

Short Communication

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Sophistic Rhetoric and Narrative Psychology: Fielding the Differences

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In 1970, Michel Foucault delivered his now famous "The Discourse on Language." In it, he writes, "true discourse prophesied the future, not merely announcing what was going to occur, but contributing to its actual event, carrying men along with it and thus weaving itself into the fabric of fate.... And yet, a century later, the highest truth no longer resided in what discourse was, nor in what it did: it lay in what was said.... A division emerged between Hesiod and Plato, separating true discourse from false... henceforth, true discourse was no longer considered precious and desirable, since it had ceased to be discourse linked to the exercise of power. And so the sophists were routed."

What Foucault is outlining was a significant shift in our conception of our will to knowledge in the West, a shift that signaled a rational departure from past conceptions of power, truth, and the role of language in both. Foucault, by directly invoking the sophists, offers a productive point of inquiry into contemporary human behavior. Specifically we find a Foucaultian interpretation of "sophist" gives us a framework for evaluating psychotherapy, especially Narrative Therapy, which focuses on language's roles and functions in "inviting" change in a client. Given its sophisticated understanding of dynamical system's theory and its assumption of the critical role of social power in psychology, Narrative Therapy, drawn from both family systems therapy and post-structural critical theory, is a demonstrably powerful model [1-3].

However, given narrative therapy's emphasis on a literary as opposed to an oral framework, we argue that the sophists, marking a juncture between oral, premodern, and collectivistic culture and

literate, modern, and individualistic culture, offer a complementary if not superior framework for conceptualizing psychotherapy as a dynamical "sophistic" system. Our sophistic framework attempts to describe a phenomenological field in which a therapist attempts to persuade people to re-frame their sense of self in a manner that underscores a logos of power and emphasizes commitment to "indeconstructables" such as freedom, dignity, and the inherent value of each human.

In order to tease out the specifics of our analysis, we offer several key terms, including the "self", "Narrative psychotherapy," and "sophistic rhetoric." We begin with a definition of self a la Foucault. He writes in *The Use of Pleasure* that the self is not simply self awareness but self formation as an "ethical subject," a process in which the individual delimits that part of himself that will form the object of his moral practice, defines his position relative to the precept he will follow, and decides on a certain mode of being that will serve him as a moral goal. And this requires him to act upon himself, to monitor, test, improve, and transform himself. There is... no forming of the ethical subject without "modes of subjectification" and an "ascetics or "practices of the self" that support them [4-6].

In many ways, that partial definition captures a significant thread of Foucault's project. Specifically, Foucault argues that our present sense of self, a subject subject to an "authority," is a relatively recent phenomenon, and was in part created by a shift from the empirical skepticism of the sophists to the analytic idealism of the philosophers, from Plato to the current analytics. That self, according to Foucault, is the subject of internalized power differentials. Using Bentham's idea of the panopticon, the all seeing

prison, as a metaphor, Foucault argues that our “self” internalizes the all watching eye of the dominant power relations, and both polices itself and is emergent of that act of self policing. Not insignificantly, psychiatry, along with the criminal justice system, Foucault maintains, was complicit in using people’s “selves” in order not to help people but to maintain existing power relations.

That self did not develop overnight, but one can identify moments of its full fledged expression, as in the novel *Robinson Crusoe* by Daniel Defoe. Arguably the first “real” novel, *Crusoe* presents in stark narrative an isolated self, constantly policing itself, whether through listing of hoards of resources, or accountings of sins. The narrator, a “modern” man stranded among savages, does not merely police himself but projects that policing, and the dominant order, on the local folks. His “Man Friday,” represents the ultimate projected subjectification: a man slaved for his own good, at least until he can develop a good sense of himself-- to be controlled, policed, and enslaved [7-9].

Crusoe, one would think, is in need of therapy, and not despite but because of his dangerously overdeveloped “self.” Given that *Crusoe*’s “problem in living,” to borrow from Thomas Sczasz, is more a social issue, that is, as he has become both isolated and insulated with the God-sanctioned materialism of the early modern, he could represent figuratively the “self” we have all inherited, and literally is the literate rendering of such a self.

Enter Narrative Therapy, a likely candidate for healing the *Crusoe* selfish-ness a client may hold. First developed by Australian Michael White, and New Zealander David Epston, Narrative Therapy is an intellectual descendent of family systems therapy. Narrative Therapy’s largest departure from family systems therapy is a greater realization of the role of cultural influences, “grand narratives” in the language of Narrative Therapy, and its overtly literary framework, with the client put in the role of writer and the therapist in the role of collaborative co-editor. Narrative Therapy, in sum, is a social constructionist therapy the positions the counselor as a co-editor who, working within a literary framework, assists the client in “externalizing problems” in order to produce “unique outcomes.”

Narrative Therapy actively recognizes several strands of postmodern and post structural critique, especially the work of M. Foucault and J. Derrida. From Foucault, Narrative Therapy draws the assumption that larger social frameworks, including the current “modern” mental health provider system, are more invested in sustaining an existing hierarchicalized social dynamic than in really helping people [9-11]. From Derrida, Narrative Therapy draws the assumption that that which can be socially constructed can be deconstructed. In attempting to define what narrative therapy is, and how it works, psychotherapist Erik Sween writes: If narrative therapy had one slogan, it would be: The person is never the problem; the problem is the problem. This phrase captures the importance attached to who a person is, regardless of his or her circumstances Narrative therapy involves exploring the shaping moments of a person’s life, the key relationships, and those particular moments not dimmed by time. Focus is drawn to the

intentions, dreams, values that have guided a person’s life, despite the set backs. Oftentimes, the process brings back stories that have been overlooked-surprising stories that speak of forgotten competence and heroism [4].

The slogan above takes practical form in narrative therapy’s focus on “the story” as the basic unit of experience. Sween continues, Narrative holds up the story as the basic unit of experience. Stories guide how people act, think, feel, and make sense of new experience. Stories organize the information from a person’s life. Narrative therapy focuses on how those important stories get written and re-written [4]. Note Sween’s language in the above, especially terms such as “story” and “written.” The implicit theme is to focus on the human as writer of experience, who is also being “written” by family stories, cultural stories, and even biological stories. The therapeutic enactment of therapy involves using the principles of literary logic to find ways to “externalize the problem,” that is, to make the problem not equated with the self.

However, Narrative Therapy is materially avoiding crucial issues. First, the self could be the problem itself, if the self is, as Foucault argued, in large part an internalization of societal power dynamics [12-15]. The deeper issue of the self as an internalized problematic does not disappear with the deftest of editorial changes in one’s narrative. Secondly, the focus on a literate rather than an oral framework could reinforce what Walter Ong [10] and other literacy researchers called the “Great Divide” between oral, collectivist and literate, individualist cultures. Oral collectivist cultures naturally externalize problems as the discrete, isolated Enlightenment self is not in play. Collectivists are Fridays-not *Crusoes*-and avoid the problem of a discrete self, and instead inculcate a self in-relation-to the collective. Third, the elephant in the room, the often damaging role of larger cultural narratives in both the formation and application of human knowledge, is more sidestepped than directly confronted. Institutionalized -isms, all of which objectify people into nonnormative “other,” are admirably recognized as key to internalized problems but are not strongly confronted, except in the confines of the therapy room [13].

Our argument is that sophist rhetoric can help offset these issues. To use sophist rhetoric as a critical context to approach narrative therapy, we borrowed from J Poulakos [12] “Toward a Sophistic Definition of Rhetoric.” Poulakos’ argument is not only did the sophists have a discernible and sophisticated method for changing beliefs, but more importantly they “found themselves free to experiment playfully with form and style and to fashion their words in the Greek spirit of excellence (*Arrete*). Aware of the human limitation in the acquisition of knowledge, they sought to ground the abstract notions of their predecessors in the actuality of everydayness.”

Despite being much maligned by their intellectual descendents, especially the Platonists and the Aristotelians, the sophists represent a stance both pragmatic and empirical, with their focus on contingent human experience rather than on universal a priori abstractions. According to Poulakos, rhetoric, for the sophists, is “the art which seeks to capture in opportune moments that which

is appropriate and attempts to suggest that which is possible." This definition highlights several basic elements: rhetoric as art, style as personal expression, kairos (opportune moment), to prepon (appropriate) and to dynaton (the possible). Poulakas adds, "As a method, the sophists looked at rhetoric as a *techne* (art) whose medium is *logos* and whose double aim is *terpis* (aesthetic pleasure) and *pistis* (belief)" [14].

Replace "sophistic rhetoric" with "narrative therapy," and four characteristics of the psychotherapeutic process are highlighted. First, the idea of therapy as a *techne*, roughly translated as "art" or "having a knack for," suggests that an effective therapist has a demonstrable gift for persuasion, a gift that can be refined in terms of verbal technique but must be directed as to the ends of that persuasion. Important here is the goal of persuasion. If the issue is power, as Foucault argues, and power itself is an internalization of hierarchicalized differentials, with some standing to gain and some standing to lose, then persuasion must necessarily be aimed at both recognition of the danger of internalized power relations and their need for their dissolution, given the aforementioned danger. In short, in this frame therapy is conceived as not a causal situation but as a means-ends process, in which the artful therapist attempt to persuade the client both of the internalized and hurtful power relations and the need to recognize, dispute, and to some extent, remove those power relations, both from the constellation of feelings and thoughts that comprise the self, and from the world at large.

What would drive a client to seek persuasion is exactly what compels a sophist: a sense of urgency. Poulakos writes, "During times of stress, we feel compelled to intervene and, with the power of the word, to attempt to end a crisis, redistribute justice, or restore order." The urgency a client brings to the situation is a set of symptoms, what the Narrative therapists already view as "wake-up calls" rather than as internalized problems. Ideally, the symptom should wake up the client to a need to change his or her narrative of the self, in other words, an urgency which calls for a new agency, and that agency is located in the client.

However, in a sophistic framework the emphasis is on the oral sense of a story, a story that is less the objectifying report of the novel than the organic story of oral discourse. As Walter Benjamin laments: What can be handed on orally, the wealth of the epic, is of a different kind from what constitutes the stock in trade of the novel. What differentiates the novel from all other forms of prose literature...is that it neither comes from oral tradition nor goes into it. This distinguishes it from storytelling in particular. The storyteller takes what he tells from experience-his own or that reported by others. And he in turn makes it the experience of those who are listening to his tale. The novelist has isolated himself. The birthplace of the novel is the solitary individual, who is no longer able to express himself by giving examples of his most important concerns, is himself uncounseled, and cannot counsel others.

To change that policed Crusoe, the novelized self if you will, the sophistic narrativist will work with the ensemble of kairos and to prepon. Kairos, the determination of the opportune moment, is that

moment when the sophist can feel the audience shifting towards the ends of persuasion. It is complemented by to prepon, the appropriate, which is to know what is appropriate. In a sophistic frame, the speaker must have not just sophisticated knowledge of *logos*, the power of the word, but also of *psyche-logos*, the effects of language on a person's experience of being in the world. The moment one's general knowledge of people is not working, the sophist adjusts his/her *logos*, to fit the occasion [15].

One important outgrowth of using the kairos-to prepon ensemble as a therapeutic stance is its invitation to use all potentially valid theoretical frameworks as possible contributory influences on human motivation. For example, recent work in evolutionary psychology offers a partial set of factors that may impel an individual's human's behavior, feelings, and cognition. Doan [3] writes: The premise of this area of inquiry [evolutionary psychology] is that human beings, similar to other animals, have evolved genetic tendencies as a result of interacting with the environment across time, and that this evolutionary heritage has resulted in "likely stories" which render certain human behaviors more probable than others in a given context. For example, based upon evolutionary theory, it would be predicted that stepparents would abuse stepchildren far more often than they do biological children. This has been verified by research.

A critical caveat here is that, in the instance above, for example, evolution-informed factors are not treated as immutable, strongly determinative causes as much as they are possible factors in the human equation. In short, given the constructionist over-arching frame, the therapist must constantly be not only vigilant in terms of avoiding essentializing any particular "likely story," but also aware of the rich mix of overlapping "likely stories," such as cultural constructions and individual experiences that one would assume would, to borrow from Kenneth Burke, reflect, refract, inflect, and deflect any influences.

Additionally, the sophistic concept of style as personal expression reflects the uniqueness of the particular speaker, or in our extension, the therapist. Poulakos writes, "if it is agreed that what is said must be said somehow, and that the how is a matter of the speaker's choice, then style betrays the speaker's unique grasp of language and becomes the peculiar expression of his personality." Style, then, is both a reflection of the speaker's unique personality and of the speaker's adjustment to the audience, in this case, a potential client. In part, this characteristic of sophistic rhetoric subsumes Roger's prescription of "genuineness" in the therapist. However, it goes farther because it also emphasizes the speaker's ability to use his/her own facility with language while also constantly testing it against the client's reception.

Finally, the sophistic therapist, mindful of the complexities of *logos*, humans, and persuasion, will adopt a stance of to dynaton, the probable. Poulakos writes, "Consideration of the possible affirms in man the desire to be at another place or another time, and takes him away from the world of actuality and transports him in that potentiality". Key here is the vague and dynamical nature of the sophistic and therapeutic enterprise. Both begin with people

“as they are and where they are.” However, the goal for both is something new, not just a new set of beliefs but a new set of selves, if not manner of self-determination. For Poulakos, invoking Heidegger, the sophistic effort to shift from the actual to the possible is to move people closer to “the realm of authenticity.”

Implications

Given the nature of the self, the limits of narrative therapy, and the possibilities suggested by a sophistic framework, we note several several potential directions for training, application, and extension of narrative therapy. First, psychotherapist training should involve substantial education in both general persuasion and language. A wealth of literature on persuasion exists, from classical rhetoric to current social psychological studies on central and peripheral routes to persuasion. Students of psychotherapy should understand role of tropes in particular. For example, the shift from metaphor to metonymy in the modern era could be a critical factor in the construction of problematized selves. Specifically, the metonymy, especially with the special case of the synecdoche, is a part substituted for a whole representational move. An apt of example of the power-and danger-of metonymy is the reduction of a person into the label for a set of symptoms, such as the “schizophrenic,” for example, rather than “the person who exhibits those features we have come to label “schizophrenic.” Such a metonymizing move carries with it an implicit assumption that those symptoms are not just essential to the person’s identity, but more critically the entirety of that identity, that “self.” Metaphor, in contrast, as a whole-for-whole substitution, may offer more freedom of possibility in reframing the self. Navajo medicine men (and other traditional healers), for example, use metaphors drawn from the natural world-“you are(like) a wolf,” for example, not to reduce the person solely to a lupine sense of self but to look at the wolf as a potential source of guidelines for better and more conscious living.

Secondly, and perhaps more importantly, psychotherapists should be able to take on larger cultural narratives that invite the pathologizing of the self. As Nietzsche reminds us, the sophistic tends to emerge, with “his armies of metaphor and metonymy,” “in times of strife. A client, in a sophistic frame, is driven to seek the aid of the psychotherapist in times of personal strife. That strife, in a narrative frame, reflects a “wake-up” call for change. Given that at least a large portion of the problems of self are due to internalization of a problematic cultural narrative, the sophistic narrative will also attempt macro scale changes in Grand Narratives at the level of the culture. The issue is power; and logos, the very stuff of power, is for the sophistic narrator, the citizen-therapist’s ace-in-the-hole. As Gorgias says in his “Encomium for Helen,”The power of logos over the constitution of the soul can be compared to the effects of drugs on the bodily state; just as drugs.. can put an end to either disease or life, so with logos: different words can induce grief, pleasure, or fear; or again, by means of a harmful persuasion, words can drug and bewitch the soul.

Done wisely, the sophistic narrator can, in the words of the poet Walt Whitman, “project future histories”, his- and her-stories

celebratory of dignity, freedom, and health, for the strife-ridden person, for the problematized self, and for the culture at large. Although it may be asking much from the therapist to go outside the clinic and/or consultation room and work at the level of society at large, it is clear that whatever the “self” is, it is constructed, and those constructions serve many functions, not all of which have the good of the individual as their ostensible ends. Given the constructed nature of the self, we can at least entertain the idea that what is constructed can not only be de-constructed, but also re-constructed, and who better to focus the ends of construction on the good of an individual but therapists, those best equipped to both recognize the danger of power-saturated constructions and to appropriate those constructions, so that the individual can be free to construct herself as a unique, compassionate, and ever-changing moment of elaborated humanity.

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Conflict of Interest

No conflict of interest.

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