

Practical Value of the 24 Story System for Individual, Couple, Family, Psychodrama and Group Therapies

So much of what we do depends on language, for words signify not only content messages, but also represent specific ways of doing and thinking. Every child loves stories. The reflective adult realizes life's episodes are a series of stories. Each one of us is in the midst of living out a unique but somehow familiar unfinished story.

Names: Great stories often simply bear the name of the protagonist. As your personal story develops, with its never-to-be-duplicated features, your name presents a likely title. If the central character is not yet a celebrity, with a reputation known only to the few, another title may both inform and intrigue, thereby prevent the target audience from letting the story potential fade into oblivion.

This is no less true of our clientele. Of course we file by name, but as familiarity sharpens and polishes imagery associated with the no-longer-neutral name, a poignant **subtitle** emerges to fortify memory, and invite comparison and contrast with what we encounter elsewhere. So much said with so little, and suggesting more. Name that story and its yours. .

Move on to the names of the **cast of characters**. Each has a significant impact on the protagonist, for **we tell the story from the protagonist's point of view**. What **roles** do they play in this story? Historically, common surnames have been derived from occupations, such as Baker, Smith, Farmer, Mason, Hunter, Fisher, and Miller. Add to these first names borrowed from stardom, literature, and the news. The variety mushrooms. Had the protagonist the choice, what names fit? **Imagine you're developing composites for professional publication. The proliferation of stories in your practice demands you have ready access to which character belongs where.** Such examples feed your professional competence.

As you muse over your treasury, note how the wealth of **resemblances among the stories calls for classifying them somehow**. Of course we have clinical **diagnostic labels**, but our experience has shown they are not especially informative, **nor do they have much predictive value**. Parallels in literature and drama fare better.

To date I've come up with 24 story categories. On the way I found Rudyard Kipling with 69 and Politi with 31. I offer **a shorter list based on interrelationships among stories sharing common emotional atmospheres**. This increases one's flexibility in using them. If you're a writer or a therapist, you'll easily recognize where anything new to come onto the scene belongs in such a system.

Indeed, a few may bear an uncanny resemblance to somewhere you've been before. Knowing that everyone lives a story, and each person is the protagonist of his own story, I sought a language system brief enough to remember, broad enough to be inclusive, and specific enough to fit the individual in his own particular situation.

There is no story unless someone is trying to do something and runs up against a wall he must crash through, climb over, circumvent, or sit down and weep. And the struggle must seem familiar, something that has happened, or could have happened to us---or someone we know well.

Mystery readers especially become impatient with description in their eagerness to see the plot unfold. We'd be better at prediction if we paid more **attention to the background scenery**, for in the well-crafted story abundant clues stem from that very source. That adds to verisimilitude because "real life" is really like that!

My search ended with the **single transitive verb** as the way to maximize flexibility. This means we have a clear **subject, the protagonist, who acts upon an 'object**. He does this, not out of the blue but in a **well-formed setting**. The usual questions **Who? When? Where? and How?**---especially 'How?' call forth **answers embedded in feeling and emotion**, whether consciously recognized or not. Don't be in a hurry to point them out. Every story requires that minimum, but **there is one more vital factor, the answer to the question "Why?"**

Children ask that early on, as every frustrated parent knows full well. Drama actors ask directors, "What is my motivation?" They're searching for an answer to the question "Why?" in order to make their character believable to the audience. **The story stands or falls on the answer to that question. So when I use the word plot I mean it in this strict sense.**

I published a 28 plot system in 1996 through *Generic Psychodramas for Students and Teachers* to bypass medical, psychological, and legal models which I regard as **individualistic** in the extreme. I turned to an **educational model**, more open to growth within a community and **sensitive to cultural variation**. The difficulty with educational practice is its focus on cognition, content and intellectual abstractions. Inasmuch as great educators all chart avenues around these, having seen what I see, I felt my approach there would receive a more open reception.

I found **dramatists** receptive as well. **The limitation there was in actors working on being someone other than themselves**, Their oblique answer to my criticism was to point out that method actors make themselves over to be the character the script calls for. That can **risk doing violence to an actor's basic identity if he's not altogether sure who he is off stage**. **The merit of theater is the appreciation of context, and a willingness to present feelings and emotions** to build a coherent story. So early on I selected transitive verb as names for 28 plots, but back then I naively used the words 'story' and 'plot' interchangeably, as most do. My aim was to stimulate director performance in psychodrama therapy.

While everyone else in any particular session need not consciously insist on the distinction, I've found it useful to hold to one side my observer self, in accord with the plot vs story distinction, for **what has gone astray turns out to be the protagonist's working answer to the question Why? for "Why?" heralds the presenting problem. We therapists seek the Why not? for this highlights what has gotten in the protagonist's way, the meaning he attributes to the situation.**

So mid-session therapists have focused on the various constraints protagonists find **standing in the way** of a direct approach to their desire. Thus the protagonist comes up with a **"counterscript,"** an attempt to realize the initial desire, despite the obstacles which stand in the way. This is still a problem, because it turns out that the **'cure' proves worse than the disease.**

Therapists have a choice. To band-aid the counterscript, or to investigate what has led the protagonist in the first place to make the unproductive choice, which fails to open the door to that better self he would become. As I see it, we have an identity problem. Its resolution requires a long term life commitment. Most of the time we settle for the short run.

I first published the 28 plot listing in **Generic Psychodramas**, but I now realize that it functions not only in psychodrama but in therapy generally, along with writing and drama as well. Any therapist may find it a useful guide.

The change to **24 stories** comes from collapsing adjacent categories. Otherwise apparent content remains much the same, but I'm eager to lure therapists away from preoccupation with content. Rather let us silently note those nonverbal clues which constitute **affect**. Though most affects are fleeting, they are **a first alert to the progression into emotions**. We tend to perceive these as good or bad **feelings**. They accompany our deeds, as they finally penetrate our consciousness.

The director familiar with the pattern may be a step ahead of the protagonist. Here are 24 categories arranged in 4x6 block form.

2. Threatened	3. Tempted	4. Discover	5. Confused
9. Betrayed	8. 'Hooked'	7. Wasted	6. Ask
10. Excluded	11. Invaded	12. Rival	13. Condemn
17. Explore	16. Pursue	15. Sacrifice	14. Control
18. Surpass	19. Save	20. Nurture	21. Heal
1. Free	24. Celebrate	23. Love	22. Connect

Numbering offers circular graph presentation to feature sequences. This block form with its reversing row arrangement places similar affects and emotions in closer vertical space. **All these transitive verbs have been represented in the protagonist's passive or active voice**, after I determined which usage was usual. The block shows that **the problem protagonist remains passive, a responder rather than an initiator. Whereas the protagonist making positive progress functions as an agent, actualizing his intentions.** In any story, who's really in charge, the protagonist or someone else?

In any of these one usage is **manifest**, and its opposite is **shadow**. Both sides are there, but one is predominates. The shadow often fulfills the role of the antagonist. These are generalizations. Therapist should take into account such variation. **Numbers 1 through 6 represent difficulties in growing up.** We call them the launching pad. Early on they're not a problem, but **when they dominate adult therapy sessions** they are sure to be an important issue.

Items 4 and 6 call for special interpretation. Discover is essential to growing up, and involves making the distinction between **appearance** and **reality**. When this comes up **in an adult therapy it points to the central issue**, where the protagonist cannot accept the emerging reality, but is **inclined to denial or dissociation**. The category **Ask** shows the child's readiness to learn from adults he trusts. But for adults not in therapy it may represent overdependency, and low sense of self worth.

Active and Passive do not exhaust the possibilities. There is **reflexive, where the protagonist acts upon himself**. **Reflexives have both positive and negative forms**. I've listed these in tables, but I will not go into the particulars here, except to say that this takes us to **functioning on the intrapsychic level**. Therapists will have occasion to move **back and forth between the interpersonal and intrapsychic dimensions** in examining and modifying protagonist stories. I see these alternations as important therapeutic resources.

Story 1 Free is special. Life begins with birth, when one moves from the uterus to the wide world about him. When we pass **from early childhood, a long series of separations** are underway. Again and again we must **let-go to move ahead**.

This is an intrapsychic challenge. On the other hand, when one suffers interpersonal smothering and/or abusive controlling, this means to be freed of the oppressor. The emancipated has been freed, and we see that as a positive outcome.

We should take into account cultural limits. Whether these are good or bad, we follow the view of the protagonist. It may not be smooth sailing in today's world. Free and Discover are the arenas of identity struggles.

I have described all the transitive word categories in detail elsewhere, which should be easy to recognize and remember. Of course you'll want to **personalize your own meanings, and find illustrations galore** in the plethora of stories before you every day, and in all the people you know, including yourself.

I hope you've noticed that I have **refrained from the use of professional jargon and from writing in the passive voice**, which I consider the bane of professional discourse. I see the effort to leave out first person presentation as **pseudo-objectivity encouraging inauthenticity**. Good therapists know better, even if they misconstrue the role of writer-for-publication..

(c) Copyright 2012, by Donell Miller, PhD, TEP, LMFT