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Rhetoric and psychotherapy : making the connection.

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RHETORIC AND PSYCHOTHERAPY:

MAKING THE CONNECTION

A Dissertation Presented

by

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DEDICATION

To my marvelous parents,

Themistocles C. Rodis and Rose Simon Rodis,

who showed me what an argument is—and how to put love into it.

AKNOWLEDGMENTS

I wish, first of all, to thank my daughters, Leda and Maria, for putting up with the "nasty old dissertation"—that blocker of fun and sunshine—for these last three years; and may they, all their lives long, turn out far more prodigious works of their own, fashioned out of joy, insight, commitment, and hard work. Please know that I am grateful to you—for playing on the floor beneath the desk, for being beautiful and funny, for calling me to come see something truly worth seeing, for your chiding of all that is too intellectual, and for your love.

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ABSTRACT

RHETORIC AND PSYCHOTHERAPY: MAKING THE CONNECTION

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This dissertation articulates the theoretical and pragmatic foundations of a *rhetorical* approach to psychotherapy; an approach, that is, which is informed by the worldview, concerns, and methodologies of the discipline of *rhetoric*.

Rhetoric—which originated in ancient Greece—long predates psychotherapy in aiming to understand the workings of influence or *persuasion*, both as it occurs *between* persons and *within* persons (i.e., self-persuasion). Persuasion is of critical importance to psychotherapy not only because it is instrumental in producing change in clients, but because it is an ongoing facet of everyday life, accounting for a substantial portion of why persons behave as they do. Despite the apparent commonalities between rhetoric and psychotherapy, the literature on psychotherapy contains few references to—and fewer substantive explorations of—rhetorical works, concepts, and strategies. Moreover, the majority of works on psychotherapy which do refer to rhetoric neglect to root their claims in a rhetorical understanding of the psychology of the individual.

Integrating concepts drawn from rhetoric with contemporary psychological theories of emotion, cognition, and psychopathology, this dissertation offers, first of all, a construction of

the individual as a *rhetorical subject*, or as a being whose psychological capacities are organized to facilitate the sending and delivery of messages, and the exertion and reception of influence.

Secondly, this dissertation demonstrates how rhetorical insights and procedures can help psychotherapists meet the daily, pragmatic demands of *doing* psychotherapy. Accordingly, this dissertation culminates in a structured, clinically-oriented description of how psychotherapy may be carried out according to rhetorical principles. The model for psychotherapy proposed here is intended to enable clinicians to envision a rhetorical framework or logic for psychotherapy cases, as well as to engage clients in (a) symptom-relieving rhetorical exchanges and (b) the work of developing greater rhetorical (self)understanding and proficiency.

In articulating a model for psychotherapy, emphasis is placed on the role of *argumentation*, both as it is practiced by clients and by therapists. It is suggested that the fundamental mechanism of healing—that is, the essential occurrence to which therapeutic effects are due—is carefully constructed, psycho-socially apt, symptom-targeted argumentation.

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THE RELEVANCE OF RHETORIC TO PSYCHOTHERAPY

Statement of Purpose

The broad goal of this dissertation is to articulate the theoretical and pragmatic foundations of a *rhetorical* approach to psychotherapy; an approach, that is, which is informed by the worldview, concerns, and methodologies of the discipline of *rhetoric*. Although rhetoric has been defined in many and diverse ways, a useful, functional definition has been offered by Sarbin (1995): "Rhetoric is the disciplined use of oral and gestural actions for the purpose of persuading others (and self) of the credibility of the speaker's position" (p. 216) A more expansive definition by Bryant (1965) assigns "...to rhetoric a four-fold status":

> So far as it is concerned with the management of discourse in specific situations for practical purposes, it is an *instrumental* discipline. It is a *literary* study, involving linguistics, critical theory, and semantics as it touches the art of informing ideas, and the functioning of language. It is a *philosophical* study so far as it is concerned with a method of investigation or inquiry. And finally, as it is akin to politics, drawing upon psychology and sociology, rhetoric is a *social* study, the study of a major force in the behavior of men (sic) in society (p. 36). [italics inserted]

Because an understanding of rhetorical theory is considered an important basis for utilizing rhetorical strategies in psychotherapeutic practice, a substantial discussion of rhetorical theories and principles is offered, especially in the initial chapters of this dissertation. In effect, these chapters offer what might be described as an outline of a *rhetorical psychology*, which is to say a rhetorical perspective upon human psychological functioning. Sources of special importance in developing this perspective include works by Aristotle (1991), Chaim Perelman (1963, 1969, 1982), Kenneth Burke (1931, 1955, 1966, 1989), van Eemeren and Grootendorst (1996), and others.

Paired with its concern with theory, this dissertation is committed to showing that rhetorical insights and procedures can help psychotherapists meet the daily, pragmatic demands of *doing* psychotherapy. Accordingly, this dissertation culminates in a structured, clinically-oriented description of how psychotherapy may be carried out according to rhetorical principles. The model for psychotherapy proposed here is intended to enable clinicians to envision a rhetorical framework or logic for psychotherapy cases, as well as to engage clients in (a) symptom-relieving rhetorical exchanges and (b) the work of developing greater rhetorical (self)understanding and proficiency.

Throughout, grounds for validating the utility of rhetorical concepts and strategies are found in the analysis of clinical and philosophical literature, in case studies, and in the discussion of psychotherapeutic procedures.

Summary of Argument

At the center of a rhetorical approach to psychotherapy is the notion of clients as *rhetoricians*: that is, as persons who—throughout their lives and in myriad ways—use communicative means to influence others, to shape experience, and to realize their wants and needs. In accordance with this notion, psychotherapy clients are viewed as potent message-senders and message-receivers, as communicative beings who actively use rhetorical means to direct their lives, organize their mental and social worlds, control and modulate their own behaviors, and influence the behaviors and experiences of the persons with whom they interact. Whereas other approaches to psychotherapy may be rooted in a perception of persons as *thinking* subjects (e.g., cognitive psychotherapy), as *physiologic* subjects (i.e., psychiatric psychotherapy), or as *sexual* subjects (e.g., psychoanalysis), a rhetorically-grounded psychotherapy views persons primarily as—in the phrase of Mikhail Bakhtin (1981)—the "*subjects of communication*", or as

beings who are largely defined by their need to communicate, their astounding capacities for communication, their susceptibility to the communication of others, the modes and media by which they communicate, and the psychological and social ramifications of their communicative activity.

Rhetorical activity—that is, communicative activity which has the purpose of influencing, persuading, or otherwise organizing the behaviors of its intended audience—is pervasive in human existence. In fact, it can be argued that almost all human behavior has a rhetorical dimension, inasmuch as such behavior generally arises in psycho-social contexts and functions as a medium of psycho-social influence. Put another way, wherever there is human behavior, there is reason to ask: What is the social purpose of this behavior? How does this behavior serve to persuade or transmit the intentions or "message" of its agent to some other(s)? Whom—and in what ways—does this behavior affect, or at least hope to affect? And, to what extent does this behavior exist—whether consciously or unconsciously—for the purpose of organizing the psycho-social relations of its agent with others (and self)?

While many human behaviors are *overtly* communicative and rhetorical (e.g., A person who says "Give me that shovel or I'll tan your hide!"), rhetorical dimensions of other behaviors may not be so readily apparent. Take for example, the phenomenon of crying or weeping. For what reason do persons show emotion in this way? Is it a purely automatic, physiologic response? Or is it also a way of communicating a feeling, a judgment, and/or an experience to others with the aim of altering or effecting one's circumstances? Certainly, crying may be used instrumentally to get the candy one is craving, to make another person guilty or concerned enough to renounce a stated course of action, or simply to cause oneself to confront more completely a negative event. Moreover, in the annals of psychotherapy, there are innumerable instances in which pathologic symptoms appear to have a rhetorical dimension, or to have come into existence as a way of responding to—and perhaps trying to alter—unsustainable psycho-

social circumstances. Indeed, mental "illness" is often found where communication between persons is somehow awry; and "cures" in psychotherapy frequently occur when the *psychopathologic argument* (i.e., symptomology) of a client is correctly interpreted and affirmed by a therapist, thus permitting the client to consummate a critical psycho-social need. Behavior, in other words, often contains psycho-social messages; and when such messages cannot, for one reason or another, be transmitted overtly through "talk", they may be expressed in any number of other ways: ways which may well implicate the body, preoccupy the mind, and elude easy interpretation. However, what is common to all of these situations is that behavior often has some psycho-social purpose, that this purpose is carried out through communication (however overt or covert), and that these communications can and do affect self and others, thus shaping the relational worlds in which persons live.

Because psycho-social action relies far less often on physical deeds, and far more on spoken words, gestures of affection or affiliation, disaffection and rejection, and so on, rhetorical *proficiency* is often critical to the resolution of life problems and to healthy psycho-social development. Human beings are continually challenged to develop rhetorical proficiencies; that is, each person—thrust into social spaces wherein he or she must negotiate courses of action, expectations, attitudes, and beliefs with any number of others—is required to find ways of communicating which *work*. Successful attempts (*via* communication) at winning the collaboration of others or at achieving affiliation generally lead to positive self-esteem, increased social support, a heightened sense of self-efficacy, and a number of other gains in psychological well-being. Additionally, a person who is able to espy and make empowered responses to the rhetorical strategies of others can avoid such negative consequences as being "sold a bill of goods", being coopted into unhealthy relationships, or simply misreading everyday social situations. Rhetorical proficiency is, in other words, very nearly synonymous with social proficiency. To complicate matters, however, rhetorical practices which work well in one setting

(or with one audience) often work poorly in another setting (or with another audience). Thus, the adolescent who sniggers and makes an obscene joke in order to cope with a confusing social moment might be rewarded by the laughter of his peers, but might suffer the condemnation of a teacher or parent.

As is true of the social arena, *intrapersonal* (or *intrapsychic*) functioning (i.e., personality functioning) is also typically organized to some extent by rhetorical forces such as beliefs, values, roles, the views and demands of others, and other social schemata, each of which presents a kind of "argument" regarding how one should behave, think, and/or feel. Thus, the ways individuals "talk to themselves"—talking which often expresses the automatic operations of internalized rhetorics—have dramatic impact upon how persons live and feel, and upon their social trajectories. For example, a person who has internalized the belief that he or she is inferior to others may well evolve a "way of being"—of feeling, thinking, and acting—which can best be understood as a reaction to this belief; such a person may expend a tremendous amount of psychic resources *arguing* with this damaging, self-replicating rhetoric, resources which might have been spent far more productively in other endeavors. In contrast, a person who has internalized a set of theses about self and world which encourage a healthful blend of optimism, realism, and critical self-awareness is likely to dialogue with self and others in ways that bring clear and observable rewards.

To summarize, then, even as persons actively *exert* rhetorical influence, they are also *subject* throughout their development to the communicative influences of others. These influences may be formal, as in the settings wherein education, professional training, or initiation into clubs or groups are carried out; or they may be informal, as in the contexts of personal relationships, families, or enculturation. These influences may shape political attitudes, social beliefs, self perceptions, emotional functioning, and many other aspects of psychological functioning and social existence.

Given such a view of persons and the social worlds in which they live, questions which become germane to the understanding of both human individual development and the working of psychotherapy include: *How* do persons influence or persuade one another? Which modes of influence or persuasion tend to be successful and which unsuccessful, which apt to achieve their ends and which to fail? Can an understanding of how clients have been shaped by specific communicative practices and dilemmas lead to a clearer understanding of their current difficulties or symptoms (i.e., psychopathology) as well as how to alleviate these difficulties? Are there "rules" or conventions which govern communicative practices within social groups? To what extent are psychological processes such as emotion and cognition "rhetoricized" (i.e., characterized in design and function by the aim of influencing self and/or others)? Can persons be taught how to communicate more persuasively and to more ably "read" the communicative and suasory efforts of others? Might such learnings—and the gains in communicative efficacy resulting from them—have a beneficial effect upon psychological well-being? While these questions constitute only a subset of the questions that arise when a rhetorical perspective is entered into, they illustrate the unique leanings or gist of such a perspective.

In keeping with the conceptualization of the client as a rhetorician, the *problems* which occasion clients to seek therapy are generally redefined and treated in a rhetorical approach to psychotherapy as *rhetorical problems*: that is, as problems created by clients' difficulties in generating effective responses to some life-challenge, social situation, person, internal event, or other problem.

Complementarily, *solutions* to life problems are seen as emerging from the stimulation and further development of clients' rhetorical proficiencies: that is, clients "solve" problems as they develop ways of effectively making answer to them. Thus, for example, in the treatment of an eating-disordered client, while a behaviorist psychotherapist might concentrate upon identifying and extinguishing destructive behaviors and developing positive eating behaviors;

and while a Freudian psychotherapist might explore the psychosexual dimensions of the client's eating problems; a rhetorical psychotherapist would treat the disturbed eating behaviors as forms of communication which, evolving in a particular rhetorical situation (e.g., a family, a culture), may disappear or change if alternative, more healthful ways of communicating about pain & pleasure, emotions, needs, identity, and so on can be developed.

From a formal, analytic perspective, efforts to influence others (or oneself) *via* communicative action may be considered activities of *argumentation*. In its simplest sense, argumentation is the process of communication which is set in motion when "two or more people make what they construe to be incompatible aims" (van Eemeren et al, 1996, p. 198). More essentially, argumentation deals with persons efforts to *justify* what they do, or to obtain warrants for their beliefs and actions. According to Perelman & Olbrechts-Tyteca (1969), "Argumentation is an action which always tends to modify a state of affairs (p. 54)." Moreover, "An efficacious argument is one which succeeds in increasing the intensity of adherence among those who hear it in such a way as to set in motion the intended action (a positive action or an abstention from action) or at least in creating in the hearers a willingness to act which will appear at the right moment (p. 45)." Argumentation occurs in human life both as a regular, ongoing *interpersonal* process and as a regular, ongoing *intrapersonal* process. It is a given facet of interpersonal existence in that persons are forever required to negotiate their own ends within the web of opinions, power variables, personality types and other differences that make up all societies, small and large, intimate and impersonal. It is a given facet of *intrapersonal* existence in that we are forever arguing with ourselves over such matters as how to behave, how to think, what to say, and how to feel. The concept of argumentation will be useful both to understanding the broad world-view of rhetoric—which emphasizes the ways that humans appear to be perpetually caught up in efforts of persuasion and negotiation, justification and legitimation—and the actual practice

of psychotherapy—which requires the therapist to have technical competence in arguing with clients and in understanding clients' involvements in processes of argumentation with others.

Accordingly, in articulating a model for psychotherapy, emphasis is placed in this dissertation on the role of argumentation, both as it is practiced by clients and by therapists. It is suggested that the concept of argumentation is helpful in arriving at meaningful diagnostic formulations and in carrying out effective psychotherapeutic interventions. Indeed, if there is a single insight or perspective upon which this dissertation rests it is that the fundamental mechanism of healing—that is, the essential occurrence to which therapeutic effects are due—is carefully constructed, psycho-socially apt, symptom-targeted argumentation. That is, healing follows when clients are (a) able to construct, express, and be affirmed for those arguments most consistent with and supportive of their well-being, (b) able to identify and comprehend the arguments—whether transmitted by themselves or by others—that do them harm, and (c) able to read with accuracy the arguments implicit in the actions of those persons and institutions which comprise their psycho-social world. Whereas Freudians may hold that the "healing" that takes place in psychotherapy has to with repealing repression and dealing candidly with sexual tensions and conflict; and whereas behaviorists may believe that healing is accomplished by changing a client's responses to given stimuli; and whereas narrativists may believe that healing follows the client's successful production of an empowered self-narrative; a rhetorical perspective on psychotherapy suggests that clients heal as they compose and become able to deliver arguments which effectively address the problem(s)—whether discrete or developmental, acute or chronic—which beset them.

By assisting clients in fashioning life-improving arguments, psychotherapists essentially function as teachers of rhetoric. Not unlike the ancient Greek and Roman orators who taught "eloquence" or the modern-day professors who teach effective academic discourse to college freshmen, the therapist's work involves helping clients to identify the rhetorical tasks which

confront them, to gather together and/or increase the communicative skills and resources at their disposal, to discover the positions or theses that they wish to argue, and to cobble together, strengthen, and refine the arguments which will secure their goals. In short, this dissertation suggests that successful therapy involves the *rhetorical training* of the client; put another way, successful therapy deliberately trains the client to meet the demands of his or her rhetorical situation(s). In so doing, rhetorically-oriented psychotherapy deals with psychic existence in a fashion that is genuinely pragmatic and useful.

In summary, then, this dissertation has the following aims:

(a) To extract from rhetoric a theoretical framework useful for understanding persons.

(b) To extract from rhetoric a theoretical framework useful for conceptualizing psychotherapy.

(c) To extract from rhetoric a concrete framework for the doing of psychotherapy.

In its pursuit of these goals, this analysis rests upon—or, alternately, must construct—what might be described as a *rhetorical psychology*, which is to say a rhetorical perspective upon human persons and their psychological processes and difficulties. A rhetorical psychology differs from other schools of psychology in its basic assumptions about human identity and behavior, both individual and social, in that:

(a) it focuses on human behavior as *communication*, or, stated alternately, upon the communicative dimensions of any behavior. Taking communication as the heart and center of human psychological processes, it names and explores the various facets of human functioning and behavior as kinds of communication.

(b) it is deeply interested in the factors that make a communicative process or action either successful (i.e., persuasive and able to effect desired change) or unsuccessful (i.e., impotent and antithetical to the developmental needs of the communicator).

Such a psychology is foundational to a *rhetorical psychotherapy,* which is a practice of psychology which:

(a) suggests that the majority of individual behaviors (be they silent or public, gestural or spoken) may be understood as communication; that is, thought, speech, and action are always *addressed* to some audience, and thus may be said to occur within rhetoricized contexts.

(b) sets out to understand the problems that bring persons into therapy as having their roots—and their solutions—in communication;

(c) encourages, discovers, and teaches effective ways of communicating with self and others;

(d) in most cases, identifies the essential curative process in psychotherapy as *argumentation*, or the composition and delivery of communiques which effectively address and solve interpersonal problems, reorganize intrapsychic life, or otherwise assist the client in accomplishing goals or sustaining a positive existence.

Psychotherapy and Rhetoric: Making the Connection

Given that psychotherapy as practice almost always takes the form of a communicative encounter, consisting of utterances and outcries, conversations and colloquies (Neimeyer, R., 1995), stories and confessions (White & Epston, 1990), arguments and analyses (Ellis, 1971, 1980; Freud, 1967), and a wide variety of other speech acts, it is surprising that it has not forged stronger links to those disciplines which take *language* and *communication* to be their major focus of study. A similar thing can be said about psychotherapy research: in general, the major research trends reflect a disinclination to integrate the core assumptions, methodologies, and factual findings of the language-centered disciplines. Even in the rising field of narrative therapy, which has so many obvious and natural links to other language-related disciplines, most writers appear to approach their topic *ab ovo*, thus failing to harvest many of the riches of narrative studies enacted by other disciplines (e.g., literary theory, anthropology).

One of the disciplines with which psychotherapy might reasonably have formed a closer alliance is *linguistics*, which concentrates on understanding the structure and operations of language, especially as these depend upon and reveal underlying cognitive processes (Thomas & Fraser, 1994). Encompassing phonology, syntactics, semantics, and pragmatics, linguistics is capable of providing therapists with fine-cutting analytic tools useful to diagnostic clarification (e.g., in a case which raises the question of thought disorder vs. brain injury), the treatment of learning disabilities and other cognitive dysfunctions, and aiding persons, especially children, in meeting developmental challenges. Two other disciplines concerned with language and of great potential value to psychotherapists are *literature* and *literary theory*. As for literature, although it played an important role in the historical origins of psychotherapy, as Freud' s widely influential incorporations of ancient Greek tragedy attest, it is now rarely employed as an adjunct to training therapists or to treating therapy clients. Nonetheless, world literature offers to

psychotherapists numerous carefully rendered texts containing highly detailed studies of confrontations between character and circumstance—or character and character—often quite similar to those encountered in therapy, as well as precisely crafted images of the social and cultural milieus in which many clients live (Grant, 1987; Shotter, 1992). Both the novel and poetry are not simply forms of art, idiosyncratic and "invented," but also sophisticated textual devices for recording social realities (Bakhtin, 1981). Similarly, the efforts by literary theorists and critics to ascertain how literary works might be "read" offer meaningful models for comprehending the ideological stances, cultural prejudices, and imaginal possibilities which influence the persons whom psychotherapists encounter in their daily work. With the exception of feminist psychotherapy—which has directly incorporated feminist critical strategies into its treatment philosophy and protocols—and Lacanian psychoanlysis (Lacan, 1968, 1981), strong links between psychotherapy and literary theory are not currently in evidence (Rodis & Strehorn, 1997).

However, the language-related discipline which is perhaps most directly applicable to psychotherapy—and yet generally ignored by it—is *rhetoric*. As Michael Billig, a social psychologist, has written , "To most psychologists, rhetoric is an unfamiliar topic. Its history, its great works, and even its vocabulary are matters which will be strange to the average psychologist" (Billig, 1989, p. 9). This disregard of rhetoric is especially odd given the recent attention to stories, conversation, and other language-based phenomena in recent years, especially by psychotherapists affiliated with the narrative, constructionist, and strategic therapy schools. Implicitly, these schools operate in areas of both theory and practice long traversed by rhetoric. Although each of these schools has accomplished a great deal without an explicit relationship to rhetoric, it is worth wondering how such a relationship might illuminate, amplify, and further evolve the work of these schools.

Because rhetoric has a long and complicated history as well as an extensive purview, it may be helpful to define rhetoric in a step-by-step fashion.

a. *Rhetoric* is *the study and the use of persuasive or instrumental communication*, or of the ways by which human beings individually and in groups utilize expressive means for the purpose of affecting others or accomplishing social ends. According to Gerard Hauser (1986), "This means that one person engages another in an exchange of symbols to accomplish some goal. It is not communication for communication's sake. Rhetoric is communication that attempts to coordinate social action. For this reason, rhetorical communication is explicitly pragmatic" (p. 2).

According to Kenneth Burke (1931), rhetoric, "by lexicographer's definition, refers ... to the use of language in such a way as to produce a desired impression on the reader or hearer" (p. 265). According to Burke, "Rhetoric [comprises] both the *use* of persuasive resources (*rhetorica utens*, as with the phillipics of Demosthenes) and the *study* of them (*rhetorica docens*, as with Aristotle's treatise on the 'art' of rhetoric)" (p. 36). In short, the "basic function of rhetoric" is the "use of words by human agents to form attitudes or to induce actions in other human agents ..." (p. 41). It is "rooted in an essential function of language itself, a function that is wholly realistic, and is continually born anew; the use of language as a symbolic means of inducing cooperation in beings that by nature respond to symbols" (p. 36).

In keeping with this interest in the social purposes, functions, and effects of communication, rhetoricians seek to ascertain the ways that anything written or spoken might express an intention, reflect biases or concerns, or influence actions or beliefs. Whereas other disciplines may study language as, say, a mode of representation or as a means of artistic expression, rhetoric is concerned with how verbal communication can directly influence the thought, behavior, or emotions of others. From a certain perspective it can be said that all

communication, regardless of its intent, has the potential to affect others: a poem, for example can evoke emotion from a reader, and the information on a plane ticket can galvanize a traveler into action. Such effects of verbal communication do, in fact, fall into the scope of rhetoric. Accordingly, rhetoric is not isolated to any particular domain in which communication takes place, but rather investigates all such domains, including the discursive worlds of the various sciences and professions, texts, social groups and cultures, and individual persons, both as they communicate with others and with(in) themselves.

Aristotle (1991)—author of the first systematic treatment of rhetorical theory, *The Art of Rhetoric*—offered the following canonical definition of rhetoric:

> *Let Rhetoric be the power to observe the persuasiveness of which any particular matter admits.* For of no other art is this the function; each of the others is instructive and persuasive about its general province, such as medicine about healthy and diseases states, geometry about the accidental properties of magnitudes, arithmetic about numbers, and so on with the other arts and sciences. By contrast, rhetoric is considered to be capable of intuition of the persusasiveness of, so to speak, the *given*. That is why we assert that its technical competence is not connected with any special, delimited kind of matter. (p. 74)

Rhetorical analysis, then, although wide-ranging in its applications, is clearly identifiable and distinct from other modes of analysis inasmuch as it is concerned with communication or language as a kind of *social action*. According to Aristotle, rhetoric is a *techne*, or a practical discipline, and, although it may sometimes plunge into deep philosophical waters, it remains focused on how human lives are measurably shaped and influenced by acts, traditions, and techniques of communication.

b. Traditionally, the study of language and its various uses has been divided into three parts, which together form what has been called since the Roman period the *trivium*. This scheme remains useful for conceptualizing the domain of rhetoric. The first part of the *trivium* is *grammar*, which coincides fairly directly with what is now the recognized domain of linguistics. The other two parts are *dialectic* and *rhetoric*, both of which deal in the exposition of ideas, but

which are differentiated from one another in that (a) dialectic deals with logically tenable ideas in an "objective" fashion, with the goal of arriving at demonstrable "truths", while (b) rhetoric deals in "the practice of justifying decisions under conditions of uncertainty" (van Eemeren et al, 1996, p. 191) and "in ways of finding, manipulating and expressing arguments in order to induce belief in the probability or plausibility of propositions advanced" (Moss, 1993, p. 50). In other words, whereas dialectic is oriented towards finding "truths" of an empirical, objective, or transcendent nature via formal, rational procedures, rhetoric is concerned with examining the vaguer, more idiosyncratic, multifarious, and shifting domains of the subjective and the social. Dialectic is traditionally the domain of serious inquiry into things-as-they-are, unprejudiced by any ulterior purpose, while rhetoric is the domain of unabashed attempts to influence others.

Naturally, the division between dialectic and rhetoric can be difficult to determine, for what one person calls "truth", another person can show is only subjective opinion or socially-conditioned, consensus-driven cant (Bazerman, 1993). The pursuit of this line of logic has led in the late 20th century to a substantial expansion in the domain of rhetorical inquiry. One example is Thomas Kuhn's *The Structure of Scientific Revolutions* (1970), which suggested that even in the "hard" sciences, "facts" and "truths" are socially constructed and negotiated.

c. Rhetoric first emerged as a formal discipline in Greece during the 5th century, concurrent with the dissolution of traditional monarchies (which the Greeks called *tyrannies*) and the emergence of democratic forms of government (Vickers, 1988). Rhetorical studies at this time were focused on the development of political discourses, especially the art of oratory, for, in keeping with democratic approaches to self-government, community decisions were to be reached only after discussion and debate. The person, then, who could, through the use of words, most effectively influence the audience could be expected to have the greatest political influence (Lawson-Tancred, 1994). Rhetoric was also closely identified with legal or judicial contexts,

which, like politics, relied on spoken and written discourses as the primary method of making decisions, coping with disagreement and conflict, resolving (or deepening) disputes, influencing opinion, judging questions and persons, and determining courses of action. Naturally, rhetoricians concentrated not only on how to make successful oratory, but also on how to analyze, critique, and derive meaning from the speech acts of others. In keeping with the ancient uses of rhetoric, Aristotle (1991) proposed a tripartite division of the discipline as follows:

Deliberative rhetoric deals with the role of discourse in making decisions.

Forensic rhetoric deals with the uses of discourse in the making of judgments, especially when they concern questions of right and wrong, legality or illegality, guilt or innocence.

Display rhetoric deals with the production of discourses on any range of topics—for instance, a eulogy or the presentation of an academic paper—with the purpose of influencing an audience to share the speaker's perspective, opinions, or values.

Since its inception, rhetoric has known periods of ascendancy and periods of near extinction, but it has remained a formally recognized discipline throughout its 2500 year history. One of the most difficult periods for rhetoric was the first half of the 20th century, when rhetorical approaches to understanding social issues were inconsonant with the current *zeitgeist*, which emphasized the search for empirical, objective, or scientific solutions. During this period, departments of rhetoric all but disappeared from colleges and universities on the European continent, and rhetorical studies survived in the United States mostly in departments of English, to whose faculty fell the task of training young persons to write (Kinneavy, 1990).

However, beginning soon after the end of the Second World War, with the emergence in philosophy of new critical interest in studying the construction of knowledge, the publication of seminal new studies in rhetoric such as Chaim Perelman's & L. Olbrechts-Tyteca's *The New Rhetoric* (1969), the rise in the social sciences of awareness of the social and cultural power of non-scientific and irrational beliefs, and, finally, the explosion in departments of English of

interest in the study of writing and composition (Horner, 1990), rhetoric has made an extraordinary comeback. Currently, departments of rhetoric can be found in most major universities, and nearly all the disciplines, but especially the humanities and the social sciences, utilize rhetorical methods of inquiry. In 1984, at the Iowa Symposium on the Rhetoric of the Human Sciences, the philosopher Richard Rorty suggested that intellectual inquiry throughout the disciplines was currently involved in what could be described as a "rhetorical turn" (Simons, 1990). The rhetoricization of intellectual study and philosophy is closely identified with what is more widely known as postmodernism (Angus & Langsdorf, 1993; Derrida, 1992).

d. To the domain of rhetoric can be assigned the following areas of inquiry, skill, and practice (Kinneavy, 1990), most of which can be meaningfully applied to the everyday lives and discursive practices of persons, as well as to psychotherapy:

The study of situational contexts

Communication theory

Argumentation

Discourse analysis

Epistemology

Composition studies

Information theory

Propaganda, political rhetoric, and commercial advertising

Literary criticism

Gender studies, including feminist criticism

The study of self-expression

Semiotics and semiology

e. In summary, rhetoric is a complex and ancient discipline, whose multi-facetedness has emerged from its interest in studying the various ways that language practices may be shown to shape, effect, and transform the lives of human beings (Leff, 1978).

As indicated in this definition, rhetoric's interests, although clearly definable, are not easily confined to one domain or another, for communication rarely takes place that does not have the purpose of influencing social action. As a result, in keeping with the social constructionist leanings of the postmodern period, rhetorical perspectives have come into play in almost all the disciplines during the late 20th century (Simons, 1989a; van Eemeren, 1996). Explicitly rhetorical approaches can be found in anthropology (Clifford & Marcus, 1986; Battaglia, 1995), history (White, 1973), and throughout the social sciences and humanities. Additionally, rhetorical and/or quasi-rhetorical approaches have been articulated in some of the subdisciplines of psychology, including social psychology (Billig, 1985, 1988, 1989, 1991a, 1991b, 1997), personality psychology (Young-Eisendrath, 1987; Gergen 1991; Hermans & Kempen, 1993), and cognitive psychology (Billig, 1993; Harre & Gillet, 1994; Globus, 1995).

That psychotherapy generally represents an exception to this expansion of rhetoric is something of a mystery, for the common ground between—and thus the potential for—an active relationship between psychotherapy and rhetoric is substantial and venerable. It is, in fact, difficult to think of a discipline more directly relevant to the doing of psychotherapy than rhetoric. Even as in *The Art of Rhetoric*, Aristotle (1991) offered a systematic treatment of communicative practices designed to influence an audience's emotions, behaviors, and beliefs, these matters remain central to the theory and practice of contemporary psychotherapy. In the two and a half millenia since Aristotle, rhetoricians have continued to study communicative

practices, thereby developing valuable techniques for influencing others, as well as deeply reasoned theories about the psychology of communication. At present, energized by late-twentieth-century investigations of the social functions of language in philosophy (Wittgenstein, 1953; Rorty, 1979), science (Kuhn, 1970; Sandell, 1987; Simons, 1989a), and rhetoric itself—especially Chaim Perelman & M. Olbrechts-Tyteca (1969), Mikhail Bakhtin (1981, 1984a, 1984b), and Kenneth Burke (1931, 1955, 1966, 1989)—rhetoric as a discipline is thriving, and rhetorical perspectives have been adapted and applied almost everywhere there is academic inquiry.

Although psychotherapy's disinterest in rhetoric appears counterintuitive, at least two possible explanations may be ventured. One explanation is that psychotherapy has rejected rhetoric because of the former's investment in establishing itself as an applied *science*, related more closely to medicine than to the language arts (Szasz, 1961). A very different, yet also compelling, possibility is that psychotherapy has neglected rhetoric because it is already so radically rhetoricized; that is, having set to work on many of the problems traditionally treated by rhetoric with methods of its own and in a new, unique setting, psychotherapy may have come to regard general theories of rhetoric as outmoded, derived from faulty methodology, or irrelevant to its special province. Whatever the case, despite the apparent family resemblance between rhetoric and psychotherapy, the explicit, formal links between them have generally failed to materialize. Rhetoricians and psychotherapists do not attend each other's conferences; no journal in psychotherapy has sponsored a special issue or colloquium devoted to the exploration of rhetoric; and courses in rhetoric are not part of the curriculum of training programs in psychology and psychotherapy. Certainly, rhetoric, being wide in its purview, has often looked across the disciplinary fence at psychotherapy (e.g., Burke, 1966); and psychotherapy has yielded a small number of works expressly declaiming the value of rhetoric (please see Review of

Literature below), but there does not exist a substantial, mutually invigorating and reciprocally inquisitive relationship between the two.

This dissertation rests on the premise that such a relationship is both possible and desirable, and that psychotherapists and their clients may derive definite benefits from the employment of rhetorical strategies and frames of reference.

Rationale

While the better part of this dissertation will be devoted to the attempt to provide specific, concrete support to the claim that rhetoric has value for psychotherapy, as a prelude, the following broad rationale may be offered:

Rhetoric offers to psychotherapy a language-centered perspective which fits with its own language-centered practices.

As suggested above, psychotherapy is largely a process of dialogic exchange which finds its unique character in the efforts of the participants to achieve a positive change in the symptomology, behavior, emotions, perspective, and/or life of the client(s). Although there are certain psychotherapeutic interventions (e.g., massage therapy, behavioral conditioning, etc.) which involve deeds but not speech, the vast majority of interventions take place within the provinces of, and cannot be imagined in the absence of, language-based communication.

The centrality of language to psychotherapy does not stand apart from but rather reflects the significance of language to human existence generally. From birth until death, humans are profoundly affected by language, for it is the primary medium of interpersonal exchange, as well as the primary tool of enculturation, education, and socialization. Human beings are inveterate

senders and receivers of messages, and communication can fairly be said to be amongst the principal tasks and prerogatives of individuals throughout their development. Facility in communication is valued at all stages of life, and difficulties in the generation, reception, and comprehension of language may have any number of negative implications for psychological health, social status, and daily efficacy.

A rhetorical perspective, then, offers to psychotherapy an apt and natural means for linking what it *does* with (a) the lived lives of persons, which are virtually in every respect influenced and shaped by language, as well as with (b) existing psychological theories and data concerning the role of language in human psychological functioning and development.

As differentiated from many other frameworks for psychotherapy which are expressly non-language-based—or which, at the very least, do not openly avow the extent to which language is critical to their construction—rhetoric is well-positioned to capture with clarity and precision the variety of discursive encounters that may take place between therapist and client, determining why they occur and how they may be altered for the benefit of the client.

Rhetoric and psychotherapy are both what Aristotle (1991) calls *techne*, or technical disciplines, interested primarily in how real-life problems of communication can be solved.

Rhetoric is concerned first of all with how communicative strategies might be used to accomplish a goal to organize social relations and solve relational problems. Rhetoric is quite capable of entering theoretical spaces, and, in fact, has been the seat of elegant and compelling theories about a range of complex issues, including cognition, social relations, and power. But, as a primarily practical discipline, it has focused on (a) "discovering," explicating, and evaluating the efficacy of rhetorical strategies used by persons and groups in natural settings, and

(b) teaching persons how to develop and implement more effective approaches to communication.

The relevance of these emphases to psychotherapy is direct and clear.

From its *in situ* studies, rhetoric has derived a variety of incisive techniques for studying how people communicate in daily life. For psychotherapists—who are often primarily interested in how to *change* the communicative behaviors of clients—such knowledge is clearly precious, for richly understanding the communicative worlds of clients is often key to discerning constructive and novel pathways for altering those worlds. Such understanding is also likely to provide psychotherapists with greater discernment in determining what changes are most advantageous to particular clients. Often, psychotherapists offer clients generic solutions which may well have limited efficacy and appropriateness in certain cultures or situations. In being attentive to the particulars of discursive situations and settings, rhetoric has a long tradition of culturally-sensitive practices.

Secondly, from its ancient tradition of teaching communicative strategies, rhetoric has evolved pedagogies of potential utility for psychotherapists, whose work often involves a direct psychoeducational thrust. Originally offering training in ancient Greece to orators with political aspirations, rhetoric has expanded its scope over time to include a substantial portion of the "general education" of contemporary students, most especially writing, speaking, and literary interpretation. Rhetoric's technology for, say, training college freshmen to write effective essays may well be applied to assisting some clients in the authorship of new solutions to old problems or to the articulation of new roles and identities. Likewise, rhetoric's techniques for training debators and lawyers may be useful in assisting clients who must learn to cope with trying or antagonistic circumstances.

In summary, by being primarily an action-oriented discipline, whose *raison de 'etre is* ultimately linked more to real-life problems and solutions than to ideas and understandings,

rhetoric is uniquely friendly to the fast and frequent movements between theory and practice which psychotherapy—always a dynamic process—seems to require. Bryant (1965) puts this nicely in the following remark:

> Rhetoric is primarily concerned with the relations of ideas to the thoughts, feelings, motives, and behavior of men. Rhetoric as distinct from the learnings which it uses is dynamic; it is concerned with movement. It *does* rather than *is*. It is method rather than matter. It is chiefly involved with bringing about a condition, rather than discovering or testing a condition. Even psychology, which is more nearly the special province of rhetoric than is any other study, is descriptive of conditions, but not the uses of those conditions" (in Schwarz & Rycenga, 1965, p. 18).

Also suggested in Bryant's last sentence—and Bryant is by profession a rhetorician—is not only the notion of a "goodness of fit" between psychotherapy and rhetoric, but also the idea that rhetoric may provide psychotherapy with some of the utilitarian, process-oriented resources that traditional, trait-centered psychology often deemphasizes.

Rhetoric and psychotherapy share as one of their principal tasks—and most fascinating problems—the influencing of other persons via discursive means.

Conversations with psychotherapists or a reading of psychotherapeutic literature suggests that the following phenomena are so commonly witnessed that they function as working assumptions in the field:

> We transform many a symptom or problem by transforming our talk about it.

> We transform many a symptom or problem by making the right choice with whom to talk about it.

We transform many a symptom or problem when we determine why we are talking about it at all.

We transform many a symptom or problem by being answered by others in ways different than we have come to expect.

We transform many a symptom or problem when we talk about it for the first time, after having been silent for a long while.

We transform many a symptom or problem when we place out most negative, darkest, and most frightening beliefs and opinions in range of a positive counter-argument.

When these assumptions are written out as they are here, we come face-to-face with the very processes with which rhetoric has been fascinated since its inception. Clearly, talk and dialogue, words and discourse have a great power, and alterations in what we say, how and where we say them, and to whom we speak can have profound transformative consequences for us.

But why is this so?

Since Freud, explanations for the transformative power of the conversations that go on in therapy have largely focused on the therapists' use of a certain expertise or understanding of the construction of the human personality. In other words, a neurosis may be the product of a developmental problem during the anal phase, or it may be due to the overlearning of a certain behavior pattern that is now maladaptive. Recognizing these problems, the therapist steps in, offers insight and prescriptive advice, and problems begin to cease.

More recently, many psychotherapists—such as Milton Erickson (1980) and other strategic therapists (e.g., de Shazer, 1985), as well as Michael White (White & Epston, 1990) and

other narrative therapists (Wigren, 1994; Goncalves, 1994a, 1994b; Parry & Doan, 1994; Mishara, 1995)—have shifted the focus of study to the discursive processes that appear to have special efficacy for psychotherapy. Erickson's combination of story-telling, paradox, and double-speak during hypnosis are a wonderful example of what might be called "rhetorical medicine," or the administration of certain linguistic curatives (Kirmayer, 1988). The narrative movement's emphasis on the therapeutic benefits of engaging clients in story-telling practices provides a complement to Erickson's work, inasmuch as the role of primary speaker shifts from the therapist to the client, and yet still brings about certain benefits.

From a rhetorical perspective, both of these phenomena are explicable as forms of psychotherapeutic argumentation (please see Chapter 4). Indeed, rhetorical theory may well provide psychotherapy with the means for a useful meta-theory, or way of ascertaining why and how certain practices work, thus assisting clinicians in making sound decisions about future interventions. Rhetorical theory does not compete with other theories about psychology and psychotherapy, but works together with them.

Persons who come to therapy often come as a result of their difficulty in dealing with particular rhetorical situations.

All persons can be said to inhabit a number of "rhetorical situations," or situations in which there is action-oriented dialogue which has the goal of resolving a disagreement. As several rhetoricians have emphasized, neither individual nor social existence is univocal, or single-voiced; rather, both are almost always characterized by multiple perspective and positions, each of which must negotiate the terms of its survival and fulfillment with the others (Bakhtin, 1984a; Perelman, 1963, 1982).

This multi-vocal, and thus tension-fraught, structure is easily apparent in social relationships, or in one person's relationship with others, for here there is quite obviously more than one speaker, and thus more than one worldview, in evidence. Even as the political life of any community is typically constituted of several parties, each of them harboring a variety of different positions and each of them intent on out-persuading the others, so is interpersonal existence an immersion in differences and disagreements which demand resolution. The married couple, the family, the workplace, the church, friendship, enmity: all are sites of active multi-vocality and thus of rhetorical exchange.

Yet this structure is also evident in intrapsychic life, or in the internal life of the individual. As Beck et al. (1979, 1985) noticed, depressed persons are often found to engage in "internal self-talk" which is pessimistic, negative, and self-undermining. According to Beck, one component of effective psychotherapeutic treatment of depression is to expose this self-talk and replace it with more encouraging utterances. Yet, self-talk is not limited to times of depression, but is a common feature of internal life. Vygotsky (1978, 1986), for example, noticed that young children tend to openly talk to themselves when trying to work out solutions to certain problems; eventually, he proposed, this externalized talk becomes internal, silently guiding even mature and complex cognitive processes. And from the annals of literature and philosophy there are many instances of internal conversation, including Socates and his *daemon*, Dostoyevksy's Underground Man (1972), and Shakespeare's (1997) soliloquizing Hamlet and self-deliberating King Lear.

Thus, rhetoric—which is primarily interested in strategies for effectively handling rhetorical situations—applies as much to the internal lives of persons as it does to social relationships. If a person is unable to resolve internal conflicts, the result may be confusion or impulsive action. If a person is unable to resist negative internal arguments, the result may be

demoralization. And, if, on the other hand, a person is able to have judicious, hopeful, and reasonable internal conversations, the result is likely to be greater happiness.

As Isocrates said,

> The arguments by which we convince others when we speak to them are the same as those we use when we engage in reflection. We call those able to speak to the multitude orators, and we regard as persons of sagacity those who are able to talk things over within themselves with discernment. (In Perelam & Obstreehts-Tyteca, 1969, p. 41)

Usually, persons come to therapy when one of more of their rhetorical situations have become (or have always been) problematic, and, as rhetoricians, they are at a loss for how to deal with these troubles.

For some clients, the problem is primarily external. For example, a 28 year old male client comes to therapy saying that he is "depressed because I got out of prison almost a year ago and still no one wants to give me a job 'cause I'm a convicted felon." While the client certainly has internal problems which deserve attention, the source of his difficulty is primarily situational: If he can find work, his sadness is likely to clear up. The thrust in treatment, then, may well be to help the client develop a strategy for convincing potential employers that he is worth taking a chance on. As part of the process, the client may learn in fact to believe this about himself, thus boosting his morale.

For other clients the problem is primarily internal. For example, a 25 year old unmarried white woman, the mother of a two year old daughter, comes to therapy complaining of back pain and general feelings of dysphoria. In the course of the first interview, the woman states that she has been depressed since her first semester at college, when she "went crazy" and slept with a number of different men. The client explains that she was raised in a strict Catholic family, and has always felt guilty about her sexual feelings. She would like to marry the father of her child, but she does not feel good enough about herself to be married: "Wouldn't it be sad to be up there [i.e., at the altar] all fat and with a daughter already?"

In this short narrative, there is evidence of several problems which will become more evident in later interviews: a childhood history of sexual abuse, ADHD, eating disorders, and great difficulty accepting her body.

Rendered in rhetorical terms, however, the situation of the client is roughly as follows: Noting her deviance from the teachings of church, family, and American culture, the client accuses herself perpetually of failure, inadequacy, and other horrors. Most especially, she is suspicious of and ambivalent towards her own body, for the majority of her transgressions involve her body. Her internal life, then, is staged as an ongoing trial, in which she first denounces herself, and then answers back in the voices of defensiveness and despair. Her body and mind have become sites of a rhetorical entanglement from which she has not been able to extricate herself for a long time. By rendering her predicament in rhetorical terms—that is, as a fairly vicious internal debate—both client and therapist may take the first step towards determining what new arguments or acts of speech may alter this predicament.

Both rhetoric and psychotherapy deal more often with the opinions, beliefs, and convictions of persons than with "truths" subject to empirical demonstration or scientific proof.

As students of rational-emotive therapy (RET) have shown, psychotherapists are frequently confronted by instances in which persons' beliefs shape their behavior, influence their decision-making processes, and either enhance or undermine their psychological health (Ellis, 1971). Accordingly, following Ellis, many RET therapists have tried to bring to their interventions the vigor of a Socratic interrogation, boldly extinguishing "bad" beliefs and encouraging reason, logic, and fact (Weinrach, 1996).

The general efficacy of RET methods has been demonstrated by several studies (Haaga & Davison, 1993). However, these procedures have not always proven either successful (for

they can arouse potent resistance) or ethical (for they can overly devalue clients' given belief systems). Is the therapist who dismisses her Sicilian immigrant client's belief in the evil eye likely to win that client's trust? Perhaps. But there is also a chance that the client's "superstition" is tied to a wider matrix of cultural and personal beliefs that is not so easily displaced because it is also life-enriching.

However, regardless of its potential faults, RET is certainly correct in asserting that therapists are routinely compelled to enter the particular realities of clients' mental worlds, where beliefs may well be the most powerful of presences. Rhetoric—which has long wrestled with the problem of how the opinions and beliefs of others may be formed and influenced—can be an extremely valued ally in such circumstances. Its value, however, is not limited to the extinction of clients' mistaken beliefs, but extends to helping clients to (a) explore the roots and formative processes of their beliefs, (b) engage in a process of constructive, agentive reconsideration of the virtues, uses, inconveniences, and consequences of what they believe, and (c) engage in a process of authoring new beliefs.

As importantly, rhetoric wraps around the variety of phenomena that may attend interactions involving belief formation or change. Although particular rhetorics in any domain of life may be fixed and inflexible—as, for instance, the McCarthyite political rhetoric of anti-communism—rhetoric as a discipline favors multiplicity and flexibility. According to Protagoras, rhetoric's special wisdom lies it its recognition that, for every question, at least two arguments exactly opposite to one another may be articulated (Billig, 1989). As accessed by psychotherapists, rhetorical concepts and techniques may well lead less often to direct disputes with clients (although this certainly remains an option) and more often to adroitly channeling client's disputes with themselves and others towards new possibilities of resolution.

Rhetoric has long been identified with psychological healing, the shaping of character, and other effects currently considered the domain of psychotherapy.

Rhetoric has long nourished an interest in what is currently regarded as the express province of psychotherapy: the question of how to bring about a salient change in the psychological well-being of others.

The origins of this interest almost certainly can be traced to the legal and political realms, wherein speeches were performed for the purpose of moving an audience to action. For Aristotle (1991) and many other writers who followed him, the movement of others to action required not only an effect upon their minds, but at least as much upon their emotions, "For things do not seem the same to those who love and those who hate, nor to those who are angry and those who are calm, but either altogether different or different in magnitude (141)." In the *Art of Rhetoric*, Aristotle (1991) develops a comprehensive theory of the emotions focused on the way that emotions are (a) influenced by certain social scripts and scenarios and (b) susceptible to the effects of certain particular speech acts.

This recognition that the emotions of persons *can* be strategically influenced or manipulated has led to direct exploration by Aristotle and many rhetoricians since his time of precise and reliable methods for so doing (Walton, 1992). And, while it often has been charged both by rhetoricians and their critics that the emotion-arousing power of language can be used in self-aggrandizing and destructive ways, the converse has also been much acknowledged: that is, the proposition that acts of language can bring about good results, including the healing of the spirit, the making of wise decisions, and the rendering of fair judgments.

Accordingly, Plato—who was generally an outspoken enemy of rhetoric—acknowledged in the *Phaedrus* that "rhetoric is like medicine" able to "impart health and strength ... by the right application of words and training (Spillane, 1987, p. 217). Likewise, Cicero praised

rhetoric as an essential and necessary civilizing force in human society, which could transform persons "from wild savages into a kind and gentle folk" (Vickers, 1993, p. 30). And Petrarch, the scholar whose rediscovery of the great rhetorical writings of the ancients figured prominently in the making of the Renaissance in Europe, considered the pursuit of 'eloquence' the royal road to the attainment of both moral virtue and psychological wellness:

> ...we correct not only our life and conduct, which is the primary concern of virtue, but our language usages as well...by the cultivation of eloquence. Our speech is not a small indicator of our mind, nor is our mind a small controller of our speech. Each depends upon the other but while one remains in one's breast, the other emerges into the open...People obey the judgment of one, and believe the opinion of the other. Therefore both must be consulted, so that [the mind] will be reasonably strict with [speech], and [speech] will be truly magnificent with the mind] (Vickers, 1993, p. 30).

Finally, the 20th century rhetorician, Kenneth Burke (1989), developed a theory of the relationship between the emotions and discursive processes which bears a keen resemblance to the attachment theory of Bowlby. According to Burke, persons use discursive means to negotiate the great emotional and existential paradox into which they are born: simultaneously individuated (and thus emotionally needful of separation) and inveterately social (and thus emotionally needful of communion with others), we use rhetoric to try and secure both.

In these rhetorical traditions—the first focused on the rhetorician as healer and the second focused on expressive actions as inherently emotional—exists a natural link to the mental health perspective in psychotherapy, which, after the fashion of the medical sciences, has long considered psychotherapy a treatment process focused on the eradication of illness.

Rhetoric provides a rich and nourishing ground for the evolution of a new, useful psychotherapeutic theory, which meaningfully incorporates cognitive, social, cultural, and personality psychology.

A rhetorical approach to psychotherapy is one rooted in the notion of the human person—as in Mikhail Bakhtin's (1984a) apt phrase—as the "subject of communication." That is, in contrast to, say, behavioral psychotherapy which takes the "conditionable organism" as the primary metaphor for the client, a rhetorical approach to psychotherapy defines the client as a speaker, a listener, a writer, a dialogist, a conversationalist, a speech-maker, an audience, an arguer, a singer, a truth-maker: in short, as a rhetorician. According to this perspective, individual persons find their very *beings* in that universe which is comprised of their own and others' acts of utterance, interpretation, analysis, and meaning-making. Accordingly, it is in the study of, participation in, exposure of, engagement in, and interpretation of the client's communicative exchanges, or dialogues, with the world that therapy finds its foremost activity.

Such a view of the person is not, in fact marginal to psychology, but has resonance with existing perspectives in other sub-disciplines in psychology.

In cognitive psychology, for example, Rom Harre & Grant Gillet (1994) have offered the following view of the individual person:

> We will therefore identify a person as having a coherent mind or personality to the extent that individuals can be credited with adopting various positions within different discourses and fashioning for themselves, however intentionally or unintentionally, a unique complex of subjectivities (essentially private discourses) with some longitudinal integrity ...And to be a psychological being at all, one must be in possession of some minimal repertoire of the cluster of skills necessary to the management of the discourses into which one may from time to time enter (p. 50).

Harre & Gillet's definition of the person is patently rhetorical: the person is presented as a rhetorical subject living in a rhetorical world. Grasping the communicative relations in which the person lives is essential to understanding the very design and function of cognition—and visa

versa. But a cognitive psychology removed from these rhetorical moorings is, for Harre & Gillet, insupportable: neither mind nor personality are meaningfully "definable in isolation ... from historical, political, cultural, social, and interpersonal contexts" (p. 50).

Similarly, Michael Billig (1991) has articulated a rhetorical framework for social psychology, his rationale being that understanding the processes of everyday thinking and decision-making—especially as these effect political beliefs and social attitudes—necessitates recognizing that these processes are rhetorical. He writes:

> The ordinary person—the 'subject' of ideology—is not a blind dupe, whose mind has been filled by outside forces and who reacts unthinkingly. The subject of ideology is a rhetorical being who argues with ideology. (Billig, 1991, p. 2)

In Billig's view, social existence is everywhere divided and under contention. Persons are not simply democratic or republican, monarchist or feminist, but are these things only to the extent that they take positions or argue points of view consistent with these ideologies. Argumentation is a continuous process, and one which goes on both between and within individuals. An understanding, then, of political and social behavior requires that social psychologists grasp the rough and tumble, push and pull nature of the inherently rhetorical contexts in which such behaviors occur.

It is possible to go on citing voices in other sub-disciplines in psychology supportive of rhetorical perspectives, but the basic point should by now be made: a rhetorical perspective for psychotherapy can allow psychotherapists to meaningfully integrate related findings and theories of value to their own practices. Moreover, given that a language focus matches what psychotherapists already do in their day-to-day work, a rhetorical perspective may attract the interest of many therapists who do not as a rule keep abreast of research in other sub-disciplines within psychology.

Discussion

As has been suggested above, psychotherapy in nearly all of its manifestations may be set within a rhetorical framework. Even schools of psychotherapy which are expressly non-rhetorical in philosophy and attitude (e.g., behaviorist) are to some extent rhetorical in practice, for each of them engages in the formal use and study of persuasive or instrumental communication in order to "form attitudes or to induce actions in other human agents" (Burke, 1931). There are, however, also schools of psychotherapy which, in focusing on issues of *language* in psychic life and in therapeutic change, possess a distinctly rhetorical flavor. Among these we may count Lacanian psychoanalysis, feminist psychotherapy, Ericksonian hypnotherapy, constructivist psychotherapy, narrative psychotherapy, and Rational-Emotive Therapy (RET). Yet none of these schools avows a direct or deliberate relationship to rhetoric, and so rest either on different theoretical bases (most of them found in scientific psychology) or have derived their theoretical rationales directly from practice.

In contrast, a deliberately rhetorical approach is one which: (a) draws directly upon the worldview, concerns, and methodologies of the discipline of rhetoric, integrating these materials with those developed by psychologists and psychotherapists, (b) emphasizes a rhetorical view of the person, which is to say a view of the person as centrally defined by rhetorical potentialities, actions, and engagements, (c) emphasizes a rhetorical understanding of psychological processes, such as thinking and feeling, psychopathology and well-being, and (d) regards psychotherapy primarily as a means for helping clients to activate and refine their rhetorical skills and understandings, thereby acheiving the relief of symptoms and the improvement of their quality of life.

Naturally, there is no *single* rhetorical approach to psychotherapy. To say so would be directly inconsonant with both the reality and the philosophical spirit of rhetoric. In fact, it is

quite possible to imagine several kinds of rhetorical psychotherapies, one emphasizing the analysis of familial discourses, another emphasizing power issues, and so forth.

Although committed generally to rhetoric, this dissertation focuses specifically and primarily on *argumentation*, a process of central interest in rhetoric since Aristotle (1991). The rhetorical approach to psychotherapy outlined here (a) regards a knowledge of argumentation as key to psychotherapists' efficacy, and (b) harnesses and guides the argumentation processes of clients for the resolution of both internal (intrapsychic) and external (interpersonal) difficulties.

According to Perelman and Olbrechst-Tyteca (1968), argumentation is "the discursive means of obtaining the adherence of minds." Because argumentation has social action or cooperation as its chief aim, "An efficacious argument is one which succeeds in increasing the intensity of adherence among those who hear it in such a way as to set in motion the intended action (a positive action or an abstention from action) or at least in creating in the hearers a willingness to act which will appear at the right moment (45)." Whereas argumentation is sometimes treated as a special kind of discourse, denoted by attention to formal procedures and rules of logic, twentieth century rhetoric has chiefly studied argumentation as a nearly omnipresent facet of social existence (van Eemeren et al., 1996, p. 200). Thus, whereas argumentation in a court of law might require the explicit articulation of a justifiable *rationale*, simple utterances in daily life such as "Pass the peas!" may be considered as argumentation which implicitly stands on unspoken rationales, such as "I live here and I have a right to feed myself, so give me them peas!" In essence, to study argumentation is to study the social logic of any discursive process; and to argue is to achieve a social goal by providing one's claims with implicit or explicit justification.

In contemporary rhetoric, there are several approaches concurrently taken to the study of argumentation. According to van Eemeren et al (1996), the first of these is the *social sciences perspective*, which emphasizes descriptive and empirical studies of the uses of argumentation in

particular natural settings. Within the social sciences category can be found the *cognitive-developmental perspective*, "which focuses on argument as a skill or competency, developed progressively and employed much like other cognitive skills, such as language comprehension, problem-solving, and moral reasoning" (van Eemeren et al., 1996, p. 198) The *practical philosophy perspective*, on the other hand, studies the operations of argumentation in everyday life as a kind of *phronesis*, or "practical wisdom in a given case" (van Eemeren et al., 1996, p. 203). The *social and cultural critique* approach studies the ways that processes of argumentation are influenced by the communities in which they are found; "Instead of asking whether an argument was sound, the questions became "Sound for whom?" and "Sound in what context?" (van Eemeren et al., 1996, p. 204).

While sensitive to each of these approaches to the study of argumentation, this dissertation draws most directly upon the cognitive-developmental and the social and cultural critique perspectives. This dissertation is cognitive-developmental inasmuch as it holds that (a) all persons engage in argumentation, (b) styles and kinds of argumentation are influenced by individual differences, (c) styles and kinds of argumentation are influenced by age, developmental level, and cognitive ability, and (d) argumentation is a learnable skill. This dissertation is socio-cultural in its approach inasmuch as it holds that: (a) the efficacy of any approach to argumentation is determined in part by the context and community it hopes to persuade, (b) an individual's styles and modes of argumentation are highly influenced by the socio-cultural and interpersonal contexts in which they have developed or lived, (c) the modes of argumentation utilized, preferred, or rejected by various communities are susceptible to identification and analysis, and (d) the modes of argumentation utilized by various communities are teachable and learnable.

There are at least two broad areas in which argumentation is relevant to psychotherapy. The first of these has to do with the clients' engagement in argumentative processes in their daily

lives, past and present, internal (intrapsychic) and external (interpersonal). Typically, clients come into therapy to get help with some argumentative process or another. It may be that they want to be able to win the argument against nicotine or alcohol. It may be that they want help in avoiding conflict with their spouse, or in helping their parent see that they ought to be allowed a greater freedom. It may be that they have been oppressed by social prejudice or racism, attitudes which contain stridently negative arguments. Or it may be that they are besieged by self-talk which is demeaning, accusatory, or negating. Usually, clients enter therapy because one or more of these argumentative situations do not seem readily susceptible to resolution.

Generally speaking, psychotherapists do not explicitly focus on the role of argumentation in the construction of client's difficulties or the solutions to these difficulties. Yet often problems are created and/or maintained by certain arguments made by self and others. Complementarily, problems are often resolved by the construction of new arguments or by the involvement of new parties in the argumentation process. Because argumentation is a given in social life, it is the source of much that is good and useful as well as much that can be damaging or limiting. It follows that a reconstruction of the argumentative processes in which clients are critically involved may have definite psychotherapeutic benefits.

The second way in which argumentation has relevance for psychotherapy is in illuminating the dynamics of the discursive relationship between therapist and client. The dialogues which pass between therapist and client are shot through with argumentation. It is difficult, in fact, to imagine a therapist who has not developed a distinct belief system or worldview to argue from, who is unable or unwilling to argue with clients about what something means or what ought to be done about it, or who has not refined a set of particular argumentative techniques for moving clients in the direction of positive change. Perhaps the most visible practitioners of aggressive argumentation are those who make use of Rational-Emotive Therapy (RET), which encourages the use of disputational techniques to "undercut and disembowel the

conscious and unconscious irrational assumptions that make ... and keep (the client) emotionally disturbed (Ellis, 1971, pp. 1-2). Although less down-and-dirty, the therapeutic techniques employed by mainstream cognitive-behaviorists such as Beck (1985) are also approaches to argumentation. Charting symptoms, cataloguing and challenging negative self-talk, and reading up on scientific "facts" about a psychiatric disorder are all ways of building a warrant for a different approach to living, feeling, and making sense of reality. Another unique approach to argumentation is that pioneered by Milton Erickson (1980), who, rather than directly challenging the beliefs and convictions of clients, evolved a kind of specialized talk designed to bypass objection and resistance. Had any of the approaches to argumentation just mentioned been openly and explicitly practiced during the ancient Greek or Roman periods, there is little doubt that they would have been claimed by rhetoric.

Clearly, to develop greater proficiency in argumentation is of value both to clients and to psychotherapists, each of whom—like everyone else in the world—must of necessity do a great deal of arguing as part of social existence. Proficiency in argumentation may be gained in several ways. Within the context of psychotherapy, these include but are not limited to: (a) directly studying and learning certain formal techniques of argumentation, (b) analyzing and critiquing the arguments at play in the client's particular situation or problem, (c) exploring the developmental history of the client's argumentative "set", and (d) helping the cleint to express materials and themes, warrants and grounds, which lend clarity, conviction, and authority to the client's claims.

At present, scant attention is given to argumentation in the psychotherapeutic literature. This dissertation has the purpose of suggesting that a focus upon processes of argumentation has definite clinical value, both for psychotherapists and for clients.

In conclusion, it can be said that the over-aching purpose of this dissertation is to provide support for the general position that the study of rhetorical perspectives, concepts, and strategies—especially in regards to argumentation—has merit for psychotherapy. Given the similarity of concerns—and yet the dissimilarities of traditions—between the two disciplines, it is suggested that the establishment of an active, conscious relationship between them offers the promise of a rich transference of materials. The utilization of so-far neglected rhetorical texts and ideas may yield definite benefits in terms of training new psychotherapists, enhancing the competencies of practicing psychotherapists, and generating new directions for service and research.

CHAPTER 2

LITERATURE REVIEW

As has been suggested in the introductory chapter to this dissertation, from a certain theoretical perspective, all approaches to psychotherapetic treatment might be placed within the domain of the rhetorical, inasmuch as they are concerned with the instrumental and persuasive uses of communication. Consistent with this interpretation, the annals of psychotherapy since its inception might be considered a particular subfield of applied rhetoric: a subfield, moreover, which could arguably provide a rich basis for assessing the psychological, ontological, and epistemic bases on which rhetoric—inasmuch as it constitutes a theory of human nature and behavior—stands.

While such a historical and theoretical (re)interpretation of the discipline of psychotherapy would certainly be a valuable contribution, it is beyond the scope of this dissertation's—and this chapter's—particular purposes to attempt.

Similarly, it is not within the scope of either this dissertation or this chapter to enumerate in systematic fashion those approaches or schools of psychotherapy which might fairly be considered 'relatives' of a deliberately and self-consciously rhetorical psychotherapy. In the following chapters, as these related schools become pertinent to some particular topic of discussion, they are mentioned and cited in the course of exposition. Thus, although the narrative, constructivist, and Lacanian schools of psychotherapy have contributed concepts and strategies which are similar to some of those which might emerge from a self-consciously rhetorical orientation, they, in fact, stand on non-rhetorical theoretical foundations, do not make direct use of rhetorical sources and materials, and are typically unaware of the extent to which they might be reconceptualized as frames for rhetorical encounters between client and therapist.

Similarly, some self-avowedly 'linguistic' studies (e.g., Labov & Fanshel, 1977) of psychopathology and psychotherapy—although of clear interest to rhetorically-oriented therapists—are not grounded in an explicit interest in persuasion and argumentation; moreover, they are typically confined to language-based communication, while rhetoric clearly deals also with meta-lingusitic or non-linguistic factors.

The purpose of this chapter, rather, is to list and discuss those published works on psychotherapy which explicitly refer to rhetoric, which directly acknowledge the potential value of rhetoric as a source of guidance for psychotherapy, and/or which make explicit use of rhetorical strategies or devices. The scope of this chapter, in other words, is to identify and review those works on psychotherapy which are *avowedly* and *self-consciously* rhetorical. As such, this review traces the interest—as relatively rare as it has been—within psychotherapeutic circles for fashioning a vital relationship to the discipline of rhetoric. Additionally, it offers a summary of how—both in pragmatic and theoretical terms—this relationship has been envisioned by other writers.

Perhaps the first writer to declare a direct relationship between psychotherapy and rhetoric is Erling Eng, who published the journal article "Modern psychotherapy and Ancient Rhetoric" in 1973. In this succinct (approximately 3 pages in length) piece, Eng begins by describing the prevailing popular attitude toward rhetoric as one of distaste: "When the word 'rhetoric' is used today its meaning is pejorative: a communicative appeal to the hearer's or viewer's emotions, in a way that is dishonest, and to the detriment of reason" (p 493). Eng traces this negative valuation of rhetoric to an ancient controversy between those philosophers, such as Plato, who "sought an unattained pole of context free meanings," and the rhetors, who focused instead on the power of context to create meaning, to influence behavior, and to color understanding (493).

This long-standing and damaging antipathy towards the contextualization of truth, Eng suggests, did not destroy or supplant rhetoric; rather, as was recognized by W.J. Ong (1971), rhetoric was "disrupted, displaced, and rearranged. It became a bad word—as did many of the formerly good words associated with it, such as art, artificial, commonplace, and so on" (494).

Thus, if, in the contemporary period, rhetoric as "the art of persuasion" has disintegrated into such philosophically disreputable arts as advertising and propaganda, "...it has conversely disclosed a possibility latent within it from antiquity, namely the possibility of 'psychotherapy'" (494). Indeed, suggesting that as part of rhetoric's disruption and displacement, it has been forced to move to separate sites and adopt various aliases, Eng writes: "Of interest to us is the fact that it is precisely at the time of the demise of the rhetorical tradition that 'psychiatry' emerges as a word, followed by the neologism 'psychotherapy' later in the century, in the 1880's." In other words, although too valid to be wiped out by its enemies, rhetoric was all the same compelled to disguise its identity and to operate under new names. One of the prices paid for this disruption of identity has been—at least in the case of psychotherapy—an alienation from its rich historical resources and traditions.

In an effort to briefly illustrate the relevance of the rhetorical tradition to psychotherapy, Eng refers first to Socrates' *Phaedrus*, in which Phaedrus argues "Must not the art of rhetoric, taken as a whole, be a kind of influencing of minds by means of words, not only in courts of law and other private gatherings, but in private places also? (494). Rhetoric, in other words, is applicable even to those most private of sites—such as psychotherapy—in which one individual converses with another about matters most intimate. Secondly, Eng reviews Aristotle's tripartite schema regarding the 'means of persuasion':

> The man who is in command of them must, it is clear, be able: (1) to reason logically; (2) to understand human character and goodness in their various forms, and (3) to understand the emotions—that is, to name them and describe them, to know their causes and the way in which they are excited.

Each of these skills coalesce in the enthymeme, which Aristotle calls "the substance of rhetorical persuasion" (p. 495). Eng writes:

> The word *enthymeme* derives from the Greek word for the sphere of vital affective awareness, the thumos. With the 'en-', 'in', and the instrumental ending 'eme', the compound sense is something like 'unity by means of being in the vital awareness'. A recent writer on Aristotle's *Rhetoric*, Grimaldi, concludes: "The emthymeme as the main instrument of rhetorical argument incorporates the interplay of reason and emotion in discourse." It is through the enthymeme that integrative differentiations, in a particular human context under particular circumstances, or rhythmic forms, bodily, cultural, and social—in the medium of language—are able to be accomplished. (p. 495)

The similarities between psychotherapeutic practice and the rhetorical use of enthymemes are clearly evident. For Eng, psychotherapy may be described as a process of enthymemic engagement with clients, the objective being to bring about a healthy reintegration of emotion and understanding, particularly via a careful consideration of and response to the contextual forces acting upon the client. By recognizing the multiple strands of the client's apprehension of his or her environment, the psychotherapist may, through the strategic use of argumentation, braid and rebraid these strands into a strong, healthy cord.

Eng concludes his piece by suggesting that "...modern psychotherapy stands to gain from acquaintance with its family tree. Familiarity with its genealogy may enable a more sober appreciation of its own characteristics, both in their likeness to and difference from, sciences and philosophies" (p. 495). Interestingly, Eng makes no remark concerning rhetoric's potential value as a resource for improving psychotherapeutic technique, or for extracting novel approaches to psychological problems; constructing a "'psychohistory' of the possibility of psychotherapy itself,' rather, is proposed as a way of illuminating psychotherapy's status vis-a-vis larger trends in intellectual history. Despite this apparent lack of attention to the practical implications of the connection between rhetoric and psychotherapy, Eng's grasp of "kinship" between the two disciplines is richly suggestive and useful to the practitioner interested in pursuing such implications. Unfortunately, this piece is the only one published by Eng on this topic.

Another early writer to directly link psychotherapy to persuasion (although only later to rhetoric *per se*) is Jerome Frank, whose 1961 volume, *Persuasion and Healing: A comparative study of psychotherapy,* was reissued in 1973 and then again in 1991 (note: the page citations given in this section are from the 1973 edition). Franks' goal in this work is a general one: to extract from a survey of different psychotherapies an operational understanding of how *all* of them work. As he wrote in the preface to the 1973 revised edition, "The thesis of this book is that it is worthwhile to explore features shared by all psychotherapies, because evaluation of the differential effectiveness of different techniques, if any, will depend to a large extent on one's ability to determine the effects of those features common to all" (p. xvii).

While Frank discerns several such common features amongst the various psychotherapies he surveys, two broad categories are especially relevant to the subject of this dissertation.

The first of these concerns the nature of psychopathology. According to Frank:

> The psychotherapeutic conceptualization of illness differs in a fundamental respect from the medical one and this difference has important consequences. Insofar as psychopathological processes are amenable to psychotherapy, they are conceptualized as expressing *disorders of communication* resulting from past experiences and the major psychotherapeutic tools are communicative symbols—that is words (323) [italics inserted for emphasis].

This view of psychopathology as fundamentally communicative—and as remediable through communicative processes—is essentially rhetorical, as Frank himself makes clear in later publications (please see below). Unfortunately, he does not discuss this view of psychopathology in depth or detail, neglecting to give specific communication-centered accounts of the etiologies of particular disorders or illustrations of the role played by communicative dysfunction in particular cases. He does, however, suggest that the common effect of communicative dysfunction is a condition that may be broadly described as 'demoralization', or "a sense of powerlessness to affect oneself and one's environment" (xvi). As such,

psychopathology, in Frank's view, constitutes a state of rhetorical impotence or degradation: Unable to purposefully exert influence or control via effective communication, the afflicted person languishes in some pattern of feeling, thought, or behavior that signifies hopelessness and defeat. Naturally, the psychoptherapist's role has to do with reversing demoralization. Again, in the broadest sense:

> Psychotherapies may combat the patient's demoralization not only by alleviating his specific symptoms of subjective distress and disordered behavior but also, and more importantly, by employing measures to restore his self-confidence and to help him to find more effective ways of mastering his problems" (p. xvi).

Somewhat more specifically, psychotherapy may: provide clients with new opportunities for learning about the source of their problems and how to more effectively handle them; it may deliberately "enhance the sufferer's sense of mastery, interpersonal competence, or capability" (p. 329); it may "help the patient to overcome his demoralizing sense of alienation from his fellows" (p. 330); or, it may engineer specific and positive states of emotional arousal which directly combat or counter feelings of demoralization.

But all such techniques require psychotherapists to use *influence* or *persusasion*, and this is the second category of shared features identified by Frank which deserve mention. According to Frank, "Whatever the specific nature of the psychotherapeutic enterprise, its success depends on the ability of one person to influence another..." (p. 43). In psychotherapy, the sources of influence are two: power and similarity:

> *Powerful* figures, first represented by parents and later by teachers, bosses, and so on, gain their ascendancy through their control of the person's well-being. They exert this power through control of the means he needs to achieve his goals and by their ability to determine the consequences of his behavior. The ability of one person to influence another also depends on *similarities* of manner and outlook. These largely determine the influencer's credibility and also how easily the recipient of influence can accept him as a model or identify with him. (p. 43) (italics mine)

Pyschotherapists, then, in treating particular clients, must first of all make judicious use of the power they possess by virtue of being persons of authority, experts in human behavior and well-being, recognized 'healers,' and persons who, in some fashion, represent society and its norms

and laws. According to Frank, because clients come to psychotherapists to receive healing, psychotherapists immediately possess a significant degree of authority: not unlike religious healers in "so-called primitive societies," psychotherapists are believed to have special powers or abilities (p. 48). This authority may be increased as psychotherapists demonstrate pertinent or helpful knowledge, show compassion, engage client's in symptom-transforming experiences, and so on. Yet, therapists must also to some degree match or show acceptance of the 'manner and outlook'—or what Frank calls the "assumptive world"—of the client. If psychotherapists are unable to validate clients' "implicit assumptions about [themselves] and the nature of the world in which [they] live" (p. 27), their influence is likely to diminish. For, as Frank points out, clients are not passive, inert beings or *tabula rasae*, but active, willing subjects, whose worldviews must, in some fashion, be acknowledged and accommodated, even when some portion of their worldview is explicitly targeted for radical change. 'Similarity', then, is a term denoting existential likeness and moral agreement. It also suggests a state of relationship in which the therapist is perceived by the client as a fellow being, even while being simultaneously viewed as a special authority.

Although *Persuasion and Healing* is fundamentally rhetorical in outlook, it was not until 1987 that Frank explicitly made reference to rhetoric in a published work. In this article, "Psychotherapy, Rhetoric, and Hermeneutics: Implications for Practice and Research," Frank reiterates one of his central arguments from *Persuasion and Healing*, namely that "...in all cultures patients seek psychotherapy or its equivalent, not for symptoms alone but also because of their demoralizing meanings, and the effectiveness of all psychotherapies depends at least in part on their ability to combat this state of mind" (p. 293). However, here, Frank recognizes that, because psychotherapy has as its primary goal the transformation of meanings, " ... it may prove possible to compare psychotherapeutic practice to two other ancient and respected disciplines

that operate in the realm of meanings—namely, rhetoric (Glaser, 1980) and hermeneutics (Bauman, 1978; Westheimer, 1985)."

Following Aristotle, Frank considers the similarities between rhetoric and psychotherapy in regards to four subjects areas: 1) who their recipients are, 2) their goals, 3), the sources of their influence, and 4) their methods of influencing others.

As regards the *recipients* of rhetoric and psychotherapy, Frank suggests that both "are susceptible to the influence of others because they are dissatisfied or stressed" (294). While many works on rhetoric seem to challenge the narrowness of this depiction, clearly indicating that rhetoric may be brought into play regardless of the emotional state of a sender or receiver, there is logic to Frank's claim that distress may in some cases enhance receptivity to another's message. (It should, however, also be noted that distress may also render persons *less* available to the rhetorical efforts of others). Consistent with his emphasis on distress, Frank also suggests that "both rhetoricians and psychotherapists flourish in times of social demoralization like the present," when many persons have "lost faith in the institutions and values that provide a sense of social stability and common purpose" (294). Again, agreement with Frank in these assertions is probably less than universal.

As regards the *goals* of both rhetoricians and psychotherapists, Frank suggests that both may seek "to enhance the welfare of their targets" (295). For example, while psychotherapists seek relief from symptoms or changes in the "patient's fundamental outlook on life," rhetoricians may pursue "increased wealth or rectification of injustices" (295). The difference between them, however, is that, while psychotherapists are morally and professionally obligated to help their clients, "(t)he motivations of other persuaders, including rhetoricians, are more varied" (295).

Frank recognized two *sources of influence* for both rhetoricans and psychotherapists. The first of these is *personal*, and includes such features as charisma, personal magnetism, the "ability to sense the mood of the audience, and eloquence. Moreover, he draws analogies

between the characteristic virtues of the effective rhetorician (e.g., withstanding the hostility of the audience) and those of the effective psychotherapist (e.g., "steadfastness in the face of patients' emotional displays") (295). The second source of influence is *contextual*, and includes such features as diplomas and certificates, testimonials, and membership in professional associations.

As for the *methods of influence* used by practitioners of rhetoric and psychotherapy, Frank mentions two: *emotional stimulation* and *argument*. Characterizing strong emotional appeals as the "stock in trade of rhetoricians" (296), Frank suggests that such appeals typically produce effects of short duration, unless they are consistently reinforced. As for argumentation, Frank suggests that it is not limited to "logical appeal to reason," but "encompasses all 'rhetorical expression intended to convince or persuade'"(296). Unfortunately, Frank's discussion of these methods is very brief, consisting of only two short paragraphs.

The similarities between rhetoric and psychotherapy have, according to Frank, certain implications for psychotherapeutic practice. First of all, Frank proposes that psychotherapists could profit from "more deliberate efforts to improve their communication with patients" by using specific suasuory devices such as "vivid metaphors and sensory images" (296). Secondly, Frank suggests that psychotherapists should feel emboldened to make greater use of "emotion-arousing procedures," as opposed to relying upon intellectual insight and other "rational, scientific" strategies (296). Finally, Frank proposes that psychotherapists should make greater use of implicitly persuasive "symbols of healing," such as placebos.

In concluding his 1987 article, Frank offers a far reaching critique of the discipline of psychotherapy as excessively self-identified as a 'science,' when, in fact, it would benefit both practitioners and patients if it embraced a more rhetorical self-concept:

> Both the debate on the scientific status of psychotherapy and the direction of current research in the field rest on the implicit assumptions that the effectiveness of any form of psychotherapy depends on its scientific validity (Grunbaum, 1984). The considerations reviewed in this article suggest, rather, that the therapeutic power of any form of

> psychotherapy depends primarily on its persuasiveness. In this a psychotherapeutic method resembles a literary production more than an applied science (300).

In 1995, Frank published his third and last piece linking rhetoric and psychotherapy, "Psychotherapy as rhetoric: Some implications." This rather short journal article (3 pages in length) constitutes more of a summary and restatement of his earlier ideas than a novel contribution to the topic. He does, however, amplify two particular themes.

The first of these is the theme of 'change' or 'transformation.' As in earlier writings, Frank asserts that most patients seek psychotherapeutic treatment because they are demoralized. However, here, he states that the foremost function of psychotherapy is to effect a *transformation* of those feelings, beliefs, and other features that together form the state of demoralization: "...[S]uccessful psychotherapy relieves distress and disability by transforming the meanings patients ascribe to events from negative to positive" (p.90); "All psychotherapeutic rituals seek to change despair to hope, fear to courage, powerlessness to mastery—thereby leading to progressive improvement" (p. 90).

According to Frank (and this is the second theme he amplifies in this article), the power to effect such transformations "...depends less on [a psychotherapy's] theoretical foundations and methods than on the therapist's ability to create or strengthen expectations that these particular ministrations will assuage the patient's particular forms of distress and disability" (p.91). As such, "Therapeutic conceptualizations and rituals are primarily rhetorical devices to persuade or convince patients of the therapist's healing power" (p. 91).

In summary, Frank emphasizes that while the principal *goal* of treatment is a transformation in the experience of the patient, the primary rhetorical *mechanism* of such transformation or healing has to do with the perceived status of the therapist him or herself. So long as patients come to believe that their therapists possess the means and the capacities to heal them, such healing is possible. Essential, then, to therapists' success is that they convince their patients of their own healing potential. This may be done in several ways (as Frank described in

earlier works), but the "major one" involves impressing the patient with "what rhetoricians term *ethos*—features of the therapist's character, credentials, reputation, and the like" (p. 91).

Overall, what Frank suggests in "Psychotherapy as rhetoric: Some implications" is that psychotherapy should be consciously designed by therapists to function as a transformative—which is say, persuasive—experience. By deliberately establishing themselves as "healers," psychotherapists take the first step in a series of persuasive stratagems which lead to symptom change or relief.

The evolution in Frank's writing from a broad interest in persuasion to a more explicit interest in rhetoric may be related to the work of Susan Glaser (1980), who was herself influenced by Frank. In her book chapter, "Rhetoric and Psychotherapy," Glaser "describes the application of rhetorical analysis to the content of therapeutic dialogue" (313). Specifically, she offers a conceptual framework for "analyzing therapeutic transactions," the purpose being to "explicate specific therapist verbal behavior that might have influential effects on client behavior" (313). In this work, Glaser acknowledges Frank's book on persuasion, and she suggests that the features he identifies as common to all psychotherapies might in fact be most accurately labeled "rhetorical processes," which have the goal and the effect of persuading clients to change. Approaching these shared features as such—which means analyzing them from a solid footing in classical rhetorical theory—may lead, she contends, to the discovery of "some major components of therapist potency, which until now have remained elusive" (315). In "Aristotle as Psychotherapist" (1980), his commentary (which is published in the same volume), on Glaser's work, Frank writes "...this paper has aroused my hopes that rhetorical analysis of psychotherapy will prove to be a fruitful enterprise" (327).

Glaser herself follows Aristotle in defining rhetoric as "the art of discovering in any given case all the available means of persuasion. More simply, the study of rhetoric focuses on

the things people say and how they affect other people" (314). "Psychotherapy is a rhetorical process," she argues "...because "(t)herapists use the spoken word to alter their clients' thoughts, feelings, and behavior in direct, deliberate ways" (314).

Glaser suggests that *therapist rhetorical proficiency*—"defined theoretically as 'the capacity of therapist discourse to influence'" others (316)—is multidimensional, relying on four central devices.

The first of these devices is *ethos appeals*. Essentially equating ethos with character, Glaser—like Frank—focuses particularly on the therapist's need to develop his or her "perceived expertness, trustworthiness, and attractiveness" (316-317). In a table of "Rhetorical Resources," Glaser lists several operationalizations of ethos appeals, such as "Therapists may directly refer to their own expertise and experience in a given matter" and "Therapists may communicate high esteem for the client" (318). Each such strategy contributes to the client's perception of the therapist as ethically and characterologically capable of benefiting the client, and so inspires trust, compliance, and an increase in influencability.

The second rhetorical device identified by Glaser is *logical appeals*. "This variable focuses on what Aristotle called *logos*, the content or logical argument of speech" (324). Although explicitly acknowledging a concern with argument here, Glaser defines argument narrowly as "reasoned" and "logical" verbal communication, which succeeds to the degree that it provides its propositions with supporting evidence, such as examples, statistics, citations from recognized authorities, and meaningful analogies.

Glaser's third category of rhetorical device is *tension release mechanisms*. According to Glaser, therapy, by definition, involves "vivifying"—or calling attention to and heightening—the clients' problems, be they anxiety, anger, grief, or some situational difficulty. "The question now becomes: If the client accepts these problem claims, is he offered a way out of the accompanying tension and anxiety?" (326). Tension release mechanisms are discursive

statements or stratagems that aim specifically at these natural—yet discomfiting—side-effects of the therapeutic process. Examples include describing "the client's situation as being hopeful, solvable," "offering direct solutions," or "suggesting that "change is already taking place" (319-320).

Finally, there is the use of *stylistic devices*. According to Glaser, communication possesses not only substance, but an expressive style. In order to increase therapists' rhetorical potency, Glaser advocates the use of anitheses, metaphors, sensory images, and 'balances' (or "...verbal patterns which put ideas in pairs, in a series, or in other parallel constructions" [327]). Such devices, she contends, "have the capacity to make what is said seem more completely true, important, and impressive," although she does not discuss how or why this is so (327).

In the course of describing these four rhetorical devices, Glaser analyzes bits of therapist-client dialogue transcribed from actual sessions. In these analyses, Glaser focuses on the verbal behavior of the therapist, commenting on how the therapist's maneuvers illustrate the effective use of a rhetorical strategy.

In concluding her chapter, Glaser acknowledges that her four-part schema for assessing the rhetorical potency of therapists is largely theoretical and requires further empirical study and confirmation. She states:

> The most significant limitation of the rhetorical approach described is its lack of an empirical base. For 2000 years, rhetoric has been approached as an artistic rather than scientific inquiry....All of this can be remedied, however, through objective procedures developed in the behavioral sciences. The four components of therapist rhetorical potency described in this chapter can be stated as hypotheses that can be further operationalized and tested...Toward this end, coding procedures should be developed which reliably discriminate rhetorical acts. Such coding procedures have been developed in other contexts, and there is no reason to assume that they could not be developed for this purpose....If therapy is a rhetorical process, examining its rhetorical components may reveal why and how it succeeds and fails, thereby allowing therapists to maximize the occurrence and maintenance of therapeutic improvement, and allowing rhetoricians to better understand the processes by which individuals are persuaded by other individuals. (331-332)

In 1987, Robert Spillane published a journal article titled "Rhetoric as remedy: Some philosophical antecedents of psychotherapeutic ethics."

Like Eng (1973), Spillane sets out in this article to provide at least a provisional historical and philosophical context for the argument that psychotherapists and other "'physicians of the soul' are concerned with rhetoric rather than medicine" (217). To this end, he considers the use in the Homeric epics of "cheering speeches" for "curative purposes," Socrates' remark in the *Phaedrus* that "Rhetoric is like medicine" able to "impart health and strength ...by the right application of words and training," and Plato's claim that "rhetoric is therapeutic when it produces in the soul *sophrosyne*, a beautiful, harmonious and rightful ordering of all the ingredients of psychic life: beliefs, feelings, impulses, knowledge, thoughts and value judgments. (p. 217)"

Moreover, like Glaser and Frank, Spillane conveys an interest in psychotherapeutic *techne*, or in dealing with the practical challenges of applying a rhetorical perspective to psychotherapy. (More on this topic below).

However, unlike any of the writers considered so far, Spillane puts at the center of his article a concern with *ethics*. Following the ideas of Thomas Szasz—who argued that "the original goal of modern psychotherapy (i.e., psychoanalysis) was to liberate individuals from the pathogenic influences of traumatic memories and inhibitions"(217)—Spillane argues that psychotherapy should consciously embrace a "freedom ethic." Recognizing that psychotherapy is too often placed into the service of far less honorable ideals (e.g., the social control of the individual), he offers "an ethical hierarchy of language and values for psychotherapeutic practice" (218).

Spillane begins his ethical analysis by distinguishing between *base rhetoric*, which involves the use of "language to deprive people of their liberty and dignity" (e.g., Hitler), and *noble rhetoric,* which involves the use of "language to encourage people to speak clearly, think

for themselves, question, and make the choices that commitment to responsible living requires" (e.g., Cicero) (p. 217).

Next, he explores the possibilities for either base or noble rhetoric in six areas of language use, each of which are commonly utilized in psychotherapy. These six areas or 'functions' of language are: the descriptive, the advisory, the argumentative, the promissory, the signaling (i.e., provoking a response from another), and the expressive. While four of these functions had been previously classified and analyzed by Popper (1963), the advisory and promissory functions are described as the original contributions of Spillane.

The rhetorical use of each of these six functions by a therapist creates a unique set of ethical problems.

Use of the descriptive function of language, for example, raises the problem of what is true and what is false. Because language is often 'metaphorical,' clients may often express a 'truth' about themselves in terms that may be interpreted in quite different ways. "For example, when a client describes himself as 'sick,' 'fed-up,' 'burned-out,' 'persecuted,' 'schizophrenic,' therapists become embroiled in a linguistic game," which involves choosing between the view that the client is using a rhetorical strategy to strongly convey a message and the view that the client is "offering a literal description of his condition" (p. 220). If client expressions are taken literally, the natural tendency is to pathologize, or to see indications of mental illness and then to react in restrictive, externally controlling ways. If, on the other hand, therapists accord to clients the right and capacity to use powerful and unique descriptive language, the tendency will be towards free and respectful discourse. Naturally, Spillane encourages therapists to refrain from literal interpretations whenever possible.

The use of *argument* in psychotherapy also has ethical ramifications. Although Spillane does not offer a clear statement of what he means by argument, he suggests that it is "through arguments that clients become aware of opportunities to choose, challenge experts, autocrats and

those who would coerce and control them" (222) And, "As the aim of psychotherapy is to achieve a relationship free of coercion and control, argument in its various forms acts as a bulwark against heteronomy" (222). What Spillane appears to mean by these remarks is that, as a tool in the hands (or mouths) of clients fighting for their liberty, arguing (i.e., disagreeing, debating, contending) can be quite 'noble,' leading to increases in autonomy and free-will. However, when plied by already powerful therapists, "argument can (also) be used for base ends—to obfuscate and confuse clients" (222) and to impose social control over them.

Spillane's ethical analysis of the six functions of language in psychotherapy leads, eventually, to a cardinal rule or guiding mission for psychotherapy: that is, "to contribute to the creation of noble individuals who are self-affirming and self-overcoming" (223). If, he argues, psychotherapists are aware of their own rhetorical potency, careful to value and encourage the rhetorical development of their clients, and able to preferentially discern between 'base' and 'noble' rhetorical plays in therapy, this mission can be fulfilled.

It may be noted that, in contrast to Frank and Glaser who assay to enhance the rhetorical potency of the therapist, Spillane is more interested in enhancing the rhetorical potency of the client. He encourages psychotherapists to adopt a rhetorical lens on psychotherapy not in order to assist them in becoming more powerful (in fact, following Szasz, he sees them as too powerful already), but in order to better be able to support the evolution of client agency and autonomy.

In 1989, David Payne published the volume *Coping with Failure: The Therapeutic Uses of Rhetoric*. As part of a University of South Carolina Press series entitled "Studies in Rhetoric/Communication," this book is neither written by a psychotherapist nor intended primarily for a readership of psychotherapists. It is, rather, a rhetorical study written by a professional rhetorician which treats 'therapy'—or healing—as a facet of everyday life, practiced by all persons in innumerable situations (e.g., interpersonal relationships, religious worship,

courts of law), rather than as a specialized activity conducted by a professional guild who follow established guidelines; in fact, for Payne, therapy is one of the primary organizing principles and functions of everyday communication. Still, Payne refers to psychotherapy *per se* often. Also, in wedding the key ideas of "rhetoric" and "therapy," he frequently considers topics which are germane to the possibility and practice of a rhetorical approach to psychotherapy. Finally, he consistently demonstrates what might be called 'psychological mindedness,' and he quite frequently references psychological studies. *Coping with Failure* is, then, included in this literature review as the one specimen of a predominantly rhetorical text which 'crosses over' into the domain of psychotherapy.

Payne states that:

> The chief aim of this book has been to examine failure as a uniquely rhetorical problem. The examination has involved a reconsideration of what failure is and how rhetoric operates when failure in addressed. (p. 147)

To this end, Payne offers many meditations on the role that *failure*—which means to be deprived of success—plays in self-identity, in social discourses and processes, and in literature and philosophy. Considering failure to be a central and ubiquitous feature of experience in both individual and cultural life, Payne follows William James in viewing failures as "pivotal human experiences" and as "part of what it means to be human" (3). Payne pursues evidence of a concern with failure in religion, in art, in science—and virtually everywhere else: "There is little we say," he writes " that is not in some degree relevant to the facts of our failures and the possibilities of our failing" (4).

According to Payne, living in a world in which failure is both a historical fact and a future possibility deeply influences us psychologically. Failure causes us to feel vulnerable and forces us to cope with this vulnerability. Yet, in the positive sense, failure also causes us to strive, to be creative, and to look for novel solutions.

But most importantly for Payne, failure influences and shapes the very nature of our communication, for it requires the creation of a rhetoric which addresses all that failure is and all that it connotes. This rhetoric is the rhetoric of therapy—or, alternatively, therapeutic rhetoric: "[I]n its therapeutic function rhetoric offers compensation and consolation, provides symbolic ways of transforming self and world, and structures and repairs perceptions and experiences of problems or errors" (151). Therapeutic rhetoric encompasses all those communicative processes which address problems and which seek to remediate them. For Payne, the term "rhetoric" is rightly applied to these processes because they have the goal of influencing a change in the circumstances of self or other.

Frequently in *Coping with Failure* Payne makes reference to psychotherapy. In the broad sense, he suggests that all "Psychology and psychiatry, and the entire tradition of therapy, are based upon the need to explain and treat failure" (p. 4). What he means by this is that life problems and psychopathologic symptoms or illnesses are either the sequelae of failures or they constitute failures in and of themselves. Accordingly, the treatment of such problems involves an address of failure.

While this failure-centered perception of human life and therapy is debatable, Payne offers valid insights as to how we might think about integrating rhetoric and psychotherapy.

He suggests, first of all, that psychotherapy as we know it meets all three conditions of a therapeutic rhetoric, in that it makes use of

> rhetoric that attempts to put a person or persons in a perceived position of needing therapy; (2) rhetoric that attempts to address and provide remedies for problems assumed already to exist in the audience; (3) rhetoric that both creates the need for and supplies the appropriate therapy (p. 32).

Psychotherapy, in other words, is for Payne a patently rhetorical process, wherever and however it is practiced.

Secondly, Payne offers two rhetorical strategies which he believes to have special efficacy for persons trying to cope with failure: compensation and consolation. These may be

considered as contributions to a psychotherapeutic *techne*. "Compensation involves defining failure in such a way that it can be repaired or erased. Consolation entails preparing a respondent to accept a failure that cannot be repaired or completely undone. Loss and the fact of the failure are consolingly interpreted in ways that make the consequences less painful, easier to accommodate, or even valuable according to some set of priorities" (p. 152). "A compensatory response may make consolation feasible, or a consolatory response may sufficiently minimize a failure to make compensation easily possible" (p. 152). In moments when a person is suffering the affects of failure or loss, uses of compensatory and consolatory rhetoric are recommended, both in order to make manageable the injury and to instigate new, solution oriented striving.

Thirdly, Payne provides an explicitly rhetorical theory of the self that complements and reinforces his rhetorical theory of the therapeutic. He writes:

> Rhetoric that aims at improving life through perfecting identities presupposes three things. First such rhetoric is devised on the assumption that identity or the self is changeable and changing...Second, this rhetoric implies a belief that identity is formed, sustained, and reformed through communication—through symbolic exchange. This is implied in any interactive view of identity formation and change. Third, and in consequence of the second assumption, it is assumed that people can be persuaded to change their orientations and actions by changing their identities, and that the results will be gratifying and uplifting for selves and society. (19)

According to Payne, many psychologists—including Roy Baumeister (1986)—have proposed that identity is fluid and adaptable, consisting of a constantly changing set of roles and statuses, cognitions and emotions. For Payne, the changeable nature of self is, first of all, accounted for or created by our susceptibility to the influences of others and our need to respond to these rhetorical pressures. We change, in other words, because of the need to adapt to changing social contingencies and urgencies. Secondly, for Payne, it is the experience of failure which most powerfully compels self-change, for it is this experience which (a) produces in the individual a perceived need—as well as a wish—for self-change or self-improvement, and (b) opens the individual to the rhetorics about self-value and self-improvement which abound in the culture.

In his construction of self-identity, Payne essentially offers the notion of a 'rhetoricized or rhetorical self'—which is to say, a self which cannot be grasped by reference to stable traits, but must rather be seen as constantly being 'made' via socio-rhetorical processes:

> If one's psychosocial identity must manage personal and social pressures through communication, it is perhaps inaccurate even to speak of one'' identity as a fixed or static entity. If self-change is possible, then it must be conceived of as a process wherein (1) one's personal situation, (2) one's received messages, (3) one's own persuasive actions, and (4) the reinforcements that are available combine to form a new public identity...(29)

As we emerge—repeatedly—into new 'public identities,' we do so with a crucial rhetorical task to accomplish: to persuade others (and ourselves) of the legitimacy of these new identities. And so, Payne proposes, we do, until failure comes again to trip us up and send us into another protean cycle of reconstruction.

Therapeutic discourses—and psychotherapeutic discourses—in particular are engaged throughout these cycles of self-creation. These discourses, circulating widely as they do in the culture and also available to us in packaged forms in psychotherapists' offices or in places of worships (to name but two), give us a starting place for self-identity, and they also kick in with especial potency when we perceive that our current self is flawed, insufficient, or bankrupt. These discourses may be evil and destructive—as was Hitler's 'therapeutic' strategy in failure-wracked Germany between the World Wars; or they may be genuinely helpful, as are many psychotherapies.

To read Payne as a psychotherapist searching for strategy is to emerge more with a new theoretical framework (and new theoretical questions) than with a hat full of new concrete techniques. It may also be difficult to get around Payne's preoccupation with the experience of failure, which acquires a mythopoetic enormity rather like Freud's conception of thanatos; certainly, there is more diversity and range to human experience and to rhetoric than can be subsumed under the rubric of failure. But Payne, nonetheless, provides the most thoroughly considered treatment of the connection between rhetoric and the therapeutic considered so far in

this review. Most importantly, he manages to go beyond the relatively bounded insight that psychotherapy is a rhetorical process to grasp that life beyond the clinician's office is just as thoroughly rhetoricized. His rhetorical models—especially Kenneth Burke—here prove their value, encouraging Payne to set his thinking about the therapeutic within a more-or-less totalistic rhetorical worldview.

In 1993, a pair of journal articles linking rhetoric and family therapy were produced by Dale Bertram. One of these, "Rhetorical Theory and Family Therapy Practice" was written in collaboration with David Hale and Carl Frusha. The second article, "Missing Links: The Use of Enthymemes and Their Applications for Family Therapists," was written by Bertram as the sole author.

In "Rhetorical theory and family therapy practice," Bertram, Hale, & Frusha begin by proposing that:

> "[T]he fields of rhetoric and family therapy are inextricably linked. The skillful usage of language is at the core of both arts. A skilled rhetor and a skilled therapist are both able to use language to build arguments and stories which produce change" (140).

After briefly defining basic terms (e.g., rhetoric, influence), they suggest that a knowledge of rhetoric may be especially valued by family therapists in discerning solutions to the "'stuck' places in therapy" (141). These 'places'—during which the focus of the therapeutic dialogue has become vague or conflicts appear insurmountable—are created, the authors propose, by an "inability of the therapist-client system to discover or generate new means of persuasion" (141). What both clients and therapists are in need of is a heightening of their "persuasive intentionality," or of their goal-directed involvement in the therapeutic process.

As solutions to these difficulties, the authors recommend the use of two "classical rhetorical techniques." They do not state the sources (classical or otherwise) for these techniques.

The first of these devices is the "parastasis catalogue," a list of hardships and personal sacrifices which speakers produce in order to "enhance their credibility" and lend authority to their positions. "Thus, the person use[s] the list to argue that he or she ha[s] suffered great hardships for the cause and ha[s] earned the right to speak authoritatively about the cause" (142). The authors advise therapists against using parastasis catalogues to enhance their own power and authority; just why, they do not explain. Rather, they suggest that the production of parastasis catalogues is most appropriate "in situations where it is difficult to obtain a problem definition. It is used as an intervention to assist clients in clarifying their personal hardships which they have suffered as a result of their problematic life-situations" (142). Such an intervention, the authors claim, "serves as a way of focusing therapy" (143). When brought into therapy, the catalogue can help the therapist identify and build upon the family's strengths, as well as to focus in on the problems of most critical importance.

The second rhetorical technique described by the authors is the "syncrisis weave," a means by which, in times of crisis which call for action, "one option[for action] is demonstrated to be superior to all available options" (Bertram, Hale, & Frusha, 1993, p. 144). Although the discussion of this technique is too brief to be of much help, the authors' point appears to be that families are more likely to make more sound and better reasoned life decisions if they list and compare options for action. Also, when used to assess and validate past decisions, the syncrisis weave may help families to feel more confident about themselves and "to continue doing the things which are working" (146).

David Bertram's 1993 solo article, "Missing Links: The Use of Enthymemes and Their Applications for Family Therapists," is also concerned with offering to family therapists a specific rhetorical tool or device to add to their repertoire. In this article, the focus is on the therapeutic uses of the *enthymeme*, which Bertram defines as the act or process of supplying "a missing link in a speech or conversation" (324). Bertram notes that his definition of enthymeme

is not canonical. (Indeed, Aristotle defines the enthymeme as a species of argumentation typically used to persuade an audience in social [as opposed to dialectical] settings. According to Aristotle, the enthymeme is often similar in structure to the more formal syllogism, but it does not rest [as the syllogism must] upon the foundation of indisputable or empirical premises, nor does it require obedience to strict logic. Its purpose, rather, is to gain the adherence the audience, often through a quasi-logical process of persuasion.) For Bertram, an *enthymematic act* has to do with locating the propositions or bits of a story that are missing from another speaker's address, and then supplying these missing pieces.

In therapy, Bertram argues, one of the therapist's main functions is to deal with communicative acts or addresses that are incomplete:

> "[T]herapists often listen to what is left unsaid in a conversation and find themselves grappling with propositions that are not explicitly stated ... As the session's participants interact with one another, efforts are made to link the pieces of conversation together in a way that makes sense to the therapist and the clients" (324)

By being aware of and then providing such missing links, therapists may be able to pull to the surface clients' hidden propositions or beliefs, disclose previously unshared segments of life narrative, and stimulate access to other therapeutically valuable resources.

Yet Bertram focuses most of all in this article on a different kind of enthymematic process to be conducted by therapists: that of deliberately setting up incomplete narratives, logical claims, or scenarios which it is then the *client's* job to complete. In all three of the examples given by Bertram, the text is taken from hypnotic inductions performed by Milton Erickson. In the first of the three examples, Erickson says:

> Now there are certain things that you want to learn ... And I want you to be sure that you'll learn, and I want you to think clearly in your own mind of the various things you want to learn. And then I want you to realize that you can learn them, and that you will learn them. (325)

According to Bertram, Erickson's scenario creates an enthymematic opportunity—if not imperative—for the client. Given two clear propositions ([1] "There are things that you want to

learn" and [2] You can, and will, learn them."), the *client* must provide the third ("What are those things?). According to Bertram, the initial work done by the therapist in setting up this enthymeme leads the client to a useful place on the therapeutic map—but then leaves him or her there to figure out what to do next. In supplying the "missing links" in a therapeutic chain already well begun, clients are then enabled to exert their own wills, thus benefiting both from expert guidance and a sense of personal accomplishment.

Bertram advises therapists to "think enthymematically" whenever engaging clients in therapeutic dialogue, be it through hypnotic induction or through more straightforward conversation.

John Stancombe's and Susan White's "Notes On the Tenacity of Therapeutic Presuppositions in Process research: Examining the Artfulness of Blaming in Family Therapy" appeared in the *Journal of Family Therapy* in 1997. Here, the authors develop three entwined arguments.

The first of these is that research on psychotherapy has long overlooked the rhetorical dimensions of psychotherapy. Even those few researchers newly interested in applying a "discourse analytic" lens to the study of psychotherapy have so far disregarded the rhetorical, inasmuch as they have focused more on what is said in therapy and less "on the work the talk is doing" (23). "Any future research on discourse and the therapeutic process" should, they suggest, emphasize "rhetoric, persuasion, and accountability" if it is to grasp the mechanisms behind the observable interplay of words and gestures (39).

Secondly, Stancombe and White propose that rhetorical processes are vividly evident in the early sessions of family therapy, when "the primacy of culpability and the ascription of responsibility" dominate discourse (38). It is in the early stages of family therapy, in other

words, that the participants use rhetorical strategies to fix blame on others and to absolve themselves of blame.

By analyzing a transcript of a family session involving 'Lucy' and 'Martin,' a divorcing couple, and their children, the authors set out to show how, in concrete terms, rhetorical blaming processes play an important role in the therapeutic dynamic. At the outset of this analysis they write:

> The implicit propositions are as follows: each parent is anxious to project blame for the breakdown of the relationship on to the other; each parent is motivated to present themselves as a responsible caring parent; Lucy's intention is to persuade the therapists that they do need help; Martin's intention is to persuade the therapists that they do not need help. A further implicit proposition is that the therapist has some knowledge of the parents' positioning and is aware of the potential for outright conflict to break out in the session. (27)

After conducting the promised analysis—and showing the validity of their stated propositions—the authors conclude with a short commentary on the need for more such work in the field of family therapy.

Analysis

A meta-analysis of the literature reviewed above yields several patterns and insights.

First of all, a meta-analysis suggests that a rhetorical perspective has by no means become popular amongst writers and practitioners of psychotherapy. From Frank's first edition in 1961 of *Persuasion and Healing* to the present day, there has emerged no 'school' committed to the exploration and application of rhetoric as a resource for psychotherapists. Nor has there emerged even a single writer who has pursued a rhetorical perspective vigorously and consistently enough to have produced a guiding, organizing framework for further study of the topic. Instead, the history of published work on psychotherapy and rhetoric is slight, generally consisting of works written in isolation from one another, which reveal little investment in prior

or future research, and which are more suggestive than exhaustive. Although there is by now a group of writings on the topic, they do not cohere into the sort of interconnected, self-aware discourse that marks a mature (or even maturing) subfield, such as has formed around the idea of narrative, behaviorism, or dozens of other approaches.

Secondly, most of the writings reviewed here offer contributions to a rhetorical psychotherapy which are largely disconnected both from (a) a coherent, fully envisioned psychology of mind, emotion, the individual personality, psychopathology, and social interaction (Payne's *Coping with Failure* is the exception), and (b) the vast store of concepts and writings which comprise the discipline of rhetoric.

As for the first of these 'disconnects,' rhetoric offers more than a set of practical strategies for psychotherapists and other persuaders, but also the grounds for a substantial psychology of human behavior; as both Billig (1985, 1988, 1989, 1991a, 1991b, 1993,1997) (in social psychology) and Sarbin (1989a, 1989b) (in the study of emotions) have shown, rhetoric offers the means and materials for answering important questions about what human beings are and how they behave. Efforts at a rhetorical psychotherapy which are not similarly grounded in some sort of undergirding theory about how personality is organized and expressed are potentially risky; if we are to set about doing something as impactful for the lives of others as psychotherapy, it is important that the rationale for our actions be carefully though out.

As for the 'disconnect' from the central corpus of rhetorical writings and studies, it, too, is problematic. Certainly, it is possible to find in almost any work on rhetoric an idea or stratagem that might seemingly be applied to psychotherapy; given that rhetoric—like psychotherapy—has traditionally dealt with speech acts, conversations, and other communicative events, this is not remarkable. But the piecemeal importing of discrete strategies from one side of the disciplinary border to the other has little chance of producing a coherent, integrated approach to treatment. Also, to embrace only a fragment of rhetorical theory or practice, without

considering the wider theories of social processes or personality functioning in which it evolved, raises questions: Is the fragment properly understood? How much more useful would it be if it were part of a coherent approach to treatment?

As a last point, it might be noted that the writers cited above pay little attention to the concept of argumentation, whether as practiced by therapists or clients. Since Perelman and Olbrechts'Tyteca's 1969 *The New Rhetoric: A Treastise on Argumentation*, argumentation has assumed a central role in rhetorical studies, proving a flexible and highly functional way of understanding not only *what* people do when they communicate, but also why and with what effects upon others. The general lack of attention to argumentation points to an important lacuna in the literature on rhetoric and psychotherapy.

But these criticisms are not meant to diminish what the writers reviewed above have accomplished, for it is substantial and promising. Among their many contributions, the works discussed above have:

1. Validated the key thesis or premise that rhetoric has much to offer psychotherapy in terms of illuminating how persons behave, conceptualizing what psychotherapy is and how it works, and providing useful solutions to pragmatic challenges and problems faced by psychotherapists and clients.

2. Made valuable efforts to historically contextualize the relationship—or lack thereof—between rhetoric and psychotherapy.

3. Successfully questioned and critiqued the neglect of rhetoric by professional psychotherapists.

4. Raised important challenges to established trends in psychotherapeutic research. Specifically, writers have proposed that researchers should devote more attention to the mechanics of persuasion (Frank, Glaser), to clients as active rhetors (Stancombe and White), and to developing schemata which permit the collection of empirical data (Glaser).

5. Called attention to questions of *power* and *ethics* in psychotherapy. When conceptualized as a medical treatment process, psychotherapy is apt to pay little attention to questions of power and ethics; these questions, rather, are displaced by concerns with efficacy and clinical orthodoxy. Perhaps as a consequence of rhetoric's explicit interest in power (e.g., increasing the persuasive power of speakers) and ethics (e.g., resolving everyday moral problems through discussion and debate), the writers noted above push into the foreground questions such as: Does therapist power matter? Should the persuasive power of therapists be enhanced? Or should therapists focus on increasing the rhetorical power of clients? What are the possible consequences of enhancing the power of any participant in psychotherapy?

6. Provided conceptual models (e.g., Glaser, Spillane) for identifying rhetorical strategies and/or types of discourse employed in therapy.

7. Offered numerous specific strategies for enhancing psychotherapeutic practice.

8. Called attention to the challenges and promises of mounting a vigorous, multifaceted study of psychotherapy and rhetoric.

CHAPTER 3

PREMISES OF A RHETORICAL PSYCHOLOGY OF THE INDIVIDUAL

As was suggested at the end of the last chapter, essential to the cogency and legitimacy of any approach to psychotherapy is a clear rationale for why and how—in terms of the psychological functioning of the individual—it works. Just as behavioral psychotherapy is rooted in an experimentally validated conception of the role that conditioning plays in human learning and behavior; and just as psychoanalysis rests upon clinical observations of the potency of sexual forces in personality development; so must any other psychotherapy be able to justify its emphases and practices *vis a vis* a viable theory of how persons think, feel, and behave.

Accordingly, the aim of this chapter is to provide a psychological grounding or foundation for a rhetorically-oriented psychotherapy. If therapists are going to be asked to use a rhetorical framework for psychotherapy, it follows that they should have a working model of the individual as a rhetorical subject. In order to construct such a model, it has been necessary to (a) integrate views of psychological functioning embedded in rhetorical texts with information drawn directly from the domains of psychology proper, and (b) to rely primarily on theory and case study, and less on empirical data. Naturally, since there is little literature in the annals of psychology which is self-identified as 'rhetorical,' the psychological texts and authors cited hale from several points in the discipline, many of them not commonly associated with one another. Nonetheless, these disparate data are meaningfully bound together by rhetorical principals.

The chapter is organized into four sections. The first treats of the broad view of human "beingness" known as ontology; the second considers the emotions and emotional life; the third deals with cognition; and the fourth examines psychopathology. Although these pages comprise

a far from complete rhetorico-psychological portrait of the individual, they do provide at least a rudimentary basis for conceptualizing and operationalizing a rhetorical psychotherapy.

Ontology

As a first step towards articulating a rhetorical psychology, it is useful to consider the ontological claims which are either implicitly or explicitly present in most works on rhetoric. Bedrock premises or 'first principles' in psychology may be considered *ontological* in that they assert something basic and universal about the nature of human existence, or what it is to "be" human.

Premise 1: *Human beings are rhetorical beings, who are by nature subject to, capable of, and enmeshed in activities of persuasion.*

Human beings may be characterized in many different ways. They may be described as thinking beings (*homo sapiens*), as playful beings (*homo ludens*), as spiritual beings (*homo adoratis*), and so on. While such metonymies offer insight into human existence, they also risk exaggerating the importance of the particular feature of human existence with which they are concerned. To suggest, for example, that human beings are defined in part by their capacities for religious feeling is valid; but to assert that they are entirely spiritual beings whose primary or sole purpose is to attain spiritual grace is subject to challenge and refutation.

The characterization of the human being as a "rhetorical being" is equally liable to over-statement. Human beings are clearly *other than* and *more than* rhetorical beings. Many of the things that human beings *do* and *are* are dictated by forces other than persuasion, such as genetics, physiologic needs and drives, habits, and so on. Still, human beings' capacity for and

susceptibility to persuasion is very important to what they are. Remove the capacity for persuasion from human life, and many processes considered elemental to human identity become impossible, including education, certain kinds of interpersonal relationship, enculturation, and religion. Take education: Generally, one cannot, for example, learn algebra unless its rules and procedures can be articulated in ways that permit them to be absorbed. It is also remarkable how persuasion may alter what generally appear to be physiologic "givens" in human life. Hindu yogis manage to endure extremes of bodily deprivation because they are convinced that such suffering has spiritual value. Persons told that a certain pasty substance they have just tasted is pig fat (although it is in reality raw dough) may vomit. Even one's heart rate can be slowed by calming self-talk.

It is also true that other animals besides human demonstrate some degree of rhetorical capacity, both expressive and receptive. Dogs can learn to obey the commands of their masters. Mother bears may teach their cubs through cuffs of the paw. Geese may signal their whereabouts to one another through honking.

Human beings, however, have rhetorical aptitudes and susceptibilities that appear to exceed those of other animals. While the uniquely well-developed rhetorical capabilities of humans may be linked to several factors (e.g., a large cerebral cortex, social systems which reward specialization and division of labor as well as collaboration and cooperation), most writers agree that the most important factor is language. Whether the origins of language are themselves fundamentally rhetorical (i.e., linked to the need or drive to persuade others) is an open question; Burke (1966), for example, has argued that speech and language originated with the hortatory use of the negative (e.g., the word *no*).

In her 1998 article "The ontological foundations of Rhetorical Theory," Kathryn Campbell delineates three dominant theories amongst rhetoricians regarding the rhetorical capacities of human beings.

The first of these theories is the "traditional theory," which holds that "man (sic) is capable of and subject to persuasion because he is, by nature, a rational being" (23). This theory suggests that it is reason—which is the capacity to objectively discriminate amongst things according to their virtues and demerits—that allows persons to be moved by the communicative appeals of others. Accordingly, "true" rhetorical activity is confined to rational discussion or debate, just as "true" understanding is confined to rational apprehension. As Aristotle stated it, "no rhetoric is genuine which is not based upon dialectics or the art of logical demonstration" (24). Moreover, because reason makes persuasive communication possible, it also makes possible social agreement, affiliation, and cooperation. The 19th century German philosopher Arthur Schopenhauer captures the traditional view in the following passage:

> The animal feels and perceives; man, in addition, thinks and knows; both will. The animal communicates his feelings and moods by gesture and sound; man communicates thought to another, or conceals it from him, by language. Speech is the first product and the necessary instrument of the faculty of reason. Therefore, in Greek and Italian, speech and reason are expressed by the same word, (*o logos*), *il discorso*. *Vernunft* (reason) comes from *verehmen*, which is not synonymous with hearing, but signifies the awareness of ideas communicated by words. Only by the aid of language does reason bring about its most important achievement, namely the harmonious and consistent action of several individuals, the planned cooperation of many thousands, civilization, the State; and then, science, the storing up of previous experience, the summarizing into one concept of what is common, the communication of truth, the spreading of error, thoughts and poems, dogmas and superstitions. (Schopenhauer, 1819/1969, p. 37)

The second major theory regarding human persuadability Campbell calls "behavioristic." According to this theory, humans beings are "psycho-physiological organisms" with "certain innate needs, and persuasion is a process by which these are activated and directed" (26). This view expands the domain of rhetorical activity in that it takes into account "irrational" processes such as drives, instincts, and emotions. Persuasion—even where it relies on rational means—is considered to be a predominantly strategic activity aimed at manipulating and shaping the innate proclivities and needs of persons. Rhetoric is, in other words, at its basis a means of tuning or directing the psychophysiological mechanisms with which humans are by nature endowed.

The third theory identified by Campbell "explains that man is a rhetorical being because he is a symbol-using or signifying creature capable of influencing and being influenced because of his capacity for linguistic and semantic responses" (27). This essentially semiotic approach to human ontology views persons as extraordinarily plastic in nature and possibility. In this view, persons are nearly as diverse and as capable of novel development as is language itself. Rather than viewing persons as defined primarily by "given" structures (e.g., innate drives), they are regarded as beings who are throughout the course of their development defined and transformed via symbolic means. "While it is true that man is an animal with basic biological needs who must "live his body," the process of becoming human, of becoming socialized and acculturated, is essentially a symbolic one in which basic, unlearned needs are linguistically transformed into socially and culturally accepted motives which can never be divorced form their symbolic origins" (28). Persuasion, then, is viewed as ubiquitous in human experience. From the moment a child enters the world, the child is subject to symbolizing processes. In fact, the human world is itself a symbolic product, radiating cultural-symbolic, social-symbolic, and psycho-symbolic forces and messages. According to this third theory, human beings are viewed as substantially "made" by rhetorical processes, and as continuously engaged in "making" the worlds in which they live via rhetorical means.

Each of the three ontological theories identified by Campbell have a viable counterpart in contemporary psychology and psychotherapy. The traditional theory fits the assumptions and practices of many cognitive psychotherapies; the behavioristic model fits much behaviorist psychology; and the semiotic theory fits the work of many social constructivists. Where rhetorical theory may make a contribution to these frameworks is, first of all, by making questions of human receptive and expressive persuadability explicit. Secondly, the question of persuadability suggests a way of linking these frameworks, or of seeing them as allies in a process of inquiry.

Premise 2: *Human existence is agonistic, defined by the simultaneous but contradictory impulses toward unity with others and separation from others.*

> The Random House Dictionary defines *agon* in the following way:
>
> 1. (in ancient Greece) a contest in which prizes were awarded in any number of events, as athletics, dramatics, music, poetry, and painting. 2. (in ancient Greek drama) a formalized debate or argumentation, esp. in comedy: usually following the *proagon* and preceding the *parabasis*. 3. *Literature*. Conflict, esp. between the protagonist and the antagonist (28).

Many modern rhetoricians, including Burke and Perelman, propose that rhetoric is linked–both as theory and as a practical discipline—to a basic ontological problem or paradox. This problem is that human beings are simultaneously individuated but communal, separate but social. Each of us is an independent "I", but each of us stands in interdependent relationship (both materially and psychologically) to others. It is in order to manage this paradox—that is, to simultaneously be an autonomous self and to be productively joined to others—that we communicate, or that we engage in rhetorical activity.

Communicative processes thus seem to unfold from an elemental tension between the impulse towards individuation and the impulse towards communion, as well as from an intolerance or unsustainability of either extreme. If humans were purely individuated and self-sufficient—and also purely content with their separateness from others—they would not try to persuade one another to share their points of view. On the other hand, if human beings were purely communal, unified, and "of the same mind," the vast diversity and poignancy of communicative practices would not need to exist. Where there is one reality—or at least overarching agreement about reality—communication is both simplified and relatively unimportant. Since, however, human beings do not have a shared reality—yet seem to desire it—they actively labor to accomplish it through communicative activity, and they suffer when

they cannot have it. Yet, not only is communion difficult to achieve even in the best of circumstances, but people will also reject it should it fail to serve their own interests or match their own reality.

The situations in which communicative activity occurs are those in which individuals assay—although all the while standing on their own values, interests, convictions, and end-goals—to express themselves to others, thus aiming to accomplish solidarity with them. But what might be grounds for solidarity for me (i.e., my experience, wishes, words, or thoughts) may be regarded as inhospitable grounds for my audience. Typically, I want solidarity with others on terms familiar and beneficial to me, and others want solidarity with me on terms familiar and beneficial to them. So it is quite possible that, although we may share the same generic goal (i.e., agreement or solidarity), we may very often perfectly frustrate each other's achievement of it.

Communicative activity, then, is a struggle—or to use the ancient Greek word, an *agon*. It is a struggle for communion *and* for individuation. It is a struggle engaged in by all parties in any communicative moment. It is a struggle for dominance, but it is also a struggle lost through domination (for domination does not yield communion). It is a struggle for "prizes" as diverse as physical survival, social belonging and status, and psychological well-being. It is a struggle carried out through various strategies of argumentation, the majority of them informal. And it is a struggle which is typically experienced by its participants as one of protagonist (self) pitted against antagonist (other), with *resolution* (which is the end-occurrence of all true comedies) as its ultimate goal.

This basic ontological problem—and its connection to rhetoric—is well-stated by Burke in the following passage:

> In pure identification *[i.e., oneness with others]* there would be no strife. Likewise, there would be no strife in absolute separateness, since opponents can join battle only

> through a mediatory ground that makes their communication possible, thus providing the first condition necessary for their exchange of blows. But put identification and division ambiguously together, so that you cannot know for certain just where one ends and the other begins, and you have the characteristic invitation to rhetoric. (Burke, 1984, p. 184)

Expressions like "strife," "battle," and "exchange of blows" emphasize the agonistic nature of communicative activity. But these terms, as Burke uses them, take on even deeper agonistic hues when they are set into active relationship with the notion that persons struggle most typically in order to secure agreement or oneness with others. As in an Orwellian world, fighting is linked with the longing for solidarity, and the longing for solidarity often produces fighting.

Human beings, then, can be said to live betwixt and between the poles of unity and separateness, their communicative activity being the means by which they negotiate their positions moment-by-moment along this volatile continuum. Sarbin (in Emotions as narrative emplotments (1989)) states, "Survival as a social being depends on successfully resolving the exigencies and strains that are endemic to social life ...[R]hetorical acts—the organized use of verbal and gestural conduct to bring about changes in the relationship between self and other—are the most powerful means of resolving and/or creating the exigencies and uncertainties that characterize social life" (191).

Emotion

Premise 3: Emotions—or emotional life—possess a rhetorical dimension.

As Averill (1993) has shown, the emotions are very well known to most people and yet exceedingly difficult to define and categorize. Confusion about the nature of the emotions seems to derive from the fact that they may be conceptualized in many ways, including as (a) innate and universal patterns of behavior, (b) psychological states accompanied by powerful physiologic

concomitants, (c) culturally engendered and organized products, and/or (d) entities which vary in intensity, expression, and meaning from one individual to another. While no one of these identities can be said to be absolutely true (in fact, as absolute statements, some of them contradict each other), evidence can be found in support of each one of them.

In all four of these identities, however, emotions can be said to have a rhetorical dimension. That is, they operate as receptive and expressive instruments of persuasion.

As "innate and universal patterns of behavior," emotions enable effective communication and facilitate persuasion in many ways. First of all, in being universal, they are immediately recognizable and do not require laborious explanation or interpretation. If a person says to us, without evident affect, "There's a fire downstairs," we are likely to first appraise the speaker's disposition, gather information about the situation, and then, in good time, decide what to do. But if the speaker yells "Fire!" with a certain intonation of voice, and, moreover, if we see that he or she displays physiologic signs of fear (e.g., bulging eyes, ashen skin color, agitated movement), we are far more likely to leap into action. Secondly, the universality of emotions allows persuasion to occur even when verbal communication is impossible, as for example, when persons speak different languages, or when one or more of them cannot speak at all. Infants and small children, for example, may have access to very little language, but they are able to communicate very powerfully through emotional displays. Thirdly, in their unambiguousness and familiarity, emotions can serve to "ground" persons otherwise engulfed in complex and changing intrapsychic and interpersonal circumstances. Persons use feelings—both their own and those of others—to make decisions, ascribe value, and render judgments about situations, perhaps especially those which are most unfamiliar, urgent, or inscrutable. As such, emotions can persuade persons to adopt courses of action even in uncertain circumstances.

In possessing potent physiologic concomitants, emotions, once activated, enable persuasion because they are difficult to ignore or neglect. Rather, once aroused, they typically compel some form of action. Anger or rage wants venting; sadness wants cessation; fear demands a reaction to the perceived threat. Thus, if a speaker wants to motivate another person to take action, arousing that person's emotion can be a very good strategy. Similarly, we can be "persuaded by our own emotions"—regardless of whether or not they have been deliberately aroused by another—to take action which in other circumstances would be unlikely. For example, an artist who, due to poor finances, accepted a job in a factory, might be persuaded after a few days to quit the job because of his "unhappiness" there, even though he continued to be in desperate financial straits. Falling in love is another familiar instance of being persuaded from within; aflame with positive emotions, lovers will make choices—including both foolish and noble choices—that would be unthinkable in other circumstances. And often, it is not simply the category of emotion that provokes movement, but the intensity, duration, and totality of its physiologic affects. Mild anger (irritation) is more bearable than a hot rage. And mild anxiety is more endurable than a full-blown panic attack. Evoking the physiological concomitants of emotions can be, then, a most powerful rhetorical strategy.

Averill (1980b, 1990) has argued that emotions are, at least to some degree, social and cultural constructs. This means that cultures have "blueprints" which organize, give meaning to, or prescribe rules for the display of emotions. Grief at the loss of a loved one is universal. Yet the manner by which grief reactions are organized, understood, and displayed may vary enormously from culture to culture. Renato Rosaldo (1993), an anthropologist, reported:

> If you ask an older Ilongot man of northern Luzon, Phillipines, why he cuts off human heads, his answer is brief, and one on which no anthropologist can readily elaborate: He says that rage, born of grief, impels him to kill his fellow human beings. He claims that he needs a place to "carry his anger." The act of severing and tossing away the victim's head enables him, he says to vent and, he hopes, throw away the anger of his bereavement. (p. 1)

While rage may be a feature of the grief reactions of people all over the world, it appears to have not only special permission within traditional Ilongot culture but also to have a prescribed pattern of expression and expiation. In the United States, mainstream culture has a different blueprint for grief. Grief may cause a person to get drunk, to neglect personal hygiene and well-being, to weep and feel forsaken, and to retreat from social life. But grief is not generally expected to become manifest as rage; and sacrificial murder is not perceived as a legitimate curative for feelings of bereavement. Harre & Gillett (1994), following Stearns & Stearns (1988), describe the cultural context in which emotions are learned as an "emotionology": "An emotionology includes the ways the people in a particular local culture identify, classify, and recognize emotions" (148).

From a rhetorical perspective, the cultural encoding of emotions is, first of all, a vivid demonstration of the degree to which human beings are susceptible to persuasion, even in areas commonly thought to belong to the body or to be universal "givens." If emotions—or at least the way emotions are displayed, interpreted by self and others, and even "felt"—can be "trained" or encoded, it suggests that human beings are liable to persuasion in one of the most potent and sensitive areas of psychic existence. Shaping anger, sadness, shame, love and other emotions is, however, an ongoing part of any person's upbringing:

> In early life, the emotional behavior of an infant is closely monitored by its parents, who may accept and validate some of its reactions with the language of consolation and love (as when the child cries out of hunger or pain) and reject other shows of emotion with the language of scolding (as when a child's tears seem excessively annoying or demanding). Somewhat later on, a child's parents will routinely articulate the beliefs and rules of emotional life in such statements as, "When grandma gives you a present, you should smile, and say 'Thank you!'" or "Peter is angry because the boy across the street took his candy." In similar fashion, when the child has become an adolescent, he will be initiated by peers and popular culture into the very complex doctrines concerning how to discriminate between lust and love, how emotionally expressive one may be with members of the same sex, how to go about mending a "broken heart," and so on. (Averill & Rodis, 1996, in translation)

The successful learning and performance of the emotionology of one's culture is generally rewarded. Complementarily, failure to shape a child's emotions in accordance with social rules and expectations often leads to social rejection and psychological maladjustment. Persons who "break the rules" of anger, love, or sadness in a given culture may be subject to stern social judgments, loss of status and opportunity, incarceration (if excessive emotion is paired with excessive action), and psychopathology. Linehan (1993), for example, describes how the repeated invalidation of emotional experience may eventually lead to borderline personality disorder.

Naturally, the rhetorical potency of any person who has approached the emotional codes of a culture as a kind of science or systematic study is heightened. If one knows how the emotional codes are "written," one also knows how these codes may be activated, manipulated, or even (if one is truly masterful) altered to one's own advantage or to the advantage of one's audience. This general statement may be applied to love (e.g., Lothario), fear (e.g., Stalin), hatred (e.g., Hitler), or serenity (e.g., Buddha). Aristotle (1991) proposed that the effective rhetorician must learn how to deliberately "move" the emotions of his audience. Accordingly, in *The Art of Rhetoric*, he attempts to lay bare the social codes which govern ten principle emotions. For example, after setting forth the social codes for anger, he offers the following bit of practical advice to rhetoricians who might wish to instrumentally arouse the anger of their audience:

> We have jointly said with what sort of people men are angry, in what condition and for what reasons; it would obviously be necessary in the speech to make the audience such as to be disposed to anger, and the opponents to be such as those with whom men are angry and guilty of the things about which they are angry (146).

Anger—like other emotions—provides a "handle" for persuasion. If a social actor can grasp firmly and adroitly the emotions of other persons, the actor can do much to direct those persons' behaviors, intimate or public, cognitive or physical.

At the beginning of this section, four main aspects of the emotions were listed. The last of these is that the emotions are psychic entities which vary in intensity, expression, and meaning from one individual to another. The notion here is that, even after physiologic and socio-cultural factors have been acknowledged and taken into account, each of us seems to have an emotional life which is more-or-less uniquely our own. Individuals differ in their emotionality even when raised in the same family, provided the same education, and offered membership in the same macro- and micro-cultures. That persons differ in their emotional vulnerability, perturbability, constancy, range, intensity, and so on is a matter of constant interest in everyday life and in clinical psychology. It is also a cause of much perplexity and difficulty, for the struggle to achieve individual sanguinity, to maintain "healthy" emotional relationships with spouses and family members, and to negotiate the peculiar emotional needs and demands of individual friends and co-workers appears to be endless.

How might the uniqueness and variability of emotional life be explained? First of all, the emotional life of persons may be shaped from the very beginning by any number of exigencies, physiologic (e.g., illness, heretability), interpersonal (e.g., a mother suffering from profound postpartum depression), or circumstantial (e.g., financial pressures which require a mother to be away from home most of the day). Secondly, both behavioristic and socio-cultural theories of personality development would suggest that certain emotional behaviors—like certain physical behaviors—can be selected and become prominent through some process of reinforcement. For example, children who learn that acting sad and angry towards their parents gets them what they want may continue to use this strategy as adults. Complementarily, the same children—should they develop meaningful emotional relationships with teachers, peers, or others who respond negatively to their pouting—may give up their pouting. But given that emotions also appear to be linked to innate drives and needs, as well as to potent (and thus inherently reinforcing) physiologic phenomena, emotions are unlikely to be responsive to all strategies

aimed at their extinction or transformation. In fact, denying a person's emotion may function only to perpetuate that emotion or even to intensify it to a degree which is pathological. Emotions, then, are not simply stock items, generic products found in either (or both) the catalogue of innate needs or the emotionologic rule-book of a culture. They are also exquisitely unique outgrowths of—as well as functional organs within—the gossamer-fine web of relations and experiences which make up the life of each individual. Finally, it might be said that the emotionality of each person has its own unique narrative, or formative story, which can only be fully understood if taken in its microscopic entirety, word for word, scene by scene, theme by theme.

That emotional life varies so significantly from individual to individual is, again, suggestive that humans are receptive to subtle and diverse forms of persuasion. This receptivity, in turn, indicates that humans may actively influence each other by finding the key to—or breaking the code of—one another's unique emotionality. Not only does successful intimate relationship require such an individualization of emotional understanding, but so does successful psychotherapy. By knowing the particular emotional "loading" of certain past experiences, words, current involvements, images, tones of voice, and other variables, persons may craft their own actions and expressions in ways which have desired effects. By knowing another person's emotional "story," a speaker can, in essence, perform readings and reinterpretations, attempt revisions, and participate in writing sequels. It is partly for this reason that emotional intimacy is powerful, closely guarded, and sacred. It is also one of the reasons that confidentiality and other protections are essential to the ethical practice of psychotherapy.

The individualized character of our emotionality may also lead us to instrumentally "use" our own emotions in different ways. For example, while one person may use anger to try to alter a disadvantageous or uncomfortable social situation, a second person may grow sad, while a third may try to brighten the situation through a show of happiness.

Persons may also differ in how well they are able to perform the emotion they have chosen to use. Like good sereen actors, good soeial actors "do emotions well," while poor actors seem to have diffieulty managing the faeial, gestural, and linguistic features that substantiate an emotional display. Moreover, while good actors can flexibly deploy a range of emotional displays, a less good aetor may have aecess only to a limited repertoire of emotional displays.

In summary, regardless of what approach is taken to defining the emotions, a persuasive dimension may be diseerned. in the emotional life of humans.

Premise 4: Emotions facilitate/inhibit the expression and reception of messages.

As suggested above, there are many valid ways of defining the emotions. In addition to the ways listed above, it is possible to coneeive of the emotions as organs, deviees, or systems of eommunication. This eonception arises from the faet that the emotions funetion in diverse ways both to send messages and to receive them. All the same, as noted by Thimm & Cruse (1993), "Surprisingly little scholarship has dealt with emotion and emotional talk as a part of interpersonal communieation" (83).

Although the analogy of a two-way radio has limitations, it can be useful as a first step in thinking about the communicative functions of the emotions. To follow the analogy, emotions may be seen as devices for discharging, amplifying, and tuning in messages both from one's self and from others.

First, let us consider the ways that emotions serve to facilitate the transmission or expression of messages. To start with, emotions often serve as the source or launching pad for communication. As discussed above, when persons feel emotion, they are often moved to action.

When that action is social action (i.e., action which is intended to have an effect on others), it usually requires some form of communication. A person who is very angry, for example, typically wants to convey their anger to the person(s) who presumably caused it. In extreme cases, the angry person may take forms of social action whose aim is simply to eliminate the offending party; more typically, though, even vendettas are ways of "sending a message." Secondly, emotions facilitate message-sending inasmuch as they can invest one's communicative acts with differing shades of meaning. Take the statement, "It's snowing." Depending on the particular emotional quality involved in the delivery of this statement, it can have quite various meanings. Uttered dejectedly, the news that it's snowing clearly means something very different from the same news uttered with a tone of delight. Thirdly, emotions permit message-senders to adjust or control the degree of intensity or potency of the messages they send. A slight tone of remorse, for example, gives an apology a very different level of impact than does the same message delivered with weeping and a rending of one's garments. Again, the meaning of messages may be varied depending on the kind and degree of emotional amplification one gives them. Finally, emotions can be involved in inhibiting or undercutting the expressive capacities of a message-sender. While virtually all emotional states of a low to moderate intensity may contribute to a sender's ability to express a message, very intense emotions may make communication very difficult. Everyday discourse contains many tropes of such a condition: "He was too thunderstuck to utter a word", "She was so miserable she could barely speak." Emotions may also be said to have a selective impact on the expressive capacities of speakers; that is, emotional states may facilitate expression of messages pertaining to themselves, but impede the successful expression of messages dealing with different matters of concerns. Thus, for example, a person suffering from grief may be capable of tremendous eloquence during a eulogy, but be unable to participate in a conversation about work.

Emotions also affect one's level of *receptivity* to messages. First of all, the *kind* of emotion a receiver is feeling may significantly affect their receptivity to the communications of others. For example, persons who are afraid may be quite easily controlled by the words of others (especially those who are believed to possess the power to do them injury), whereas persons who are angry may not listen to anything that others tell them. Governments which rely upon terror as a way of maintaining power are well aware of this fact, even as are opposition political groups which hope to combat terror by encouraging anger and lessening fear. Secondly, the *degree* of emotion can affect one's level of receptivity to messages. Passionate love—as opposed to mild affection—can greatly enhance one's willingness to believe the words of one's lover, even when the hard evidence is chockfull of rebuttals. Very high emotion of any kind, on the other hand, is likely to depress one's ability to pay attention and learn while in school or to receive other, emotionally-neutral information. High emotion cannot only be distracting, but it can also flood one's awareness, preventing the absorption of new knowledge.

The emotions are, then, best imagined not as simple transmitters-receivers, but as radios with a wide array of knobs and buttons. The exact settings of the volume controls, the pitch controls, and the station selector knobs—to name but a few—all matter. Emotions can facilitate, distort, or even jam communication.

The emotions-as-radio analogy begins to break down, however, when it is recognized that emotions are in themselves messages. That is, not only do emotions *facilitate* the transmission and reception of verbal or gestural communications by giving them color, urgency, or meaning, but emotions also *constitute* messages inasmuch as they by definition contain judgments about occurrences or situations. Emotions "say something" about the experiences, situations, or persons to which they pertain.

For instance, if people feel fear when they see a snake, that reaction can be said to contain a number of possible messages, including "Run!", "Snakes are bad!", and so on. In this example, the emotion of fear "speaks" primarily to the person who has it; in other words, the message encoded in the emotion is aimed at the subject of the emotion. The value or utility of this message is that it communicates a judgment about the subject's circumstances which may be critical to that person's survival.

Emotions may also speak to others. Take, for example, a person who reacts to an event or circumstance with sadness. Because sadness is typically regarded as a negative emotion, the sadness "says" something negative about the event or circumstance which provoked it. Other persons who see this sadness will typically connect it with its presumptive cause (or at least attempt to do so), which may them lead them to (a) venture judgments of their own about the event or circumstance, and/or (b) attempt to help or comfort the person who has become sad. Awareness of the communicative force of emotional displays upon others is probably universal, which leads to a substantial amount of deliberate drama. A good example is fainting. In 19th century England, fainting was generally thought of as a spontaneous, physiological concomitant of emotional "shock." If one fainted—and one was usually a woman, for it was not culturally appropriate for men to faint—it meant that one had been subjected to a sudden and remarkable burst of emotion, either negative or positive. To faint, then, was to convey a powerful message to others about one's own condition. And to the extent that such "news" about one's condition required action from others, fainting could serve as a powerful tool of social manipulation.

It is possible that "messageless" emotions (or emotional episodes) may occur, but they are probably atypical. No matter what emotion—or what emotional episode—one brings to mind, it can usually be interpreted as conveying a message. To have, for instance, an episode of "messageless" repugnance would be very strange and even, perhaps, impossible, for repugnance is almost always a recoiling from something perceived as odious. Even if the odious thing were

neither in view nor in one's mind, the message of "odiousness" would still have been received once 'repugnance' had been performed.

Premise 5: Emotions are discursive acts; or, emotional life is a series of interconnected discursive acts, as in a conversation or theatrical play.

Implied in the sections above is the notion that emotional life is *discursive*, or a kind of conversation which unfolds as a series of symbolic interactions. Emotions function, in other words, rather like lines of dialogue in a play: they transmit messages, accomplish certain purposes, demonstrate responses, convey judgments, and modify the relationships between the speaker and the other members of the "cast."

According to Burke (1989), all symbolic (inter)actions are best analyzed into five parts which he calls the "dramatistic pentad":

> ...you must have some word that names the *act* (names what took place, in thought or deed), and another that names the *scene* (the background of the act, the situation in which it occurred); also, you must indicate what person or kind of person (*agent*) performed the act, what instrument of means he used (*agency*), and the *purpose* (139).

When set within such interpretive frameworks, emotions are revealed as situated symbolic actions, performed or committed by particular persons in order to accomplish certain purposes. They are not merely mechanistic psychophysiological occurrences, but steps in a dialogue. As Averill (1999) states the matter, "Not only does an emotional episode develop over time, as does a conversation, but how an emotion is expressed during an episode varies as a function of the intended message, the audience, and the setting" (7).

The implications of this conception of emotional life is striking, most of all because it requires a qualitatively different approach to the study of the emotions both as universal and as discrete, individual phenomena. If emotions are *acts* which possess both *agency* and *purpose*, they must be studied through a rhetorical lens; one must always, ask, in other words, to what extent do the emotions function as instruments of social persuasion? Secondly, a discursive model of the emotions requires situating them into at least four frameworks, each of which may be treated as a kind of conversation.

The first such framework is the person or *agent*. As Bakhtin (1981), Harre & Gillet (1994), Billig (1989, 1993), and others have noted, the self is not a quiet, monolithic entity, but rather a being endlessly in conversation with itself. Comprised at is it of many "parts" (e.g., memories, desires, physical sensations, etc.), the intrapsychic life of the self may resemble less a symphony orchestra (with every player collaborating in the production of the same melody) and more a meeting of the United Nations (with every member arguing its own interests, its own truth). Emotions play a vital role in the internal conversational life of the self, sending messages to the mind—and the body, too—about what is valued, what is desired, and what is going on around one. Within the self, however, the emotions—as only one of the many countries heard from—may have more or less power and status. For persons characterized as labile or hysterical, emotions may possess a quicksilver power and intensity that is rarely bounded or challenged, while repressed persons may tend to regard their own emotions with suspicion. But whatever the general status of the emotions within the wider universe of the whole person, these emotions may be said to have their own discursive history, traditions, and current discursive functions. Thus, to understand a person "emotionally," we must be able to identify how they "do discourse" within themselves. How, in other words, do they "do" sadness? What does it mean to them? When is it accepted, when rejected? Unless we can understand the past and present life of the emotions

within the conversational matrix of the wider self, we may be unable to perform close and accurate readings of a person's emotionality.

The second discursive framework is the "emotional episode," or the exchange of emotions which occurs between two parties in a single dramatic encounter. Examples of emotional episodes abound in everyday life. Take for example, the moment at a cocktail party when one spouse espies the other in conversation with an attractive stranger. This moment may well begin an episode of emotional conversation which centers around jealousy, but which may also involve emotions of fear, love, anger, and unhappiness. What is crucial about such episodes is that they require an analytic approach which gives "as much attention to the emotee as to the emoter" (Averill, 1999, p. 9). In other words, such episodes underscore the fact that it is impossible to understand the emotions of either of the two spouses without considering the emotions of the other. When the episode is read as a conversation (which, by the way, is the mode of interpretation most often employed by the participants in such occasions), each discrete display of emotion is considered to be pregnant with messages. The smiling, animated exuberance of the flirting spouse may be read as a commentary on the unsatisfactoriness of the marriage; the irritation and anger of the offended spouse may be read as "crazy," unwarranted possessiveness; and so on. Naturally, the interpretive possibilities are many, which adds to the difficulty of the situation. What matters most, however, is that the emotions expressed and received by both parties must be understood as a conversation in which the emotions of each party affect the emotions of the other. Outside this dialogic framework, the emotions of each party can only be grasped poorly.

The third framework for analyzing an emotion is the wider "discourse community" of the individual. Theoretically, this community includes any person who has in some fashion contributed to the emotional development of an individual. It includes, then, at the very least a person's immediate family, relational partners, and friends; but it may also include day care

workers, teachers, characters in books and films, and so on. It includes, in other words, anyone who has come into emotion-laden conversation with that person. Consideration of the emotional discourse community of individuals is a standard facet of most psychotherapies. Since Freud, psychotherapists have been acutely interested in the ways that a client's emotional life has been shaped by dialogues with others, especially parents, siblings, and intimate partners. The fact that Freud found the archetypes for many recurring and primary emotional dialogues in the annals of ancient Greek drama is suggestive of the salience of a discursive methodology. In any case, this framework widens out considerably both in space and time beyond the far more narrow confines of the emotional exchange, provided crucial information about how emotive agents come to behave the way that they do.

The fourth framework is that of the rules of a society. This category will be considered below.

Premise 6: Emotional discourse is guided—but not fully circumscribed—by social rules.

It has already been suggested that emotional life is shaped to a significant degree by the rules and customs of a community, culture, or social group. Sarbin (1989, 1995), following Burke (1966, 1989) and Erving Goffman (1959), has offered a 2-part schema for understanding how these rules figure into emotional discourse or conversation, which is the active dialogic use of emotions and emotional displays in order to communicate, persuade, and in other ways modify relational existence.

According to Sarbin, emotional discourse may be viewed as alternately *dramatistic* and *dramaturgical*.

Emotional discourse is *dramatistic* when it relies upon tropes, plots, or other socially-preexisting forms for its expression. Thus, when individuals actualize socially-canonized scripts for such emotions as jealousy (as when one's partner has flirted with someone else), anger (as when one has been insulted), or joy (as when one's friend and family celebrate one's birthday), they are functioning in a dramatistic fashion. Dramatistic strategies can be quite powerful in emotional discourse because they typically have wide popular support and adherence. Persons who—in the flux of spontaneous emotional discourse with another person—find opportunity to implement what Burke calls a "dramatistic screen" in just the way that the society would sanction, often score a coup, for their "acts" may be immediately viewed as possessing authority and legitimacy. In contrast, persons who fumble or diverge from dramatistic play-acting may lose ground in the rhetorical struggle with others. A famous example from literature is the hero of Camus' novel *The Stranger* (1966), who is found guilty for a murder he did not commit largely because he failed to grieve in the socially-prescribed way at his mother's funeral. His emotional "deviance" in a public moment made it possible for the prosecuting attorney to impugn his character and thus leave him vulnerable to the suspicion that he may have done other horrid things. This example is especially cogent to a rhetorical approach to emotional life because it takes the courtroom as its setting. Emotional discourse is quite often about exchanges of values, about the judging of character, about the moral legitimacy of one's acts, and other matters often brought into courtrooms; emotional discourse is also often interpretable as a rhetorical contest between adversaries who seek "justice," "truth," and other ideals at the same time as they must deal with their own self-interest.

Emotional discourse is *dramaturgical* when the actors depart from pre-scripted forms and author their own rhetorical strategies. Whereas in dramatistic discourse, "authorship ... is far removed from the actor" (Sarbin, 1995, p. 217), in dramaturgical discourse "the actor is also the actor-playwright and director." Persons who are skilled at rhetoric—and especially at

emotional rhetoric—may be far less reliant upon preexisting roles and schemata (although they will certainly access them when it is advantageous) and far more apt to improvise as they engage in emotional discourse. These improvisations are, of course, guided by similar goals as the more prefabricated efforts at emotional communication: e.g., to achieve solidarity and agreement with others, to persuade others of the importance of one's feelings, and so forth. But in taking stock of and adjusting to far more of the particulars of the situation, the audience or emotee, and so on, dramaturgical strategies have the advantage of greater flexibility. An analogy can perhaps be made to a suit or dress bought off the rack as compared to a shirt or dress designed by a tailor specifically for its intended wearer. A recent example of a successful dramaturgical response to an emotional situation is Hilary Clinton's refusal to play the role of the angry, vindictive wife after her husband's very public, embarrassing and costly extramarital affair with Monica Lewinsky. Her choice not to play out the dramatistic script for a person in her situation *might* have backfired had she been viewed as cynical, calloused, or opportunistic. But the particulars of her emotional comportment were such that she appeared to most persons as having *transcended* the prescribed role with all of its inherent protraction of relational disturbance, estrangement, and violence. Such transcendence in a popular culture familiar with the dramatism of talk-shows and soap operas caused her public approval ratings to rise sharply. Such dramaturgical straegies may be essential to what Averill (1997) calls "emotional creativity."

Both dramatistic and dramaturgical strategies, however, are critical to the making of a successful rhetorician in the sphere of the emotions. As with actors and politicians, what matters is how and when emotions are evoked, in what manner they are used, with what facility, and with what sensitivity to the variables of situation and audience.

Cognition

Currently, there exist many theoretical approaches to human cognition, each of them contributing insights regarding how human beings *think*. Among these are (a) neurological or brain-based approaches, (b) approaches which emphasize cognition as an information-processing system (Chomsky, 1972), (c) approaches which attempt to understand the mind/brain as a functional and ever-changing outgrowth of evolutionary processes (e.g., Bogdan, 1994), (d) approaches which emphasize decision-making, problem-solving, and other "rational" processes (e.g., Brehm & Cohen, 1962), (e) approaches which focus on the roles played by attitudes and beliefs (Festinger, 1957), (f) approaches which consider cognition from social and cultural vantage-points (Vygotsky, 1978, 1986; Cole, 1996), and many others.

Lee (1998) suggests that the emergence, beginning in the mid-twentieth century of this wealth of different approaches to cognition is due in part to a major paradigm shift within psychology. The new paradigm—which she calls "cognitivism"—challenges the mechanistic principles of behaviorism, asserting that "conscious thought is primary to human action" (Lee, p. 4). More specifically, cognitivism places central emphasis on what goes on in the human mind, recognizing that thought is not epiphenomenal or inconsequential but is rather a prime mover and shaper of experience, behavior, and, even, "reality." Such a perspective is fundamental to cognitive and cognitive-behavioral approaches to psychotherapy which assert that "cognitions influence emotions and behavior," that "individuals are believed to respond to cognitive representations of events, rather than to the events themselves," that "cognitive factors play a causal role in the etiology" of many behavioral and emotional problems, and that "cognitive change is a prerequisite to behavioral and emotional improvement" (Reineke, Dattilio, & Freeman, 1996, p. 2).

Reineke, Dattilio, & Freeman (1996) offer the following definition of cognition, consistent with that used by many psychologists:

> As Kendall and Dobson (1993) state, "Cognition is not a singular or unitary concept, but is rather a general term that refers to a complex system" (p. 9). Cognitions include one's current thoughts or self-statements, as well as perceptions, appraisals, tacit beliefs or schemas, attitudes, memories, goals, standards and values, expectations and attributions. The term "cognition" refers not only to cognitive "contents" but also to the ways information is represented in memory and the mediational or control procedures by which the information is processed or used. Cognitions, as such, may be viewed as a set of complex skills (Wiemer, 1997) that incorporate problem-solving or coping strategies, communication and linguistically based knowledge, and interpersonal skills. (p. 2)

As an ordinary concept, cognition can be defined simply as "the process of passing knowledge."

Premise 7: Cognition is agonistic.

A rhetorical perspective on cognition may be initially distinguished from other perspectives by its central metaphor: the *agon*. As described above, the agon is a struggle or competition between parties in which each seeks the other's agreement. In keeping with this metaphor, the mind may be construed as the site of dramas, dialogues, or debates in which two or more possible "truths" strive to establish dominance, resolve conflict or differences, and to otherwise persuade each other (or the subject). According to this metaphor, many cognitive processes (especially "higher" cognitive processes) are not like simple mechanical events which follow a linear cause-and-effect model, but are rather interactive, discursive processes set in motion by the need to make selective decisions from amongst more than one possibility. These possibilities may be discrepant points of view, discrepant memories, discrepant ideologies, discrepant values, discrepant verbal statements, and so on, each of which presents—or at least contains within itself—an argument or persuasive claim. Consciousness, then, is (about being) perpetually challenged to sort amongst the multiple arguments simultaneously presented to it for

consideration. Arguments that are successful may be those supported by evidence, which are familiar, which lead to the solving of problems, which enjoy social support, which have emotional power, which are undergirded by potent memories, and so forth.

An agonistic model of consciousness is different than, say, an information-processing model of cognition. Both models recognize that cognition involves encoding and decoding data, fitting information into established categories, and determining an adapative behavioral response to this data. The agonistic model, however, emphasizes the degree to which all steps in this process may be susceptible to conflict, disagreement, or dissonance due to (a) the ambiguous character of the data itself, (b) the apprehension of the data by multiple centers in the brain (e.g., a visually beautiful, but bad-smelling object or person is likely to affect the sensory centers in the brain in ways that present a paradox for thought), (c) the association of the data with multiple prior experiences or categories, (d) the presence in the mind of more than one conceptual model for the data, (e) the ambiguous character of the situation in which the data is encountered, (f) multiple and competing social influences, and so on. Any of these factors may contribute to making the cognitive processes surrounding a bit of information more like a debate amongst members of scientific researchers than like a computer's interpretation of a key-stroke.

The sorts of cases typically encountered in psychotherapy provide evidence of the degree to which the individual "psyche" is many-voiced and thus frequently rife with contestation and conflict. As is evident, for example, in many cases involving loss and grief, persons struggle inwardly over what to believe, what to value, and how to interpret the worlds in which they live. Is the world a 'good' place, or a 'bad' place? Is there an after-life? How is one to define one's own identity in the sudden absence of a significant other? What persons 'know' appears to be rarely set in stone, but rather to be ever shifting and undergoing challenge—especially in times of crisis. These challenges, moreover, frequently come from within. Although it is certainly stressful to be challenged by someone else, it is probably more common for persons to be

discomfited by their own internal divisions and conflicts. Freud's tripartite division of the psyche into id, superego, and ego—and the perpetual wrangling which typified the interactions between these entities—offers a graphic illustration of an agonistic model of the individual psyche.

But, from a rhetorical perspective, other, more discreet areas of cognitive activity may be also viewed as processes in which many 'voices' are in play. Take visual perception, for example. Humans not only form retinal images of the world, they name and interpret these images. Therefore, when what we see is ambiguous or difficult to name, we may be plunged into a process of internal debate. This kind of debate may be stimulated, for example, by presenting persons with visual conundrums, such as the famous image that may be seen alternately as an old woman or an attractive girl. As another example, Billig (1993) describes how persons striving to verbally express themselves may frequently enter into subtle cognitive debate over word-choice, or what words to use. While skilled poets may struggle deliberately and at length with word-choice when trying to perfect a metaphor or sculpt a rhyme, almost all of us are familiar with the lightning-quick decisional processes required when we've hit our thumb with a hammer and must choose between "ouch!" and other, saltier forms of expression. The fact that the same person may express him or herself in very different ways during ostensibly similar circumstances raises questions about the nature of cognition. Is word-choice driven by established neural pathways spontaneously selected by the potency of the stimulus (e.g., the force of the hammer)? Or, does verbal cognition include (a) the simultaneous arousal of several stores of potentially relevant words/expressions, (b) an appraisal of their relative value, utility, or appropriateness, and (c) a choice as regards which of them best "fit" or represent the moment? Billig also suggests that a large portion of intellectual problem-solving (i.e., the kind of thinking that is most often employed in academic settings) is rhetorical. In order to be able to "think" about, say, the social antecedents of the Civil War or the ethics of the nuclear arms race, a person must consider

not only one interpretation of the problem (for this might be better called "remembering" or "regurgitating") but several interpretations. To actively think about such matters, a person must gather together the available information or perspectives regarding them, study the "case" made by each, set them into dialogue or debate with one another, and then determine which of them might be said to make the "best" case. "It is not a matter of uncovering which solution is wrong in a 'mathematical' or 'logical' sense, but of choosing between opposing sets of reasonableness, which might be themselves irreconcilable" (Billig, 1993, p. 124).

In the sections below, although cognitive processes and contents of many sorts are referred to, the main topics of concern are those relevant to what Bakhtin (1984a) calls the "thought-worlds" or "cognitive worlds" of individuals. A person's thought-world is generally delineated by "higher" cognitive processes and contents such as those mentioned above by Reineke, Dattilio, & Freeman (1996) (e.g., attitudes, beliefs). In keeping with a rhetorical perspective, these processes and contents are, first of all, considered as largely socially-generated and socially-situated entities. Secondly, they are treated as possessing some degree of psycho-social functionality and utility. Thirdly, they are analyzed as being more or less convertible into resources for intentional action and behavior.

Premise 8: The mind is a community affair.

One of the most interesting challenges which confronts anyone interested in the study of the individual mind has to do with determining what the mind's boundaries and borders are. From birth forward, the mind of the individual is closely bound up with and integrated into a shared existence with others. Much that is contained in an individual's cognitive universe is unthinkable outside a social context; complementarily, much that is contained in an individual's

social world is inscribed within that individual's cognitive universe. As a result, it is difficult, if not impossible, to strictly demarcate the provinces of any individual thought-world, separating them cleanly from the mental worlds of others.

First of all, what is "in" one person's mind may well have originated in the mind of another. Take language, for example. Although the capacity for language may be a universal attribute of the species (Pinker, 1994), language as a concrete entity is acquired only through social experience. In being a social product—as well as a 'container' of past and present social learnings, modes of representing reality, linguistic styles, and so forth—language, as we acquire it, inevitably installs within our own minds "ways of mind" evolved and practiced by others. According to Bakhtin (1981), language—like most other social forms—is never neutral or "uninhabited." Rather, it is "shot through" with the presence—as well as the intentions, beliefs, ideas, and mental habits—of others. Words—singly and in combination—come out of social domains, they contain socially agreed upon meanings, and they are continually shaped and reshaped by the demand that they be useful as a currency for social communication. As a result, when we assimilate them into our own thought-worlds, we are simultaneously assimilating the thought-worlds of others.

An example illustrating how the individual mind is a site at which other minds also congregate involves the matter of political ideology. How does one become a communist, or a democrat, a white supremacist, or a member of the ACLU? Typically, by learning about these positions from others. Political indoctrination may occur subtly, as when one grows up in an home wherein there are the rough makings of a political creed, or it may occur more directly, as when empowered forces within one's social world insist on allegiance, as occurred during the Stalinist period in the Soviet Union. In any case, political ideology—once it has taken root in an individual's mind—can hardly be said to be that person's very own possession. Rather, it brings

with it—like the Trojan Horse—the notions, histories, accents, and so forth of others who have embraced it.

But perhaps even more interesting than the introduction into one's thought-world of ideologically like-minded others is the presence of persons to whom one is ideologically opposed. The thought-world of the white supremacist, for example, is hardly occupied solely by images and notions of that which he or she values and celebrates. On the contrary, images (however distorted) of those people whom the supremacist hates and despises are likely to be very present and potent. Without such a presence, hate—and thus, arguably, white supremacist ideology itself—would be impossible. The notion of ideology as a Trojan Horse now becomes especially resonant, for, hidden in the 'belly' of any ideological stance are also those persons and ideologies which constitute the 'enemy.' And, while this enemy is necessary to the legitimation and perpetuation of the ideology (for violence requires belief in another's essential wickedness), the enemy can also, in certain situations, slip forth and conquer the citadel of belief. It is, perhaps, to such processes that ideological conversions—such as Paul's on the road to Damascus or Gorbachev's turn from communism to free-marketism and democracy—are at least partially due. In any case, whether the ideological 'other' remains consistently hated or becomes the living center of a new ideological identity, that 'other' is present throughout the course of an individual's ideological development.

The thought-worlds, then, of even the most ideologically rigid persons are, to some extent, diverse and heterogeneous, polyvocal and multiplicitous. Put another way, even as we are part of a community of others, we replicate that community in its diversity within our own mental universe. Naturally, we each may idiosyncratically assign different value and meaning to the various members of this community, but this does not mean that even the most devalued members are not there.

When it comes, then, to the business of determining what the individual mind is and is not, it seems defensible to argue for the notion that the mind is a community affair. Moreover, it is a community affair in at least two ways. First, the mind is a community affair because it comes to being within social spaces, influenced by social realities, designed to meet social demands, and so forth; as such, the mind is—at least in part—*made* by its community, and so, to some degree, mirrors it. Secondly, the mind is a community affair in that it functions like a community comprised of different voices, perspectives, realities, and so forth, which—although they can be more-or-less harmoniously or constructively coexistent—do not amalgamate into a single, solid entity or substance. Rather, although there may be certain stable structures (i.e., schemas) which organize and provide consistency to the way an individual thinks, these structures govern a disparate and multitudinous 'body politic' of knowledges, ideas, beliefs, ideologies, and so on.

Premise 9: The cognitive worlds of individuals are polyvocal, dialogical, and rhetorical, mirroring the polyvocal, dialogical, and rhetorical social worlds in which these individuals live.

If we hold that the mind is like a community which mirrors the social world(s) in which it has come to being, it follows that the mind must be many-voiced or 'poly-vocal.' Human beings are profoundly social creatures, born into complex, tightly woven social webs which nonetheless support substantial individual heterogeneity and diversity. Even the simplest societies (e.g., the family) are shot full of cognitive disparity, even as they are held together by potent bonds of mutual attachment and need. Living with others different from ourselves (and from one another) requires that we learn about how these others view the world, what they mean when they speak, and so on.

Fortunately, the brain appears to be reasonably well-equipped to assist us in this process. Children, especially, are gifted mimics. Not only do they (almost miraculously) usually acquire language without formal training, but they also acquire the beliefs, values, phrases, and other aspects of the thought-worlds of persons with whom they are intimate. The 'self-talk' of young children—encrusted as it is with moments sampled directly from the speech of their parents, siblings, and television shows—makes this process vivid. A child of three or four years of age, while playing, may scold her dolls in the voice of her mother or assume the words and perspective of a favorite fairy-tale character.

According to Vygotsky (1986), the path of cognitive development for humans is from the "interpsychic" to the "intrapsychic."

> Every function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, *between* people (*interpsychological*), and then *inside* the child (*intrapsychological*). This applies equally to voluntary attention, to logical memory, and to the formation of concepts. All the higher functions originate as actual relations between human individuals. (1998, p. 57)

Put another way, 'mind' begins as situated within a social, linguistic, and ideological "milieu" wherein it copies or learns certain cognitive operations; over time, these operations are internalized and converted into flexible "tools" for problem-solving, communication, and meaning-making.

Since, however, the path of learning is from the concrete experience to the abstracted/internalized function, children 'ingest' directly, substantially, and indiscriminately large portions of their social milieus. The internalization of these fragments of the speech-worlds and thought-worlds of others may well bear fruit as practical cognitive skills (e.g., voluntary attention); but they may also continue to exist in and for themselves as untransformed forces, which operate more-or-less as 'voices' within consciousness. From Freudian free-association to Lacanian "mid-speak", psychoanalytic technique has taken seriously the project of exhuming or

exposing to conscious awareness these voices from early childhood, thus permitting the individual to complete the project of intrapsychological maturation and cohesion. As Lacan ((1981) wrote, the unconscious may have been misleadingly presented by Freud as some "thing" comprised of impersonal, primitive forces, but is rather better conceptualized as simply (or not so simply) "the discourse of the other." For Lacan, then, psychoanalysis assumes a method very like intensive literary analysis, in which the individual consciousness is deconstructed into its constituent voices, each of which possesses a dual, mysterious identity as both part of one's self and as an intrusion or invasion of the 'other.'

Indeed, for Bakhtin, polyvocality does not end with childhood, but is a pervasive feature of both social existence and individual consciousness. The adult mind, in fact, is likely to be host to a far greater diversity of 'voices' than in childhood, both as a result of exposure to a greater number of other persons, cultures, ideas, discourses, and ideologies, and as a result of expansions in its capacities of understanding, memory, and logic. Take, for example, the author of an academic book. If one were to turn to the bibliography of this work, one would likely find cited there a striking number of other authors and works, each of which has somehow been incorporated into or referenced by the academic writer's book. If one were to construct such a bibliography for every *mind* (not merely the written product of a mind)—especially every mature mind—each such bibiography would be mammoth. Yet, if we search our own minds, we find that, to one degree or another, the 'voices' of vast numbers of others are present in us. These others might include family members, authors we have read, teachers we have had, figures from history, characters from television and movies, advertising slogans, and so on. We are each, as it were, a Tower of Babel; or, to coin a phrase of Bakhtin's, each of us possesses a cognitive world which is "novelistic" (i.e., like a novel) in its possession of numerous voices.

Such polyvocality sets the stage for *dialogue*, or for communicative *interactions* between the many voices that comprise a community or a consciousness. In society, groups (e.g.,

the society of research engineers, or the United Auto Workers) not only have a voice, but they use these voices in order to communicate with others. Individuals, of course, function in the same way. Not only do they possess the capacity to speak, but they use it to speak to one another. As Vygotsky (1986) puts it, "The primary function of speech, in both children and adults, is communication, social contact" (p. 34). Dialogue is not only a feature of social existence, but a primary preoccupation of individuals and groups in social settings.

If we apply the same rule to what goes on *within* individual consciousness, we arrive at an image of cognitive processes which is fundamentally dialogic or discursive. As Harre and Gillet (1994, p.27) conceptualize the matter, cognition may be described as "private discourse," or a discussion of one's self with one's self. In this view, many cognitive processes may be conceptualized as conversations between two or more of the voices acquired during the long course of one's social development. Thus, when a child who has spit on the floor at school is commanded to "Think about what you've just done!," he is likely (if indeed he makes any effort to reflect at all) to access various positions he has encountered in the past on spitting, on proper conduct in school, and on pleasure and other related matters. As these positions 'talk amongst themselves', they may allow the child to reach various conclusions about his behavior, why it was proscribed, and how he might extricate himself from trouble.

Dialogue in social settings can serve any number of possible functions and take any number of possible forms. However, even in its most pragmatic and utilitarian manifestations (i.e., to indicate to another person that one is hungry), dialogue involves *persuasion*. It is, in other words, driven by some will to affect the mind and behavior of an other.

According to Vygotsky (1986), individual mental activity is similarly *rhetorical*. It is rhetorical, first of all, in that it originates in a desire or purpose:

> Thought is not begotten by thought; it is engendered by motivation, i.e., by our desires and needs, our interests and emotions. Behind every thought there is an affective-

> volitional tendency, which holds the answer to the last "why" in the analysis of thinking. A true and full understanding of another's thought is possible only when we understand its affective-volitional basis. (p. 252.)

Secondly, while Vygotsky suggests that such desire and purpose can at times have a non-social function (e.g., to find food), it is typically created by and geared towards affecting one's social surround. While this notion may seem to disagree with the traditional, Cartesian notion of cognition as a set of neutral, 'rational' capacities, it is, in fact, difficult to rule out the social-communicative dimension from most occurrences of cognitive activity. As Kuhn (1970) suggested in his *The Structure of Scientific Revolutions*, even scientists in 'hard' fields such as physics and astronomy think in ways influenced by the goal of making sense to other practitioners. To some extent, then, even 'pure' science may be 'addressed' to others, and thus shaped to some degree by rhetorical considerations.

But the same may be true of individual thought. Take, for example, Shakespeare's character, the young prince Hamlet, who learns that his mother and uncle have conspired to kill his father, the king of Denmark. In his famous "to be or not to be" soliloquy, Hamlet's every turn of mind is assailed by a fury of relational factors; each 'thought' is set in motion by—and also nearly rent to pieces by—his simultaneous and conflicting 'affective-volitional' impulses towards his murdered father, his duplicitous mother, and his murdering uncle. His soliloquy, studied simply as a 'slice of consciousness', covers a marvelous range of territories philosophical, psychological, pragmatic, and ethical. But each of these territories is called to Hamlet's mind not by his neutral and implicit interest in them but by the particular social forces at play in the moment. Moreover, his mental activities are patently rhetorical, for not only must he persuade himself of the proper course to take through the dilemma, but he must find a course that will persuade God, kingdom, and what Perelman (1982) refers to as the "universal audience." If, as Perelman states, "Everyone constitutes the universal audience from what he

knows of his fellow men, in such a way as to transcend the few oppositions he is aware of." (p. 33), and if "Each individual, each culture, has thus its own conception of the universal audience." (p. 33), Hamlet's mental agony becomes all the more apparent; for, how can he persuade a 'universal audience' comprised of the very persons whose enmity with one another was so acute as to have produced betrayal and homicide? Although our cognitive activities are not commonly as acutely stressed as were the fictional Hamlet's, the social loading of—and the rhetorical demands upon—thought certainly can be said to account for much of its content, form, and quality.

The notion of a rhetorical mind—or a of a mind that 'thinks' by entertaining competing notions of truth and having them wrestle their way to resolution—is thus the natural outcome or complement of the notions of the mind as polyvocal and dialogic. In fact, it might be argued that the three characteristics—polyvocality, dialogicity, and rhetoricity—necessitate or imply one another. Even as in social life, where individuation leads to heterogeneity, heterogeneity to the need for communication, and communication to argumentation and debate, apprehension of the multifacetedness of mental processes leads towards a view of the mind as possessing a rhetorical dimension.

As noted above, this rhetorical dimension is quite observable whenever obviously 'conscious' processes are involved, such as decision-making or evaluative judgments, for such processes not only allow—but require—the consideration of more than one possible pathway. In this sense, even presumably 'independent' thought resembles being caught up in debate between several competing parties.

Premise 10: *Thinking is a process which may be defined as (a) "arguing with one's self" or (b) arguing with others within one's own mind.*

As discussed above, in a certain sense, our minds are not really our own, but rather exist in spaces between—or that are jointly occupied by—ourselves and others. Thus, much of a person's cognitive universe—that is, a person's "perceptions, appraisals, tacit beliefs or schemas, attitudes, memories, goals, standards and values, expectations" and so forth—exists dialogically and rhetorically. That is, "thought" (a) often has social or communicative antecedents (i.e., we usually think in ways provoked, modeled, or set in motion by what someone else has thought, said, or done), (b) is often "addressed" to someone, and (c) often anticipates retort. Thinking, in short, is often a form of internalized conversation with someone else. As with the emotions, such "conversations" may follow certain social rules, take familiar forms, and thus may be to some extent subject to training and predictable in their expression; complementarily, they may also be socially divergent, transgressive, and rebellious, and they may assume unique and unprecedented forms. A young Mormon college student, for example, when "thinking" about whether to accept a proposal to fly to Las Vegas for a weekend of gambling, may in essence find himself in conversation with his parents, his religious upbringing, and so forth. At one moment, this internal conversation may ensue with all the piety and formalism of a scripted morality play; at the next, it may feature scandalous and rebellious leaps of logic and language. But whether formalized or nonconformist, what matters about such conversations is that they reveal the social interconnectedness—and thus the rhetoricity—of thought.

Indeed, as Perelman's (1982) analysis of 'the deliberating subject'—or the person who is debating an issue with him or herself—illustrates, the internal psychological processes of an

individual may be understood to always function within and to be related to a social network, so much so that to 'think' is a rhetorical process wherein the individual 'argues' with (internalized) others about the legitimacy of his beliefs, feelings, choices, acts, and so on.

> In self-deliberation, can we not indeed discern reflections corresponding to a discussion and others that are merely a search for arguments in support of a previously adopted position? Can we wholly rely on the sincerity of the deliberating subject to find out whether he is in quest of the best line of conduct or is leading a case within himself? Depth psychology has taught us to distrust even that which seems unquestionable to our own consciousness. However, the distinctions it makes between reason and rationalizations cannot be understood unless deliberation is treated as a particular case of argumentation. The psychologist will say that the motives given by the subject in explanation of his conduct are rationalizations if they differ from the real motives which caused him to act and of which the subject is unaware. We shall give a wider meaning to the term rationalization, regarding it as immaterial whether or not the subject is unaware of the real motives for his conduct. At first sight, it may seem ridiculous that a well-balanced person, who has acted for very "reasonable" reasons, should try so hard, deep down inside, to give quite different reasons for his acts--reasons that are less plausible, but do place him in a more favorable light. This kind of rationalization is perfectly explained if we regard it as a pleading that is thought out in advance for the benefit of others, and can even be adapted to each particular anticipated audience ...Actions might have been performed after careful consideration, but yet have other motives than those one tries to make one's conscience admit to afterwards. (42)

Here, Pereleman positions the thinking subject within a network of voices even when the subject is alone. These dialogues, moreover, do not occur merely in the form of casual exchanges of information, but as a process of argumentation, in which the subject tries to present his or her motives and acts in terms that will win the agreement of his or her internal interlocutors. Thus, even in moments of ostensibly independent thought, there is certain to be some other consciousness, however remote, to which one appeals for understanding or approval. Thus, even in their most isolate moments, Romeo clings to his Juliette, Socrates confers with his daimon, and Jesus prays at Gethsemane to his Father. It is quite rare to find the case of a person who—especially during an internal crisis—is, cognitively speaking, utterly alone, standing entirely on his or her own authority. In a strict sense, in fact, such a thing is impossible, for our personal thought-worlds rely on ideas, phrases, beliefs, and experiences which are, at least to some degree, gotten from elsewhere and shared. Is it possible to think coherently without referencing

the thoughts of others? Is it possible to think at all without drawing from a common stock of knowledge? As Perelman has suggested, "Agreement with oneself is merely a particular case of agreement with others (41)."

Premise 11a: There exist social norms and rules for thinking.

Premise 11b: Who we are in the habit of arguing with determines much of how we think.

Evidence supporting the assertion that there are socially-constructed norms and rules for thinking can be found almost everywhere. Anyone, for example, who has participated in formal schooling is aware that there are certain ways of reasoning about a given subject area that merit approval (and thus a good grade) and other ways which, for one reason or another, are rejected. The same is true of families: the Greek novelist Nikos Kazanzakis (1956/1965), for example, described how, in his family, 'bookish' ways of arriving at decisions in everyday life were treated as ridiculous, while both-feet-on-the-ground pragmatism was respected. As the thousands of dissidents jailed, killed, or otherwise persecuted around the world each year attest to, political cultures similarly distinguish between ways of thinking that are legitimate and those that are criminal. And the list might go on indefinitely. One has only to switch the television from channel to channel to locate countless discrete cognitive cultures; for, certainly, the rules and norms for thinking about sports differ from those which apply to soap operas and so on.

Of course, the fact that such rules for thinking exist does not necessarily mean that individuals are always bound by them. First of all, while thought expressed publicly as communication can be policed, silent thought may be free to go where it pleases. Thus, even where rules for thought have been clearly enunicated, they may apply in reality only to speech. Silent dissent and disagreement—even while paying lip service to the established rules of the

discourse community—is as common in families, schoolrooms, in marriages, and in the workplace as it is in societies scrutinized by official censors. Secondly, as indicated above, even the most repressive societies are (albeit unofficially) polyvocal and thus able to afford individuals with alternative models of thought, speech, ideology, attitude, and behavior. Bakhtin (1984b), for example, describes how, throughout the middle ages in Europe—a centuries-long period during which political and religious unorthodoxies were generally punished with brutal fervor—'carnivalesque' traditions in literature, art, and everyday social life persisted, especially amongst the lowest, most persecuted classes. According to Bakhtin, carnivalizing modes of thought are those which—usually subtly or under cover of a sanctioned privilege to 'clown around'—parody official and sanctioned practices. Thus, even an illiterate peasant living in a highly rigid and confining social order, could find within his or her milieu modes of thought which did not merely mirror the social order, but commented on it, criticized it, and even re-envisioned it. Thirdly, it is within any individual's prerogative to openly and purposefully transgress against the rules for thought within his or her social world(s). In many instances, deliberate transgression is identified with creativity. As Thomas Kuhn (1970) illustrated, intellectual rule-breakers include such luminaries as Galilleo and Einstein. But in everyday life, intellectual rule-breaking serves many purposes besides the fulfillment of notable talent or the expression of visionary ideas. It also allows one, for example, to alter one's place in the social order, to defy authority, and to individuate. Of course, even where such deliberate transgressions yield some positive results, they are also usually punished.

All the same, it is right to say that thought—like public discourse—is bounded by rules (albeit rules that are to some extent elastic, trangressable, and capable of contradiction). Thought is rule-bound, first of all, because it is brought into being through discourse with others. That is, as Vygotsky (1978, 1986) described, our minds are animated and shaped by the persons with whom we are in social contact, especially during early childhood. Because each of these persons

possesses an identifiable code, style, and parameter for conversation and social interaction, we must—if we are to interact successfully with them—learn and adhere to these codes, styles, and parameters. Because others call the food we crave 'milk,' we will call it 'milk' as well. Because others detest people whose skin-color is different than ours, we may learn to detest them too. We may, as we go along in life, learn novel ways of adapting to these rules, but adapt we must or fall out of communicative contact. Secondly, a great deal of what we think requires language, and so must conform to the rules by which language is bound. This statement applies both in early life and during our mature years. A child learning to talk is also a child learning to think. In pre-modern Greece, for example, persons might refer to the sun either as a thing (*to ilios*) or as a deity (Helios). The two naming practices might appear unimportant, but they emerge from—and thus also perpetuate—two very different ways of thinking, the first materialist and scientific, the second religious and mythopoetic. To personify the sun—or the moon or the sea or the mountain or any other thing—is to step foot into an animistic worldview which organizes one's notions of cause-and-effect and nature very differently than if one thinks of the sun either as a motiveless 'thing' or as a great, burning, spinning ball of gases. As Steven Pinker (1994) has argued, human languages also contain unique sets of grammatical rules, each of which has import for how one thinks about the world. English, for example, is

> ... a "fixed-word-order" language where each phrase has a fixed position. "Free-word-order" languages allow phrase order to vary. In an extreme case like the Australian aboriginal language Warlpiri, words from different phrases can be scrambled together: *This man speared a kangaroo* can be expressed as *Man this kangaroo speared*, *Man kangaroo speared this,* and any of the other four orders, all completely synonymous (p. 232).

The emphasis on a fixed order in English also implies a certain rigidity or custom of logic; that is, there is a 'right' way to organize the relationships amongst the things about which one thinks or speaks. The flexible grammar of Warlpiri, by contrast, permits and encourages variability of logic in thought and speech. Thirdly, each of us comes to being, intellectually speaking, within

social spaces wherein thought is bound by rules regarding what kind of premises, logical constructions, and truth-statements are considered proper, legitimate, or sensible. Thus, for example, whereas students in Cuba may be expected to use Marxist frames of interpretation in thinking and speaking about historical events, the same statements would be met with denunciation on putatively 'logical' grounds at a meeting of the John Birch society. The 'truths,' in other words, on which 'rational' activity is based vary from community to community, and often do not translate well at all when one changes communities. Many of the most entrenched social problems faced by human beings are undergirded by the paradox that what is reasonable and true for one party is considered an irrational, rule-transgressing absurdity to the other.

The problem, in fact, when we speak of 'rules' of thought and speech is that these rules are not only flimsy (and thus less authoritative than the firm axioms of physics or mathematics) but that, in most cases, a counter-rule also exists. Therefore, to 'think' (even as to speak) is not a straightforward process of applying or following certain given rules, but of rummaging about among the manifold rules available, testing their utility, debating their relative value, discerning which are likely to win the approval of others, and so on. As persons (a) grow in knowledge and intellectual complexity, and (b) participate in and acquire the rules of diverse discourse communities, thinking may become more cacophonous and arduous. It is relatively easy to 'solve' ethical puzzles like those posed by Kohlberg when one has a unitary frame of reference; but these challenges get more difficult as one becomes more multi-discursive, because now there are far more 'right' answers to sort amongst, each of which has some validity.

It is necessary, then, when talking about the 'rules' of thought and speech, to recognize the category of rules which refer not to rule-compliance (which leads to agreement with oneself and with others) but to disagreement and argumentation. To say that there are 'rules' which govern how we disagree with one another may seem paradoxical, but they do exist and they are probably at least as important as the rules which apply to how we agree. Disagreement is, after

all, as unavoidable in one's intellectual life as it is in one's social life. How persons *do* disagreement, then, is a crucial characteristic of their social and intellectual behavior.

When it comes to the rules for disagreement and argumentation, there are, first of all, those which are effectively 'written into' the social code. There are, for example, prescribed ways that children can/should disagree with parents, that professional colleagues can/should disagree with one another over matters of business, and that adversaries in courts of law can/should settle conflicting claims and assertions. While these rules for disagreement are certainly not universally adhered to even within formal communities, they have a definite force and power. In many circumstances, if one violates the code for how to approach disagreement, one is likely to lose one's advantage—and may even lose one's position and authority. The parent, for example, may pull rank on the discourteous child, the disagreeable colleague may be ostracized, and the offensive legal disputant may be chastised by the judge. These formal or quasi-formal rules for disagreement, when steadily reinforced, may also directly influence an individual's intellectual behavior, even when the individual is thinking privately. Thus, for example, a person who has been steadily schooled within the family to listen to, absorb, and appreciate the positions of his or her opponent, may have more tolerance for his or her own 'cognitive dissonance,' and thus may be capable of good internal problem-solving. Likewise, a person who has been trained both physically and mentally in the arts of Tai Chi may be more likely when thinking to allow contradictions to stand and not feel forced to bring them to resolution.

Secondly, there are the kinds of 'rules' for social disagreement which perhaps first begin as arbitrary habits or routines but then eventually acquire the status of *de facto* guidelines for thought. To call them 'rules' may be a misnomer in that they lack any kind of deliberate social or cultural *raison d'etre.* All the same, habits and rules are, in practice, often difficult to tell apart from one another. Take the way that persons in a family disagree with one another. That

children and their parents can avoid serious disagreement over the course of their lifetimes is usually a pipe dream. More commonly, they disagree about much, they disagree vehemently, and they often find it very difficult to bring their major disagreements to resolution. The result is that one's family functions (among other things) as a school for disagreement, and in it, children practice and rehearse certain moves and strategies that may them serve as templates for how they think in the future. The thought-world of the novelist Virginia Woolf, for example, appears to have been structurally influenced by the unique pattern of her disagreements with her overbearing, hyper-rational father (who was a professional philosopher) and her indirect, hyper-competent mother. Woolf 'argued' with her father in numerous ways: she painted him unfavorably into her novels, she helped to found the unconventional Bloomsbury group, she wrote essays against the social suppression of women, and she episodically suffered from depression. To call her depression a form of disagreement with her father may actually be slightly incorrect: given that she typically grew depressed when 'in between' literary works suggests that she was most vulnerable to despair when she was not actively involved in arguing *for* her worldview and *against* his and others like him. Arguing with him and winning—at least within the parameters of her own work—was healing and vitalizing, even as arguing with him and being crushed as she was during her upbringing was demoralizing and depressogenic. But even though Woolf's father was tyrannical, he taught her his mindset, his own style of thinking, his tricks of logic. One of her achievements is that she not only learned these, but that she saw through them. (One must hope that all children eventually do this.)

But whether the rules for agreement and disagreement in each person's life/mind are modeled after existing social codes or evolved out of unique characterological conflicts, the point is that they do much to organize the way that an individual thinks. Who we are in the habit of arguing with is a potent strand in our intellectual destiny.

Premise 12: *Effective thought is thought which is found by one's audience to be persuasive.*

Above, it has been suggested that thought is always *addressed*; that is, it evolves as part of a dialogue with others or with one's self. As such it, presupposes an audience. Audience, in other words, is present in thought from its very beginnings.

But just because one's thought is instigated by and directed towards an audience does not guarantee that that audience will find the thought valid or persuasive. Most of us are all too familiar with quite the opposite form of reception from our intended audiences: Our remarks may be rejected as impolite, our assertions of feeling treated as selfish, our compositions rejected by our teachers, our opinions met with laughter rather than high regard from our peers. And so it is, generally speaking, for most persons: Agreement with others—though highly desirable—is relatively rare. Moreover, agreement with ourselves may not be as common as is usually supposed.

Audience, then, even though it may be credited to some degree with bringing thought into being, giving it shape, and affording it a field for actualization, also presents thought with a significant problem. This problem is that audience has a significant censoring power or authority where thought is concerned. This power is most evident at the point at which thought is actually expressed, for here the audience may accept and validate the thought, or reject and turn away from it. If a thought is accepted by an audience, it has achieved the most desired goal: agreement. If a thought is rejected, the thinker is faced with a host of considerations and difficulties: Was the thought rejected because it was intrinsically 'wrong,' 'bad,' or poorly made? Was it rejected because it did not jibe with the audience's beliefs or interests? Was it

rejected because the audience was wrong-headed, ill-informed, prejudiced, insecure, craven, unintelligent, or otherwise flawed? Should the thought be retracted? Amended? Should the thinker learn to live with the audience's disagreement? In fact, it is likely that a good deal of what we call 'thinking' is probably better designated as a process of 'rethinking' an initial impulse or inspiration in light of these audience-oriented questions and others like them. Sometimes (and at best) we engage in such rethinking before we meet with actual rejection; anticipating the responses of one's audience is the mark of a mature thinker. But it is also inevitable that we also meet with overt disagreement and need to rethink our course.

But by listing these questions the problem of the audience begins to grow more apparent. If every thought has as its goal the persuasion of some other, than the very value of the thought may be determined, at least theoretically, not by the thinker but by this other. Within such a frame of reference, intrinsically 'good,' creative, valid thoughts may be tossed on the trash heap because nobody understood or liked them. Complementarily, stupid, banal, and evil thoughts may be accorded great prestige simply because they played well in the minds of others. In reality, we are quite familiar with both of these phenomena. Original thinkers and artists like Van Gogh or James Joyce often meet with resistance and disagreement, while persons like Madonna and Dan Quayle achieve national prominence. More commonly, we take part in numerous scenarios everyday in which our thinking is more a sort of popularity contest than a scientific or objective endeavor. Whether in our personal or work lives, our thinking is often directed towards finding consensus and approval; and when we do not find these, we typically negotiate, come up with a new idea, or concede the field. In any case, when we consider the role of the audience, thought (or, at least, 'effective' thought) may be best construed not as a solitary affair but as an act of co-creation. The audience which is present at the beginning and at the end of the thinking process may not be doing any of the work, but he or she may enjoy a substantial amount of influence over the process and the ultimate outcome; and this influence increases to

the degree that we value the audience's agreement. It follows that, if our audience is an intelligent, objective, nourishing, imaginative, principled, and honest one, our thinking may benefit from the collaboration; but if our audience lacks these qualities, our thinking may be compelled to abandon them, too.

One reaction to these problems has been to try to remove or invalidate the audience as the arbiter of cognitive value or effectiveness. Accordingly, in many important discourses—especially formal discourses—audience is (a) constructed as the enemy of 'truth' and as a repository for error, misguided opinion, and superstition, or (b) anticipated as an obstacle and protected against via the implementation of certain devices, rules, or strategies on the part of the thinker. First, consider religion. In religious discourses, the author of 'truth'—the god himself or one of his prophets—is typically presented as inspired by or possessed of understandings which are unearthly and thus meaningfully out of conformity with the worldview of the human audience. In the books attributed to the prophets of the Old Testament, for example, the people of Israel who comprise the audience are described as debased and fallen, and thus unable to see truth even when it is set directly before them. The prophets converse with God, perform miracles, and rage against the powers that be, all the while challenging their audience to abandon their established convictions and rediscover the path of truth. Likewise, in the New Testament, Jesus must contend perpetually with audiences hostile towards his message and his person. Even Jesus' own disciples—the persons who have witnessed most directly Jesus' sanctity and authority—lose hold of the truth in times of crisis. According to traditional Christianity, even after Christ's crucifixion and apotheosis, the problem of the audience remains: Each believer must struggle continually within his or her own mind against his or her 'unbelief,' thus seeking conversion into an audience truly receptive to Christ's message. As another example of the denigration or questioning of the role of the audience in a religious text, Euripides' (1978) play *The Bakkhai* describes the arrival of the "new god," Dionysus, in Greece, where he is persecuted

by the King, Pentheus, as a charlatan. Pentheus' initial rejection of Dionysus is not unprincipled. Rather, as a rational, civic-minded, and conventionally pious person, Pentheus finds the dancing, singing, labile cult of Dionysus unseemly and disruptive. Moreover, he suspects that Dionysus' claims to being a god are lies of the sort that only unscrupulous or mentally unbalanced persons would tell. Unfortunately for him, he misses the boat on both points: However wild Dionysus or his followers may be, and however *like* an impostor he may appear, Dionysus is a god. And Pentheus, as a consequence of his error, is forced to suffer a miserable death. In each of these examples from religion, the common theme is that the audience was not only wrong, but disastrously wrong. Human beings, it is suggested, are typically possessed of untrue notions, thus causing them to mistakenly disagree with God and his mouthpieces. The disagreement of the audience, then, is treated not as proof of the prophet's error but only as evidence of human proneness to error.

In the history of philosophy, efforts are more often directed towards imposing limits upon the audience's role as the arbiter of thought. In philosophical discourse, arriving at indisputable truths comes not, as in religion, from divine appointment but from the use of certain technologies of thought which are considered intrinsically valid. Complementarily, the audience is typically characterized less as ontologically flawed (e.g., by the curse of the Fall) and more as only as valid as the methods by which it reasons. The end result is that only thinking of a certain kind is acknowledged as credible and truthful, while other kinds of thinking are deemed categorically illegitimate. The thinker who uses the proper method, then, may autonomously or even in the face of opposition from an audience travel a clear path to definitive conclusions. Whether in the isolation of the laboratory or study, or in the thick of disputation, the truth may be gainsayed. Among the ancient Greeks, for example, methods of reasoning which might reliably lead to truth—and which might prevail over and against even the most hostile audiences—were carefully elaborated. *Dialectics*, as these methods were called, were modeled as much as was

possible after mathematical logorhythms; for mathematical logorhythyms, when applied faithfully to a given problem, yield an indisputable conclusion (Aristotle, 1991). Of first order amongst dialectical methods as applied to non-mathematical problems was the syllogism, a device which Plato used masterfully in the Socratic dialogues to expose inconsistencies in his disputants' arguments and to distinguish mere opinion from truth. Descartes (1826), committed to establishing empiricism as a correction to the wide-spread tendency to reason from widely shared but unproven presumptions, asserted in his *Rules for the Direction of the Mind*, "Whenever two men come to opposite decisions about the same matter, one of them must certainly be in the wrong, and apparently there is not even one of them who knows; for if the reasoning of one were sound and clear he would be able to lay it before the other as finally to succeed in convincing his understanding also" (in Perelman & Olbtechts-Tyteca, 1969, p.2). Undergirding Descartes' assertion is the conviction that reasoning soberly and systematically from observable 'fact' is not only a capability of the individual, independent mind, but that such reasoning guarantees victory over the opposition of an audience, should such opposition present itself. According to Toulmin (1972), the 18th century philosopher Immanuel Kant was of the same disposition: "In Kant's view, there really was one and only one genuinely coherent way of thinking about any particular subject-matter, whether in scientific theory or everyday life" (p. 421) "(T)he same 'necessary structures' of rational thought had as much authority, in Kant's view, over the thinking of angels, or the inhabitants of other planets, as they did over human thought" (p. 422). In each of these cases, faith is expressed in an objective, empirical reality that exists independent of thought but may be discovered through the proper mental discipline. Matters of audience or social approbation, therefore, are *sui generis* irrelevant to truth-finding. The real judge is the method.

Several movements in 20th century philosophy, however, have made it difficult to persist in dismissing audience as epistemologically and cognitively unimportant. Writers who have

contributed to social constructivist models of knowledge-formation and cognition include Rorty (1979), Wittgenstein (1953) Derrida (1981), Foucault (1978, 1979, 1990), Vygotsky (1978, 1986), Kuhn (1970), Coles (1996), Perelman (1969, 1982), Bakhtin (1981, 1984a), and many others.

In *The Realm of Rhetoric* (1982), Perelman offered the following critique of efforts to exclude audience from even the most formal approaches to reasoning. To start with, he proposes that philosophers have long failed to honor the distinction drawn by Aristotle between *analytics* (or purely formal reasoning of the sort involved in mathematics) and *dialectics*. Unlike analytics—which are "independent of personal opinion" (p. 2)—dialectical reasoning

> presupposes premises which are constituted by generally accepted opinions. The generally accepted premises are those "which are accepted by everyone or by the majority or by the philosophers—i.e., by all, or by the majority, or by the most notable and illustrious of them."
>
> In certain cases, what is generally acceptable is probable, but this probability cannot be confounded with calculable probability. On the contrary, the meaning of the word *eulogos*, which is usually translated as "generally acceptable" or "acceptable," has a qualitative aspect which brings it closer to the term "reasonable" than to the term "probable."...
>
> We can immediately see that dialectical reasoning begins from theses that are generally accepted, with the purpose of gaining the acceptance of other theses which could be or are controversial. Thus, it aims either to persuade or convince. But instances of dialectical reasoning are not made up of valid and compelling inferences; rather they advance *arguments* which are more or less strong, more or less convincing, and which are never purely formal. Moreover, as Aristotle noted, a persuasive argument is one that persuades the person to whom it is addressed; this means that, unlike the process of analytical reasoning, a dialectical argument can not be impersonal, for it derives its value from its action on the mind of some person. (Perelman, 1982, pp. 2-3)

The gist of Perelman's argument may be reduced to the following simple statements: (a) dialectical reasoning—even as practiced by Socrates—rests less on premises which are purely self-evident and more often upon assertions which are widely shared, which is to say presumptive, (b) dialectical reasoning thus consists of arguments, which is to say communications which aim at persuading others, and (c) persuasion amounts to acting upon or winning the adherence of other minds. Thus, from start to finish, dialectical reasoning is

audience-based. It is audience-based at the beginning because, in selecting premises from which to reason, it must select premises which are widely agreed upon. If premises are chosen which the audience does not share, the entire process will be mired in disputation and failure. (Perelman describes later in his volume how Socrates, in each of his famous dialogues, is careful to have his opponents agree on certain premises before moving forward with his argument.) And dialectical reasoning is audience-based at the finish because—even if there is no disagreement about premises—disagreement regarding the conclusions drawn from the premises leaves the parties divided and the validity of their arguments undetermined. In short, dialectical reasoning, like other forms of communication, "*presupposes* a meeting of minds between speaker and audience" (pp. 9-10) inasmuch as it involves some degree of common interest or experience, and "it tries to *gain* a meeting of minds" (p. 11) in its conclusions.

Of course, the vast majority of cognitive acts engaged in by individuals on a daily basis are not self-consciously dialectical. However, most thoughts—even the casual, quicksilver ones that pass through the mind, unvocalized—share with dialectical discourse the problem of the audience. How is a meeting of minds to be accomplished? And what is one to do if such a meeting is found to be elusive? As Perelman states, "Even in private deliberation, where the person who advances reasons and the one who receives them are the same, the meeting of minds is indispensable" (p. 11).

If we make, then, the accomplishment of a "meeting of minds" the measure of a thought's effectiveness, we must recognize the necessity of persuading the audience, even when it is difficult or unpleasant. Otherwise—even though we may believe ourselves to be unappreciated geniuses—we have failed a principal test of what it means to think well. According to Linda Flower, a composition specialist, naïve writers—like naïve thinkers—tend to be "egocentric" as opposed to audience-based. In her textbook for freshman courses in composition and rhetoric, *Problem Solving Strategies for Writing—Third Edition* (1989), she

focuses on helping young writers radically reorient themselves in order to consider not only what they *want* to say in a piece of writing but also how their words are likely to be received by a reader. In "transforming writer-based prose into reader-based prose," the writer's position and values are not, ideally, surrendered or obscured. Rather, they are presented in a fashion that is directly and consciously considerate of the reader's positions and values. Flower gives the example of a young woman who has decided that she wants to leave college for a year to think about what she really wants to do with her life; the problem is that her parents don't support her, fearing that she'll drop out and never return. In her first draft of her letter, "Ann" begins "I wish you would try to see my point of view and not be so conventional...." This I-oriented approach is disputational and provocative—hardly likely to result in a meeting of minds with her parents. (p 209). After assuming a reader-based perspective, she writes:

> As I told you the other night on the phone, , I want to consider taking a year off from college to work and be on my own for a while. I've been thinking over what you said because this is an important decision and, like you, I want to do what will be best in the long run, not just what seems attractive now. I think a lot of your objections make a lot of sense .... (pp. 209-210).

In this second draft, Ann affirms her parents' basic premises, ensuring that there is agreement between herself and them, at least at the outset. This in itself is mollifying and conciliatory. Later, she offers new information that her parents have not thought about, and gradually builds to the conclusion that leaving school for a year is a smarter, saner, more mature move than to take a degree that might not lead her to a fulfilling career. Reading it, one feels that her parents are quite likely to approve—if not of the decision itself then of the thoughtfulness with which their daughter came to her decision.

As Perelman (1982) suggests, similar principles apply even when we are thinking to ourselves. To think in ways which do not even convince ourselves is not uncommon. Most persons will acknowledge that they frequently find themselves thinking in ways that they do not approve of or find to be erroneous. Psychotherapists who employ Rational-Emotive Therapy, in

fact, teach their clients to dispute their own "irrational," automatic thoughts, recognizing that these thoughts "very frequently "cause" or "create" dysfunction of emotional or behavioral consequences" (Ellis, 1980, p. 5). Similarly, when inwardly reflecting on a course of action we might take, or when developing a retort we intend to make to another person, we typically undergo a process of internal conversation and debate, during which we may find it difficult to win agreement from ourselves. It is quite reasonable to imagine that healthy persons, then, resolve internal conflicts the way that healthy persons resolve interpersonal conflicts: As recommended by Perelman (1982) and Flower (1989, 1994), they search for common premises, present arguments as well supported by evidence as is possible, and otherwise enact the discipline or methods that lead to agreement.

The statement, then, that *effective thought is thought which is found by one's audience to be persuasive,* does not mean that the audience has sole power to determine whether or not a thought is valid. Rather, it suggests that thoughts—inasmuch as they are communicative events—must take into account the person(s) to whom they are directed. When such consideration is given, the independence of one's thought is neither betrayed nor surrendered. Rather, via such consideration, thought recognizes the possibility of taking forms which will also appeal to other minds, thus producing the desired status of agreement. Naturally, in presenting thought (even when it is silent) as a process that involves both the thinker and the audience, the pure autonomy of the thinker (e.e., as presented by Descartes) is questioned. But the loss of this mythic autonomy is compensated by the acquisition of ways of thinking that may lead in the direction of the individual's social empowerment and psychological health.

Psychopathology

Premise 13: *Psychopathology may be placed under the rubric of argumentation or symbolic action.*

Premise 14: *Psychopathologic symptomology may be renamed "psychopathologic argumentation"*

In beginning this discussion, it is important to ask a fundamental, two-part question: What is the 'psychopathologic,' and how can it be neatly distinguished from the domains of 'normal' psychological functioning?

Answering the second part of the question first, it can be simply stated that the psychopathologic often cannot be neatly distinguished from the normal. Such neat boundaries elude us, first of all, because behaviors, personality traits, feelings, and ways of viewing the world which are odd in one context may be quite common and 'logical' in another. For example, tearing one's clothes, sobbing, and screaming are acceptable behaviors when first reacting to a tragedy; but if one engages in these practices in the absence of the usual provocation or for too long a period of time, the ways in which they are judged by others is likely to change. Cultural factors, too, may affect judgments regarding the normalcy of any given behavior. Even the authors of the *DSM-IV*—the manual perhaps most explicitly dedicated to standardizing the psychopathologic—acknowledge that cultural factors must be "systematically" considered in order to safeguard against psychiatric misdiagnosis (p. 843). Deciding, for example, whether or not a woman who talks out loud to spirits should be identified as psychotic must take into account the cultural context in which she was raised and how such behavior is viewed in her culture of origin. Secondly, all psychopathologic taxonomies—whether professional or personal—express a *particular* and thus unavoidably slanted point-of-view on behavior. Another

way of putting it is that any labeling of a behavior or condition as psychopathologic involves the rendering of a judgment, and all such judgments rest upon or issue from a definable, culture-specific set of values and knowledges. Professional psychology is itself such a specific culture, and its judgments about the mental health of others—however empirically based—are inextricable from its own system of values. Certainly, there are urban, working-class neighborhoods in the United States in which smoking marijuana is not widely viewed as pathological—regardless of what the DSM-IV has to say about it. In these neighborhoods, to pathologize pot-smoking might be considered prejudicial; moreover, this prejudice might be commonly identified with persons from a very different socio-economic background. For Thomas Szasz (Simon, 1984), the fact that psychopathologies do not exist independent of specific social constructs was plainly revealed when, in 1977, the question of whether or not homosexuality should be considered a mental disorder was put to a vote by the American Psychiatric Association. The fact that the APA voted to stop treating homosexuality as a disease only drove the point deeper. If disease categories can be created and then nullified by professional majorities informed by socio-political agendas, all behavior, theoretically, is susceptible to pathologization. Yesterday homosexuality, today table tennis. Embracing *any* psychopathologic classification, then, is fraught with some measure of arbitrary social judgment of a serious and potentially destructive sort. In the end, it is probably necessary—even when dealing with such apparently undeniably problematic symptoms as severe memory loss, self-mutilation, or paranoid hallucinations—to recognize that 'psychopathology' is externally determined, that it is determined by comparison to the 'normal,' and that, from other perspectives, it may be judged as something other than pathological. Recognizing these conditions is not meant to question whether or not psychopathology exists at all, but to clarify what is going on whenever we say that it exists.

Now to answer the first part of the lead-in question: What is the 'psychopathologic'? Respecting the considerations mentioned in the paragraph above, it is fair to say that the psychopathologic refers to those behaviors or affects which are—in kind or degree— (a) *abnormal* or aberrant (as compared to the vast majority of other persons in a given domain), (b) constitutive of or causing an *impairment* in some domain of daily functioning, (c) expressive of an abnormal *mental* (i.e., mind-situated) state or condition, and (d) indicative of suffering, distress, or harm either on the part of the individual manifesting the symptoms or other persons affected by the symptoms. Put more simply, the psychopathologic consists of those patterns (or syndromes) of experience or behavior which appear unusually maladjusted to or out of compliance with the demands of the social environment and which seem to issue from a disruption of psychological functioning or development (Maxmen & Ward, 1995).

General theories about psychopathologic origins, etiology, and course are several. These include the biomedical approach (Donaldson, 1998), an emphasis on genetic factors (Hall, 1996), the biosocial or diathesis-stress model, (Zuckerman, 1999), the neurological model (Luria, 1973), the developmental approach (Rolf *et al*, 1990), psychoanalytic or family dysfunction models (Bowlby, 1982, A. Freud, 1965), environmental or ecological models (Apter, 1982), cultural and political perspectives (Brown & Ballou, 1992), and others. Although many of these models differ dramatically in how they understand the causes and nature of psychopathology, they agree in utilizing the four conditions listed in the paragraph above.

A rhetorical approach to psychopathology complements these theories in proposing that psychopathology is—either *essentially* (i.e., at its very root) or *effectively* (i.e., in one or more of its effects)—communicative. That is, its signs, symptoms, and other manifestations may be construed—even when they have an organic basis—as portions of an active, suasory dialogue with self and/or others. As suggested throughout this essay, human beings are inescapably involved in rhetorical relations with self and others: relations, that is, which involve

communications with a *purpose*. Accordingly, sifting out the purpose or intention of communicative interaction is an unavoidable and ongoing part of existence. Applied to psychopathology, such a perspective forces consideration of the possibility that psychopathology, too, may be animated by rhetorical purposes and intents. *Are psychopathologic signs and symptoms part and parcel of certain processes of argumentation?* Do they, in other words, exist primarily as a species of *addressed* communication, whose purpose is to influence others, albeit using unusual and remarkable means? On a case-by-case basis, the answer to such a question will not be always positive. Indeed, clinicians not infrequently confront cases in which there is not a rhetorical root to the client's psychopathology; the etiology, rather, is quite plainly physiologic, perhaps rooted in a congenital vulnerability, in the body's response to extreme environmental stress, or to a neurochemical imbalance caused by drug abuse. Still, even in such cases, the individuals involved stand in a rhetorical relationship to self and others. In such cases, the better question may be then: *How do the psychopathologic signs and symptoms alter or affect the individual's rhetorical understanding of and position in the world?* This is an important question, for it recognizes that even persons suffering from severe organic disorders such as dementia or schizophrenia are socially and intrapsychically alive, and thus must contend with questions of rhetorical understanding and identity. In fact, in some cases, organic syndromes—although they cannot be said to have rhetorical causes—involve a sharp need for rhetorical engagement and clarification. The schizophrenic's disjointed reading of the world, the Alzheimer patient's paranoia and distrust, the depressed person's distorted understanding of relationships: all of these are rhetorical effects of great potency which require rhetorical affirmation and intervention.

In both types of case—that is, both where psychopathology is (a) essentially rhetorical or argumentative and (b) merely has rhetorical effects or consequences—the four conditions used in defining psychopathology are met:

(a) psychopathologic communication is *abnormal* or aberrant;

(b) psychopathologic communication causes *impairment* in daily functioning,

(c) psychopathologic communication is expressive of an abnormal *mental* (i.e., mind-situated) state or condition, and

(d) psychopathologic communication is indicative of suffering, distress, or harm either on the part of the individual manifesting the symptoms or other persons affected by the symptoms.

Again, however, it should be stressed that this is not to say that rhetorical factors either account for or represent the cure for <u>all</u> psychological disorders; such a totalistic perspective is clearly unsupported by research data or by clinical lore. The point, rather, is that rhetorical factors are present and important—*albeit to varying degree*— in the presentation and treatment of the psychopathologic, and that attending to these factors may contribute positively even in the treatment of clients whose illness is caused and driven by non-rhetorical forces.

Psychopathologic dialogue is *essentially* rhetorical in nature when it is: (a) *provoked* and/or *sustained* by relational problems with important others, and (b) fundamentally aimed at affecting, moving, or influencing self and/or others. In these cases, psychopathology does not have a predominantly physiologic basis, but rather evolves directly out of the rhetorical (i.e., agonistic) situation of the individual. As has been observed in earlier sections of this chapter, such situations—even at best—are psychologically trying, for they involve the individual's struggle to achieve agreement with self and others in a field marked by disparate needs and aims, multiple streams of influence, and powerful forces of persuasion. As such, essential psychopathology includes within its compass the majority of cases involving family dysfunction, relational problems, personality disorders, some cases of depression, behavior disorders, and other syndromes which in some fashion are due primarily to environmental or relational insult,

deprivation, stress, discomfort, or negative influence. In such cases, the psychopathologic manifestations possess an essentially argumentative logic: that is, they are communications sculpted in exceptional circumstances out of exceptional materials designed to influence certain persons who, it is believed, cannot be reached in other ways. Essential psychopathology, then, might also be called *psychopathological argumentation*. Unlike more common efforts at argumentation, psychopathologic argumentation is characterized by excess, lack of self-insight, non-verbal forms of communication, a fundamental doubt or uncertainty about the chances of success, and other aberrant or primitive features. Persons who grow rigid with panic, who sink into depression, who mutilate their bodies, or who display other psychopathologic signs are *saying something*; they are transmitting messages, making appeals, stating cases, disputing others' messages or arguments, exacting revenge, or carrying out any number of other rhetorical processes. That they are using means of argumentation which are uncommon, inscrutable to others (as well as themselves), rejected by others, and disruptive of everyday functioning does not disqualify these means as argumentative; for, like other efforts at argumentation, they are aimed at winning the assent of other persons, other minds. That the theses argued for are (at least superficially) primitive, idiosyncratic, or bizarre again does not constitute a disqualification; if politics or law are any sort of indication, it is quite common for persons to argue zealously and at great cost for theses which might strike a 'rational' person as nonsensical. In short, to 'read' psychopathologic signs as non-argumentative risks missing their essential character and logic.

In keeping with the notion of psychopathology as argumentation, Thomas Szasz (1961) identified the somatic symptoms associated with psychological distress as "*communication by means of bodily signs*" (116). According to Szasz, the use (or misuse) of the body as a means of communication may be considered a form of "protolinguistic communication," which is to say a way of sending a message that is (like language) symbolic, but which (unlike language) depends upon physical gesture:

> An hysterical symptom, say a seizure or paralysis, expresses and transmits a message, usually to a specific person. A paralyzed arm, for instance, may mean: "I have sinned with this arm and have been punished for it." It may also mean "I wanted or needed to obtain some forbidden gratification (erotic, aggressive, etc.) by means of this arm." (119)

One of the problems with protolinguistic communication is that it is obscure and thus requires special energies of interpretation: "...to obtain the hidden meaning, so to speak, of a message framed in the idiom of bodily signs, it is necessary to translate protolanguage into ordinary language. (120)

Nonetheless, according to Szasz, psychopathologic communication—like other 'languages'—possess three functions: "the informative, the affective, and the promotive" (127) The principal *informative* use of psychopathologic communication is to send a message about the condition of the sufferer him or herself. Typically, this message is some variant of "I am in pain." The *affective* use of protolanguage involves deliberately arousing "certain emotions in the listener and so induce him to undertake certain actions" (129). According to Szasz, the fact that psychopathologic behavior and symptomology is typically difficult, upsetting, and stressful for *others* is no mistake: it is *supposed* to be, for how else to secure the attention and compliance of persons with whom communication has been for some reason or another difficult to secure? The third function of protolinguistic communication is the *promotive*, which has to do with "mak(ing) the listener perform certain actions" (130):

> The clearest form in which patients (and physicians) have employed "body language" is undoubtedly in its promotive usage. I refer to such symptoms as, for example, headache or dysmeorrhea in a woman who feels overburdened. By communicating in terms of these complaints (symptoms) she may be able to induce her husband to be more attentive and helpful toward her. And if not her husband, her physician. (131)

Szasz's summary of the communicative nature of psychopathology is as follows:

> In general, whenever people feel unable—by means of "normal" mechanisms, such as ordinary speech—to prevail over the significant objects in their environments, they are likely to shift their pleas to the idiom of protolanguage (weeping, bodily signs). In other words, when one's love object fails to "listen" to verbal complaints or requests, one will be compelled, or at least tempted, to take recourse in communicating by means of iconic body signs. *We have come to speak of this general phenomenon, which may take a great variety of forms, as "mental illness."* As a result, instead of seeing that people are

> engaged in various types of communication set in diverse communicational (or social) situations, we construct—and then ourselves come to believe in—various types of mental illnesses, such as "hysteria," "somatization reaction," "hypochondriasis," "schizophrenia," and so forth. (p.130) (italics mine.)

While Szasz does not use the words 'argumentation' or 'rhetoric' in his discussion of psychopathology, his construction of the matter is, in all essential ways, rhetorical. By setting up psychopathology as a kind of 'language' which is guided by communicative imperatives (chiefly, the will to affect or influence others), he places it within a rhetorical dimension, both as regards its evolution and its treatment.

To some extent, psychology since Freud has had possession—and has also made use—of rhetorical principles in its understanding of psychopathology. Freud himself believed that traumatic early childhood experiences often became symbolically encoded in the neurotic presentations of adult patients. In his approach to psychoanalysis, breaking the code—or reading the language—of the neuroses was critical to symptom relief.

But a fully rhetorical approach to psychopathology goes beyond symbolization to the level of argumentation, or symbolic *action.* It views psychopathology, in other words, not as a kind of passive flowering of symbolic wounds or discomforts, but as an active rhetorical process, as something in which the sufferer is energetically engaged. Thus, while a rhetorical approach agrees that trauma (i.e., injury) of some sort is usually involved in the creation of essential psychopathologic communication, it does not go along with the reduction of psychopathology to nothing more than a symbolic byproduct of psychological trauma in the same way that a bruise is the byproduct of physical trauma. Psychopathologic communication is an *answer to*—not just a reflexive symbolization of—a traumatic experience. Moreover, it is an answer which aims to transform the individual's plight or situation, typically by seeking to affect some other party or agency. As such, psychopathologic communication is decidedly aimed at persuasion. When the source of the trauma can be directly identified as a person (e.g., chronic neglect by one's

mother), the rhetorical structures of the psychopathologic response can be seen most clearly. A child of twelve years who has been chronically rejected and neglected by her mother does not merely carry the 'signs of a trauma'; her 'signs,' rather, are better understood as efforts to answer to her mother's neglect in ways intended to transform her own deprivation. Whether her 'signs' are symptoms of depression, rage, delinquency, schizoid detachment, or sexual promiscuity, they constitute portions of a rhetorical dialogue with the mother in which attempts at influence (a) are primary, (b) have a history of being thwarted, and (c) as they are frustrated, become progressively aberrant and provocative in form. Psychotherapy must, then, be about more than tracing psychopathologic symbols to their sources of origin: It must be about (a) making sensible and validating argumentative behavior, (b) informing and shaping such behavior so that it has a greater chance of success, and (c) engaging in such behavior during therapy in ways that allow transformations in the fundamental rhetorical situation or dilemma of the client.

While the focus in this section has so far been upon psychopathology which is *essentially* communicative and rhetorical, it is also important to briefly discuss psychopathology which—although it does not originate out of rhetorical situations—has significant communicative and rhetorical *effects*. A review of the *DSM-IV*, the *ICD-10*, and perhaps nearly every other document committed to elaborating a taxonomy of psychopathologic syndromes and symptoms reveals a close attention to *communicative* features and patterns. Among the *DSM-IV* criteria for schizophrenia, for example, are delusions, hallucinations, and disorganized speech, all of which may reconfigure the individual's communicative relationship with self and others. While many researchers continue to emphasize the important role that psychosocial stress plays in the development and course of schizophrenia, the disease is widely believed to have a biological basis. Even, however, assuming a purely biological basis for schizophrenia, its impact upon communicative behavior is an important matter in its own right. For example, 90 % of schizophrenic patients report auditory hallucinations, the majority of them involving voices

(Maxmen & Ward, 177). These voices may "whisper or shout, comment on the patient's actions, or demand morally offensive acts" (177). Patients hearing such voices typically respond to them in some fashion: perhaps by carrying on conversations with them , telling the voices to go away, or acting on the voices' instructions. As such, a schizophrenic's presentation—while 'disorganized' from a conventional point of view—may also be *rhetorically* organized vis a vis the voice or voices he or she is engaged with. Failure or unwillingness to attend to the character and 'spirit' of this rhetorical engagement may prevent a clinician from understanding the patient's phenomenology, and thus impede therapeutic treatment.

Similar things may be said of schizophrenic patients' rambling and incoherent speech styles. First of all, these styles—when treated seriously as aspects of communicative behavior—are characteristic enough that they may be defined as 'types.' Peusner (1987), for example, suggests that schizophrenic communication commonly possesses at least two 'patholingusitic' features. The first of these is 'jargonaphasia,' or "a completely incomprehensible jargon, consisting of incorrectly employed real words (semantic jargon) or neologistic sequences of phonemes without any resemblance to real words and devoid of any meaning (phonemic jargon)" (218). The second, 'schizophasia,' is "lexical disorder in the form of incorrectly real words (semantic paraphasias) or newly coined words (neologisms), and a very elaborate style described as 'bizarr' ('bizarre') and 'verschroben' ('eccentric')" (217). Secondly, both jargonaphasia and schizophasia clearly create rhetorical difficulties: how can communication between individuals be successfully carried out when these confounding and eccentric styles are in play? According to de Decker & Van de Craen (1987), these difficulties may not be entirely accidental. Rather, these authors suggest that schizophrenic communication may well constitute "an avoidance strategy used to escape certain threatening and compulsive situations" (251). According to this interpretation, 'bizarre' communicative patterns serve a basic rhetorical or anti-rhetorical purpose: to prevent being coopted, moved, or obliged by the communications of others. In

contrast to normative communication—which is structured in such a way as to achieve or enhance 'cooperation' with one's interlocutor—schizophrenic speech is structured to undermine cooperation. As such, the communicative 'styles' of persons with schizophrenia—though perhaps undergirded by a biological disturbance—cannot be treated as meaningless, non-functional epiphenomena. Rather, they may be construed as deviant or remarkable rhetorical devices called into existence by a profound reorientation of one's rhetorical relationship to self and world. Non only is the mind of the schizophrenic dis-integrated into separate voices engaged in their own demanding (and often dangerous) rhetorical dramas and struggles, but the schizophrenic's vulnerability to external others is greatly increased. In order to compensate for or reduce these vulnerabilities, the schizophrenic may adopt an 'uncooperative' stance towards communication. Made-up words, whirling logic, zig-zagging sentences: all may be devices for eluding the 'otherness' which continuously threatens the weak, disintegrated, and powerless self.

Schizophrenia, then, like several other disorders with non-rhetorical causes and etiologies, nonetheless has potent rhetorical effects. Careful consideration of and attention to the rhetorical dimensions of these syndromes may well have beneficial consequences, both in terms of treating patients and in terms of understanding the conditions which afflict them. The therapist, for example, who is able to involve the schizophrenic patient in a non-threatening, cooperative dialogue—even for a few moments—has helped that patient achieve a precious bit of calm and consubstantiation in the midst of a nearly continuous rhetorical windstorm. Also, therapy which—because it is informed by rhetorical strategies and aims—achieves such moments regularly may well lead to significant, cumulative improvements in a patient's condition.

As Petrarch, the Renaissance rhetorician stated it:

> Our speech is not a small indicator of our mind, nor is our mind a small controller of our speech. ...Therefore, both must be consulted so that [the mind] will be reasonably strict with [speech], and [speech] will be truthfully magnificent with [the mind]. (in Vickers, 1993, p. 30)

Premise 15: *Psychopathology is addressed*

As has been suggested above, if psychopathology is to be conceptualized as a kind of argumentation, it follows that it generally has an addressee or audience. In other words, inasmuch as psychopathologic signs and symptoms, gestures and actions, evolve out of and are sustained by rhetorical relationships with concrete, particular 'others,' they also constitute living efforts to influence these concrete, particular others. As such, psychopathology is like a message, writ in terms and phrases that express the speaker's/sufferer's portion of a dialogue with an other(s). Moreover, it is dialogue with a purpose: to achieve agreement with this other(s) on terms essentially beneficial to the speaker/sufferer.

Crucial to understanding any particular psychopathologic expression, then, is grasping (a) the rhetorical situation out of which it emerged, (b) the relationship between its sender and the person(s) to whom it is directed, and (c) its rhetorico-functional rationale. Each of these understandings is connected to the fundamental fact that the psychopathologic message is intended for someone else to receive, affirm, and make answer to. As such, it is as dynamically alive—and as tense with dramatic energy—as a speech being delivered on a stage or in a courtroom. If the speech is not heard—or, if heard, not affirmed or assented to—its speaker cannot complete his or her intended journey. Without the consummation of at least some degree of agreeable response from the interlocutor, the speech—although spoken—remains in effect undelivered; and the speaker remains in effect saddled with the task of finding a way to get the message through, be it through sheer persistence, a shift in tactics, an alteration of terms, or some other transformation.

The fact that psychopathology is addressed is one of the principal reasons that psychotherapy is capable of healing potency and efficacy. If psychopathology was not addressed—if, that is, it existed outside an active effort at communication with an other—it is hard to imagine that the presence of a listening, affirmative, responsive interlocutor would make a substantial difference. However, when a therapist provides the client with an avenue for the successful completion of his or her rhetorical task, the client can begin to replace psychopathologic strategies of communication with strategies that hurt less, are less often rejected by others, and that create less disruption of body or community. Psychopathologic communication is, in the vast majority of cases, a learned or acquired process that may, when a different rhetorical dynamic is established that aims deliberately to resolve agonistic dilemmas, be unlearned and supplanted.

The therapist's power devolves, then, from his or her power to reconfigure any number of the dimensions of his or her rhetorical relationship with the client. First of all, by entering into dialogue with the client precisely at the point where the clients' communication is most stressed, obscure, and unreceived, the therapist steps into the role(s) previously inhabited by some other significant interlocutor(s). Secondly, by honoring the client's psychopathologic message as (at some level) legitimate and intelligible, the therapist sanctions the client's rhetorical urge and activity, intelligence and sensibility. Thirdly, by validating the client's right to speak—even via psychopathologic means—the therapist legitimizes and venerates the client as an active, viable, *speaking* (and thus fully empowered) self. Fourthly, by 'reading' or confirming the messages embedded in the client's psychopathologic argument, a basis is provided for a restatement of these messages in non-psychopathologic terms and gestures. Fifthly, by promoting an understanding of the rhetorical situation out of which the psychopathologic argument arose, the therapist can assist the client in grasping the mechanism of his or her own psychological health and unhealth. And so on.

Premise 16: *Psychopathology may be caused by the rhetorical miseducation of the individual. Complementarily, psychopathology may be corrected by the rhetorical reeducation of the individual.*

From Freud's investigations of the early childhood experiences of his neurotic patients to ongoing efforts to identify the parenting practices which correlate with depression, anxiety, or conduct disorder in offspring, psychologists have attributed much psychopathology to patterns of feeling, belief, or behavior *learned* within the family. Such learning is rarely driven by deliberate pedagogy. Still, within every family, the lessons doled out, rehearsed, skipped, happened into, or strictly avoided can do children either definite good or measurable harm.

If family life and the upbringing of children are studied from a rhetorical perspective, emphasis is naturally placed on *communicative* behaviors and processes—especially inasmuch as they involve the expression, reception, and negotiation of influence, the making of arguments, and the achievement of healthy consubstantiation. Such study can begin from the very first moment in a child's life, considering questions such as, How does the child express its needs and desires? How do the parents respond to these needs and desires? To what degree do the parents respond positively to the child's influence upon them and their lives? As the child matures and becomes responsive to and able to engage in linguistic communication, questions similar and new may also be asked. But, throughout, the overarching question concerns the degree to which such communicative transactions constitute a *de facto* rhetorical education for the child. How, in other words, does the child learn—through its experience in the family—to argue and to respond to the arguments of others? Will the child learn to argue primarily by means of overt emotional display? Through the presentation of reasoned positions? By means of coercion and manipulation? Will the thwarting or disregarding of some essential need of the child result in its

needing to utilize a psychopathological mode of argumentation? Or, will the successful solving of interpersonal conflicts as they arise impress upon the child a strong sense of how to secure agreements even in novel situations?

Take, for example, the role that argumentation plays in emotional self-regulation. Persons who are able—even when confronted by disappointment, insult, or adversity—to remain relatively unruffled are those, typically, who are able to present themselves with self-soothing, encouraging arguments. It is not that they fail to experience emotional arousal; it is that they have learned a means of responding to emotional arousal which is adaptive. Such learnings may well have begun in infancy or early childhood, when a parent reliably provided comfort in times of distress, offering developmentally apt arguments for how to cope with not getting one's way, losing one's favorite toy, or being frightened. Adults experiencing emotional dysregulation may be taught to repeat certain mantras, 'affirmations,' or other crisp statements which in effect argue the merits of moderation over excess.

Adults with extreme symptoms of emotional dysregulation may meet criteria for Borderline Personality Disorder. In the passages below, Linehan (1993), offers a rhetorical analysis of the etiology of this disorder, suggesting that the disorder originates in family environments that systematically invalidate—and thus fail to nurture—the communicative capacities of a child. This communicative malnourishment results in psychological malnourishment.

> An invalidating environment is one in which *communication* of private experiences is met by erratic, inappropriate, and extreme responses. In other words, the expression of private experiences is not validated; instead, it is often punished and/or trivialized. (p. 49)

> Invalidation has two primary characteristics. First, it tells the individual that she is wrong in both her description and her analyses of her own experiences, particularly in her views of what is causing her own emotions, beliefs, and actions. Second, it attributes her experiences to socially unacceptable characteristics or personality traits. (pp. 49-50)

> The consequences of invalidating environments are as follows. First, by failing to validate emotional expression, an invalidating environment does not teach the child to label private experiences, including emotions, in a matter normative in her larger social community for the same of similar experiences. Nor is the child taught to modulate emotional arousal. ...
>
> Second, by oversimplifying the ease of solving life's problems, the environment does not teach the child to tolerate distress or to form realistic goals and expectations.
>
> Third, within an invalidating environment, extreme emotional displays and/or extreme problems are often necessary to provoke a helpful environmental response....
>
> Finally, such an environment fails to teach the child when to trust her own emotional and cognitive responses as reflections of valid interpretations of individual and situational events. Instead, the invalidating environment teaches the child to actively invalidate her own experiences, and to search social environment for cues about how to think, feel, and act. (p. 51)

Good parents, Linehan implies, teach their children communicative proficiency by utilizing a highly responsive and consistent dialogic style: By giving their children a clear sounding-board for their communicative behaviors, the children learn which of these behaviors work and which don't; even more importantly, they learn that they matter as persons. Damaging parents, in contrast, neglect to give their children communicative affirmation or feedback. Denied of any way of assessing the viability of an argumentative strategy (and the only way to do this is by observing the responses of one's audience), the child of such parents may fail to develop stable, trustworthy, and effective modes of communication. Such children's emotional volatility in adulthood may be considered, then, the consequence of a brutal rhetorical impoverishment: Never having learned the fundamentals of healthy argumentation—both in liason with others and in regards to self—they lack the means for organizing their feelings, their social relations, and their behaviors.

We learn from Linehan—as we might from any applied rhetorical analysis—that environments possess a rhetorical structure: that is, they communicate messages, and these messages have both intended and unintended impact on persons. Crucial to the degree of well-being (or psychopathology and suffering) of any person is the rhetorical healthfulness of his or

her surround. Environments saturated with demeaning, insulting, or negative arguments may well produce some form of psyehologieal dis-ease or illness. As Franz Fanon, Maleolm X, and numerous other persons of Afriean heritage have testified, the psychologieal eosts of living in a world that regards you as inferior are enormous. Anxiety, rage, depression, even soeiopathy may, be traced to an individual's 'mis-edueation' by oppression. The 20th eentury has been witness to numerous important efforts to challenge disparaging eultural forms and behaviors—including misogyny, ablism, homophobia, and antisemitism—yet psychology as a discipline has been relatively late in identifying their psychopathogenic meehanisms as well as their psychopathological affeets.

Psyehotherapy, in particular, is ethieally obliged to be able to provide some degree of rhetorical (re)education to persons who, by dint of some form of environmental insult or deprivation, find themselves unable to function healthfully. In many cases, psychotherapy is faced with this exact challenge: (1) to offer an explicitly rhetorieal aecount (like Linehan's) of one's 'disorder' or suffering, (2) to develop a broad rhetorical framework for understanding such universal phenomena as the emotions, cognition, psychological health and unhealth, social codes and relationships, and so on, and (3) to provide specific training in and opportunity to praetice the concrete rhetorical skills or adaptations needed to produee an inerease in well-being.

Concluding Observation

As was suggested in Chapter 2, an effective rhetorical psychotherapy requires a well-conceived theoretical foundation. Such a theoretical foundation would, ideally, integrate psychological and rhetorical eoncepts and findings into a comprehensive, unified view of the individual as a 'rhetorical subject' living in rhetorieized social contexts. The premises sketehed and discussed in this chapter go only a short distance towards this goal. It is hoped, however,

that enough of a basis has been provided to permit the description of a general approach to psychotherapy, which is the aim of the next chapter.

CHAPTER 4

PRACTICING RHETORICALLY-ORIENTED PSYCHOTHERAPY

Introduction

It has already been suggested that psychotherapy is fundamentally (and functionally) a process of argumentation, and that it is from providing clients with a sense of success in argument-making that many of the chief benefits of therapy are obtained. The aims of this chapter are to further elaborate this perspective, and also to demonstrate how it may be actively and strategically employed by psychotherapists.

As such, this chapter presents the essential ingredients of a manual or practitioners' guide for rhetorically-oriented psychotherapy. This is not to suggest that it deals only with *what* (e.g., strategies, practices, etc.) psychotherapists might do, but, as importantly, *why* these strategies make sense. The discussion here, in other words, attempts both to operationalize psychotherapy as a rhetorical endeavor *and* to remain attentive to why—within the terms of a rhetorical psychology of the individual—these operations are indicated.

This chapter begins with a listing of some of the major conceptual shifts required by therapists interested in using a rhetorical model. These shifts take into account the raison d'etre of psychotherapy, the situation or setting in which psychotherapy takes place; the identities of both therapist and client; the activity or process of psychotherapy; the purpose and goals of psychotherapy; the skills of the psychotherapist, and so on. Following this section, there is a technical discussion of what it means to argue (as well as what it means to argue therapeutically), an analysis of the diagnostic process, and an elaboration of several basic strategies of psychotherapeutic argumentation. Each of these sections is intended to offer therapists

grounding—both philosophical and strategic—in what it means to *do* therapy from within an explicitly rhetorical perspective.

It should also be noted that there are several aspects of the psychotherapeutic process that the adoption of a rhetorical framework does not alter. For example, to conceptualize psychotherapy as a rhetorical process does not necessarily require a shift in the affective or attitudinal stance of the therapist *vis a vis* the client. Therapists will likely continue to wish to be supportive, to be affirmative, to maintain trust and integrity, and to recognize the client's various needs for a positive relationship with the therapist. Likewise, therapists will continue to wish to take note of and to respond to emotional processes, to work for shifts in non-adaptive cognitive patterns and habits, and to take seriously developmental (including psychosexual) processes. As Frank (1961/1973) noted, despite their many differences, the various schools of psychotherapy share certain common features; and as Seligman (1995) has suggested, what makes psychotherapy effective is often the *quality* of these common features.

Nonetheless, adopting a rhetorical model for psychotherapy is not merely to obtain a different theoretical vantage point on therapy, but rather can lead to distinct differences in the ways that therapists understand, carry out, and evaluate their work.

Part 1: Conceptualizing Rhetorically-Oriented Psychotherapy

Raison d'etre

A basic question that we may briefly revisit at this juncture is, What justification is there for a rhetorically-oriented psychotherapy? Why should it exist?

A basic answer to this question is that a rhetorically-oriented psychotherapy should exist because—in emphasizing rhetorical processes—it goes directly to the heart of why many clients

have difficulties and how they may solve them. Put another way, it should exist because it is salient to the goal of assisting rhetorical beings in resolving those rhetorical problems which inflame emotions, disturb social functioning, distort or confuse social roles, invalidate the client as a subject, produce feelings of helplessness, obstruct the formation of prosocial beliefs, negatively impact relationships with self and others, and so forth.

As suggested in earlier chapters, psychotherapy is hardly the first exposure clients have to a rhetorical setting or to argumentative processes. Quite to the contrary, not only are clients (like all other persons) steeped in argumentation throughout their lives, but the very problems/symptoms which bring them to therapy are often appropriately conceptualized as parts, phrases, modes, efforts, and/or strategies of argumentation. Thus, from the first moment that they enter therapy, clients bring with them a rhetorical identity (formed perhaps over their life-course, perhaps in an effort to adapt to a particular rhetorical situation), they are actively engaged in rhetorical agons or struggles (both with(in) themselves and with others), they tell tales of rhetorical encounters, they have need of greater rhetorical understanding, efficacy, and skill, and they may manifest symptoms indicative of psychopathologic modes of argumentation.

It is, then, precisely *because* the everyday social and psychological existences of persons are shot through with argumentation that a rhetorical psychotherapy—by attending consciously and explicitly to argumentation—has the promise of great efficacy. In other words, by choosing to give priority to processes which are already, in the natural lives of persons, a rather continuous facet of their activity and critical to their well-being, psychotherapy has a certain guarantee of salience as well as the prospect of rewarding clients with learnings that have enduring usefulness. By accepting a focus on argumentation as central to their sense of purpose or *ethos*, psychotherapists can illuminate some of the chief mechanisms that have caused clients to suffer, provide an explanation for why their suffering has assumed the particular forms it has, offer an active, empowering identity to the client as a person already skilled (due to experience) in some

aspects of argumentation, and initiate a deliberate, ordered, and encouraging process whereby the argumentative capacities of clients may be palpably and functionally enhanced.

It is sensible, in fact, to advance the general proposition that rhetorically-focused psychotherapy should exist because there is some process of persuasion (a) that has occurred or is occurring to the detriment of the client, and/or (b) that *needs* to occur in order to liberate, empower, or advance the fortunes of the client. Sometimes, the person who needs to be persuaded is the client him/herself; at other times, the greater need is to enable clients to effectively persuade certain other persons somehow essential to their own well-being (e.g., a parent, spouse, boss, or antagonist). Psychotherapy exists—and needs to exist—in order that these tasks of persuasion may be carried out. It is especially crucial in cases wherein the persuasions which have occurred or failed to occur have had a debilitating affect on the client, rendering the client confused, silenced, or otherwise unable to carry out the tasks felt to be so urgent.

By concentrating its efforts on illuminating the argumentative processes in which the client is already critically involved, rhetorically-oriented psychotherapy responds directly to what the client *feels* is most urgent (for the client is already urgently engaged), while also opening the door to a wider education in the arts of arguing beneficently and effectively with self and others. Another way of saying this is that rhetorically-oriented therapy accepts and treats seriously the 'dramas' of living in which clients find themselves; and then it assays to teach the skills that can enable clients to navigate these dramas successfully.

Conceptualizing the Therapeutic Setting as a Rhetorical Setting

A redescription—in explicitly rhetorical terms—of the therapeutic setting or situation might be as follows: Fundamentally, the setting is one in which two persons—one of whom (i.e.,

the client) is primarily a *speaker*, and the other of whom (i.e., the therapist) is primarily an *audience*—engage in dialogues motivated by the goal of enhancing the speaker's capacities to engage in those argumentative processes which are crucial to his or her psycho-social well-being.

According to Aristotle, argumentation

> ....is composed of three factors—the speaker, the subject, and the listener—and it is to the last of these that its purpose is related (1991, p. 80).

These same three basic factors may be said to constitute the therapeutic situation, inasmuch as the speaking client, the listening/judging/responding therapist, and the texts which form their exchanges are the *sine qua non* elements of the process. Put another way, therapy is a rhetorical or dialogic process between a client who has a job to do (i.e., to create and deliver an argument sufficient to the demands of the psycho-social crisis in which he or she finds themselves) and a therapist who is there to help the client's job get done.

Conceived as such, the therapeutic setting bears resemblance to four other settings more traditionally associated with rhetoric: the courtroom, the political assembly, the theater, and the classroom. As in legal settings, therapeutic dialogue may often focus on questions of right and wrong or good and evil, and it may take the form of accusations and rebuttals, the search for justice or the assignation of responsibility. As in politics, therapy is frequently deliberative in nature, concerned with determining what future course of action is most productive. As in the theater, therapy frequently involves the playing out of dramatic encounters and the learning, execution, and criticism of dramatic roles. As in classroom settings, therapy frequently has a pedagogical dimension, being concerned not only with the accomplishment of certain learnings, but also with the question of how best to convey these lessons to a 'student' with unique needs and capacities.

In therapy—as in each of these other settings—the speaking client is confronted with the task of delivering an argument that the audience will find persuasive. When the audience-therapist conveys that he or she is persuaded, the speaker-client's argument is essentially

validated; from here, the therapeutic dialogue turns in the direction of such questions as, How now can other significant persons in the client's life come to be exposed to this argument? How can the client's argument be adjusted so as to find acceptance from an audience of a particular (and perhaps especially problematic) character or perspective? And so on. When the audience-therapist demonstrates that he or she is <u>not</u> persuaded, the speaker-client's argument confronts the need for transformation, and so sparks investigation into the nature of the client's goals and purposes, the degree to which the client has taken into consideration the needs and values of others, and the manner and form of the client's delivery.

Take, for example, a client who has had an extramarital affair and has come to therapy in order to work out why this happened and what she should do about her marriage. At the start of therapy, the client lacks a set of coherent arguments: She cannot really explain to herself why she had the affair, she is unclear what she wants to communicate to her husband, and she is at odds with herself for having both risked her marriage and for having failed to escape it. Her therapy, then, occurs within a setting committed to the discovery and or creation of these arguments. By engaging an audience-therapist skilled in helping her work from the rough jumble of facts, feelings, roles, and other matters to a set of coherent arguments—moral, relational, emotional, intellectual, and so on—the client may be enabled to steer her way out of crisis and towards a more positive future. Again, critical to this process is the recognition that many of these arguments are already being made, but have taken forms—some of them maladaptive, if not psychopathological—which require discovery, revision, and efficacious restatement.

In closing this section, it may be helpful to comment on the final phrase of the quotation by Aristotle above, wherein, after listing the three basic factors in argumentation, he gives primacy to the *audienc*e (as opposed to the speaker or subject): "...and it is to the last of these that its purpose is related (1991, p. 80)." As presented so far, rhetorically-oriented

psychotherapy would seem to run counter to Aristotle's dictum, for the emphasis in therapy is clearly on the development of the speaker-client as opposed to the audience-therapist.

In fact, supplying a fuller context to Aristotle's quotation—as well as to rhetorically-oriented psychotherapy—eliminates the apparent contradiction. What Aristotle means is that argumentation is aimed always at persuading an audience; persuasion of the other is the *raison d'etre* of all argumentation. Skilled and effective arguers recognize this; they realize that, if they are indeed to be successful in winning the agreement of their audience, they must so devise their arguments that (without betraying their own goals, needs, or values) the audience will find favor with them. Unskilled arguers are essentially egocentric: Perhaps because they are unable to grasp what the audience values, perhaps because they feel an overwhelming urgency about the importance of their own message, or perhaps because they simply do not have a sound conceptual model of how effective communication works, they put forward *self*-oriented messages that audiences find unconvincing. Of course, what Aristotle did not consider—but which therapists must confront regularly—are those cases in which (a) the speaker is a child, a person is in psychological crisis, or a person otherwise mentally, culturally, developmentally, or educationally unequipped to think strategically about audience, (b) the intended audience is deeply intimate (e.g., a parent or spouse), and the modes of communication between speaker and audience largely irrational (or even non-verbal), or (c) the speaker has a developmental *need* to be egocentric for a while, thereby identifying the values, goals, needs, and so forth that will later enable him or her to interact persuasively—and communally—with various audiences.

Even, however, in those cases (which are probably the majority!) in which the therapist must initially adapt substantially to the ego needs of the client, the work moves steadily towards assisting the speaker-client to locate his or her intended audience(s), submitting the dialogue with those audiences to clarifying rhetorical analyses, and then using the results of these analyses (as well as other teachings) to develop truly audience-persuasive modes of argumentation. Thus,

even where rhetorically-oriented therapy is concerned primarily with the client-speaker, it persistently teaches the arts of audience-awareness. As such, it might be said that concern with either the speaker or the subject leads eventually to concern with the audience.

Finally, as will be elaborated below, clarity about questions related to speaker-audience interactions is likely to follow from a more careful treatment of the complexities that inescapably surround the concept of *audience* in psychotherapy. For, first of all, when we speak of audience in the therapeutic setting, we may be talking about (a) the therapist, (b) other persons in the client's life, or (c) the client him or herself. Secondly, when we speak of audience, it is necessary—as Perelman & Olbrects-Tyteca (1969) do—to distinguish between "real" audiences (i.e., actual persons in all their idiosyncracy and imperfection) and the "ideal or universal audience" (i.e., the empathic, just, lucid, attentive, discriminating audience). The importance of this distinction may be illustrated by a brief example. In treating a client who has, all his life, been tormented by a harsh, accusative, selfish father, the therapist may well need to help the client detach from this ogre-ish "real" audience, as opposed to encouraging him to orient more nearly to him. Instead, the therapist may (a) assist the client in constructing and internalizing an image of the ideal audience, (b) establish him or herself in the role of the ideal audience, and/or (c) help the client to orient to persons in his life who are more like the ideal audience, which is to say more capable of cooperative, mutually beneficial communication and relationship. Finally, in speaking of audience, we must acknowledge the versatility of roles and functions potentially performed by the therapist, who may variously (a) assume the role of primary audience for the therapist, thereby supplanting or taking over the role(s) previously held by real persons in the client's life (to some extent, this process is recognized as *transference*), (b) play the role of the ideal audience, (c) serve as a rhetorical coach or teacher, attentive to issues of speaker-audience relationship, or (d) playact various persons in the client's life. More on the therapist's use of the

audience role is offered below, in the section titled "Conceptualizing the identity of the therapist."

Conceptualizing the Identity of the Client

As has been addressed at length in earlier chapters, rhetorically-oriented psychotherapy perceives the primary identity of the client as that of a *rhetorical subject*, which is to say a communicative being, actively engaged in mutually persuasive relationships with others. Above, the phrase *speaker-client* has been used as a way of emphasizing the client's native identity as an active, speech-endowed, communicating person, who, by participating (in psychotherapy and elsewhere) in rhetorical analyses of his or her own person, situation, and relationships with various important audiences, may further develop rhetorical awareness and efficacy. The emphasis on the client as speaker clearly sets rhetorically-oriented psychotherapy apart from many other approaches which tend to place the client, instead, in the role of the audience. In such approaches—especially, perhaps, Rational-Emotive Therapy (RET)—the client's task is to receive the wisdom of the therapist, whose role, complementarily, is to aggressively attack and eradicate the mistaken beliefs of the client, replacing them with more a more 'rational' set of doctrines. This positioning of the client as the audience of the therapist is tantamount to a composition professor teaching her students how to write by having them read—and then copy out—her own essays. How such methods might encourage self-trust, creativity in thought or emotional life, and any number of other valuable rhetorical characteristics is an open question. Also, conceptualizing the client as a rhetorician is, by definition, a *contextualizing* psychotherapy. That is, it views persons as set in—and living in—relationship to other persons, institutions, social and cultural frameworks, and so forth. One cannot be a rhetor if one has no one else to be in dialogue with; and one cannot properly understand the shape and content of a

rhetor's arguings unless one takes stock of who they are arguing with, what the disagreement is about, and what has produced it.

Several aspects of the client's identity as a rhetorical subject are of importance to the therapist.

The first of these concerns the client's *rhetorical situation*. In other words, what are the agons or persuasive struggles in which the client is currently involved? To whom is/are the client's behavior *addressed*? Is the client addressed to/struggling against aspects of his or her own body? Is the client addressed to/struggling with a partner, a parent, or some other intimate person? Is the client addressed to/struggling against certain aspects of his or her cultural world?

Naturally, in order to grasp the client's rhetorical situation, one must learn who the other players are; as suggested above, each rhetorical situation is constructed of speakers and their audiences/interlocutors. Even clients who are profoundly egocentric (from a rhetorical perspective) are nonetheless influenced by those with whom they stand in mutually-persuasive relationships. Thus, for example, a 16 year old girl insistent that her parents are so stupid that she refuses to listen to them is nonetheless a person who cannot be adequately understood apart from these rejected parents; taken together, these arguers—and the positions taken by each—make possible the elucidation of even the angry child's 'silent argument.' Rhetorical worlds are inhabited worlds; and to understand the rhetorical situation of a client requires at least some grasp of the other persons who share the situation with him or her. Indeed, constructing the rhetorical situation of a client requires coding all aspects of the case (including the various elements of the client's psychological presentation) in terms of speaker-audience dynamics, in which each bit of 'text' (i.e., data) is understood as *addressed* to another with some argumentative purpose. The end result, conceptually, is rather similar to a dramatic script, in which each 'voice' is understood as being in direct engagement with some other voice.

Secondly, conceptualizing the client requires knowing what his or her arguments are. Subjects who speak and argue naturally have positions, goals, claims, and points of view. Treating the client as a composite of various arguments (or 'arguings'), each of which has some audience and belongs to some situational context, is central to rhetorically-oriented psychotherapy. Again, it is important to remember that arguments are not always verbalized, and they may even be poorly grasped by the persons who hold them. Especially in the psychotherapeutic situation, it is common to find persons arguing with one another in ways remarkably different from the ways 'professional' arguers (such as lawyers or academics) do. Therapists, then, must become skilled in locating the arguments embedded in personality styles, nonverbal gestures, psychopathologic signs, and other psychological pehnomena.

Thirdly, conceptualizing the client requires asking to what degree the client may be regarded as a *functional* rhetorical subject; that is, how adept is he or she at carrying out the rhetorical tasks with which he or she is confronted? Does he or she have a lucid "read" of the rhetorical situation(s) in which he or she finds him or herself? Does he or she know the audience well enough to be persuasive? How, also, does the client 'stack up' vis a vis his or her primary interlocutors? Is the client dominated by a rhetorical antagonist? Is the client so tethered by guilt that he or she cannot express his or her purposes clearly and directly? Is the client so overcome by the situation that he or she has resorted to a psychopathologic means of communicating his argument? In short, how effective and realistic is the client as a communicating subject? Such assessments lead the way towards intervention; for, as therapists discover areas of rhetorical strength and weakness in clients, they may engage in *training* them—both by developing specific strategies for working through concrete rhetorical problems and by dealing more broadly with rhetorical concepts, skills, and issues germane to the client's life.

Conceptualizing Psychopathologic Symptoms as Rhetorical

In the last part of Chapter 3, substantial attention is given to the rhetorical dimensions of psychopathology. More specifically, psychopathology is described as either (a) *essentially* argumentative; which is to say, an explicit form of symbolic action, aimed at communicating a message to self or others, or (b) as *effectively* creating marked (and often unusual) rhetorical problems and difficulties; schizophrenia is used as an example of a biologically-based psychiatric disorder which nonetheless requires rhetorically-oriented intervention in order to assist afflicted persons in managing relationships with self and others.

Learning to view psychopathology through a rhetorical lens may be one of the most difficult challenges facing therapists trained in other models. Yet, doing so has many benefits, among them (a) positioning symptoms within a relational, real-world context, which clients can identify with concretely, (b) encouraging the view that even symptomology may express purposive effort and intention (thus affirming the authorial capacities of the client), and (c) suggesting that *other* ways of communicating the same messages—and with much better results—are possible.

Take, for example, the case of an 11 year old boy who has, for six months, displayed classic signs of Obsessive-Compulsive Disorder (OCD), including obsessions about being infected by germs, compulsive handwashing, counting rituals, elaborate rituals at bedtime, and other symptoms. When these symptoms became so pronounced that they were interfering with his entire family's capacity to function normally, his parents brought him to therapy.

The first step in treatment was to reframe OCD rituals and obsessions as self-persuasive efforts (i.e., argumentative strategies) to cope with or to control a particular set of anxieties. When viewed this way, the rituals and obsessions were not only accorded a function (and thus validated as instrumental communication), but they were set into a dialogic framework (i.e., they

were described as part of the communication between the boy and his body). In short order, as the boy saw his symptoms not so much as "weird" but as legitimate efforts to help himself deal with something called 'anxiety,' he experienced a shift from embarrassment to empowerment. The relief from anxiety-about-being-anxious helped clear his mind, enhance his curiosity, win his alliance, and increase his receptivity to the next stages of treatment.

Next, anxiety was discussed as part of the body's essential, built-in, message-sending apparatus. Specifically, anxiety was described as the body's way of sending messages about dangers in the environment. It was suggested that such messages are inherently uncomfortable, because they are designed to get one's attention and to move one to action. It was proposed that bodies which lack such capacities can be very short-lived; in a dangerous world, one needs to be alert to what can cause harm; so having anxiety is, in balance, a good thing. But, it was suggested, it is also quite possible to experience an *excess* of anxiety—which is to say, to be receiving messages about danger when, in fact, there is no actual threat to one's well-being. Such excesses, it was suggested, can develop in several ways, but one of the most common ways is through some process of learning (or association). Just as parents willfully educate their children to be anxious about such things as crossing the street, an extraordinarily negative experiences can sometimes serve to 'teach' a person that an otherwise neutral thing is dangerous and should be feared. When this happens, a person may find themselves in the middle of an unsettling argument: On one hand, the body can be sending "Danger!" messages, while, at the same time, 'logic' might be saying, "There's nothing to be afraid of, and you're a wierdo for feeling like you do!" Every person, it was proposed, has eventually to learn how to manage their own message-sending capabilities. It's like, it was suggested, learning where the knobs are on a radio and what to do with them to get a good, clear station.

When the boy was asked what—in the past or present—had made him feel anxious or overwhelmed, he remembered that he had had difficulty learning to read (and thus handling other

academic work) while in first, second, and third grade. During this period, he had worried that he might be mentally retarded, or that he would "end up working as a garbage man." He acknowledged that he had never openly articulated these worries to another person before: They had seemed too frightening even to talk about, so he had kept them to himself. Even though he now reads well and gets all A's and B's, he would frequently revert to such thoughts and worries, especially should some new topic introduced at school seem difficult. The boy's rhetorical situation could now be seen more clearly: intrapsychically, he was locked in a struggle between a powerful, persuasive accusation ("You are stupid!) and his longing to defend himself against it. Because this struggle was kept secret, he had been unable to enlist other persons as allies and supports. Lacking a direct, decisive, persuasive counter-voice to the voice of accusation, the boy had turned instead in the direction of trying to "turn-off" or block out the accusing voice through various rituals.

The next stage in treatment was to interrogate and argue with this voice of accusation: Was it realistic for a boy who had learned to read, and who now gets A's and B's, to worry about being a failure? What right did this voice of accusation have to torment, frighten, and isolate him from others? Wasn't it true that even where there are obstacles and problems, there are usually ways of dealing with them?

The penultimate stage in treatment was to supplant the rituals and obsessions with more effective—which is to say, genuinely calming and/or solution-focused—self argumentative strategies. More specifically, the boy was trained to (a) utilize relaxation techniques aimed at reducing the physical and mental symptoms of anxiety, and (b) write down the particular academic questions/puzzles that were causing him anxiety, and then to arrange for a tutoring session with either his teacher or his parents within the same day.

Finally, treatment turned towards learning the more general skills of recognizing when one is in a state of internal discomfort or debate; adopting a firm moral stance towards one's self

(and others) that fear and suffering do not need to be tolerated; learning how to work out and articulate what messages one's body, mind, and environment are sending; and, learning to form rhetorical alliances with others when assaulted by a threatening experience or idea.

Conceptualizing the Identity of the Therapist

Above—when discussing the identity of the client—it was proposed that the rhetorically-oriented psychotherapist needs to be prepared to assume a range of roles, each connected in some fashion to an essential identity as the *audience* for the client, which is to say the person positioned to receive, interpret, and make answer to the argumentative efforts of the client, no matter how oblique or aberrant their manner of expression. While one or another of these roles may become primary at each phase of treatment, it is more common for the therapist to cycle through two or more of them quite rapidly. Whatever the particular role or set of roles being played, the essential goal is the same: To support the client in being able to make those arguments that (a) produce relief from specific pathologic symptoms and (b) that lead to lasting increases in the client's rhetorical proficiency in daily life.

The first role played by the therapist is that of the *ideal audience*, which is to say the astute, affirming, just-minded, illuminating, non-disparaging interlocutor who grants that the client is seeking what all arguers seek: i.e., to achieve meaningful agreement or consubstantiation with others in a manner that is beneficial to the self. The ideal audience, in other words, assumes (and palpably radiates the assumption) that the client is, for valid reasons, and in more-or-less valid ways, attempting to negotiate a valid rhetorical problem. In thus validating the client as a rhetorical being (a) *entitled* to rhetorical activity and yet (b) *circumscribed* by inherently problematic circumstances, the ideal audience grants the client a sense of station and dignity. The ideal audience, in other words, recognizes and stands up for the *rights* of the client to be a

rhetorical subject, while at the same time framing rhetorical problems and dilemmas as a natural (even if onerous) facet of the human condition. The ideal audience, then, acts to challenge the shame or sense of failure that may accompany psychological suffering. Moreover, in reframing rhetorical problems as generated by desire—at least at some level—of the arguers to achieve communion, the therapist as ideal audience promotes an optimistic, solution-oriented philosophy of life. In other words, the goal of life implied by the ideal audience's outlook is to accomplish communion with others, just as the goal of psychotherapy is to discover the means by which specific assays towards communion may be actualized.

Along with these *ethical* commitments and qualities, the ideal audience is one who possesses *technical* skill and competence as a hearer, discriminator, and responder to the messages of others. To be an ideal audience, a therapist must be able to grasp what is being communicated by the speaker-client, its purpose and import, the context out of which it emerges, and its connection to the messages of others.

Such ideal audiences are what we hope to find in courtrooms, classrooms, legislative assemblies, and other settings where 'truth' is valued. Of course, such ideal audiences are rarely encountered in their purest form. But certainly, in the good judge or teacher, one finds qualities of integrity, neutrality, and ability to fairly and lucidly engage in rhetorical exchanges that sets them apart from the naturally more self-interested interlocutors which inhabit private existence. And, often, mere shades of difference can enable a professional person—like a therapist—to assume the role of an ideal audience.

In functional terms, the therapist plays the role of the ideal audience whenever he or she serves as a sounding board, amplifier, clarifier, supporter, or illuminator of the client's arguments. Offering no opposition or resistance to the client, the therapist as ideal audience instead seeks to nurture the expressive capacities of the speaker. In speaking to the ideal audience, then, the client has the safety and latitude to discover his or her messages, to identify

the causes or roots of these messages, and to feel empowered about communicating openly, without disguise or subterfuge, and without fear of recrimination or abuse.

The second role played by the therapist is as *proxy* for the original, real-life audience for the client's arguments. As proxy—or stand-in—for the client's actual parent(s), spouse, abuser, etc., the therapist 'listens' (and responds) in a manner which replicates but also illuminates the logic and meaning of the actual audience's responses. In this process—conceptualized by Freud as transference—the therapist may interact with the client (a) *as if* he or she were the original audience, but also (b) in a way that clarifies, critiques, and eventually transforms (in a positive direction) the rhetorical relationship with the client. By recapitulating the processes of *disagreement* (non-consubstantiation) that engendered the client's psychopathology even while moving towards a stage where *agreement* is offered to the client, a therapist may help the client not only to grasp "what happened" but also to envision an overcoming of the rhetorical impasse. However, in playing the role of the proxy, the therapist must always retain the qualities of the ideal audience; that is, even while accepting the client's right to argue as if the primary audience were in the room; and even while demonstrating how and why the primary audience may have behaved as he or she has; the therapist must continuously emanate compassion, approval of the client's right to argue, and illuminating critique of the argumentation taking place.

The third role played by that of the therapist is that of the *judge*, which is to say an audience actively concerned with questions of ethics (i.e., right and wrong) and value (i.e., good and bad). According to Aristotle (1991), an audience "must be either a spectator or a judge, and, if a judge, one of either the past or the future" (80). Judges concerned with the future engage, Aristotle says, in discourses of *deliberation*, the primary forms of which are *exhortation* (i.e., endorsement, encouragement, or approval) and *deterrence* (i.e., disapproval). In their efforts to help guide future courses of action, judges of the future are concerned primarily with "*advantage* or *harm*, as to exhort is to urge as being more advantageous, to deter to dissuade as being more

harmful" (81). Judges concerned with the past engage in *forensic* discourses, the primary forms of which are *prosecution* and *defense*, and the goals of which are to accomplish *justice* and abjure *injustice*.

Engagement with issues of justice is probably unavoidable in any kind of psychotherapy, but in rhetorically-oriented psychotherapy it is elemental, if, for no other reason, than that arguers rarely fail to enjoin the ethical dimension when they argue. In therapy—as in everyday life—persons engaged in rhetorical exchanges ground their arguments in some theory or conception of ethical rightness. Naturally, some of these theories are more egocentric, others more universal; some based on religious teachings, others on the exigencies or desires of the moment; and so on. But, it is extremely rare to find argumentation that is divorced from or absent of ethical claims. Thus, in choosing to deal with argumentation, therapists are unavoidably confronted with the ethical dimension. But the need to deal with issues of justice—and, moreover, to accept in this process the role of the judge—goes deeper yet when it comes to therapy. First of all, persons who suffer from psychopathologic symptoms are quite frequently persons who have (at least from the perspective of the client) suffered a severe injustice. Take, for example, a young woman whose anorexia has developed as a way of protesting her mother's detachment and preoccupation with her career; although the mother could not be convicted in a court of law of neglect or any other crime, it is not unreasonable to agree with the client that, to some extent, her mother has injured her. In fact, failing to grasp the client's ethical argument would greatly obstruct the progress of therapy, for until the client feels that the injustice against her has been declared and condemned, and until the client's own strategies of protest have been vindicated, it is doubtful that she could retract the psychopathologic version of her complaint. But secondly, exactly *because* arguers engage in processes which aim to affect others (and so may either do palpable good or harm), therapists must be able and willing to examine the ethical aspects and implications of clients' arguments. Take, for example, a client with anger problems.

When this client gets angry, he claims that it is justified: people have treated him disrespectfully, blocked him from reaching a goal, or interfered with his chosen way of living. By getting angry—which may involve shouting and swearing, threatening to harm others, and/or pushing and hitting—he means to convey the message, "Hey, I'm not taking it anymore! You screw with me, you get hurt!" There is no question here that the client's preferred way of communicating when feeling "screwed with" can do substantial harm to others, thus compelling the therapist to intervene as a judge.

But therapists also effectively enter into the role of the judge *whenever* they engage in deliberative or forensic discussion of another person's argumentation, even when it is not as physically dangerous as that of the angry client just discussed. For, as Aristotle indicates, when the question concerns "*advantage* or *harm*," we may be dealing with emotions, relationships, finances, schooling, and countless other matters. Therefore, when, in the process of working with clients on learning to argue more effectively and productively, therapists need to frequently ask such questions as, If you were to say that to your teacher, what harm might come of it? If your goal is to sensitize your mother to how you are feeling, how would giving her the silent treatment advance your cause? And whenever such questions are asked, judgment is both implied and invited; judgement functions as the discourse—or discursive act—without which strategic and ethical decision-making cannot occur.

The fourth important role available to the therapist is as a rhetorical coach or teacher. While it may seem imprecise to label a speaking, discoursing teacher as an *audience*, in fact, the label is quite suited. For, as rhetorical teacher or coach, the therapist is concerned continuously with the client's evolution as a speaker and rhetorical analyst. Thus, even if moved to instruct or educate, the therapist remains in the position of witness to and responder to the speaking, acting client, tailoring the instruction given in order to precisely advance the client's rhetorical growth. In fulfilling this role, the therapist resembles closely what most students would hope to find in a

writing tutor: a person, that is, who (among other things) can: educate them in the rules of certain important discourses, encourage them to discover their own beliefs and 'theses,' allow them to experiment freely with self-expression, help them conceptualize their audience, and work with them (phrase by phrase, premise by premise) in fashioning those arguments which will move and persuade their audience. In this role, the therapist may enter into more abstract and didactic spaces, asking clients to read about communication strategies, to practice certain strategies and then report on them, and so on. Typically, the coach/teacher role becomes dominant in moments where affective pressures have lessened and psychopathologic symptoms have dissipated, and the client finds him or herself more able to access intellectual and emotional resources. The teacher/coach role is thus in evidence more and more as therapy progresses.

Why Psychotherapy Works

From a rhetorical perspective, psychotherapy works when and if the client is enabled to do the arguing that meets the challenges of their rhetorical situation, whatever that might be. Complementarily, psychotherapy that does not (a) recognize that the client is in a situation that requires some form of symbolic action in order for his or her well-being to improve, and (b) create the conditions for that symbolic action to occur, is likely to be ineffective.

Take, for example, the 45-year old male intellectual who has been undergoing psychoanalytic psychotherapy twice a week for seven years, and yet who remains generally anxious, uncertain about his capacities to flourish in relationships with women, and frightened of worsening his already poor relations with his colleagues. His psychoanalyst has focused throughout these seven years on the client's childhood, mostly by probing him with questions and encouraging him to engage in free-association. This client has learned that his repressed mother—who doted on her son but who considered her husband a "dolt"—had "blocked him as a

child from crossing over to his father." His mother's fundamental disparagement of her husband's manhood—combined with her possessiveness towards her son—obstructed the client as a boy from forming a healthy, vital male identity; and he is presumably suffering the ill effects still.

This approach to therapy—which emphasizes knowledge and not communicative action, rhetorical problems but not rhetorical solutions—unfortunately is not of much use to a rhetorical being. In fact, if the therapist inadvertently caused the client to feel immobilized by an unhappy, emasculating past, she might well have done him more harm than good. In contrast, if she had helped him to take rhetorical action and feel successful in any one of the domains he experiences as problematic, the results of the therapy would have likely been much more positive. Seven unproductive years would not have elapsed, and the client may well have a far greater sense of self-efficacy.

Happily, most psychotherapies preferred by therapists today are solution-focused. Additionally, many of them –including the narrative, feminist, and constructivist schools (Rodis & Strehorn, 1997)—focus on harnessing the vital capabilities of the client. However, as has been addressed elsewhere in this dissertation, there is extraordinarily little discussion (published or otherwise) of argumentation.

This neglect is curious given that each of the major therapeutic strategies utilized by these aforementioned schools may be construed as forms of argumentation. Specifically: Narrative strategies work inasmuch as they encourage clients to construct 'life-stories' which implicitly (a) depict the client's rhetorical situation, and (b) place the client in the role of the rhetor-author, empowered to carry out chief rhetorical tasks which improve his or her situation. Feminist strategies work inasmuch as they assist oppressed minorities (especially women) to articulate, critique, and make empowered retort to the disparaging arguments (embedded both in the general culture and in the psyches of those who inhabit it) which deplete their well-being.

And constructivist therapy works inasmuch as encouraging clients to discover how they "participate in cocreating the dynamic personal realities to which they individually respond" (Guidano, 1995, p. 93) results in an activation of their actual rhetorical potentialities and responsibilities.

However, a psychotherapist committed to utilizing an explicitly rhetorical approach to psychotherapy must be able to think and work in terms which are explicitly argumentative. More specifically, the psychotherapist needs to be able to frame communication as argumentation, as well as to understand how the client's capacities for real-life argumentation may be strategically enhanced. In short, a psychotherapist must have a grasp of the roles played by argumentation in everyday life (and abnormal processes) and also know how to go about the business of making arguments *work*, both for their senders and their receivers. It is when argumentation is grasped not as something peripheral to human behavior but as (a) one of the chief *logoi* of human behavior, and (b) one of the chief means by which persons participate in intellectual, relational, emotional, and discursive processes that psychotherapy rests on a firm rhetorical basis.

What is Argumentation?

In order for clinicians to be able to assist clients in developing their capacities as arguers, some formal understanding of argumentation is essential. Ideally, this understanding might develop through a systematic and extended course of study; in fact, integrating courses on argumentation into the curriculum of therapist training programs would be an excellent mechanism. The justification for this admittedly extravagant wish is that argumentation is an immense and rich field, drawing upon findings in communication and composition studies, linguistics, pragmatics, and psychology, as well as rhetoric. Even efforts to condense the practical essentials of the field—such as Joan Mulholland's (1994) very useful *Handbook of*

Persuasive Tactics: A Practical Language Guide—is a tome of more than 400 pages, offering summaries of more than 300 specific argumentative devices. And even a survey of the chief theories and models of argumentation advanced in the last 30 years would easily occupy a serious student for a seminar. More valuable yet would be to involve students in the observation and study of argumentation as it occurs naturally in families, in dyads, in classrooms and schools, and, of course, in the setting of psychotherapy.

For the purposes of this discussion, however, it will have to do to quickly review one working model of argumentation. While several such models might be identified, a particularly good one for our purposes is *pragma-dialectics*, an argumentation theory developed by Frans van Eemeren and Rob Gootendorst of the Speech Communication Department of the University of Amsterdam (1996).

According to van Eemeren and Grootendorst (1996), argumentation is a phenomenon of communication "characterized by the use of language for resolving a difference of opinion. The quality and possible flaws of argumentation are to be measured against criteria that are appropriate for the purpose of such discourse" (p. 275). It will be noted that this definition (following Perelman & Obstrechts-Tyteca (1969)) is appropriately weighted by the notion that the *purpose* of argumentation is to *resolve* differences of opinion—not to *create* such differences. Accordingly, judging the functionality and value of any process of argumentation is strictly guided by the question, How successful is it in achieving this purpose—or of realizing what Burke (1966, 1989) calls 'consubstantiation'?

Van Eemeren and Grootendorst identify four cardinal features in all 'true' (which is to say resolution-oriented) argumentation processes. Naturally, the absence, rejection, or distortion of any one of these features can help to explain how and why an argumentative process has gone amiss, and so may provide not only insight into—but also a way of operationalizing solutions to—the problems that beset clients.

1. The first of these features is *externalization*. Simply, for an argument to be externalized is for it to be *expressed*, or used as part of a symbolic action towards an other. Attitudes which a person holds—but which lie 'dormant' in the mind—do not, therefore, qualify as arguments. Attitudes—and any number of other psychological phenomena—become parts of argumentation only when they are actively *addressed* towards an audience (even if the audience is oneself). By externalizing (or addressing) a feeling, idea, proposition, or wish, a speaker creates the basic conditions for discourse or dialogue, or for an audience-speaker interaction. Thus, argumentation begins—and only continues so long as—persons address themselves to an audience.

When it comes to working with clients in psychotherapy, externalization is an essential issue. Often, for example, therapists work with clients who have (a) failed to express their 'arguings' openly to the intended audience, (b) forgotten or are unable to discern to whom their arguings are addressed, or (c) gotten their addressees confused. In the first sort of case—common amongst timid, anxious, or 'repressed' clients—the failure to have externalized an argument places the client in a state of perpetual tension and irresolution; until they have voiced their arguments, no transformative dialogue can occur. In the second sort of case—common amongst persons with chronic problems or with unresolved childhood issues—clients may carry about intensely felt arguings that appear to them—and often to others—as disconnected from any identifiable audience; like a master postal worker, reconstructing the correct address for an old, smeared piece of psychic 'mail' puts a therapist in position to begin helping such clients. In the third sort of case—common in persons with anger issues and personality disorders—clients seem to use a shot-gun approach to argumentation; that is, rather than engaging in dialogue with those specific persons who are, in some respect, appropriate, they may engage with anybody at all.

In all of these cases, argumentation is flawed at the very point of linkage between the speaker and the audience. Until this link is repaired (a process which often requires the therapist to forge a primary link between the client and him or herself), the client cannot hope to get his or her argumentation working in the direction of resolution.

2. The second cardinal feature of argumentation identified by van Eemeren and Grootendorst (1996) is *socialization*. Socialization refers to the fact that argumentation is not a solitary process but rather an inherently social and affiliative one, and so "should be put in the social context of a process of joint problem-solving" (p. 277).

> Argumentation presupposes two distinguishable participant roles, that of a "protagonist" of a standpoint and that of a—real or projected—"antagonist." It reflects the collaborative way in which the protagonist in the fundamentally dialogical interaction responds to the—real or projected—questions, doubts, objections, and counterclaims of the antagonist. (p. 277)

Socialization can only be achieved, then, when participants in an argument actively seek agreement, and thus work collaboratively with one another to do so. So long as the argumentation is improperly socialized—which is to say, guided by antisocial motives such as the desire to crush or deceive the opposition, or by unsocial motives such as avoidance, fear, or exasperation—it cannot hope to fulfill its essential purpose of bringing about unity and resolution. But perhaps Perelman & Olbrechst-Tyteca (1969) expressed the principal of socialization best:

> To engage in argument, a person must attach some importance to gaining the adherence of his interlocutor, to securing his assent, his mental cooperation … He acknowledges that he must use persuasion, think of arguments capable of acting on his interlocutor, show some concern for him, and to be interested in his state of mind." (p. 16)

In psychotherapy, socialization problems are paramount: sometimes because the client has not adopted a set of deliberately prosocial commitments, and sometimes because the client is engaged with an unsocialized or antisocial audience. Indeed, the one typically creates the other;

that is, the surest way to create an antisocial audience is to treat them antisocially. In this category, then, we may place clients who have been raised by punitive or invalidating parents, clients who have poor rhetorical partners for spouses, clients who have antisocial feelings and attitudes, and who suffer from numerous other rhetorical difficulties. Often, rhetorically-oriented psychotherapy must assume the task of progressively *socializing* clients, so that they may be able to reconstruct their own argumentative processes in a fashion consistent with the goal of achieving agreement.

3. Third is *functionalization*—a term which is synonymous with 'proficiency.' Naturally, if the purpose of argumentation is to secure agreement, the best measure of its functionality is how well it copes with—and overcomes—disagreements. Functionalization in argumentation is achieved when the arguer is able to think meaningfully about each strand or step in the communicative process. Functional arguers (a) realize each argument is defined by an initial "disagreement space", (b) understand that argumentation occurs through a series of communicative performances or actions, each of which may be strategically shaped or engineered, (c) pay close attention to the generic 'rules' which result in positive outcomes, and (d) pay close attention to the specific attributes, demands, and claims of the audience, making adjustments in their own communications as appropriate.

Deficits in the specific rhetorical skills of clients are often identified. As suggested earlier, the enhancement of these skills may take place in any number of ways, including offering the client didactic lessons in argumentation. However, more commonly—and in keeping with the goal of keeping therapy affectively meaningful to the client—training aimed at increasing the rhetorical proficiency of the arguer is delivered through the analysis and construction of specific arguments (e.g., scripts) which the client might put to direct use.

4. Fourth is *dialectification*, which refers to the fact that argumentation is not one-sided, but involves two or more arguers, each simultaneously advancing their own agendae. The co-ocurrence and concatenation of two or more streams of communication, each attuned, to some degree, to the other(s), makes argumentation—structurally speaking—neither monological (one-voiced) nor merely dialogical (two-voiced) but dialectical (two voices set on transforming one another). Arguers unable or unwilling to acknowledge that both they and their audience are engaged in a *change* process when they argue, are unlikely to find agreement. In other words, "Argumentation is appropriate for resolving a difference of opinion only if it is capable of accommodating the relevant reactions of a critical antagonist" (278).

Dialectification has relevance to psychotherapy most often in helping clients deal with the reality that their audiences are—in a certain fundamental fashion—like themselves: rhetorical beings striving for agreement on terms beneficial to them. As client's come to see the 'other' as a rhetorical being, they can better grasp that the nature of the dynamics between themselves and this other derive from the fact that they are both fundamentally *doing the same thing*. Failure to grasp the essential symmetry interferes not only with empathy, but more importantly, with the possibility that the client can develop into a more deliberate and proficient rhetorician.

In terms of argumentation as a *process*, van Eemeren and Grootendorst propose that argumentation moves through four stages:

1. The *confrontation stage*, in which a difference or conflict presents itself.
2. The *opening stage*, in which the parties advance their own wishes, demands, and commitments.
3. The *argumentation stage*, in which each party "adduces arguments in order to overcome the other party's doubts about the standpoint, and the other party reacts to those arguments" (p. 282).

4. The *concluding stage*, in which "the parties draw conclusions about the result of the attempt to resolve a difference of opinion" (p. 282). If the parties do not agree on the outcome of their discussion, they must essentially start over again at stage 1, albeit under the obligation to offer either a new description of the difference or a new set of wishes, demands, and commitments.

As applied to psychotherapy, this 4-stage theory may initially appear lacking in sophistication; and, certainly, it does not offer a particularly colorful description of therapy. But its simplicity may disguise its value. For, if therapists think about configuring therapy generally—and also many of the 'movements' in therapy specifically—according to this rough model, it sets the stage for working in ways that encourage therapeutic argumentation. For, once clients have been placed into argumentative contexts—contexts, that is, in which their symptoms, complaints, wishes, desires, and so forth can be actively addressed to some other with the aim of achieving agreement—therapeutic processes are set into motion. For, in therapy as in life, it is when painful matters can be actively and fairly argued that they may be transformed.

Part 2: The Psychotherapeutic Process

Given the conceptual framework for rhetorically-oriented psychotherapy just described, it is possible now to discuss the psychotherapeutic process itself—which is to say, the unfolding of the dynamic rhetorical activity of the client, oriented to the solution of a psychological/rhetorical problem and guided by the therapist. From a rhetorical perspective, this process may be succinctly described as *therapeutic argumentation*. Using a wide lens, all argumentation is therapeutic to the extent that it meets the basic conditions described by van

Eemeren and Grootendorst (1996): for when rhetorical interactions are motivated by a clear desire—and a true capacity—to achieve consubstantiation with self or others, they are fundamentally solution-oriented, and thus healing. More narrowly, therapeutic argumentation occurs within the context of psychotherapy when (a) a client—through a series of arguings—endeavors to confront and resolve a psychologically-pressurized rhetorical dilemma, and (b) a therapist—through effectively playing the audience roles described above—encourages, shapes, and helps to consummate the rhetorical activity of the client.

Regardless, however, of whether the lens one uses is wide or narrow, the process of therapeutic argumentation may be set in contrast to *psychopathogenic argumentation*, which is a process of rhetorical engagement which—for one reason or another—frustrates the accomplishment of consubstantiation, and so gives rise to psychological distress. In its mildest forms, psychopathogenic argumentation can be observed in everyday interactions: the employee who, refused a day off to take care of important personal business, weeps at her desk, or the child who—scolded by a teacher for being noisy—reacts by writing a nasty word on his desk. In its more severe forms, persons who have a pressing psychological need for agreement on some aspect(s) of living fail to find it. Take, for example, a child whose only parent is drug-addicted, and so unavailable to meet the child's need for a secure attachment. No matter what the child does to induce his parent to engage with him, to recognize his existence, the parent is unable to come through. The child's arguments unanswered, he not only fails in his pursuit of anxiety relief, but he grows increasingly aggressive towards and assaultive of other children at school. Regardless of severity, each of these cases involves a process of agreement-seeking that—in failing or having failed—produces obvious signs of disturbance.

Thus, psychotherapy as a process has its origins in failed arguments. At its outset, psychotherapy typically finds the client engaged in some process of argumentation that has gone

awry. The essence, then, of the therapeutic process–and the measure of its success—lies in assisting the client to somehow turning these rhetorical defeats into successes.

In practical terms, there are three major focal points—or frameworks—for therapeutic argumentation in psychotherapy. Put another way, cases seen in therapy tend to sort into one of three basic baskets.

The first involves clients manifestly engaged in a process of acute *psychopathologic argumentation*, and thus in need above all of symptom relief. In this framework, the first task for the therapist and the client is to understand the clients' psychopathology as part of an organized (even if "irrational") effort at persuasive communication. Thus, for example, an OCD patient's compulsions may be defined as efforts to reassure (persuade) self that perceived threats to one's well-being are under control; or they may alternatively be reframed as efforts to persuade (propitiate) external forces not to hurt him or her. As in every other rhetorical situation, it is critical that the client-therapist team understand (a) to whom the argument is addressed (i.e., primary audience), (b) what message it is sending, (c) what the arguer's purpose is, and (d) how the therapist might aide the client in not only delivering his or her argument, but in achieving affective and psycho-symbolic agreement with some important audience.

The second basket contains cases which emerge out of specific aggravated rhetorical situations in the *present*. This framework, in other words, deals with (a) the distress clients are experiencing because of their difficulty meeting the demands of a *particular* rhetorical situation, and (b) discovering how shifts in clients' rhetorical outlook and strategy may produce increases in power and efficacy, decreases in distress, and improvements in social relationship and functioning. Such cases may include persons undergoing divorce, persons who must deal with a serious physical illness, persons who must deal with a new and stressful school or work environment, and so forth. What is salient here is that—even while larger developmental or personality issues may be involved—the distress the client feels at the outset of therapy is

reduced or extinguished by formulating an effective rhetorical response to the situation experienced as problematic. Thus, for example, the divorcing client finds relief from distress through formulating a set of arguments effective in dealing with (a) his or her spouse as a former relational partner, (b) his or her spouse as a current antagonist in court, (c) his or her disappointed parents, and so forth. And, the overweight third-grade boy teased mercilessly by his peers may be enjoined in a process of treatment whereby (a) broad arguments regarding the right of persons to be individually different are considered, (b) concrete ways of dealing with the taunts and accusations of peers are formulated, practiced, and evaluated, (c) the boy's own goals regarding his physical person are explored, (d) arguments are developed which can help the boy control his relationship to food, and so forth. In each of these cases, the power of the rhetorical situation to cause distress is directly acknowledged, and the therapy is oriented towards creating truly sufficient rhetorical responses.

The third basket is for *developmental* problems, or disturbances in a client's efforts to form or mature as a rhetorical being. Such cases tend to include problems of a chronic nature (e.g., schizophrenia, attachment disorders, nonverbal learning disabilities), they tend to be involve other members in the client's family of origin (usually parents), and they usually feature a wide array of symptoms. These problems may have either a clear physiological or genetic origin, or they may be categorically environmentally-based (e.g.. sustained childhood sexual abuse). From a certain perspective, however, all of these cases—like those in the second basket—have a situational origin, regardless of whether the 'situation' is the body or the home, lesions on the left cerebral cortex or the loss of a nourishing parent at age three. These situations, however, are neither short-lived nor do they require merely the acquisition of specific new rhetorical skills; these situations, rather, have a protracted temporal basis, they often produce deep affective and cognitive disturbances, and they often create fundamental rhetorical confusions or misapprehensions. Psychotherapeutic argumentation in such cases thus involves

the making of arguments which (a) deal with primal relational needs and desires, (b) focus on structuring (if the client is a child) or restructuring (if the client is an adolescent or adult) primary rhetorical understandings and behaviors, and (c) encourage the patient and incremental sculpting of the client's often uniquely limited rhetorical capacities.

The Diagnostic Process

As has been implied throughout, a rhetorical framework for individual psychology—and for the practice of psychotherapy—is not necessarily antagonistic to the classification of mental illnesses embodied in the DSM-IV (1994). For the most part, the DSM-IV taxonomy—and the many discrete niches it contains—is a useful means of identifying the qualities of any given individual's distress, as well as for conceptualizing some of the end goals of the therapeutic process.

However, in emphasizing psychopathic symptoms as aspects of argumentation, a rhetorical approach to diagnosis requires that a therapist go beyond merely *naming* the client's symptomology in order to *situate* it within a rhetorical framework. Following Bakhtin (1981), a rhetorical approach to diagnosis may be described as "novelistic," or as an attempt to view symptoms as phrases or emergences of some sort of dialogic process. Even where symptoms have a clear physiologic basis, they nonetheless call the persons suffering them into a kind of conversation. For the schizophrenic, these conversations are ostensibly vocal: Voices are heard, the voices issue commands and make comments, and the subject struggles against them for self-possession and self-determination. Yet, even where the body does not generate voices *per se*, its suffering creates pressures, seems to possess it own will, and engages the subject in a process quite fairly considered argumentative. Many clients suffering from physical symptoms of anxiety (e.g., panic attacks, sweating, stomach aches, etc.), depression (e.g., fatigue, loss of

appetite, sleeplessness), and bipolar disease (e.g., storms of energy, restlessness, and irritability), are quite articulate about the extent to which they are compelled to work hard to resist the persuasions of their bodies and to exercise their own wills over it.

In rhetorically-oriented psychotherapy, then, the diagnostic process requires at a minimum that the following three tasks be performed.

1. The client is cast as a rhetor engaged in an argumentative process with other voices, be they the voices of other persons, voices in or from the body, voices in the mind, etc. In essence, the accomplishment of this task may be compared to creating a "cast of characters" such as is found at the beginning of a play.
2. The arguments or messages of each identified voice are identified and fleshed out.
3. The arguments or messages of the client are identified and fleshed out.

When all three tasks have been accomplished, the therapist has gained not only a name or label for the client's condition (e.g., Narcissistic Personality Disorder or Oppositional-Defiant Disorder), but also a picture of how this condition is produced by and functions in order to perpetuate or surmount a given rhetorical situation. Again, if a comparison is made to theater, at the conclusion of these three tasks, the therapist has attained enough knowledge of character, setting, and conflict for a working script. It may be useful at this juncture to remember the early work of Freud, who likewise viewed his neurotic clients in dramatic and rhetorical terms. The rhetorically-oriented therapist, however, should not feel constrained to view clients in archetypal terms—as an Electra or an Oedipus—but rather should recognize that each drama—and the impact of each drama on a rhetorical subject—may well be unique. Again, what is gained by this dramatization of the client's symptomology is that it lays open the argumentative structures contained in it and surrounding it. As these arguments are articulated as such, the client may be

empowered to evolve those arguments which can turn the drama in the direction of some form of consubstantiation, if not with the other players, than at least with him or herself.

A set of guiding questions for the diagnostic stage is as follows:

a. *Who is the arguer in dialogue with? Or, who is the arguer's chief audience, interlocutors?*
b. *What has been already 'said' to the arguer? (Or, what counter-argument(s) has already been articulated?)*
c. *What have been the effects on the arguer of the counter-argument(s)? How do these affects shape or alter the arguer's rhetorical stance, resources, clarity, and/or sense of efficacy?*
d. *To what extent is the addressed audience the cause of failure to achieve consubstantiation? Is the audience an ideal audience?*
e. *To what extent is the client the cause of failure to achieve consubstantiation? Is the client an ideal audience?*
f. *How does the arguer represent his or her rhetorical situation?*
g. *What is the arguer attempting to achieve? (or, what is the arguer's purpose?) who is the arguer trying to persuade?*
h. *Is the arguer aware/conscious of his purpose? (e.g., is the arguer aware that he or she seeks cooperation or consubstantiation?)*
i. *Does the arguer's conscious/expressed purpose 'make sense'?*
j. *Is the arguer open to a redefinition of his or her purpose? What might be done to increase an arguer's openness to a redefinition of his or her purpose?*
k. *To what extent is the arguer's position or strategy of argumentation expressed 'pathologically': that is, through an intensification of emotion or intellectualism; self-destructive, bizarre, or dangerous behaviors; or some other form of psychopathology?*

l. *To what extent does the arguer seek to move the audience's emotions? And, to what extent is the moving of emotions a rhetorically appropriate goal?*

m. *In terms of its orientation vis a vis social rules, is the arguer's strategy dramatistic or dramaturgic?*

n. *How does the arguer's position contribute (negatively or positively) to his or her social status/power?*

o. *To what extent is the arguer overly constrained by a concern with social rules (propriety)?*

p. *To what extent is the arguer's communication weakened by its failure to work within social rules?*

Setting the Stage for Therapeutic Argumentation

As suggested in the discussion above of the roles of the therapist, it is essential for a successful therapeutic process that the therapist to early on (and then continually) establish him or herself as an ideal audience, thereby securing the speaker-client's trust in (a) the person of the therapist him or herself, (b) the therapeutic process, and (c) the possibility that—even in real-life—the resolution of rhetorical problems may be accomplished.

As part of this process, the therapist must determine the best way—once a rhetorical or dramatized model of the client's current situation has been obtained—to share this information with the client.

For some clients, the best way to do this sharing is to be explicit: i.e., to lay the 'script' right out in the open. Such a strategy—which effectively makes an external, intellectualized 'object' of the rhetorical problem—leaves the therapist outside the drama, in the neutral position of witness and consultant, able, then, to help the client identify what is causing suffering and how to argue his or her way to a solution. The externalization of the problem may also bring some

degree of immediate relief to the client, for now the suffering has been demystified, normalized, and validated as an understandable response to an inherently difficult problem. Once the script has been laid out, the therapist and client can begin to engage in the processes of more fully fleshing out the client's argument, shaping it so that it meets the demands of the primary audience, and so forth.

For other clients, such an explicit strategy may not be feasible—perhaps because the client lacks the intellectual capacity or psychological maturity to look at his or her own situation via a rhetorical model, perhaps because the client is too emotionally aroused, perhaps because the client's cognitive disturbance is too profound, or perhaps because the client is simply unable to believe or buy in to this interpretation. In such cases, the therapist must lead the client into therapeutic argumentation—as well as, ultimately, rhetorical self-awareness—more subtlely, concretely, and experientially. Sometimes, the therapist may do this simply by involving the client in a bit-by-bit engagement-and-then-analysis of some part of the rhetorical situation. Take, for example, the case of a depressed 13 year old boy, referred to therapy because he has been acting out in school and at home. The boy's rage at what he perceives as his overpowering by ruthless adults is acute. In the therapy session, he is noticeably agitated and highly irritable. A therapist aiming to engage the boy in an analysis of his situation is likely to have a hard time of it. If, however, the therapist invites the boy to engage in the argumentation most fresh in his mind—i.e., his confrontation earlier in the day with the assistant principal—a more constructive process can ensue. The boy may be asked directly: What's making you mad? The boy may then launch into his argument: "F@#$ing Mr. Farelly suspended me for nothing! I was just going to the bathroom and this kid slams into me and calls me queer, and I do what anybody would—I shove him back—and I get suspended, not the other kid!" The therapist need only stay with the flow of argumentation (please see the next section below) in order, eventually, to be able to help the boy grasp—in concrete if not more universal terms—his particular predicament.

In this example, the therapist remains in the position of the ideal audience. The therapist may, however, choose instead to play the audience's proxy, leading the client to the point of greater self-awareness (or awareness of his or her diagnosis) through entering the role of the client's disputant. In the case of the depressed boy, the therapist, then, might articulate Mr. Farelly's position (without, of course, assuming his affect or antagonistic stance). The therapist might, for instance, say, "Now, if I was Mr. Farelly, I know that my number one job would be to make sure that nobody in my school got hurt. Also, I'd be committed to seeing that everybody that came into my office got treated justly. Now, I know that people can't be safe—and get justice—if they can't take responsibility for their own actions. OK, so let's assume I've spoken to this other kid—the one who pushed you—and I've gotten his story. Now, I'm going to ask you about your story, and I want you to tell it to me in a way that explains—as best you can—why you acted the way that you did." Through this redramatization, the therapist may not only bring forth the boy's rage at and sensitivity to being hurt by others, but also the sadness and sense of hopelessness that underlies it. When the therapist—still in the role of an idealized Mr. Farelly—acknowledges the boy's depression in a way that is both sympathetic (and thus validating) and yet firm in defending every person's right not be abused, the client begins to get a concrete sense of his predicament: He is a (self-perceived) victim who is at risk of victimizing others. Now, as the therapist treats the boy's rage as a way of his arguing *against* his own powerlessness and *for* justice, the process of therapeutic argumentation can begin.

Regardless of how it is done, the therapeutic process demands that client's have—early on in the process—a rhetoricized picture of their current situation, as well as a sense that they are going to gain rhetorical power as the therapeutic process moves forward.

Engaging in Therapeutic Argumentation

In treating the process of therapeutic argumentation, it should be remembered that the chief goal of the process is to assist and support the rhetor-client in arguing his or her way to meaningful consubstantiation. Such consubstantiation must, it should be warned, have a definite quality of integrity to it; that is, the consubstantiation must be earned in the same way that all good rhetors earn it—by having rightly read the rhetorical situation, stated a just case, met the needs of the audience, and otherwise lived up to the four standards of the pragma-dialectical model of van Eemeren and Grootndorst (1996). Much damage is done by therapists who offer clients a false or immature sense of consubstantiation or argumentative success; take, for example, the therapist who throws full support behind a client's complaints of marital dissatisfaction without obliging the client to thoroughly consider and engage with the position of the audience-spouse. The result of such consubstantiation between client and therapist may be the sacrifice of consubstantiation with the spouse, which is to say a divorce. Typically, therapeutic argumentation traverses difficult, highly vexed territory, and it succeeds not by turning its back on real-life difficulties but by facing into them, giving rise to arguments which squarely meet the exigencies of the situation. In difficult psychosocial circumstances—as in difficult material circumstances (e.g., finding a way to get mineral resources out of the ground without polluting the environment)—the solution often lies in the discovery of an effective technology. In therapy, the technology needed is a technology of argumentation: i.e., an argument-making process that leads clients—challenge by challenge, point by point—to desired goals.

As has been suggested already, the process of therapeutic argumentation begins with honoring, illuminating, and bringing to fullness the argument the client is *already engaged in making*. Hearing out and honing the client's argument does not always imply agreement with it:

indeed, not uncommonly, what is agreed with early on in the therapeutic process is simply the client's *right* to argue, to be in a problematic rhetorical situation, to disagree, and to seek agreement. In fact, client's *first* expressed arguments are often flawed from a rhetorical perspective. Not only are these arguments often rhetorically unsophisticated (i.e., unadjusted to audience and thus unpersuasive) but may also be *impostor arguments*, which is to say arguments which do not represent the client's actual goals or desires. Take, for example, the 8 year old child with ADHD who tells the therapist that she is in therapy "because I'm *bad*." A therapist who agrees with this statement is not, in fact, agreeing with the child, but with a (counter)perspective on herself which she has somewhere absorbed or constructed. Rather, the therapist will certainly want to challenge an argument that invalidates the child as a rhetorical subject, entitled to pursue agreement in life on terms as much as possible amenable to her unique nature. Nonetheless, the therapist needs to encourage the full expression of this impostor argument, roots, truck, and branches. For, in 'outing' this argument—and in understanding how it came to be embedded in the child's mind—the therapist can later strategically enter in and dispute, reframe, or simply reject the particular premises on which this argument rests. For beneath any impostor argument there is certain to dwell an argumentative process that has its origins in the primary will of the client towards creating a life as much as possible in his or her own image.

Indeed, what more often keeps a therapist from offering full agreement to a client's first expressed argument is that it is *too* egocentric and too inconsiderate of other positions and possibilities. It should not, however, be generally assumed that clients are egocentric as a fault of their own. Rhetorical acumen, in fact, while certainly coming more naturally to some than to others, is almost always learned; and it is learned best when acquired early through interaction with sensitive, validating parents. Clients whose arguments are manifestly egocentric are often the products of poor or obstructed developmental experiences, involving rhetorical partners who

are themselves egocentric. Take, for example, the 45 year old schizoid client, who comes to therapy after losing yet another job as an engineer because of his difficulty collaborating with his colleagues. When asked how he imagines the ideal work setting, he states that "Each person should be allowed to do his work without being bothered by others. As long as each person does good work, why should it matter who he talks to?" It is no surprise that later, exploration of the client's childhood reveals that he felt invisible and isolated as a child, his family preoccupied with the mother's severe mental illness and frequent hospitalizations. Key to this client's treatment was helping him to see how his withdrawal from others was, essentially, an interactional strategy, a way of being (and being safe) in relation to others. When, in other words, his behavior was reframed as part of a dialogue with others, he could begin to experiment with ways of enriching and expanding his way of engaging in this dialogue.

But when it was stated above that therapeutic argumentation begins with the argument the client is *already engaged in,* it is important to focus on the particular behaviors or other symptoms of distress which have brought the client to therapy. These signs belie the process of argumentation which is psychologically primary for the client and which most needs to be engaged and brought into the light in therapy. A therapist who is able to effectively start the therapeutic process here—by tapping into this living, urgent need to communicate a message, persuade an audience, and transform a state of affairs—is likely to bring the therapeutic process forward most quickly and surely. In other words, a therapist who asks about—and makes it clear that he or she wishes to hear, receive, and affirm—that portion of the client's experience which involves the most psychological distress, plays an important role in getting the client's *expressed* arguments to line up sooner rather than later with the processes of psychological argumentation which are primary to their well-being.

Once such primary argumentation has begun, the therapeutic process follows several simultaneous agendae.

The first of these is the cultivation and improvement of the client's essential argument(s). As suggested earlier, this process may well be compared to the process of composing a persuasive essay. Taking the argument as a kind of work-in progress, client and therapist work together on devising ways to make it better. Often, this process demands an almost total replacement of the argument which the client originally presented. Take, for example, the 54 year old woman who presents with symptoms of depression related to her "pointless, thoroughly unsatisfying marriage." When her catatonia is reconstructed as refusal to continue living her relational life as usual, walking in the same traces, the client is challenged to take this thesis and build for it a new mode of expression. Later, she can be challenged to restate her thesis so that it declares a positive ambition, goal, or value (e.g., "I want my marriage to be focused on discovery and sharing"), again "revising" her mode of expression so that it may be experienced as persuasive by the person for whom it is intended: her husband. Prototypically, the client's essential argument will eventually transform—after passing through several revisions—from one which is psychopathological and egocentric to one which is solution-oriented (literally, 'therapeutic') and audience friendly.

The second is improvement in the client's real-world rhetorical situation. Because the end-goal of argument-making is to affect or influence an audience, thereby transforming one's rhetorical situation, the chief measure of an argument's value is how it plays in a real-world setting. Therapy, then, necessarily involves a process of (a) crafting arguments designed to achieve certain goals, (b) having the client deliver these arguments, (c) assessing how well they work, and (d) as necessary, revising them. In some cases, then, therapy may very well resemble a strategic consultation—rather like a war council. The client may describe a rhetorical problem, and then, together with the therapist, craft a rhetorical solution to it. In some cases, this may be as simple as formulating a basic thesis or position; in others, it may lead to the writing of an actual script which the client may first rehearse and then put into practice. As the client's real-

world status changes—that is, as relationships improve, social efficacy increases, stress declines, job and school performance rises, and so forth—client and therapist may adaptively shift focus and emphasis.

The third is the cultivation and improvement of the client's awareness and capacity as a rhetorician. As has been mentioned, while it is certainly valid to measure the success of any therapy in reference to (a) the elimination or reduction of psychopathologic symptoms and (b) improvements in the client's circumstances, it is also hoped that psychotherapy will result in the client's acquisition of more generalized benefits, most notably rhetorical acumen. Therefore, therapy will necessarily have an instructive or didactic dimension, sometimes quite explicitly taking as its focus the teaching of a rhetorical skill or concept. It should be recognized, however, that, in therapy, most persons learn by doing; skills are typically not generalized until they have been successfully performed in a concrete setting at least once.

Again, if we deem 'therapeutic' all argumentation which results in the resolution of a problem or the achievement of meaningful agreement between disputants, we have a fundamental yardstick for how the process of therapy might proceed. In each of the dimensions of therapy so far mentioned, the process always involves the maintenance of a speaker-subject-audience perspective, treating most effects thereof as alterable via a shift in the speaker's own argumentative activity.

Discussion

There should be no illusion that the description above constitutes a complete treatment of rhetorically-oriented psychotherapy. Certainly, innumerable issues and problems have been neglected, and many other problems and issues cry out for more detailed treatment. Still, it is hoped that the gist of how to approach therapy as a process of argumentation has been conveyed.

In short, this approach has to do with recognizing the client as a rhetor who is attempting to accomplish some difficult rhetorical task, and then assisting him or her in accomplishing it. As such, the approach validates the client as an energetic being, already at work—even in his or her "illness"—on an understandably vexing rhetorical puzzle. By giving the client a fundamental sense of success even when utilizing a weak rhetorical strategy, the therapist can then engage the client in working to create a deliver truly effective arguments: Argument which reach the intended audience, resolve disagreements, and positively transform existence.

Part 3: Conclusion

In concluding this dissertation, it is worthwhile to ask the following question: What is so different or novel about a rhetorical approach to psychotherapy? After reviewing the materials, positions, and strategies gathered here, skilled psychotherapists may recognize that many of these have a strong quality of familiarity. Certainly, most therapists treat clients as communicative beings; certainly most therapists attempt to help their clients—wherever possible—achieve agreement with persons important to them; certainly therapists engage in argumentation, and accept that their clients do, too; and so forth.

Yet, first of all, if the published literature on psychotherapy is taken as a reflection of how—and in what terms—the majority of therapists think about what they do, it must be true that most do not place such matters at the forefront of their conscious practice. Of course, they engage in rhetoric: As Aristotle (1991) showed 2500 years ago, what person doesn't? But to do so unknowingly—or at least without deliberation—is something quite apart from doing so both consciously and conscientiously. Moreover, once a therapist does begin to think in explicitly rhetorical terms, efficient, grounded, and empowering strategies suggest themselves. Without necessarily leaving behind an attachment to object relations theory, constructivism, or any other

one of the more than 300 identified approaches to therapy, therapists schooled in other theories may—by thinking in terms of argumentation—measurably facilitate client healing and growth. In fact, what some writers have considered one of rhetoric's chief problems—that is, its ubiquity and elasticity, its lack of hard and fast boundaries—is certainly also one of it merits, for it may be constructively set in relation to and integrated with more definable subject areas (like psychotherapy), resulting in increased pragmatism and sensibility.

Secondly, although rhetorical concepts and practices may strike many psychotherapists as familiar, this basic judgment should not be confused with a declaration of technical proficiency or of theoretical depth of understanding. As current research in such disciplines as social pragmatics, cultural anthropology, composition studies, and discourse analysis demonstrate, there is much more to be learned about how persons from discrete social settings argue, how emotion and cognition are structured, how language operates, and more. Psychotherapists and psychological researchers would do well to go beyond an elementary understanding of rhetoric, choosing instead—through more rigorous technical study—to position themselves to learn more about how they can help persons with specific diagnoses, stressors, and so forth. Using specific rhetorical concepts and strategies as the focus of research is clearly justified, and it is hoped that some means of stimulating such research may be discovered.

Finally, it may be that psychotherapists exposed to rhetoric may recognize its capacities for enriching professional training and discourse. Psychotherapy is a relatively young enterprise, yet one which has demonstrated such swift and energetic growth that it often seems to regard itself as autonomous and self-sufficient. Yet, even a shallow exposure to rhetoric should suggest to many therapists that rhetorical literatures—both ancient and contemporary—can help to situate psychotherapy among the disciplines, broaden its purview, and open it to relationships with other intellectual and practical endeavors.

APPENDIX

PREMISES OF A RHETORICAL PSYCHOLOGY

Rhetorical Ontology

- *Human beings are rhetorical beings, who are by nature subject to, capable of, and enmeshed in activities of persuasion.*
- *Human existence is agonistic, defined by the simultaneous but opposed impulses towards unity with and separation from others.*

Rhetorical Theory of Communication

- *Communication arises mainly from the need to secure agreement in a world defined by difference.*
- *Efforts at achieving agreement via communication are generically known as argumentation.*
- *Persons typically "argue" via informal (e.g., illogical, quasi-logical, incompletely verbalized, and or non-verbal [yet still symbolic]) means.*
- *What is designed by one party as a strategy for achieving agreement is often perceived by the audience as cause for disagreement.*
- *Argumentation is ubiquitous and universal.*

Rhetorical Theory of Social Existence

- *Social existence is pluralistic, polyvocal, and heteroglossic.*
- *Social spaces are spaces in contention.*
- *Social existence is organized by competing codes or norms, many of which are "unwritten" and only infrequently articulated, taught, and/or discussed.*
- *Social power may be acquired or preserved by enacting social codes or norms (dramatisic).*
- *Social power may be acquired or preserved by disputing or transcending social codes or norms (dramaturgic)*

Rhetorical Theory of Language

- *Language is a socialized entity, with its own history, character, and raison d'etre.*
- *Language is not neutral, but is shot through with intentions (e.g., values, traditions, customs, prosciptions, etc.).*
- *Language can shape and delimit the intrapsychic and interpersonal worlds of its users.*
- *Language can shape and delimit the intrapsychic and interpersonal worlds of its audience.*
- *Human beings are psychologically shaped by their activities as symbol-users.*
- *Individual personality is multiplicitous, reflecting the multiplicitous social existence of the self.*
- *Because individual persons are internally muliplicitous, they are often in disagreement with themselves.*

- *Human beings are willful; that is, their behaviors are organized by their desires to achieve certain ends.*
- *Human beings utilize persuasive (i.e., rhetorical) means to achieve their will.*
- *Human beings are susceptible and vulnerable to the persuasive efforts and actions of others.*

Rhetorical Theory of the Emotions

- *Emotions—or emotional life—possess a rhetorical dimension; that is, they may function as devices of persuasion.*
- *Emotions facilitate/inhibit the expression and reception of messages.*
- *Emotions are discursive acts; or, emotional life is a series of interconnected discursive acts, as in a conversation or theatrical play.*
- *Emotional discourse is guided—but not fully circumscribed—by social rules.*

Rhetorical Theory of Cognition

- *Cognition is agonistic.*
- *The mind is a community affair.*
- *The cognitive worlds of individuals are polyvocal, dialogic, and rhetorical, mirroring the polyvocal, dialogic, and rhetorical social worlds in which these individuals live.*
- *To a degree, the "community" of attitudes and beliefs of person are "given" to them during the process of their social development.*

- *Thought is shaped to some degree by language (i.e., the particular words we have learned and the particular meanings attached to them) and discourse (i.e., ideology as embedded in a tradition of language usage).*

- *But, more fundamentally, thought is shaped by our "will towards others" or our efforts to communicate our intentions to others.*

- *Thinking is a process which may be defined as (a) "arguing with one's self" or (b) arguing with others within one's own mind.*

- *There exist social norms and rules for thinking.*

- *Who we are in the habit of arguing with determines much of how we think.*

- *Effective thought is thought which is found by one's audience to be persuasive.*

Rhetorical Theory of Psychopathology

- *Psychopathology may be placed under the rubric of argumentation or symbolic action.*

- *Psychopathologic symptomology may be renamed psychopathologic argumentation.*

- *Psychopathology is addressed.*

- *Psychopathology may be caused by the rhetorical miseducation of the individual.*

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