

What storytelling on life-altering issues shares with our business stories . . .

Just as “resilience” has become virtually a buzzword in business communication (something I address in my forthcoming ebook, *Keep Going*), many communicators keep returning to the concepts of “stories” and “storytelling.” So do I.

Well-known marketer, copywriter and coach Nick Osborne blogged recently on the components of stories that sell. He has noticed a “surge in the number of companies jumping on the ‘story’ bandwagon.”

But he’s concerned to find that few contemporary “stories” actually get down to the business of telling them. He writes: “If you want to tap into the true power of storytelling in your marketing, you have to actually tell and share a real story.” It’s not enough to be entertaining.

Osborne identifies three components to true storytelling:

- (1) A story must centre around an event or something that happens. This means that you’ll have one or more characters, and, as Aristotle wrote in *The Poetics*, a plot needs to have a “beginning, middle and an end.”
- (2) You must make the reader care about what happens. In other words, the story has to appeal to the reader’s empathy, “engaging the reader in a meaningful way.” The reader wants to feel a connection to someone and their story, but if you fail to create that, your communication will fail.
- (3) A story must contain “a learning moment” or message. It may be enough to entertain a viewer in a movie. But in business, a story doesn’t work if it doesn’t make a point. The reader needs to feel “one or more emotions,” Osborne writes, from which they find a purpose, “‘get’ the message” and feel compelled “to take an action.”

I recently attended a conference in Ontario where, amongst many issues pertaining to women and spirituality, there was a talk given on suffering and end-of-life issues. These have been much in the press in recent years, as countries like Canada contemplate if, how, when and why physician assisted death should become legal.

Now this topic may seem far afield from the world of business communication and marketing. But engaging with life altering issues such as this one can illustrate the fundamentally human origins of ancient forms and principles that business writers still use to sell our services. (Aristotle wrote *The Poetics* in 350 BCE.)

I was reminded of how much more breadth for stories and storytelling exists when one leaves cheap movies or pulp fiction to read books like Atul Gawande’s *Being Mortal: Medicine and What Matters in the End* (Toronto: Random House, 2014). In it, the physician Gawande (a physician author) discusses the importance of allowing terminally ill patients to “die in [their]

own way” (to paraphrase Freud’s 1920 article, “Beyond the Pleasure Principle.”). I wouldn’t suggest that one openly take on this concept to sell dental cleaning, real estate services or personal coaching. But pondering such difficult topics through a fundamental lens like storytelling can drive any artist’s thinking, interest and creativity.

Here are a few lines from Gawande on the stories of our endings. He writes:

“I am leery of suggesting the idea that endings are controllable. No one ever really has control. Physics and biology and accident ultimately have their way in our lives. But the point is that we are not helpless, either. . . . We have room to act, to shape our *stories*, though as time goes on it is within narrower and narrower confines. A few conclusions become clear when we understand this: that our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one’s *story* is essential to sustaining meaning in life.” (243 my emphasis)

That’s an intensely powerful insight for anyone, including marketers and communicators. We needn’t be selling funeral plots or life insurance to find this interesting. (This kind of story meets Osborne’s requirements by centring on something happening in a big way —terminal illness and death. It also creates empathy, as few of us have *no* experience with death in one’s family or peer group. And Gawande certainly has a purpose to the story he’s telling—stressing that institutionalized medicine needs to pay more attention to patients’ roles in their own deaths.) He goes on to say that the terminally ill may wish more to share memories, make peace with others and/or God, settle legacies and so on, rather than to receive the latest blast of experimental chemotherapy.

Human beings tend to seek various treatments for our lives, writes psychoanalyst Adam Phillips, which become the “transitional languages” that we turn to, “when [our] narratives have stopped or become too painful,” and when we want to “restore the loose ends and beginnings to the story” (Phillips 8).

This kind of storytelling can be a domain for communicators and marketers, and not only of academics, psychologists or physicians. Exploring some of the deep thinking that others do in relation to the end of life can lend unexpected depth and value to the apparent scribbling (the stories) that we as business writers do.