim!)
Order
Through Guilt
To Victimage
(hence: Cult of the Kill)...

(1961, p. 5)

NOTE: Burke’s goal was never to pose a theological, atheistic or even an agnostic argument. His goal is merely to explain how inherently religious frames of thought might function in secular texts. Here is what Burke has to say in “The Rhetoric of Religion”:

“This investigation does not require us to make any decisions about the validity of theology qua theology. Our purpose is simply to ask how theological principles can be shown to have usable secular analogues that throw light upon the nature of language.” (1961, p. 2)

The violation of Order (symbolic or actual) leads to a sense of guilt, a sense that needs to be removed. There are two basic rhetorical mechanisms to purge oneself of guilt: Mortification (self-kill, self-blame) and victimage (turning someone or something else into a scapegoat). However, there is a third, alternative mode to rid oneself of guilt: Transcendence. Unlike mortification and scapegoating, transcendence doesn’t involve slaying of the self or someone else, but instead the redefining of the situation as something different. Thus, transcendence might redefine sin as non-sin in order to deal with guilt. The mechanism is explained in Burke’s “On Symbols and Society” (1989) as

the rhetorical equivalent of “Heads I win, tails you lose.” (p. 273). It is a way of recasting the situation in a new light to create a different perspective using a “sour grapes” type of logic. (p. 275)

Burke explains the mechanism this way:

“When approached from a certain point of view, A and B are opposites. We mean by ‘transcendence’ the adoption of another point of view from which they cease to be opposites.” (p. 275)

Another interesting aspect of Burke’s dramatism directly related to scapegoatim is identification. Identification, as the majority of Burke’s terms, is a dialectical concept. Identification is only possible through division: no division, no need for identification. Identification is required in order for the scapegoating mechanism to work. Thus, the audience must, to a degree, identify with the scapegoat that it has chosen as its sacrificial vessel. The scapegoat is charismatic and consubstantial with the audience. For example, criminals, either actual or imaginary, may serve as scapegoats for society, which seeks to purify itself by moral indignation, Burke says.

“When the attacker chooses for himself the object of attack, it is usually his blood brother,” explains Burke, in his essay “Dialectic in General.” (1969, p. 406-408, in “A Grammar of Motives”)

Burke says that the scapegoat can take different forms—criminals, enemies or a sacrificial goat, the last one representing the quintessential ritual of scapegoatim as practiced by the Ancient Greeks.

There are several rhetorical strategies to make a sacrificial vessel worthy of the sacrifices, Burke explains in “The Philosophy of Literary Form.”

a. make him worthy legalistically by making him an offender against moral or legal justice, thus deserving of what he gets

b. make him worthy fatalistically, by giving pointers in the plot that hint at the audience that make him a “marked man and so prepares itself to relinquish him”

c. make him worthy of the sacrifice by a subtle kind of poetic justice, as in making the sacrificial vessel “too good for this world,” hence of the highest value, hence the most perfect sacrifice, as is the case with Christ. (1973, p. 39-51)

Burke believes *the sacrifice* and *the kill* are essentially two slightly different strategies that achieve the same purificatory function for the reader. For example, in his bullfighting depictions, Hemingway emphasized the kill, whereas Shakespeare emphasized the sacrifice in “Hamlet,” with Hamlet being the “perfect liberal Christ.” (1989, p. 299, “On Symbols and Society”) A cathartic effect is rendered by both rhetorical strategies.

Last but not least, it should be mentioned that Burke differentiates between sheer motion and action. Active choice, as opposed to the sheer force of circumstance, is the most important prerequisite for drama. Is one cannot choose, one cannot act, Burke explains. Because man is endowed with the capacity to make a choice, or act in a certain way, his choice inevitably leads to drama. No choice, no drama. Or: “If action, then drama; if drama, then conflict; if conflict, then victimage.” (1989, p. 280, in “On Symbols and Society”)

III-C.

Methodological Recipe for Current Study

This study will employ Burke's pentad and Burke's terms of order unifying them into a single methodology. Each article will be analyzed using pentadic ratios to determine which element dominates the discourse. Applying the pentad and weighing pentadic elements against one another will help determine which elements (agent versus scene, purpose versus agency and so forth) dominate the discourse. Finding the dominant element will shed light on the rhetorical motives and philosophical biases of the narratives.

The terms of order (guilt-redemption cycle) will be applied to determine what modes of redemption emerge in the different narratives and whether different types of diseases result in different rhetorical redemptive modes (scapegoatism versus transcendence, and so forth) Because discourse about disease and health often gravitates toward notions of behavior and responsibility, Burke's concepts of guilt and redemption might offer a particularly intriguing critical lens for analysis to see whether narratives about disease follow that pattern and whether such narratives serve as symbolic catharsis for readers. Applying mortification and scapegoatism to narratives about disease should allow us to determine how writers structure resolutions and outcomes in their stories.

Chapter IV

IV-A.

Detailed Analyses

Article 1

Back from Drug Hell, which appeared in the February 2003 edition of *Glamour*, is a first-person narrative by actress Yasmine Bleeth on her struggle with cocaine addiction, a disease characterized by a complex interplay of physical, psychological and social factors.

FINDINGS

Applying Burke's terms of order, it was found that the narrator uses mortification as a mode of redemption, thereby placing responsibility on herself. At the same time, Bleeth portrays herself as someone who has been reborn by her painful experience.

Applying pentadic analysis, it was found that the dominant element is *agent* (Bleeth). Furthermore, counter-agent (drugs) appears to be a powerful factor that shares dominance with the agent.

ANALYSIS

Markers of Disorder:

Bleeth's story begins with a description of a car accident as a result of her driving high on coke. The accident marks the rock bottom in the character's three-year struggle

with cocaine. Following the crash, Bleeth is arrested and prosecuted for driving under the influence. Thus, Bleeth begins her narrative with description of what Burke would call a state of disorder. The narrative then moves retrospectively into description of the state of order that precedes the character's drug problem.

Markers of Order:

Order is signaled by a brief description of Bleeth's success as a TV star and the promise of a successful career with offers for more TV shows following the end of *Baywatch*, which had catapulted Bleeth to stardom.

From Order to Disorder:

Bleeth's moving into a state of disorder is precipitated by problems plaguing her long-distance relationship, which takes a toll on her emotional wellbeing. Bleeth describes herself as being in pain.

"I just wanted to feel good again. And I knew an easy way to get that feeling." (p. 174)

Enter drugs.

This is the crucial moment where the character is facing a choice between disorder (drugs with their promise of fast and easy happiness) and Order (facing reality without drugs). Rhetorically speaking, this point of the narrative is the epicenter of the dramatic conflict. Burke says that free will and choice are essential to dramatic conflict. Where there is no free will to make a choice between A and B, there is no potential for conflict, hence no real drama, according to Burke. If there is no real choice between two

alternatives, there is no action on behalf of the rhetor, only “sheer motion.” (1989, p. 53, in “On Symbols and Society,”)

Further, Burke states that “action involves character, which involves choice—and the form of choice attains its perfection in the distinction between “Yes” and “No” (shall and shall-not, will and will-not). (p. 65)

Bleeth chooses disorder and its promise of fast and easy relief from her pain.

“The way I saw it, cocaine was easing me through the problems I was still having with my boyfriend. On cocaine, I didn’t think about the problems. I had no pain. I was ecstatic to be myself.” (p. 174)

Markers of Guilt:

Burke says that any violation (perceived or actual) of the established order leads to guilt. In Bleeth’s narrative, the feeling of guilt is signaled by her remorse for the pain she has caused her family and friends.

“Seeing the expression on my father’s face and knowing that his heart was being ripped out of his body—that was the first time I was truly confronted by how I was affecting other people.” (p.194)

From a narrative point of view, violation of order leads to a sense of impending doom. This sense is marked by a description of a visit to the doctor, during which a physician finds a dime-size hole in Bleeth’s septum caused by an infection.

“I had gangrene in my nose. I would blow my nose and think it was mucus in the tissue, but it wasn’t—it was pieces of skin.” (p. 194)

Bleeth is warned that in a matter of weeks, the infection would have crawled up her nose, into her brain and killed her. From a rhetorical point of view, the above might

be the first harbinger of what price the agent might have to pay for siding with disorder, the symbolic punishment for violating the taboo of “thou shalt not!”

Markers of Mortification:

So far, we have all the prerequisites for dramatic conflict: free will, two alternative routes of action, a character choosing to join the ranks of disorder, and the subsequent sense of guilt for doing so.

The final step in Burke’s order-disorder cycle is assuaging guilt. A character can do so in a number of ways—mortification, scapegoatism or transcendence.

Bleeth chooses mortification. She gets clean for a month and then relapses. She faints during a photo shoot and then enters rehab, only to relapse again once she is out. These relapses, as well as the constant struggle between staying sober and giving in are markers of the psychological tug-of-war characteristic of mortification. Mortification is a guilt-assuaging mode whereby the violator admits wrongdoing. The violator must say “*mea culpa*” and assume responsibility and control of his or her actions. In “The Rhetoric of Religion,” Burke defines mortification as an “extreme form of self-control, the deliberate, disciplinary slaying of any motive that for doctrinal reasons one thinks is unruly. It is a systemic way of saying no to Disorder, or obediently saying yes to Order.” (1967, p. 190)

In Bleeth’s story, the struggle of mortification is signaled by her decision to go to rehab twice, but even more by her admitting that the temptation to do coke again continues to lure her. It’s a temptation that never really goes away. From rhetorical point of view, the constant presence of temptation is very important because the true definition of mortification is the *repeated* negation of tempting impulses.

“Because cocaine is more mentally than physically addictive, many circumstances trigger my desire for it. So consciously trying to stay off drugs now is part of my life, and it always will be.” (p. 195)

and

“The scariest thing is that I relate cocaine to happy feelings, so now when I am out a club dancing, I think for a second, maybe it wouldn’t be so bad and it would feel so good...” (p. 195)

The slaying of desire is the true marker of mortification, Burke says.

“The mortified must, with one aspect of himself, be saying no to another aspect of himself...” says in Burke in “The Rhetoric of Religion.” (1967, p. 191) The character’s choice of mortification as a way to deal with guilt is hardly surprising given that overcoming addiction is directly related to personal behavior, lifestyle choices and responsibility--at least in the popular psyche. Regardless of recent medical discoveries that addiction is a mental illness that has biologic and genetic components, drug addiction continues to carry the stigma of weakness of the will and lack of self-control. Regardless of whether the reader believes that addiction is biologic or purely psychogenic in nature, the mere mention of addiction implies temptation and weakness of will to one degree or another.

Therefore, the symbolic violation of a taboo (thou shalt not!) is implied here. In purely Burkean terms, the violator has given into the temptation of drugs and broken the rules of order, hence guilt, hence the need for redemption, hence the need for a scapegoat. Bleeth portrays herself as a violator of moral (and legal) taboos, which according to Burke is the most direct path of making someone a scapegoat worthy of a sacrifice. (1973)

Pentadic Analysis

As mentioned in the methodology section, pentadic analysis will allow us to find the dominant term of the discourse, which is, the angle favored by the writer. Locating the dominant term will allow us to determine the philosophical underpinnings of the text and draw some conclusions about the social and cultural implications of such an approach to the text.

Agent: Yasmine Bleeth, drug-addict and B-list celebrity

Counter-Agent: Cocaine addiction (in purely dramatic speak, the counter agent is the villain or the opponent that stands against the agent or the hero, see p. 39, Chapter III)

Act: Battle with coke addiction

Scene: Events surrounding Bleeth's becoming an addict and her subsequent struggle to free herself of the addiction

Agency: Realization of guilt, visit to the doctor, therapy, rehab, several attempts to get clean, car accident while driving under the influence, slaying of desire, suppression of impulses and acceptance that staying off coke is a daily choice not a one-time decision

Purpose: Overcoming addiction

Of all the ratios, *agent-act* seems to be the most clearly defined and dominant dynamic in this narrative. The agent is the driving force that has the power to perform the act (of slaying her desire for cocaine). In the agent-act ratio, the agent's character determines the nature of the act, not the other way around. Burke states in "A Grammar of Motives" that the agent is the author of his acts, which are descended from him "being

good progeny if he is good, or bad progeny if he is bad...” and “conversely his acts can make him or remake him in accordance with their nature.” (1969, p. 16) The question is which comes first, and what is emphasized in a particular narrative. After all, Burke advises against interpreting the ratios in terms of cause and effect, but instead in terms of highlighting one particular aspect over another.

Bleeth depicts her struggle with cocaine in a clichéd good-versus-evil paradigm: Incapable of dealing with the demands of high-stress career, successful TV star falls prey to cocaine. It is important to note that cocaine is assigned great powers as the enemy here. “The way I saw it, cocaine was easing me through the problems I was still having with my boyfriend. On cocaine, I didn’t think about problems. I had no pain.” (p. 174)

Thus, we might say that cocaine becomes the counter-agent. The agent, Bleeth, does not apologize for her choice to do coke, but she portrays coke as a powerfully seductive villain. Thus, we can say that the counter-agent shares dominance with agent to some extent or at least that it is a considerable motivational force behind the agent’s actions.

The struggle between agent and counter-agent determines the development of subsequent events and influences the other elements in the pentad. Hence, the logic here seems to be “you are defined by your actions and it’s up to you to deal with this disease in a manner that defines you as a brave, smart, intelligent person.”

As far as the scene, Bleeth moves from LA to San Francisco for a job, but tries to maintain what she describes as a painful, dead-end long-distance relationship. Although the narrator ascribes some power to the scene (hardship in personal life, change in professional life, inter-personal difficulties), Bleeth never even suggests that extrinsic

factors are to blame for her problems. She admits that her choice to do coke was somehow precipitated by certain events, but she ultimately blames herself for her addiction and is anything but a victim of circumstances. At best, the scene is a trigger not a true cause of the character's situation. In search of a way to relieve her problems, Bleeth portrays herself as someone who gives in to the temptation, but she does so consciously. Bleeth is no accidental victim. And she is by no means innocent or naïve about her choice. She has used the stuff before. She know what the consequences could be, but nonetheless makes a conscious decision to buy cocaine.

“I just wanted to feel good again. And I knew an easy way to get that feeling.” (p. 174)

From a dramatistic point of view then, this means that the agent (Bleeth) and the counter-agent or the villain (cocaine) are almost equally powerful forces. All of the above is not to say that scenic factors are not factored in, but pentadic analysis is all about determining degrees of dominance. All the elements have some power over the development of the narrative, but one element has the greatest power. In this particular instance, the stress is appears to be on the agent. Had the dominant agent been the scene, Bleeth's behavior would have presented as the pure result of her environment since a scene-agent ratio suggests that the agent is contained within the scene and all of his or her choices are the result of scenic factors.

In Bleeth's narrative, however, decisions are not arrived at haphazardly. They are not dictated by circumstances. They come from within the character and the character's struggle to stay clean. Burke warns that in order to grasp motives better, the text should be approached as a whole. For example, even though Bleeth discusses her visits to a

doctor and to a psychotherapist (agency), she does not emphasize them as the decisive factors in her success to kick her habit. Rather these are portrayed as some of the milestones in Bleeth's journey toward her goal. Moreover, the character's attempts to get clean by visiting her doctor and her therapist result only in temporary improvement of her condition. Bleeth credits her car accident while driving high as the final straw that makes her quit. The accident is described as a sort of divine intervention, *deus ex machina* style, that finally makes her grasp the gravity of her situation.

“For three years, people had been telling me that drugs would kill me, and this was my proof. I felt like some force had saved our lives, so as I sat there I started to cry. Then we heard the sirens.” (p. 174)

Thus, neither admonitions from her doctor nor psychotherapy appear to help the character, but a brush with death in a freakish accident shakes her out of her stupor. Such a description takes the focus away from therapy (agency) and further into the realm of the mystic. Thus, it is Bleeth's own realization of her problems (agent), not the power of therapy (agency) that ultimately helps her quit.

What is more, drug addiction (the counter-agent) is presented as an almost necessary suffering that the *agent* has to go through in order to achieve catharsis. Burke states that the origin of motivation might be found in the counter-agent. He labels this rhetorical technique “compensatory transformation, whereby a bitter fountain may give forth sweet waters.” (1969, p. xxi, in “A Grammar of Motives”) This mechanism is exemplified by certain schools of Christian thought that see Judas as a saint on the grounds that his betrayal of Christ brought about the opportunity for mankind's redemption. (Burke, 1969) So, in a way, Bleeth's struggle with addiction is both

redemptive and cathartic and hence justified. Here is how she justifies rhetorically her suffering,

“I am enjoying the simple things again: being social, sleeping in...” and “When I was taking drugs, I lost my love for all of that.”

And

“Through this experience I’ve proven to myself that I can’t have both drugs love. And every day I have to make the choice again. So far, I choose love.” (p. 195)

The above statements not only justify Bleeth’s battle with cocaine as cathartic, but once again reaffirm that the locus of responsibility ultimately lies within the agent.

CONCLUSION

Bleeth depicts her battle with cocaine addiction in simplistic terms, an approach that reduces the complex medical realities of dealing with addiction to a hero-villain narrative. The villain component deserves particular attention. By maintaining heavy focus on addiction as the villain, Bleeth not only justifies her battle with cocaine as cathartic, but also positions the locus of responsibility within the agent since it is the agent’s character and will that ultimately defeat the villain.

Emphasis on the agent as the dominant term is a marker of idealism, a philosophy that maintains that everything is the result of will, reason, imagination, judgment and inference. An idealistic philosophy starts and ends with the agent, Burke says. (1969) The agent is the master of his or her own destiny. While such a philosophy transfers power to the agent, in doing so it also transfers responsibility to the agent. As far as audience interpretation of the text, this can be a mixed blessing given that the power to make a

choice also comes along with a suggestion of personal responsibility to make the *right* choice.

Focus on the agent is essentially focus on the super-ego, on the ideal self, that has subjected all passions, emotions and vanities to the power of reason and will. Idealism in that sense is very close to mortification in its denial of emotions and passions. Its emphasis is not how things *should* be, not on how they *are*.

Finally, it should be said that drug addiction is a complex disease that has psychological, social and biological components. Undeniably, curing any form of addiction depends to a lesser or greater degree on the individual's determination to kick the habit, but there is much more to curing addictions than will and personal responsibility. Medication, therapy and social support are factors that are part of the treatment. Yet, Bleeth's simplistic depiction of her struggle with cocaine focuses almost exclusively on her own will and determination as crucial factors in her treatment, thus downplaying the importance of other elements.

Article 2

Colon Cancer Almost Killed Me (by Leslie Laurence, *Glamour*, December 1999) is a third-person narrative about a 27-year-old woman's struggle with colon cancer, a disease predominantly found in people over 55. Although lifestyle factors such as diet, smoking and drinking have been implicated in the development of colon cancer, it is a markedly genetic disorder over which one has little control.

FINDINGS

The character moves from order into disorder under external force, not by choice. However, the character exercises choice in her decision regarding how to deal with her circumstances. Order is restored by way of transcendence.

Pentadic analysis reveals that the locus of control is placed within the agent. Although the agent is facing a medical inevitability, she has the power to make a decision as to how to handle this medical crisis.

Disease is represented as a powerful counter-agent (predatory villain) that challenges the agent (hero) to reevaluate her life and see it in a new light. In that sense, the counter-agent shares motivational force with the agent in the development and resolution of the dramatic conflict.

ANALYSIS

Markers of Order:

The narrative begins with a cliché description of upper-middle-class happiness: A young, successful woman (Taylor), a marathon runner and a budding lawyer, lives happily with her boyfriend, also a lawyer.

“Her life was full and blessed. She even planned taking horseback riding, a childhood dream.” (p. 89)

Ominous elements begin to creep into the scene: Fatigue, inability to meet physical demands, blood in the stool.

Markers of Disorder:

The protagonist's life comes to a screeching halt when she is diagnosed with colon cancer. Although there is no overt act of disobedience here per se, Burke contends that disorder often is marked by a feeling of guilt, a feeling that is intrinsic to the social order. In other words, the feeling of guilt does not require an act of disobedience, Burke explains. (In the "The Rhetoric of Religion," 1967, p. 188)

Insofar as there is guilt intrinsic to the social order, it would not in itself be "actual" but be analogous to "original sin," an offense somehow done "in principle," Burke explains. (1967, p. 224)

One thing that Burke says, however, is that the hero (agent) must have the ability to choose between two alternatives in order for dramatic conflict to occur. Sheer motion (marked by mechanical movement, not by act of will) is not a marker of dramatic conflict.

Sheer Motion or Free Will?

While it might appear at first glance that the protagonist in this narrative is deprived of choice, a more careful consideration of Burke's model should reveal otherwise. The protagonist does have a choice when it comes to how to handle this otherwise inevitable medical calamity. The mere act of deciding how to deal with the disease constitutes a choice. The possible routes here are denial, acceptance or redefinition of terms.

Markers of Transcendence:

The character chooses to accept her circumstances, but also to redefine them in a way that ultimately allows her to see her situation in a new light. Therefore, what we see here is more than acknowledgement of the gravity of the character's circumstances and

moving on. This is an active redefinition of terms, an act of seeing the situation in a new light, or what Burke would call transcendence.

“Not one to wallow in self-pity, an optimistic Taylor has chosen to regard her painful battle with colon cancer as a reality check, a gift. ‘My mother always said about tough situations, you can make chicken salad or you can make chicken shit,’ she laughs. ‘After everything I’ve been through in the past year and a half, I just decided, I’m going to make chicken salad.’” (p. 92)

Transcendence, unlike scapegoating and mortification, redefines A into non-A.

The mechanism is explained in Burke’s “On Symbols and Society” (1989) as the rhetorical equivalent of “Heads I win, tails you lose.” (p. 273). It is a way of redefining terms as to create an easier-to-deal with view of the situation a la “sour grapes.” (p. 275)

Pentadic Analysis:

Agent: Chay Taylor, 25-year-old law school graduate

Counter-agent: Colon cancer, depicted as a predatory disease that takes on almost mythical powers.

Act: Battle with colon cancer and re-establishing normal life

Scene: Events surrounding the diagnosis and treatment

Agency: Persistent screening, several tests leading up to diagnosis, regular follow-up screening after treatment

Purpose: Overcoming the disease and going back to normal life

The heroine is stricken by colon cancer, a disease that has little to do with personal responsibility. Therefore, the character is not suffering the consequences (punishment) of imprudent lifestyle choices or careless behavior. What this means from

rhetorical perspective is that living in a state of disorder was not an active choice, but instead a medical mishap, that can be attributed to circumstance (scene). However, the agent is given a choice in how to deal with her situation.

The article focuses heavily on issues such as screening, medical tests, regular checkups as ways to prevent or manage colon cancer. The overall tone of the story is that as long as the character (and by extension, the readers) does the right thing—screening, regular check-ups—she has the power to overcome her disease. The implication is that although cancer is a fatal disease, it is up to the individual to increase his or her chances of beating it by undergoing regular tests.

A hastier reading of the text might render another interpretation that the dominant element is the agency (regular screenings and check-ups). Yet, it can be argued that the agency is always there, whereas the utilization thereof is a choice that needs to be made actively by the agent.

“If you have any symptoms or a family history of the disease, screening should be pursued with the same vigor as you would if you detected a breast lump.” (p. 90)

Family history and genetic predisposition are mentioned in passing, as factors the agent has no control over (scene). The article then shifts its focus to matter of personal behavior as people with family history are urged to get regular screening. The protagonist, however, has no family history of colon cancer. The message here is confusing: Get tested, if you have risk factors. If you don't have risk factors, as is the case with the character in this article, get tested regardless. In either scenario, the burden of choice is placed upon the agent and taken away from the scene.

“Taylor had none of the risk factors for colon cancer: She had no family history of the disease. She wasn’t a big drinker. With the exception of the occasional jalapeno cheeseburger, she rarely ate fatty foods.” (p. 90)

Furthermore, the burden of choice on whether to follow surgery with aggressive chemotherapy and radiation is placed once again upon the agent.

“They [the doctors] recommended she have chemotherapy and radiation.” (p. 90) Further in the text, Taylor asks her doctors to discontinue chemotherapy and they agree.

It is noteworthy that doctors *recommend* and *agree*, but do not impose or deny a course of treatment. The article implies that the character’s cancer was caught in an early stage and not likely to have spread, but nonetheless, she makes the very prudent decision to have chemo and radiation. Medically speaking, this is probably the prudent choice, but it is a *choice* nonetheless. Depicting the course of treatment as a matter of choice, as opposed to doctor’s orders, gives the agent the ultimate decision-making power, hence the burden of choice.

The implication that outcome depends on the agent’s behavior is reinforced in the last two paragraphs of the story, where the character is once again blissfully happy after going through the trials and tribulations of the disease.

“Today, eight months after the end of her treatments, Taylor feels great. She works as an assistant DA of the Harris County district attorney’s office in Houston, and runs five miles several times a week without much difficulty.” (p. 92)

How the agent reacts to what is medically imposed from extrinsic factors to a degree determines the outcome of the disease. In other words, even when the odds (scene) are against the agent, the agent still has some control over the situation.

What does all of the above mean? It means that the *agent* is rewarded with restored health for her sensible choices. What we see here is the mechanism of compensatory transformation, a mechanism that is present in the coke addiction article as well. Compensatory transformation is a rhetorical device that allows the rhetor to portray an otherwise harrowing experience as cathartic, and therefore somehow justified. This mechanism is evident in narratives that represent disease as a power that forces the agent to see her life in a new light and have a newfound appreciation for the simple things in her day-to-day existence. Burke (1969) describes the technique as “compensatory transformation, whereby a bitter fountain may give forth sweet waters.” (p. xxi, in “A Grammar of Motives.”) This is a favorite tool of Christian rhetoric, which often justifies suffering on the basis that it forces the sufferer to draw on inner strength that she or he was unaware of previously.

Compensatory transformation is closely related to the presence of a powerful adversary that challenges the agent. Colon cancer is portrayed as a cunning, formidable foe. Perceived as an old man’s disease, colon cancer also strikes “scores of young women, a fact that has gone relatively unreported.”

And

“Because it often develops to a relatively advanced stage asymptotically and because so few young women have their colons checked, colon cancer is rarely discovered early, when these victims have the best prognosis.” (p. 90)

The above statements intensify the image of colon cancer as unpredictable and predatory disease that preys on unsuspecting victims, who are not seen as a high-risk group by both the public in general and by the medical establishment.

“No one—neither Taylor, her family nor her boyfriend—could fathom how a seemingly healthy young woman could be struck with what they believes was a deadly ‘older man’s disease.’”

“The good news: Colon cancer progresses slowly and is highly curable. If detected at an early stage, the disease has a five-year survival rate of 91 percent, according to the National Cancer Institute.” (p. 90)

But there is a Catch-22 dynamic at play here. On one hand, young women are described as unlikely, unsuspecting victims but on the other hand, their survival rates are directly related to their decision to pursue early screening, the article argues. Such an argument places the burden of responsibility once again upon the agent.

CONCLUSION

Several rhetorical implications warrant discussion.

First, by diverting attention from purely medical, biologic, genetic (scenic) factors and by focusing on the agent’s choices, the article implies that the clinical course of the disease is somehow related to the agent’s behavior. Most diseases have both lifestyle and genetic components. Certain diseases are more heavily influenced by lifestyle than others. If we somehow placed this article on a personal responsibility versus biologic determinism continuum, we could say that the pendulum has swung a bit too far in direction of personal choice. In Burkean terms, this continuum is actually the agent-scene continuum. Emphasizing personal behavior places undue burden on the agent, while at the same time diverting attention away from the scene.

As mentioned before, featuring agent as the dominant element is closely related to a philosophy of idealism, where the individuals are endowed with the power to be masters of their own destiny. Such a philosophy, as a rhetorical device, is easily

understandable in the context of American culture, which prides itself on individualism and “you can do it” attitude.

Second, transcendence, as the chosen mode of redemption, might suggest to readers that acceptance of one’s circumstances (as opposed to denial or shifting the blame to someone else) is the best choice.

Thirdly, disease is depicted as a powerful counter-agent that has great motivational power for the agent, in a way that ultimately prompts the agent to see her situation in new light and find a new appreciation for life. This is Burke’s compensatory transformation mechanism where disaster can result in positive outcome and therefore is somehow justified, which in essence is a religious rhetorical device used in a secular narrative.

Article 3

You’ve Never Been Tired Like This (by Anne Ursu, *Glamour*, June 2005) is a first-person narrative about a woman’s struggle with chronic fatigue syndrome (CFS), a condition that some medical traditionalists have derided as a fad disorder or yuppie flu. Chronic fatigue syndrome (CFS) entered the vocabulary of the mainstream medical establishment fairly recently. Many of the symptoms are non-specific and mimic those of other disorders. Its causes are poorly understood, but most experts believe that both physiological (autoimmune) and psychological factors are at play. CFS affects primarily the lifestyle and productivity of those who have it, but there are very few, if any, clinically observable effects.

FINDINGS

Applying Burke's terms of order reveals that the character chooses transcendence as a mode of redemption.

Pentadically speaking, the dominant term is the scene. The agent is quite passive and somehow helpless in her dealing with circumstances. The implication here is that fate and luck are omnipotent and the agent has no control over the course of her disease.

ANALYSIS

From Order to Disorder

This article follows a fairly predictable matrix: 1) Picture-perfect happiness, marred by vague signs of something ominous about to happen 2) disaster strikes 3) uphill battle 4) happiness restored.

The protagonist is a well-educated woman in her early 30s and a moderately successful novelist, who is married to a kind, understanding man. The couple has just returned home from a trip to Minneapolis, where the narrator celebrated her birthday with her parents.

She isn't feeling well, and vaguely aware of something not quite right going on with her body. Then debilitating fatigue strikes, making her incapable of handling even the simplest daily activities. After a particularly grueling episode that renders her immobilized on the floor, the character realizes she has relapsed into CFS, a condition she'd been diagnosed with while in college.

Thus, the character moves from order into disorder under the influence of external force, not by choice. However, the decision as to how to deal with this external force constitutes choice. Therefore, the prerequisites of dramatic conflict are met.

Once again, as is the case in the colon cancer story, there is no act of disobedience here per se, but we shall accept Burke's argument that disorder is often marked by a feeling of guilt, a feeling that is intrinsic to social order, and therefore does not require an observable act of disobedience. (In "The Rhetoric of Religion," 1967, p. 188)

Burke, however, is quite emphatic on the issue of free will that the hero (agent) must have the ability to choose between two alternatives in order for us to speak of dramatic conflict.

Sheer Motion or Free Will?

The protagonist does not have a choice as far as her disease, but she does have choice as far as handling what is medically inevitable. The mere act of deciding how to deal with the disease constitutes choice. There are two options: denial and acceptance.

Markers of Transcendence:

The character chooses acceptance. She goes beyond mere acknowledgment of her disease, and into a total redefinition of her situation, a mechanism that Burke calls transcendence. Transcendence, unlike scapegoating and mortification, redefines X as non-X. In most basic terms, transcendence is the adoption of a different point of view.

The mechanism is explained in Burke's "On Symbols and Society" (1989) as the rhetorical equivalent of "Heads I win, tails you lose." (p. 273). In essence, if the character

cannot deal with something, he or she gives it a different name, thus a different identity altogether, that makes it easier to accept and deal with.

“Things could be worse. We’re OK financially—I don’t need to go on disability. I have tremendous support from my family, and I have my husband...I may not be brave, but I am lucky.” (p. 176)

Pentadic Analysis

Agent: Anne Ursu, 32-year-old writer struggling with CFS

Counter-agent: Disease (CFS), presented as a lurking predator that may lie dormant for years than strike without warning

Act: Dealing with circumstances surrounding the agent’s relapse into CFS

Scene: Circumstances surrounding Ursu’s diagnosis and subsequent life with CFS, support system comprised of family, friends and an unconditionally loving husband

Agency: Accepting circumstances, taking it one day at a time, the love of a good man

Purpose: To overcome disease and regain sense of normalcy in her life

Note: It may be possible to view the protagonist’s husband as a co-agent since his role in dealing with his wife’s disease is very active. However, we know nothing about what drives this person to act in one way or another. Therefore, since we have no insight into motivation, we cannot confer to him the status of a co-agent. Thus, it would be more prudent to discuss him as part of the scene.

In sharp contrast with most of the other narratives discussed here, the dominant element here is not agent, but the scene. The agent portrays herself as a passive recipient

of joy, calamity, disease, health and basically whatever else happens to come her way. The reader almost gets the impression that the character just bumps into things quite chaotically, making little to no effort to chart her route. But this isn't some philosophical resignation about her disease, which would be understandable, and perhaps, admirable to a degree. Instead, the character simply seems to shrug things off in a "what can you do?" manner. One almost gets the feeling that the protagonist is an impassionate, outside observer of what's happening to her, not someone who actually goes through the experience. Statements such as "I seemed to sleep all the time," as opposed to saying something like, "I slept all the time" heighten that sense of passivity and detachedness.

The interplay between scene and agent is particularly intriguing in this story. In this narrative, the agent and her decisions appear to be the product of the scene.

Theoretically speaking, when scene is the dominant term, the scene is said to contain the agent and his or her acts. For example, a newspaper editorial arguing that media violence predisposes children to acts of violence emphasizes scene over agent as the motivational factor.

After her diagnosis, the heroine just takes life as it comes. She exhibits none of the normal psychological reactions—anger, denial or depression. If she did go through these stages, she never mentions it in the story. The heroine just lingers in a sort of non-denial, non-acceptance limbo, as if trying to make up her mind what her reaction should be.

"I continued going to school part-time, dragging out my senior year over two years. During that period I had bad spells, but sometimes I was just fine...I couldn't walk without the aid of a cane that I named Orson, in honor of Orson Welles, the director of 'Citizen Kane.' I survived thanks to

friends who cooked me food, cleaned my kitchen, brought me movies and kept me laughing.” (p. 174)

After college, the protagonist moves back in with her parents.

“I had done nothing to prepare for the future, and I wasn’t sure what kind of future I could have.”

She takes a part-time job at a local bookstore, where she meets her future husband. Scenic factors, such as helpful friends, generous and supportive family or stumbling upon the man with “the kindest eyes I’d ever seen,” that is, her future husband (and caregiver), seem to influence the outcome of the heroine’s ordeal more than the heroine herself does.

“Within the first month of our relationship, he [future husband] had read my collection of books on CFS and convinced me to leave my job. ‘You want to write,’ he said. ‘Write.’” (p. 174)

What is happening here is the frog-prince mechanism with the roles swapped: Once he is in love with our heroine, the princely guy accepts her for who she is, and his kiss magically transforms the frog into a princess. Meanwhile the princess has done nothing to rid herself of the “frog” state—she just sits, waiting for the prince to show up, an impression reinforced by her own statement that she doesn’t know “what cloud Jeb dropped from.”

Then comes the relapse. Once again CFS serves the protagonist a hard blow, but she’s got a good buffer this time.

“My husband has taken over every household chore, every grocery store trip, every meal, every mess. He takes me on slow walks and shields me from the world. He doesn’t even seem to mind the burdens; to him it is just part of love.” (p. 176)

This statement once again creates the impression of the power of circumstance over a passive, drifting agent.

The only proactive action our exhausted heroine takes for herself?

“I want to find ways to feel better. I am taking vitamins and following a nutrition plan.” (p. 176)

Finally, the heroine accepts her circumstances as bearable, filing her situation in the “things could be worse” category.

CONCLUSION

Rhetorically, the story seems to convey two ideas:

- a) That love has healing power, and the only way to make it through the trials and tribulations of a debilitating disease is the love of a good man and the support of an understanding family.
- b) That bad stuff happens to you, and there’s nothing you can do about it, but every now and then you might luck out and meet someone who will take care of you.

“I do not know what cloud Jeb dropped from, but I am so grateful that he fell in front of me.” And “I may not be brave, but I am lucky.”

Thus the agent is deprived of all control and power in favor of the scene (caring man who fell from the sky above). Featuring the *scene* as the dominant element is suggestive of an underlying philosophy of materialism. Hobbes says that, “All that exists is body, all that occurs is motion.” (“A Grammar of Motives,” 1969, p. 131) Facts are explainable in

terms of matter and motion. Will, choice and action are downplayed in favor of circumstance. Featuring scene as a dominant element also reduces action to motion, Burke says. This is precisely what we see in the above narrative--a reduction of reason itself to motion, in other words, the reduction of will itself to terms of a scene mechanically determined, Burke explains. ("A Grammar of Motives," 1969, p. 135).

Featuring the scene could have been a powerful rhetorical mechanism in this story, had it been used to discuss issues such as how the medical establishments treats disorders that defy clinical criteria. The author could have used her focus on scene versus agent as a trampoline to discuss health insurance implications and evidence-based medicine, which argues that only that which is measurable is clinically significant.

However, the narrative falls short in this respect, remaining in the realm of a personal narrative without a point or argument. The reader can't help but wonder "So what?"

Article 4

Isn't My Life Worth Saving? (by Laura Williams, *Glamour*, February 2005) is a first-person narrative by a woman's battle with ALS (amyotrophic lateral sclerosis), also known as Lou Gehrig's disease, a rare and always-fatal condition.

FINDINGS

Applying terms Burke's terms of order reveals that the character chooses mortification by way of scapegoating. In this respect, this story presents an intriguing

case of victimage in that the protagonist designates herself the sacrificial scapegoat, as a martyr for a cause (more federal funding for embryonic stem cell research).

Pentadic analysis reveals that the dominant element in the narrative is purpose.

ANALYSIS

From Order into Disorder:

Once again, as is the case with other articles in this sample, the transition from one state into another is not clearly marked, at least not in the traditional hero-falling-from-grace model. The protagonist is a happily married woman and mother in the final stages of a fatal disease. The narrative begins with a description of a state of disorder, and is chopped into segments using flashbacks to the time preceding the diagnosis: “Bob and I were thrilled, and we threw ourselves into brainstorming names and registering for baby toys.”

Order and disorder are signaled by statements such as:

“I am married to an incredible, loving man, and we have a beautiful 10-month-old son. We live together in a cozy bungalow off the South Carolina coast, filled with art and music and surrounded by beaches where my husband, Bob, and I used to pedal our bikes. It’s perfect except for the fact that I’ve been diagnosed with a degenerative illness...and is all but certain to kill me.” (p. 140)

Scapegoating or Mortification?

The administration, specifically George W. Bush, is vilified as narrow-minded in its view that destroying embryos to save lives is taking life to preserve life. A superficial reading of the text might suggest that the narrator chooses the Bush Administration as a scapegoat for her suffering, but this isn’t the case.

The Administration, because of its decision to limit federal money for life-saving research, is painted as the villain, the counter-agent, rather than the scapegoat. As discussed previously, the counter-agent is a sub-category of the agent. The counter-agent, normally the villainous opponent in the narrative, is often powerful enough to prompt the agent to act in a certain way. This is why, in certain contexts, the counter-agent could be said to share motivational dominance with the agent.

It is true that villains can be scapegoats, according to Burke. Criminals and offenders against legal or moral norms are often scapegoats. However, the marker of a true scapegoat is its consubstantiality with audience. There is little reason to believe that the aggregate image of the government can be consubstantial with the readers of *Glamour*. The narrator vilifies the government, but she doesn't turn it into a scapegoat because she never takes its image into the realm of the charismatic, which is a prerequisite for being a true scapegoat. At best, the Bush administration is a technical (intra-text) scapegoat that merely serves as a prop to move the plot forward.

The true scapegoat in this story is the author herself. But what we have here is not a mere self-sacrifice. What we have is martyrdom, which Burke describes as an extreme, exhibitionistic form of mortification.

“Martyrdom is the idea of total voluntary self-sacrifice enacted in a grave cause before a perfect (absolute) witness. It is the fulfilment of the principle of mortification, suicidally directed, with the self as scapegoat (in contrast with homicidal use of an external scapegoat as purificatory victim). (In “The Rhetoric of Religion,” 1967, p. 248)

In the beginning of the story, the author proclaims, “I don’t know if anything could save my life. But I do know that perhaps the best chance for helping future generations of women and men like me may be stem cell research.”

And

“I may not live to see my son start preschool. But I’ll die fighting for the scientific breakthroughs that could save other people’s lives.” (p. 147)

One way to make a scapegoat worthy of the sacrifice is to do so fatalistically, by giving pointers in the plot that hint at the audience that he is a “marked man,” so that the audience “prepares itself to relinquish him.” (In “The Philosophy of Literary Form,” p. 39-51, 1973)

This is what the author does. The first sign that something isn’t quite right—ankle twisting--happens on her wedding day.

“I had no idea then, but that clumsiness was the first sign that ALS was taking hold of my body.” (p. 140)

Intensifying the fatalistic overtones is the description of a state of delirious happiness--newly weds expecting first child--marred by a diagnosis of a deadly disease.

Pentadic Analysis:

Agent: Laura Williams, 39-year-old mother and wife in the final stages of ALS

Counter-agent: The Bush Administration

Act: Fight for stem cell research funding

Scene: The character’s final months of life with the disease

Agency: Inform and persuade readers to take action to support governmental funding for stem cell research

Purpose: Prompt federal investment in stem-cell treatments that can cure currently incurable disorders

The dominant element here is purpose—more federal funding for embryonic stem-cell research. The agent figures prominently, but her personal story is the vehicle designed to drive readers to action. Thus, in a way the agent becomes part of the agency (means for achieving her purpose). What we might have here then is a purpose-agency ratio. Burke would classify this as “end determines the means” dynamic. The character’s story is a cautionary tale designed to persuade readers to take action. In a way, the agent becomes an element in her own persuasive arsenal.

The purpose, one the other hand, becomes the agent’s cause, which is also consistent with her casting herself as a martyr for a cause. She, the agent, will die so that others may live in a true Christ-like sacrificial mode. Thus, purpose (cause) dominates agency (martyrdom for the cause).

The focus of the article is encapsulated in the opening paragraph:

“Listen up, because I don’t have much time left. I am 39, and there is a good chance I won’t be alive at this time next year—but I am not going quietly. Why should I? I have *everything* to lose.”

As well as in the subhead:

“I may not live to see my son start preschool. But I’ll die fighting for the scientific breakthroughs that could save other people’s lives.”

These opening statements are informal declaration of the purpose behind the story. But they also reveal the agent as secondary element in the narrative. The narrator portrays herself as someone who has little time left, as someone whose days are numbered, but whose demise has a larger purpose to serve.

The agency for achieving the purpose is to inform readers, but beyond that to persuade them to take action in favor of federally funded stem cell research. To do, so the agent relies on the three basic rhetorical principles of persuasion: appeal to reason (logos), emotion (pathos) and credibility (ethos).

Logical appeal is achieved by the narrator's explanation of how embryonic stem cells can be harvested to repair damaged tissue and organs, as well as by offering counter arguments to the government's reasons against federally funded embryonic stem cell research.

“But the stem cells available for research aren't from embryos that otherwise would develop into babies; they're largely from leftover embryos that weren't selected for in-vitro fertilization procedures. If not used for research, these cells would most likely remain in a freezer forever. That seems totally *un-pro-life* to me.” (p.147)

Appeals to the audience's emotions are achieved by statements such as “I think a lot about what I'll miss after I'm gone. I won't be there to kiss Isaac's skinned-up knees.”

And

“My family has to prop up Isaac between my legs with pillows so I can still hold and soothe him when he is teething. He always calms right down when we're close, and that's healing to both of. But I am terrified that someday I'll just be pair of eyes in a shell.” (p. 147)

Sentences such as “I’ve lost the use of all my limbs; I can’t scratch my nose or turn in bed. The muscles that help me talk, breathe and swallow are getting weaker, so I use oxygen tank and a respiratory assistance machine both day and night. My husband, my mother and my devoted sister can’t take care of my anymore so we hired a night nurse to help move my body and empty my catheter.” render both emotional appeals, as well as speak to the credibility of someone who’s been through the experience (ethos). All of the above, however, build up to lead to an open call for action (purpose).

“I don’t want this horrible disease to destroy other people’s futures and the lives of their loved ones. In one of the presidential debates last fall, President Bush said, ‘Science is important, but so is ethics; so is balancing life. To destroy life to save life is...it’s one of the real ethical dilemmas that we face.’ It’s so hard for me to hear that. I’d like to ask him isn’t *my* life worth saving? After all, the longer the debate rages, the more time we lose.”

And

“Last fall, in preparation for the inevitable, I got help from a hospice volunteer to make birthday cards to leave for Isaac, one for each year until he’s 21. But I want to leave a greater legacy tool the promise that no other woman will have to leave her family and her life way too soon.” (p. 147)

CONCLUSION

This is the only story in the sample that doesn’t focus on dealing with a disease on purely personal, psychological and emotional levels, but instead focuses on what should be done on a public-health level. Because this narrative goes into the realm of *should* (cause), it isn’t surprising that it plays up purpose as the dominant element.

Philosophically, *purpose* is related to mysticism. Mysticism embraces forms of speculative thinking that aims to achieve apprehension of the divine essence of human existence, Burke explains in “A Grammar of Motives.” (1969, p. 287)

Unity of the individual with some cosmic purpose is the marker of mysticism. Mystics see their existence as part of a larger undertaking that has a grand purpose designed to transform human existence. Mystical philosophies tend to become popular in times of great skepticism and confusion about the purpose of human existence, Burke says. (in “A Grammar of Motives,” 1969, p. 288)

“They are a mark of transition, flourishing when one set of public presuppositions about the ends of life has become weakened or disorganized...” and “Precisely in such times of general hesitancy, the mystic can compensate for his own particular doubts about human purpose by submerging himself in some vision of universal, or absolute or transcendental purpose, with which he would identify himself.” (1969, p. 288) When viewed within a larger socio-political backdrop, the above narrative exemplifies exactly such a rhetorical momentum.

Article 5

Kicking Death in the Head (by Karen Duffy, *Glamour*, October 2000) is a first-person narrative of a woman’s struggle with sarcoidosis of the central nervous system, a rare, poorly understood disorder with no known cure, sometimes life-threatening and marked by debilitating chronic pain.

FINDINGS

Applying terms of order, the protagonist opts for transcendence and casts her situation in new light in order to justify suffering as a positive experience. Once again, as we saw was the case in several other narratives, this is the rhetorical mechanism of

compensatory transformation. Used often in religious texts, this rhetorical device serves to justify suffering as cathartic and pain as revelatory. The dominant pentadic term is agent, which suggests an underlying philosophy of idealism.

ANALYSIS

From Order to Disorder

As is the case with most other narratives explored in here, this story follows a predictable conflict-resolution scenario:

- Picture-perfect happiness
- Harbingers of impending disaster
- Disaster (diagnosis)
- Painful ordeal and coming to terms with disease
- Normalcy restored, triumphant heroine

The protagonist, Karen Duffy, a quasi-celebrity her early 30s, is a moderately successful actress and a spokesperson for a makeup line.

“In September of 1995, I went to the Emmy Awards in Los Angeles with George Clooney. To nobody’s greater surprise than my own—except my aunt who always said I’d wind up living in my parents’ basement—I was a mildly warm commodity...As far as I knew, my life was perfect; all I had to do was enjoy it. The only sprinkle on my parade was that I’d had a bad headache for a couple of weeks, and it was getting steadily worse.” (p. 336)

In classic tabloid form, this “pleasures of the limelight” episode is soon marred by a CT scan that reveals an ominous lesion of Duffy’s spinal column. Subsequent tests do little to reveal the exact cause of the Duffy’s incapacitating headache, her loss of balance

and the terrifying numbness that creeps up her torso. The arch-villain here is, once again, disease. This time, it's a mysterious disorder, a foe you cannot see and give a name to, which renders it even more sinister and intriguing.

“The possible diagnoses were multiple sclerosis, non-Hodgkin lymphoma, AIDS, amyotrophic lateral sclerosis (the disease made famous by Lou Gehrig) and sarcoidosis, a disease I'd never heard of. A very cheerful assortment.” (p. 338)

The character hits a low point when she is unable to attend her sister's wedding. Her symptoms progress by the day, from headache to loss of the ability to use her hands. Nine months after the initial onset of symptoms, Duffy receives a diagnosis—she has sarcoidosis of the central nervous system. Giving her adversary a name seems to be a turning point in the way the protagonist handles her disease. This watershed moment is also marked by the character meeting a helpful, understanding man whom she starts dating and whom she later marries. This is when the heroine decides to deal with the disease by seeing her circumstances in a new light and “recapturing the juice.”

The character moves from order into disorder under the influence of external force, not by virtue of choice. However, the decision as to how to deal with this external force constitutes choice, and therefore meets Burke's definition of dramatic conflict.

Markers of Transcendence:

The character chooses to see her disease as a positive, eye-opening experience. Not only does this strategy help the character accept her situation, but it also serves as a rhetorical justification for her suffering in “bad things happen for a reason” line of

argument, or what Burke calls “compensatory transformation.” In terms of plot, this is how Burke (1969) explains this mechanism in “A Grammar of Motives”:

“[T]he hero would not have been prodded to escape if there had been no villain to imprison him. Inasmuch as escape can be a ‘good’ act, we might find in such motivational reduction to the counter-agent a compensatory transformation whereby a bitter fountain may give forth sweet waters.” (p. xxi)

Compensatory transformation is closely related to transcendence in that the character chooses to redefine her situation and thereby make it more acceptable:

“Sarcoidosis changed my life. I had to leave some things behind and make some a lot of accommodations. You might expect that I’d have a lot of regrets, but I don’t...”

And

“Disease reaffirmed my commitment my commitment to my volunteer work at New York City’s Village Nursing Home...because there are people who need companionship more than I need to lie in bed and moan about my suffering.” (p. 340)

Furthermore, the protagonist takes down the disease from the pedestal of an arch-nemesis and demotes it to a hardheaded business partner.

“My husband likes to say ‘No squeal, no deal.’ Unless both sides in a negotiation are unhappy, you haven’t reached the true middle ground. I make sarcoidosis squeal with chemo and steroids and morphine, and it makes me squeal by inflicting pain and incapacity. That’s the bargain I’ve had to strike; I know it’s the best one I’m going to get.” (p. 340)

Pentadic Analysis

Agent: Karen Duffy, a semi-celeb struggling with sarcoidosis

Counter-agent: Disease, sarcoidosis, presented as a mysterious invader with no name

Scene: Circumstances surrounding Duffy’s diagnosis and subsequent life with her disease

Act: Dealing with sarcoidosis

Agency: Seeing circumstances in new light, taking it one day at a time, continuing to work, volunteering at a nursing home, seeing self as capable of normal life

Purpose: To overcome disease and regain a sense of normalcy in her life

The dominant term here is agent. Although her disease is possibly fatal and definitely incurable, the agent is portrayed as capable of reigning in the worst of the effects and leading a normal life. Theoretically at least, the agent has two other rhetorical choices to deal with the disease—turn herself into someone who falls prey to bad fortune or portray herself as a martyr for a cause. In the first scenario, she would have surrendered to circumstances and allowed the scene (fate, luck) to be the controlling element, the way the character in the CFS story does. In this scenario, the agent would have portrayed herself as someone who is a random victim of a rare disorder, a victim that ultimately manages to regain normalcy in her life because of the great support system of her family, her husband and her doctors.

Duffy does mention her helpful and dedicated husband, but she never croons about the healing power of love, the way the character in the CFS story does. Love is not the transformative element here.

Another option would have been turning the story into a martyr-for-a-cause piece in the quest for cure for sarcoidosis. This would have made purpose the dominant element, as is the case with the ALS story. This would have been a viable option given that Duffy was chosen the spokeswoman for a national health initiative sponsored by Nobel, the company that funds the Nobel Prize.

The dominance of the agent is evident in the agent's active refusal to be labeled sick, as is the case with her decision to not attend support groups.

“You need a lot of fiber to face a life-threatening illness, and for me a room of sympathetic people is not the best place to get it.” (p. 338)

Perhaps, what conveys the dominance of agent over scene most unequivocally is the agent’s attempt to control the situation even when she has little control, at least medically speaking.

“...I tried to make my hospital stay into one long party...I brought ball gowns and wore my Miss Coney Island Mermaid Queen tiara and cha-cha heels every day. I hung a picture of Dr. Kevorkian over my bed and announced I’d be consulting him if things didn’t start looking up.”

And

“For some stupid reason, I thought I’d increase my chances of survival if the staff liked me. I told my doctors, ‘the doctor-patient covenant prevents us from dating, but that’s out the window if you’re not treating me anymore. The doctors who cures me, gets to go out with me.’” (p. 338)

At the end of the story, the character redefines herself as someone who despite having an incurable disorder has the power to deal with. She does so by the use of optimistic, motivational speak and gung-ho metaphors.

“Mostly my life is better now than it’s ever been. Unless and until things change for the worse, I’ll keep on spittin’ in death’s eye.” (p. 340)

This bad-girl-kicking-ass rhetoric highlights the agent as the dominant element and is found throughout the article, starting with the headline itself *Kicking Death in the Head*.

CONCLUSION

Several important points need to be discussed. First, of all, we see disease justified by the use of compensatory transformation, a religious rhetorical device, which in this case is used in a secular narrative. Related to this mechanism is the rhetorical representation of disease as an arch-nemesis and a formidable foe.

In addition, the agent is represented as a brave heroine who, by the sheer force of her will, manages not only to defeat the villain, but also to gain valuable knowledge from her bitter experience. This approach is very reminiscent not only of religious rhetoric, but also of medieval drama, which used the stage, instead of the pulpit, to preach to and educate the masses.

Emphasis on the agent as the dominant term is a marker of idealism, a philosophy that maintains that everything is the result of will, reason, imagination, judgment and inference. An idealistic philosophy starts and ends with the agent, Burke says. (p. 171, 1969 "A Grammar of Motives") The agent is the master of his or her own life and has the power to defeat adversity. This approach endows the agent with power, but also transfers responsibility on to the agent. As previously discussed, this approach redirects attention away from social and physical environments and places the burden of responsibility on the individual, an approach that might appear only logical in the American cultural context that emphasizes individualism and downplays the role of society and government even in the realm of disease and health.

Article 6

The Amazing Life of Laura (by Andrew Solomon, *Glamour*, July 2003) is a third-person narrative about a woman's struggle with cystic fibrosis, a genetic disease that usually results in premature death by the age of 30 or so.

FINDINGS

Early in the story, the character exhibits defiance (double lung transplant) but ultimately chooses to accept her circumstances, which is to say, she opts for transcendence. By employing Burke's mechanism of compensatory transformation, the author portrays disease and suffering as transformative and cathartic.

The dominant pentadic element is agent, which suggests an idealistic philosophical frame. Focus on the agent also places responsibility on the individual rather than on the physical environment or on social and political structures.

ANALYSIS

From Order to Disorder

This article is unique in that the heroine is born into disorder. She doesn't move from order into disorder. There is never blissful happiness preceding her tragedy. She is not stricken by a predatory disease. Instead, the disease has been her constant companion since the day she was born. Thus the heroine lives with the knowledge that death can strike at any time.

This, of course, is of little consequence as far as dramatic conflict since the character is still facing the choice of how to deal with the threat of untimely death.

As already discussed here, this fork on the road where the agent needs to choose between two alternatives is the true marker of conflict, according to Burke. Here is how one of the protagonist's friends describes the heroine's choice to deal with her disease.

“She couldn't be normal, so she had a choice. Rather than have everyone pity her, she chose to be someone special, a princess and a diva so everyone paid attention to her and respected her. She was bossy in a way that shut out sympathy. She didn't want to be weak and at the receiving end of others' generosity, so she was super strong and generous instead.” (p. 196)

Markers of Transcendence:

This article employs an interesting rhetorical approach in that defiance and acceptance seem to be both aspects in the character's transcendence. This makes the article more nuanced and complex than the remainder of the stories analyzed here. The character's decision to undergo high-risk, uncertain-reward double lung transplant represents an act of defiance. It is a decision that might be seen as a form of rebellion, but nonetheless this isn't an act that precludes acceptance. Rather, defiance is a logical first step that paves the way for acceptance and makes acceptance all the more logical a choice. Transcendence, which involves acceptance by way of redefinition, is marked by statements such as:

“Sometimes you just want it to stop. You just want to ask God or whoever is up there to give you a break. And I don't think I've done that...I may have said I was in pain or last week pleaded to stop the nausea, crying...but I went through it. And I'll continue because I have no choice.” (p. 196)

The author of the article, Andrew Solomon, describes the protagonist as defiant, dominant and strong, someone who is the opposite of victim, a non-victim, which is

consistent with Burke's explanation of transcendence as a process of redefining terms and objects, or as is the case here: Victim into non-victim.

“She was outspoken, sometimes outrageous, a little bit spoiled, a little bit spectacular, a natural leader, authoritative even in fields about which she knew little, autocratic but always, most of all, present in a heartbeat for anyone who needed her.” (p. 196)

Consistent with the character's acceptance of her condition, cystic fibrosis is not a dreaded foe, but instead the roommate from hell that the heroine is stuck sharing her body with.

“Some people become their illness, and some deny and hide from their illness, but Laura had made a rare discovery of a way to contain her illness, as though she and it were roommates in her body.” (p. 198)

Once again, as we have seen in other narratives analyzed here, suffering is justified as cathartic. While disease is not necessarily portrayed as a redeeming experience as is the case in the coke addiction and sarcoidosis stories, it is still presented as a revelatory experience that allows the character to accomplish things she might have not accomplished had she been healthy and slogging through life in a mediocre existence that she takes for granted. For example, by the time she turns 21, the character has written her memoir, *Breathing for a Living*, and she produced an NPR program called *My So-Called Lungs*.

“Laura feared that her brief and fragile stay on earth might fade fast, so she lived an accelerated life, packing in experience because there wouldn't be time to accrue it at a normal pace and always keeping meticulous records.” (p. 215)

Once again, here we see Burke's mechanism of compensatory transformation, where disease deprives the heroine of some things but rewards her with others. As already mentioned, this rhetorical device is used in cautionary or moralistic tales of Christianity, and employs a "bad things happen for a reason" line of argument. Compensatory transformation casts adversity in a way that makes it more palatable and somewhat understandable. In this case, a heroine faces medical crisis. Her hardships prompt her to find inner strength and unsuspected talents and thus her suffering is made somehow less senseless, at least rhetorically. The protagonist herself states,

"I've been pretty lucky. I've had the best medical help and lived a lot longer than most people could have hoped with my condition. I had the support of wonderful parents. I got to go to good schools. I had good friends. I got a book deal...I even got to fall in love." (p. 216)

Pentadic Analysis

Agent: Laura Rothenberg, a 22-year-old dying of cystic fibrosis

Counter-agent: Disease (cystic fibrosis)

Scene: The final months of Rothenberg's struggle with the disease

Act: Living life with terminal illness

Agency: Defiance (undergoing high-risk lung transplant), seeing circumstances in new light, taking it one day at a time, living accelerated life, publishing a memoir

Purpose: To make the most of life before untimely death

The dominant term here is agent. Although her disease is almost guaranteed to kill her before she turns 30, the agent is portrayed as capable of transcending her circumstances (scene) and making the most of her short life.

"She was determined to grab on to life in the time she had left, and she hatched a personality that brooked no contradictions."

The counteragent (disease) is demoted from villain to an undesirable “roommate.” Cystic fibrosis doesn’t define Rothenberg, instead she coexist with disease the best she can and lives life by her own rules, making accommodations when she has to. For example, Rothenberg makes the best of her frequent hospital stays. “She defied the anonymity of sterile rooms by refitting them with her own pictures and possessions, including her trademark strings of origami cranes. What was inhuman, she humanized.” (p. 198)

All in all, the agent tries to control her circumstance with every possible means. Thus, when she goes to college, she chooses Brown University for its excellent English Department and its proximity to an excellent pediatric hospital in case of an emergency. During her freshman year, Rothenberg finds a running joke on campus about “coughing girl,” to which she responds with a scathing editorial in the college newspaper. All her life, the character seems to resist being defined by her illness, making the agent dominant over scene.

One of Rothenberg’s doctors says about her, “She was never just a patient...She immediately became something different. She was a friend, a colleague, a judge.” (p. 215)

This is how Rothenberg is described by one of her high-school teachers

“The girls from her year thought smart was cool; she was right up there, and the kids she hung with were intelligent, hip and artsy. And she was so witty, funny. She was busy having a good time—she was a person who had a really good time despite everything and who have others good time too.” (p. 196)

And by the author

“Laura had a wicked sense of humor that lasted through the latest stages of her illness.

‘I’m making a list of people I’d like not to have at my memorial service,’ she said to me one afternoon. ‘*You can come.*’” (p. 196)

Rothenberg’s decision to undergo double lung transplant, a high-risk procedure with uncertain payoff, is a marker of the agent’s attempt to control circumstances. Her new lungs hold for 20 months and cause serious complications, resulting in 40 surgeries. After she is told that there is little else to be done for her, Rothenberg concludes,

”Sometimes I think about getting a second transplant, thinking well it might be nice to live another two years. But I’ve had my chance.” (p. 215)

It is a matter-of-fact statement that once again reflects the agent’s ability to choose and control. Rothenberg is the one who chooses not to live two more years (by undergoing another lung transplantation), the implication being, she could have, had she wanted to. In the final year of her life, Rothenberg meets a man, falls in love and moves in with him, “though it was clear by then she had only months left to live,” once again reaffirming her desire, if not ability, to control her circumstances.

Rothenberg even orchestrates her own death, choosing when and how to go. “On Tuesday, March 11, she brought Bryan and her mother into her room (her father was at the Rothenbergs’ home uptown) and said ‘Don’t give me any more liquids.’ She was ready to go.” (p. 216)

CONCLUSION

There are two aspects of particular interest here:

- a) the use of compensatory transformation as a rhetorical tool and

b) placing the locus of control within the agent

As discussed elsewhere in this paper, the mechanism of compensatory transformation is a recurrent rhetorical mechanism in most of the narratives, particularly the ones that feature the agent as the dominant pentadic term. The device is used to portray suffering as revelatory and less senseless, and in this sense it can be seen as a rhetorical attempt to either put readers' fears to rest or to justify what is otherwise unjustifiable, or perhaps both. In a sense, it is a coping mechanism, a rhetorical crutch used in disease narratives.

Another noteworthy aspect of this narrative is the focus on the agent as the dominant term. Highlighting personal choice in the context of a disease that is virtually guaranteed to kill most people by the age of 30 is interesting to say the least. Not only does this approach divert attention from purely medical, biologic, genetic (scenic) factors, but it might also create an illusion of choice where there is none.

Most diseases have both lifestyle and genetic components. This is most definitely not the case with cystic fibrosis, a purely genetic disorder. However, the article is heavily focused on how the character deals with her disease in a way that creates the illusion that she is master and commander of her destiny. This is not to say that the article implies any form of physical or medical control over the disease, but it does create the sense of power and choice in the readers, an illusion that might serve as a coping mechanism for them.

As mentioned before, featuring agent as the dominant element is closely related to a philosophy of idealism, where the individuals are endowed with the power to control their lives. Such a philosophy, as a rhetorical device, is easily understandable in the American cultural milieu, whose markers are individualism and "nothing you can't do" attitude. But this illusion of choice, although well intended, benign and purely rhetorical

in its basis, could be dangerous because the power to choose comes with the responsibility to choose wisely and to understand when choice is possible.

Article 7

Saying Goodbye to My Life (by Stephanie Williams, *Glamour*, September 2004) is a first-person narrative about a woman's struggle with breast cancer, a disease that statistically kills one in eight women, but is highly curable if diagnosed early and treated aggressively.

FINDINGS

The character chooses scapegoatism (placing blame on disease) as a mode of redemption; in the process of doing so she turns herself into a scapegoat for the readers as well. Rhetorically, the character of this narrative satisfies fully Burke's definition of a scapegoat in that she exhibits characteristics of both a scapegoat (offender) and a martyr (sacrificial vessel). A true scapegoat must be both a victim and transgressor, Burke says. By contrast, none of the characters in the other narratives does that.

This story, unlike most other narratives discussed here, does not use compensatory transformation as a rhetorical device to make suffering somewhat more acceptable.

The dominant pentadic element is the act, a focus that suggests realism as a philosophical framework.

ANALYSIS

From Order to Disorder

Disaster (disorder) sneaks upon a perfectly happy, unsuspecting heroine. The transition from order into disorder is sudden and explained in a most matter-of-factly manner, making the contrast between “before” and “after” that much starker.

“Before I was diagnosed, I was a 30-year-old with everything going right. After 10 years of paying my dues, working hard in New York City, I had landed a six-figure paycheck as a senior writer for *Smart Money* magazine. I’d just met The Man. And I’d spent my thirtieth birthday in Egypt with my mother and my college roommate, climbing Mt. Sinai overnight and watching as the dawn broke over the horizon. Then, a week after I returned from Egypt, I felt a lump in my breast. You can see where this is going.” (p. 278)

The character does not choose her circumstances, but she faces the choice of how to deal with her impending death. This satisfies Burke’s prerequisite for dramatic conflict in terms of active choice versus sheer motion.

The character has three options: deny her circumstances (transcendence), blame her situation on something or someone else (victimage, scapegoatism), or blame herself (mortification).

Markers of Scapegoatism:

The protagonist blames her disease for everything that goes wrong in her life. This, of course, could be said of the other articles discussed here as well. After all, they all feature disease as the arch-nemesis. However, the difference is that the rest of the narratives analyzed here also cast disease in a light that somehow justifies suffering

(Burke's mechanism of compensatory transformation). All other characters eventually come to terms with their condition and accept it as necessary suffering. Williams never does that. She remains defiant and bitter until the end.

In her refusal to see her suffering as positive, Williams can be said to side with disorder. Her misery is neither cathartic nor revelatory. She refuses to come to terms with her circumstances and to be politically correct and accepting of the fact that her disease will kill her—in a marked deviation from the rhetorical *modus operandi* of the other narratives analyzed here.

Not only does the character refuse to accept her disease. She sees her disease as a license to splurge, to do what she never got to do, and she does so without the slightest pang of guilt.

“Being sick made me realize that too many of us wait forever to start our lives. So I took a deep breath and moved forward.” (p. 281)

The protagonist moves into a new garden apartment, buys a piano, a car, an Apple PowerBook, adopts a dog and develops an Internet-shopping addiction spending thousands of dollars on designer clothes.

“And I wanted what I wanted. Instant gratification? For me there was no other kind.” (p.

Thus, one could say that Williams says “no” to order by refusing to portray her suffering as cathartic, while at the same time saying “yes” to disorder. Burke describes mortification is a systematic way of saying “no” to disorder, or obediently saying “yes” to order. Its opposite is license, luxuria, fornication, or saying “yes” to disorder, or disobediently saying no to Order. (In “The Rhetoric of Religion,” 1967, p. 190).

The above actions and indulgences represent Williams' resounding "yes" to disorder. The character does not portray herself as a martyr (although meta-textually she might function as one for the readers). She is just making as much as she can out of her circumstances and if that means going into a spending overdrive, indulging her most immediate and shallow desires, so be it. She is unapologetic about it in a way that suggests absence of guilt over her decisions, another marker of siding with disorder.

There is no slaying of desire and suppression of impulses here to suggest any degree of mortification. Williams, the protagonist, is no drama queen looking for pity either. Instead, she is proud of her over-indulgent, leisurely lifestyle because she more than deserves it.

"I have to say: For the past two years, may well have been far less stressful on a day-to-day basis than yours. Thanks to the generous disability policy of my former employer, I've taken 60 percent of my former salary, so I've been able to treat this time as a 'retirement.' I've slept late if I wanted to. I've watched Oprah and Dr. Phil and *Queer Eye for the Straight Guy* and *CSI* all day long on my TiVo, feeling no guilt because my body wasn't up to anything else. I've gone to see friends in Providence, and Rochester and Baltimore, aware that my former coworkers were slaving away in their offices." (p. 304)

Williams is disarmingly honest about her emotions.

"What I discovered is that it's hard to be dignified when you're dying. Now that I stood to lose everything, I grew bitter, constantly thinking of the past. What if I'd paid attention in April 2001, two full months before diagnosis, when Daniel and I first messed around and I cried out in pain when he grabbed my breast? What if I'd scheduled my May breast exam for just a week later, when the tumor would surely have been palpable? What if I'd insisted on a sonogram the day after I found the mass in June, rather than accepting an appointment a month away, chiding myself for being a hypochondriac?" (p. 280)

Are these twinges of guilt or are these signs that Williams is searching for a scapegoat, for something to blame her disease on? Burke says that the mere search for a

cause (a culprit) is a search for a scapegoat (In “The Rhetoric of Religion,” 1967, p. 191)

This is what Williams does. Instead of trying to accept disease and suffering as part of life, as something that was meant to happen, she remains frustrated by her inability to find an explanation for what cannot be explained.

Williams is bitter about her situation and unapologetic for her behavior.

“I seldom felt like going to dinner or the movies, and never, anymore to concerts. I found it tough to spend time with friends. It wasn’t just the going out, it was the talking, the answering questions, the fact that I was always the center of attention, though I felt like curling into a ball and disappearing.” (p. 280)

Writing her novel is presented as what it is—a coping mechanism, a form of escapism—not some miraculous byproduct of her disease that somehow makes her suffering a worthwhile experience, as is the case in other narratives discussed here.

“Instead of waking up every morning and obsessing over the red blotches that looked like mosquito bites making their way up my chest, a sign the cancer had spread to my skin, I woke up thinking about what James and Trisha would do next.” (p. 281)

In her refusal to accept disease as cathartic and her suffering as empowering, Williams makes herself rhetorically the offender against the preferred mode of reaction in the face of incurable illness. This character therefore becomes the perfect scapegoat—both a violator of taboos and a sacrificial vessel for the audience. She is a faulted character, someone the readers can identify with and, therefore, cleanse themselves through. By contrast, Rothenberg, the character in cystic fibrosis story, with her calm philosophical resignation to her fate and her choice to make that proverbial lemonade, is someone whom the readers would have harder time identifying with. Rothenberg is

heroic but not charismatic enough to become a scapegoat, while Williams' defiance makes her flawed and easier to identify with, and consequently more charismatic a scapegoat.

In "A Grammar of Motives" (1969), Burke explains that the scapegoat must remind those who cleanse themselves of their own flaws.

"For one must remember that a scapegoat cannot be 'curative' except insofar as it represents the inequities of those who would be cured by attacking it. In representing their inequities, it performs the role of vicarious atonement (that is, unification, or merger, granted to those who have alienated their inequities upon it, and so may be purified by its suffering.)" (p. 406)

Pentadic Analysis

Agent: Stephanie Williams, 32, dying of metastatic breast cancer

Counter-agent: Metastatic breast cancer, imminent death

Act: Giving an honest account of what it means to live with end-stage cancer

Scene: The final months of Williams' struggle with the disease

Agency: Revealing the true nature of terminal illness, living the final months of her life to the fullest, indulgence

Purpose: To be remembered

This article stands out in a stark contrast with the other narratives explored here. This is not the heroic tale of a brave woman who, despite her terminal illness, learns how to accept death philosophically. Nor is this a story about the transformative powers of suffering. This is a candid, disturbing, quite matter-of-factly account of what it means to be dying of end-stage breast cancer at the age of 32. With her brutally honest rundown of her experiences with terminal illness, Williams wants to unmask the true nature of living

with end-stage cancer—it is neither heroic nor cathartic. It is painful, heartbreaking and ugly.

“What does it feel like to know that you don’t have long to live? Ever since I found out this disease would kill me, I’ve been asked that question, with varying degree of directness. I’ve given most of my friends answers that soften the truth: I’m fine, I don’t even *feel* sick. I’m on a new drug—we’ll see how it works...But now it’s time to talk about how it *really* feels.” (p. 278)

After she learns that her cancer has spread and that this one is a battle lost, Williams decides to face reality and accept her decline with dignity, but only to find that being dignified isn’t that easy.

“What I discovered is that it’s hard to be dignified when you’re dying. Now that I stood to lose everything, I grew bitter, constantly thinking of the past.”

Everything in Williams’ account seems to point to the idea that dying of cancer when you should be in the prime of your life and having a hell of a time is cruel and unfair. There is nothing romantic or enriching about her suffering. Most other disease narratives paint suffering as either heroic or cathartic. None of these is happening in this story.

“Treatment had been easier before, when it had an end point. With the new round of chemo, I constantly contended with nausea, arthritis and menopause. The pain could be severe; I often felt as if someone were sprinkling salt in my wounds or branding me with a cigarette (or when things were *really* bad, a cattle prod.) And I was exhausted, sometimes sleeping for 13 hours a day.” (p. 280)

Williams is angry and miserable, and she is not about to deny it. She dreads going out with friends.

“It wasn’t just the going out, it was the talking, the answering questions, the fact that I was always the center of attention, though I felt like curling into a ball and disappearing.”

She is exasperated by her oncologist’s lame attempts to avoid telling her how much time she’s got left.

“When I asked my doctor how much time I had left, she often responded, ‘You never know. Heck, I could get hit by a bus tomorrow.’ Sure she could. But I always wanted to tell her that it’s a little different when there’s a maniacal driver out there, gunning for *you*.” (p. 280)

As far as her relationship with her boyfriend, Williams feels robbed and deprived of what could have been. By contrast, the character in the cystic fibrosis story counts herself lucky for even getting to fall in love. Williams is pissed off for being deprived of what rightfully belonged to her.

“I still saw no reason why we shouldn’t marry and even adopt children, but Daniel got quiet whenever I mentioned the future. When I told him I desperately wanted to move to Providence, he avoided the issue. ‘It’s not that it’s not going to happen,’ he’d say. ‘I just need time.’” (p. 281)

Williams describes cancer as what it is—a horrible disease that robs one of love, friends, happiness and a future.

“No matter how many hours I spent thinking about my book, I couldn’t deny the effect my new prognosis had on my relationship with Daniel. The heartbreaking thing about cancer isn’t what it *is*, but what it *does*. It takes away little by little your hopes and dreams.”(p. 281)

As mentioned above, Williams is indulgent and defiant, but she is also a victim of her disease and not uncomfortable portraying herself as one. She feels cheated and robbed and powerless and angry.

This might suggest that the dominant element here is the counter-agent, or even the scene. Such an interpretation would have rendered Williams a prey to a powerful

villain, a victim of circumstance. This is not necessarily the case, however, because Burke says that the dominant element is the one that has the most motivational power for the agent. It is a matter of degree. Disease and circumstance do have motivational sway for Williams, but they are not the most powerful determinants of how she reacts to her situation. They are triggers, but not the root causes of her choices. Instead, the dominant element here is the act—unmasking the true nature of dying of a terminal illness. Doing so is what will help Williams achieve her purpose—to be remembered. The act of dying and of recounting it in an arresting and disturbing manner is the one common denominator that holds the narrative together.

In all fairness, it should be noted that there are several statements throughout the story that might suggest the presence of compensatory transformation whereby disease is presented as cathartic, its bitter fountain giving sweet waters. For example, cancer allows the character the time to write a book or to become more attentive to friends she previously “zoomed past.” But these statements are signs of Williams’ being fair and balanced in her representation of dying. She is by no means a cheerleader for the unexpected gifts of suffering.

“These are all things cancer has given me, but mostly it has stolen things away.”

Thus for example, writing her book is presented not as the sweet fruit of a bitter experience, but merely as a therapy for her depression.

After her cancer spreads to her lungs, Williams undergoes a brutal fluid-draining procedure. She doesn’t portray herself as a martyr or a hero, just as someone enduring a painful surgery because there is no other option.

“I found myself fully awake while doctors stuck straws through my nose and inserted huge needles into my back to reach my lungs. I didn’t complain. It had nothing to do with bravery. It’s just the way things had to go.” (p. 304)

Williams refuses to make politically correct writing choices that would have reassured readers that there is always a silver lining.

“Sometimes I feel like Captain Ahab, with my ocean of anger at a nemesis I can neither touch nor destroy. I have been cheated of 60 years—two-thirds of my life—and I want payback for all the trips I could have taken with my mom and Laurie, for all the books I could have written...” (p. 306)

And

“I know I won’t get any of that. But here’s what I am selfishly claiming: I want to be remembered, not just by those who know me, but by as many people as possible. I want to be remembered by *you*.” (p. 306)

CONCLUSION

The article itself is an act of indulgence as well. Its purpose is not to raise awareness or to offer readers easy answers or to alleviate their fears and medical phobias. Its ultimate goal is for its author to be remembered. And the way to achieve this is to make the *act* of dying an arresting experience that readers won’t forget soon. Therefore, it could be reasonably concluded that the act dominates the pentad.

Featuring the act as the dominant term implies an underlying philosophy of realism, a philosophy, focuses on the material existence of things and properties. Object A exists independently of how it is perceived or represented. It is both definable and

objective. Applied to the pentadic situation, a focus on the act as an objective element means a focus on the immutable and the objectively definable.

This position is in direct contrast to the theory of idealism, which holds that reality exists only in the mind. In terms of drama, the act equals plot, and plot is imitation of life, according to Burke. (1969) A dramatic stress on the act is stress on the essence or being.

By focusing on the act of dying, this article stands diametrically opposed to other narratives discussed here with their idealistic representation of the agent as a powerful master of her destiny and in control of her circumstances. This article is neither argumentative in its nature (that would have implied focus on purpose) nor cheerleader-y (focus on agent), nor accusatory (focus on scene). This is a matter-of-factly descriptive article whose brutal honesty is highly realistic. Suffering is just that—physically, emotionally and psychologically painful—not cathartic or enriching or empowering.

Another interesting aspect of this article is that in its realistic approach, it moves away from the fabulistic, religious rhetoric that underlies the other narratives in this sample. This article uses none of the religious rhetorical manipulation seen in other narratives of incurable disease (that is, suffering as justified) In this regard this article might be the most secular of all narratives.

Chapter V

V-A.

Discussion and Implications

Terms of Order Findings

All seven narratives explored here appear to satisfy Burkean dramatic conventions. The goal of this analysis was not to make an argument about the articles' journalistic qualities. However, it is worth mentioning that the journalistic quality of the narrative was independent of how well it met dramatic criteria. If anything, a sort of inverse proportion seemed to emerge: The better the narrative satisfied dramatic convention, the more clichéd and predictable it was and the less nuanced and detailed.

Overall, dramatism appears to be a fertile critical ground for the exploration of articles on disease and health. Burke's terms of order and cycle of redemption are present in all narratives, although more obviously so in certain ones than in others. For example, the cocaine addiction story features a classic example of the agent siding with disorder, whereas in other articles, the state of disorder is not a result of the agent's active choice, but instead is imposed by circumstances other than the agent's choice. In these narratives, choice is contained in the agent's decision of how to handle a medical calamity, a condition that was not the result of the agent's choice. These narratives still satisfy dramatic requirements, because the feeling of guilt does not require an overt act of disobedience, but instead is intrinsic to the social order, Burke argues.

Four of the seven stories use Burke's mechanism of compensatory transformation, in which suffering and disease are represented as cathartic and redemptive, which is an example of a purely religious rhetorical device employed in a secular narrative. In four of the seven articles, transcendence is the preferred mode of redemption. Two articles feature scapegoatism, and one of features mortification.

Because Burke's terms of order are related to victimage, and certain forms of victimage require a scapegoat one can identify with, it is essential for us to discuss Burke's concept of identification here. Because of the inherent identification between magazine readers and narrative protagonists, the characters of all seven narratives might be said to function as medical scapegoats that may help relieve readers' health fears and anxieties. This scapegoating mechanism is rooted in religious rhetoric. So is the mechanism of compensatory transformation, which, as discussed above, serves to justify suffering. The presence of these elements suggests that the disease narratives explored here, although secular in nature, are structured along the lines of religious tales of struggle and salvation.

Acceptance versus Victimage

In four of the seven articles, transcendence is the preferred mode of redemption. Two feature scapegoatism, and one features mortification. Transcendence involves redefinition of terms, recasting the situation into a new light that makes it easier to deal with. This mechanism of redemption (suffering made easier to accept by giving it a new name or seeing it in a new light) might be related to the above mechanism of

compensatory transformation (suffering as cathartic). Once again, we see inherently religious rhetorical mechanisms being used in completely secular narratives.

Discussion and Implications of “Terms of Order” Findings

“Medical Christs”

It is critical to distinguish between two levels of redemption that function simultaneously in the narratives. The first, superficial, literal and fairly obvious level of redemption is the redemptive route chosen by the protagonist. It is how the character chooses to deal with disease—accept (mortification), deny (scapegoatism) or redefine it (transcendence). Rhetorically speaking, however, it is more important to focus on the second (meta-level) aspect of redemption. It is how the rhetor (author) proposes to the audience (and it is an implied proposition) to deal with the disease. It is this level that offers the readers a way to relate to and cope with a disease or a fear of a disease. All magazines target a well-defined segment of the population clearly marked by certain demographics, psychographics, lifestyles and values. It only makes marketing, as well as editorial, sense that the characters of the narratives are somewhat similar to or representative of the medium’s target audience, so that the reader is able to identify herself with the protagonist at least on some level. The operative term here is *identify with*, or become consubstantial with the reader, as Burke would describe it. The not-at-all-subtle implication, of course, here being “This could happen to you, so keep reading.”

It is important to note that that a scapegoat doesn’t have to be entirely consubstantial with the audience. It is enough, Burke says, for the scapegoat, or the punished, to share only few or even a single characteristic with the audience, as long as

there is some level of identification. In the case of magazines, it is reasonable to assume that identification occurs simultaneously on several levels because characters and readers are likely to share more than one characteristic. It can be assumed that the protagonists in these medical narratives may function as symbolic scapegoats for the audience, with varying degrees of identification. Therefore, the characters can be said to take on the role of medical martyrs, or “medical Christs,” functioning as purifying vessels upon which where readers vent off their rational or irrational fears and medical phobias.

Thus one could conclude that disease narratives are secular redemptive, cautionary tales of struggle and salvation as if spoken to the masses from the pulpit. The only possible exception here is the breast cancer story, which really does not justify suffering. It does, however, turn the character into a medical scapegoat.

Another point that warrants further elaboration. While the obvious, although largely unstated, purpose of these articles is to raise awareness and inform (with the exception of the breast cancer story), this purpose appears to be largely achieved by the use of clearly dramatic tools, such as fable-like narrative structures, hero-villain collisions, conflict-resolution scenarios, emotional appeals and so forth. This is an interesting observation, given the fact that the original purpose of ancient, as well as medieval, drama was to preach to the masses and to admonish people under the guise of entertainment. Pater’s argument that theater is “mass in secular vestments,” and Burke’s statement that inherently religious metaphors are “bastardized” for secular use both ring very true in this case.

The above analyses indicate that when it comes to narratives about disease and health, *Glamour* magazine (and possibly other similar publications) rely heavily on

religious and dramatic constructs. The larger question that looms behind the above findings, of course, is: Are readers actually learning something they didn't already know or are they merely being alternately scared and entertained by these "this could happen to you" types of stories?

Another possible implication of the "this could happen to you" mechanism, especially when intensified by the presumable identification between audience and characters, might function to create anxiety and then alleviate it, allowing readers to cleanse themselves of their medical fears, appealing to their masochistic proclivities in much the same way that horror movies do. This, of course, is pure speculation, but not a very far-fetched one.

Last but not least, what we may be seeing here is Burke's concept of dramatic expression as a sense-making frame, as equipment for living. After all, the above medical narratives appear to provide not as much information as they do psycho-emotional alleviation of medical anxieties.

Disease as Suffering Justified

In all seven articles, regardless of the medical nature of the disease, illness is portrayed as a powerful, usually mysterious, villain. Disease is often (four out of seven) endowed with such powers as to become a powerful counter-agent (enemy) that shares dominance over the rhetorical scene with the main character (agent). Therefore, disease is endowed with motivational sway, rhetorically speaking. Burke describes this formula as "compensatory transformation, whereby a bitter fountain may give forth sweet waters." (in "A Grammar of Motives," 1969, p. xxi) This mechanism is exemplified by certain

schools of Christian thought that see Judas as a saint on the grounds that his betrayal of Christ brought about the opportunity for mankind's redemption. (p. xxi)

What are the implications of such rhetorical depiction of disease? Such a rhetorical approach seems to justify suffering as cathartic and revelatory. Hence, suffering is a gift in a "my life is better now that I've seen the other side" line of argument. Therefore, one might say that disease narratives structure illness and suffering as cathartic and pain as empowering, showing the poor, unsuspecting heroine what great strength she actually possesses in the face of medical adversity. Compensatory transformation, as a rhetorical device, may serve to justify suffering and make it appear less senseless. In this sense, the technique may be also viewed as a rhetorical attempt to either ease readers' fears or to justify what is otherwise unjustifiable. Perhaps both. Compensatory transformation is therefore a coping mechanism, a rhetorical crutch offered in popular narratives about incurable or highly fatal diseases.

Pentadic Findings

In four of the seven articles examined here, the dominant term is the agent, which implies an underlying philosophy of idealism. Focus on the agent transfers responsibility to the individual and away from scenic factors, such as social and physical environments. An idealistic philosophy fits well into the American cultural mindset, which tends to extol the virtues of individualism. The remaining three articles feature scene, purpose and act as dominant elements, suggesting underlying philosophical bases of materialism, mysticism and realism, respectively.

Overall, medical nuance is largely lacking in favor of predictable conflict-resolution, fable-like structures. The medical information presented in these articles is quite basic and serves a scene-setting purpose (a prop) against the background of which the drama develops.

Dominance of the Agent

Locus of responsibility (in four of the seven articles) is placed on the agent, even when the disease is medically independent of individual behavior and lifestyle. The colon cancer, cystic fibrosis, cocaine addiction and sarcoidosis stories play up the agent (power of choice), whereas the chronic fatigue syndrome, breast cancer and ALS stories downplay the agent in favor of scene, act and purpose, respectively.

Featuring agent as the dominant element might suggest that behavior is somehow related to clinical outcome, even though the condition is clearly one where behavior has little to no effect (such as colon cancer or cystic fibrosis). While it stands to reason that regular screening and check-ups are related to better outcomes generally speaking, the clinical development of many diseases may be unaffected by behavior. When it comes to personal responsibility versus biologic determinism, nuance is largely lacking in these narratives. The focus on the agent is intensified by the presence of feisty metaphors and you-can-do-it type of rhetoric. Suggesting that beating cocaine addiction, for example, is entirely a matter of personal choice might allow for a truly heroic narrative, but it is a very reductionistic explanation of the nature of addiction that might reinforce readers' perceptions of addiction being a matter of choice and lifestyle, while obscuring the influence of other factors.

By the same rationale, suggesting that the clinical outcome of colon cancer can be somehow managed by the willpower of the agent and her prudent choices, is perhaps just as damaging. It might be fine and politically correct to make readers feel that they have decision-making power when it comes to their treatment, but one could argue that this is one terrific burden to place on someone. As Burke would say, where there is no choice, there is no drama. However, when it comes to certain medical conditions, creating the illusion of choice is not only irresponsible journalism, but also quite misleading. With certain diseases, sheer motion is perhaps be a more palatable alternative, and one that more accurately reflects medical reality.

The only story (chronic fatigue syndrome) that takes away responsibility from the agent in favor of the scene, fails to explore the meaning of the scene as a dominant term. For example, the writer could have used the dominance of the scene to launch a discussion about the health-care system and its belief in evidence-based medicine and how it affects patients whose diseases do not meet the clinical requirements of this evidence-based approach. In other words, if your blood tests are normal, but you can't function cognitively and physically, are you sick or not? Is being sick a function of numbers or is it determined by how you feel? Is illness always measurable? And if suffering is defined by quantifiable criteria, how does that affect coverage by insurance companies? These are some angles that the author could have explored.

Clearly, the above shows that the clinical nature of a disorder has little to do with how it is represented rhetorically. Editorially, this approach might make sense, but medically it could be a risky territory to navigate. The point here is not to argue the medical nuances of a particular case, but rather to show that the clinical properties of a

condition are, by and large, not related to the rhetorical and editorial choices in the narrative. All in all, writers seem to gravitate toward a cookie-cutter paradigm of “brave heroine defies odds by sheer strength of will” type of discourse that might suggest that all you need to overcome medical disaster is a good reserve of Nike spirit. This illusion of choice, although well intended and benign and purely rhetorical in its basis, could be dangerous because the power to choose comes with the responsibility to choose wisely and to understand when choice is possible.

Two stories veer away from this clichéd paradigm—the breast cancer article, which focuses mainly on the psychological and emotional aspects of dying of end-stage cancer, and the ALS story, whose sole purpose is to raise awareness about stem-cell research.

Discussion and Implications of the Dominant Term

Most of the narratives discussed here feature the agent as the dominant term, which suggests an idealistic philosophy, a worldview maintaining that everything is the result of will, reason, imagination, judgment and inference. An idealistic philosophy starts and ends with the agent, Burke says. (1969, p. 171) The agent is the master of his or her own destiny, but such a philosophy transfers power to the agent, and in doing so it also transfers responsibility on the agent. As far as audience interpretation of the text, this can be a mixed blessing given that the approach carries a heavy suggestion of personal responsibility. Focus on the agent is essentially focus on the super-ego, on the ideal self, that has subjected all passions, emotions and vanities to the power of reason and will. Idealism in that sense is very close to mortification in its denial of emotions and passions.

Its emphasis is not on how things *should* be, not on how they *are*. Not only does focus on the agent divert attention from the purely medical, biologic, genetic, social, environmental (scenic) factors, but it might create an illusion of choice where there is none. Such an approach might serve a two-fold purpose rhetorically speaking. First, it offers a culturally (and perhaps politically) acceptable narrative where the individual is endowed with willpower, inner strength and undefeatable spirit. Second, the sense of power and control—wishful as it might be—may serve as a subconscious coping mechanism for readers, thus alleviating some of their medical neuroses. Moreover, by diverting attention away from the scene, focus on the agent, may serve to mask inadequacies in the healthcare system, such as lack of access or inadequate access. We cannot speculate whether this diversion is a matter of calculated tactics or a reflex grounded in journalistic convention. What can be stated, however, is that the end result of this one-sided approach results in highlighting one element to the detriment of the others, or what Burke would have called “how focus on object A involves a neglect of object B.” (In “Permanence and Change,” 1954, p. 49) Thus, the selective reflection of one reality is by definition a deflection of another reality, which is the essence of Burke’s concept of a “terministic screen,” a rhetorical device that plays up certain angles of an issue while downplaying others. (In “A Grammar of Motives,” 1969, p. 59)

Chapter VI

VI-A.

Recommendations for Further Research

Disease narratives as representative anecdotes?

An interesting pattern emerges in light of the above discussions. Disease narratives seem to feature characters in one of three modes: medical “Christs” (scapegoats), medical Jobs (martyrs who accept their suffering gladly) or medical heroes (who defeat disaster by sheer force of will). Some fall in more than one of these categories. In that sense, and along the lines of Burke’s argument that literature offers equipment for living, disease narratives can be viewed as symbolic remedy for the readers’ medical fears, be they justified (actual sickness or a considerable likelihood of getting one) or irrational (hypochondria). This raises the question: Are disease narratives representative anecdotes? Such a proposition might be a fertile ground for future analyses. Therefore, one venue for future research could be employing analytic tools to deconstruct disease narratives as representative anecdotes.

Another direction for research might be looking at why the “medical Christ” narrative is so persistently recurrent and what makes it a preferred mode of writing. What factors influence its longevity? Why do writers employ such clichéd structures? Is it because of readers’ expectations or is it because space limitations do not allow for more depth and nuance, making it easier to rely on ready-made narrative structures? Both?

On a larger scale, it would be interesting to determine what other forms of medical communication might be good candidates for dramatistic analysis. One particular field might make for a particularly intriguing case—the area of public health campaigns with their heavy argumentation based on fear appeals and references to personal responsibility.

As suggested above, another area of research might be exploration of informational and entertainment value of this type of article. Also, audience interpretation and effect on risk perception might be quite an interesting venue for research. This, however, would require an experimental-design setting.

VI-B.

Limitations

Dramatism is an infinitely complex method of inquiry. It relies largely on selective, and therefore subjective, interpretations. Naturally, one of the most obvious limitations of this method is that the findings are not necessarily generalizable beyond the immediate context and readership. Therefore, one cannot claim that the above reading of the artifact will be also the reading of the audience that encounters it. In this line of inquiry, meaning is really located within the recipient. One cannot even claim that any two readers will have one and the same take on a text. However, what we are concerned with here is the general, overall frame of readers' interpretations of the text, not subtleties and nuances, which are indeed strictly individual. Therefore, dramatistic analysis remains a valuable critical tool of medical rhetoric.

The particular analytical matrix used here might have been a little too broad for the subject of analysis in a way that barely scratches the surface. A more narrowly defined and a more tightly focused critical recipe might have generated deeper insights. For example, instead of applying Burke's terms of order, a more focused inquiry such as the representative anecdote in medical narratives might have led to richer findings.

VI-C.

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