Antinomian Remedies: Rehabilitative Futurism, *Towards a Better Life*, and Kenneth Burke's Modernist Equipment for Living

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Antinomian Remedies: Rehabilitative Futurism, *Towards a Better Life*, and Kenneth Burke’s Modernist Equipment for Living

In her essay “Is Sex Disability? Queer Theory and the Disability Drive,” Anna Mollow discusses the modern cultural fantasy of a hygienic future in which all illness and disability have been eradicated. “Futurity,” she points out, “is habitually imagined in terms that fantasize the eradication of disability, a recovery of a crippled (or hobbled) economy, a cure for society’s ills, an end to suffering and disease” (288). She calls this fantasy—which is shaped by ideologies of health, ability, optimization, and fitness—“rehabilitative futurism.” Within the paradigm of rehabilitative futurism, the healthy subject is defined as an autonomous, productive, and rational decision maker. By contrast, physical, mental, emotional, and behavioral disability figures as what troubles the domain of healthy citizenship, including dependency, unproductivity, and irrationality. Rehabilitative futurism thus ascribes a fundamental negativity to the disabled
individual, who, standing outside the horizon of the so-called good life, is structurally defined in opposition to the normal, able-bodied and -minded subject.

Such a fantasy of a future free of disability was embodied in the early twentieth-century eugenicist practices of sterilization, incarceration, and euthanasia, which were carried out in the name of social and racial health. And it continues, often in less obvious forms, in recent neo-eugenicist practices such as prenatal screening. Rather than challenging rehabilitative futurism by proudly claiming an autonomous disabled identity, Mollow argues for the tactical value of embracing the negativity ascribed to disability. Drawing on and extending the queer theory of Lee Edelman and Leo Bersani, Mollow proposes an inextricable link between the ways sexuality and disability are similarly “fantasized in terms of a loss of self, of mastery, integrity, and control” (297). Mollow uses this connection to theorize the radical potential of desiring rather than resisting disabled negativity. Such a desire, she argues, makes it possible to unsettle the rehabilitative fantasies that structure the social order and subvert violence done to the disabled in the name of that order’s perpetuation. What results from the embracing of disabled negativity are alternative visions of the future. As Alison Kafer similarly theorizes, when responding to rehabilitative futurism, “the task . . . is not so much to refuse the future as to imagine disability and disability futures otherwise, as part of other, alternate temporalities that do not cast disabled people out of time, as the sign of the future of no future” (34).

Recent studies of disability and modernism have explored the degree to which modernist authors disrupted the disabling cultural imaginaries of rehabilitative futurism in the early decades of the twentieth century. While modernist authors’ preference for representing the grotesque, the singular, and the exceptional would suggest their antipathy toward the fantasy of rehabilitation, as Donald J. Childs has shown in tracing “the voice of eugenical discourse” in the work of Virginia Woolf, T. S. Eliot, and W. B. Yeats (15), this aesthetic tendency often existed in conflict with many modernists’ political commitments to the eugenics movement. Madelyn Detloff describes how modernist writers ambivalently “respond[ed] to and contribute[d] to biopolitical social formations such as eugenics, scientific racism, sexology, psychology, and gender normativity.”

Studies of modernism have thus begun to explore the formal and thematic work of disability. Nevertheless, few scholars have discussed the role that the ideology of rehabilitative futurism has played in shaping modern reading practices and discourse about modernist
The clearest example of the rhetoric of disability being used to describe modernist literature would be Max Nordau’s application, in his 1892 study *Degeneration*, of degenerationist theory to artistic production and consumption. If the theory of degeneration argued that overcivilization was resulting in racial decline and threatening the health of future society, for Nordau the paradigmatically degenerate subject was the decadent artist. Disputing the aestheticist art for art’s sake slogan of the decadents, Nordau argues, “the work of art is not its own aim, but it has a specially organic, and a social task” (336). Such an organic understanding of art’s social task entails that one must approach artistic work not just from a moral or aesthetic angle but a biopolitical one as well. For Nordau, this meant evaluating both the healthiness of the impulse through which works of literature were produced and the potentially degenerating effects that literary works might have on readers and society. Thus, Nordau claims that, just as pathological expressions of violence or sexual perversion should be disciplined by institutions of the state to maintain social order, so too should pathological expressions of art be monitored and handled with an eye toward social health. As Joseph Valente points out, “more than an exemplary symptom, or rather precisely in being an exemplary symptom, contemporary arts and letters function for Nordau to communicate (in every sense) degeneracy throughout the social body” (386). In this manner, Nordau understands modernist writing not just as a repository for representations of disability and illness but as itself a threat to a future free of disability and illness.

While often dismissed as a literary critic, Nordau, in his reading of the decadents, offers a fundamental insight about the modern linkages between art and biopower from which scholars of modernism and disability can benefit. I am referring here to how ideologies of individual and collective health have shaped literature’s production, distribution, and reception since the late nineteenth century. This much can be seen in the cultural discourse of reading that, drawing on what I call the “trope of the literary clinic” (Miller 19), equates books with medicine and readers with patients to be rehabilitated. This discourse has shaped the use of literature in modern institutions from the school to the prison to the military barrack to the hospital.

Nordau was not the only literary critic to recognize these linkages between art and biopower. At the historical moment when literary biopolitical practices were attaining cultural prominence in the United States, the writer and rhetorical theorist Kenneth Burke was developing a theory of literature capable of making sense of them. Burke’s notion of the artist as “medicine man” (“Philosophy” 64) and
literature as “medicine” (61) or “equipment for living” (“Literature” 293) provided an important early twentieth-century account of not only how literature affects the reader physiologically and psychologically but also the significance of these effects within larger social contexts. Carly Woods goes as far as to suggest that medicine served as a “master metaphor” for Burke, guiding his theories of human communication. Woods writes that Burke used “the medical language of cures and doses” to prompt investigation into “literature’s wider significance in curing society.” But for Burke, the equation of literature and medicine was not merely metaphorical.2

In this essay, I turn to Kenneth Burke’s theoretical and creative writings of the 1920s and 1930s to show how he interprets the tradition of modernist self-reflexive, formal experimentation as a particular kind of symbolic action, a medicine for its readers. But in describing modernist literature as medicine, Burke did not simply enact a reversal of Nordau’s interpretation of modernist art as potentially disabling by applying to it the Aristotelian or Freudian concept of curative catharsis.3 Rather, I argue that in his early essay collection Counter-Statement and his first and only novel Towards a Better Life, Burke embraces the negative rhetoric of disability to describe modernist writing as a particular subcategory of literary medicine.4 For Burke, these antinomian remedies do not heal readers by purging them of unhealthy excesses or strengthening their egos. Instead, they disable readers’ sense of sovereign selfhood. In doing so, he argues, modernist literature has the transgressive capacity to alter readers’ orientation toward the good life and the horizon of what is possible for acting toward the creation of a better future society, one in which disability (understood as the transgression of physical, psychological, behavioral, and social norms) can flourish.

The Value of Literature: Bourgeois versus Bohemian

Although most well-known as a rhetorical theorist, Burke was an important participant in the bohemian milieu of Greenwich Village in the 1920s. During this vital decade for literary modernism, Burke befriended writers and literary critics such as Hart Crane, Marianne Moore, Katherine Ann Porter, Malcolm Cowley, Gorham Munson, Waldo Frank, Djuna Barnes, Jean Toomer, and William Carlos Williams. He was a frequent contributor to avant-garde literary magazines, publishing poetry and fiction as well as criticism. He served as an editor of The Dial in 1923 and as its music critic from 1927–29. Counter-Statement, published in 1931, was Burke’s first book of liter-