Plausible, convincing and good: characteristics and development of therapeutic stories in a shared reality model

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Purpose of the work

This work intends to define, within a narrative social constructionist model (Hoffmann 1990) that is now shared by many therapists engaged not only in systemic relational therapy but also in Freudian (Spence1982, Schafer R.,1992), Jungian (Hillman 1986, Pearson 1990) and cognitive psychotherapy (Mahoney M.J., 1991), *what* sort of stories are therapeutic. Carlos Sluzki, in a brilliant article (1991) has drawn up a summary of the main techniques used, with a knowledgeable approach that combines the constructivist model with the science of communication. Boscolo and Bertrando (1991,1996) also focus on therapeutic language in general and on the value of certain socially and culturally defined key words, charged with ambiguity and emotional values to which the therapist may resort to involve and convince the family. White and Epston (1990) too have developed new creative ways of utilizing narrative means to therapeutic ends. The exact meaning of the word "co-construction" of a therapeutic story has remained vague, however; the contributions of the client and those of the therapist are not clear; the characteristics that can give the story therapeutic power have not been defined. This work of ours proposes the synthesis of a model , on which we have been working for over fifteen years (Manfrida, 1998), that is based on a sociological theory of shared reality and arrives at strategies and techniques to construct stories endowed with therapeutic properties.

CONSTRUCTING REALITY

Reality as social construction (Berger, Luckmann, 1966)

The reality of daily life is dominant and relegates all the rest to the background.

We live everyday reality in an automatic manner,

and this simplifies the routine and passage of all our days.

While we must make an effort to concentrate on what is outside.

Starting from the observation that our conscience is capable of moving through different spheres of reality, Berger and Luckmann (1966,pag.42) state that "among the many realities there is one that presents itself as the *real* reality: the reality of everyday life. Its privileged position gives it the right to be called the dominant reality. The tension of consciousness is higher in daily life, that is, it imposes itself in the strongest, most urgent and intense way…it appears to me, also, as an intersubjective world, a world that I share with others…Compared to the reality of daily life, other realities appear like spheres of circumscribed significance, *inevitably located* within the dominant reality…our consciousness always returns to it as from a trip…All the spheres of circumscribed significance are characterized by their ability to distract our attention from the reality of daily life." Reading this paragraph, for example, requires an effort of concentration with respect to the reality around us, while the daily route we take to work can be driven almost automatically. Simplification and the creation of routines that allow us to lead much of our life in an automatic way, including some interpersonal relations, are inevitable instruments to smooth some of the complexities we encounter, but also to make our life easier and less exhausting by reducing the effort of thought and creating conditions for the production of results in a simplified world that is, just for this reason, more readily shared and modifiable. The light of our consciousness only shines on a part of reality, that of our daily life, which is largely dominant over other realities we could experience and which we prefer to keep in "*sociological underworlds"* parallel, hidden. There is an ordinary, current story, shared by others, about ourselves and our life, that gives us a firm sense of reality and of which we learn the reference parameters in our infancy: the alternative stories, equally based on relational and social confirmation, remain confined outside of our individual consciousness. Most, if not all, of the everyday conversation in which we participate preserves this subjective reality. Indeed, its massive character is obtained through the accumulation and coherence of careless conversation, which allows us to be careless just because it refers to the routines of a world that we take for granted. The disappearance of carelessness is the sign of an interruption of the routines and, at least potentially, a threat to accepted reality. The dominant reality is perceived, on the other hand,

in an intersubjective and self-evident here and now, with a continuity, a presence, an "ordinariness" with which we reassure one another reciprocally of the stability, predictability, and controllability of the world. The reality of daily life is reconfirmed constantly through our interaction with others, in particular with the significant people in our lives: conversation is the instrument that preserves our reality, weakening it or eliminating some aspects of it, while giving apparent consistency and stability to others.

- Bye dear, I'm going to work, see you this evening
- Okay, honey, get some coffee, and don't forget your briefcase.

This perfectly ordinary conversation confirms that there is in the world a shared perception of time, a here and an elsewhere, a role in the home and one in the world, someone who cares about your well-being and whose affection can be counted on and who promises to see you again in the evening …It is possible to find many elements in this brief interchange that are capable of confirming the continuity and predictability of the world and our own identities: a shared story that enables us to survive by taking for granted that there will not be earthquakes, that we know who we are and with whom, that life has meaning and guaranteed affections…

- Bye dear, I'm going to work, see you this evening
- Okay, honey, get some coffee, and don't forget your machine gun.

This last word gives many people a sudden dizzy feeling and a queasy feeling in the stomach: we might think it's a misprint and reread the sentence, it moves so suddenly and abruptly out of reassuring ordinary everyday reality. Then we begin to seek alternative meanings that will bring the world back under control, by rummaging in our sociological underworlds for other shared realities but outside our immediate consciousness: is he a soldier in Iraq? Or a policeman? Or someone who has to take a gift to a child? Or is it a metaphorical invitation to be more aggressive during an important meeting? We rummage in what we have read in the paper, seen on TV, heard an acquaintance say, kept among our school memories, busily, until we are satisfied that we have

restored a meaning to the world, that we like to think of as solid, hard, controllable, while the mere change of a word reveals its instability and unpredictability.

In the light of these considerations, what role can the therapist have? L. Hoffman (1990,1992) indicates how, even if the world is unknowable, we can work on the social conventions that hold it together. Ideas, concepts and reality come out of social interchange, are learned and passed on with language, and acquire value and concreteness because they are shared in a social context. In this perspective, in which stories are shared with others or are at least capable of sustaining an identity because they are experienced as congruous with our image of ourselves, therapy becomes a process of reconstruction, in which patients and families regain the ability to create, interacting with the therapist, new stories that make them stronger and ease their suffering.

The patients, however, who come for therapy are not only seeking change, they are also seeking confirmation of their own ordinary everyday reality (and consequently of their problem); it is unsettling and terrifying to think of upsetting a reality that, although dysfunctional, has been accepted, shared and confirmed for years. They look for another story, an alternative that can, however, at the same time maintain and confirm their identity, their daily life: it would be too difficult to live without that minimum of secure foundation that gives a sense of coherence, continuity and stability to one's existence…and this is where the paradox arises in their demand to "change us without making us change..".

The therapeutic process can be broken down into three stages, the sequence of which is complicated by continuous processes of feedback and reciprocal adaptation:

a) the individual, family and social context, in the person of the client (individual patient or family or other), initially proposes an explanatory and descriptive story not only of the problem but also of the dominant shared reality.
b) the therapist gathers, edits or contradicts part or all of the story and returns it cognitively modified in an emotional climate that facilitates its being accepted and shared.

c) a community of social interlocutors, present and absent at the session, including patients and families but not stopping there, through an implicit and explicit debate that the therapist anticipates in his mind, forms the consent for the new story – or rejects it, reintroducing the old one!

The therapist must therefore consider himself a creator of consent around an alternative story to the one that is presented to him. Neither omnipotent nor impotent, he proposes a new viewpoint, defending it with everything he knows, and thus with more or less conscious arts of persuasion. Responsible for his explicit or even partially implicit rereading, he must risk being contradicted and defeated every time, an experience from which no one may expect to be spared all the time; like the musician who plays a piece of music, he is an interpreter, proposing what is his point of view, not arbitrary but certainly personal, with explanatory means, including the ability to stir emotions adequate to the content that he intends to transmit, and he must hope not to hit too many wrong notes and manage to interest the audience, perhaps even involve some people and leave a trace here and there. He must also accept not to appear too obvious a harbinger of change, that on the basis of rhetorical theories is all the more simple and lasting when the client can attribute it to himself: for this reason, as M. Selvini Palazzoli once said, clients rarely give Christmas gifts to their psychotherapists, and when they do it is often in cases considered failures. However, if the first axiom of human communication pragmatics is true, that it is impossible not to communicate (Watzlawick P., Beavin J.H., Jackson D.D, 1967), it is inevitable that the therapeutic intervention will produce an influence and this takes us back, consequently, to the problem of responsibility: the duty of the therapist is at least to be conscious of how much and in what way he is influencing.

Therefore, the interaction between therapist and patient (individual, couple, family…) leads to the appearance of stories that then have practical consequences in the lives of all, including the professional. But how can the therapist bring out and construct stories that will be therapeutic with the patient? What are the characteristics that a story must possess to be an effective vehicle of change?

Constructing the stories

Some constructivist family therapists believe that an attitude of respectful expectation and refusal to take a position of authority will make it easier for the family and the patient to bring out their own story, and that it is not the business of the therapist to provide directions (Anderson and Goolishian 1988); others, though interested in constructivism but with a more strategic orientation (Nardone 1991), confide in the effectiveness of directions and think it is up to them to manage the therapy, find the solution, induce patients and families to apply it. While the former approach may have the advantage of letting the client take the credit for a possible success, with the consequent increase of self-esteem, there is also the risk that it does not lend itself very well to changing situations in which there is a well-grounded and shared social and familiar consensus on ONE version of the story, perhaps also supported by other professionals and solidified in time to convince even the patient. On the other hand, the therapist who wants to force people to change enters such a symmetrical situation with many clients that they either escape into confirmation of the problem, and stop coming, or temporarily appear to be cured so that they can avoid the persecution of someone who wants to persuade them of his opinion by preaching at them.

Then who is the author of the therapeutic story? Who provides the ideas, the plot, the style: the therapist or the family?

Like many great novelists, first and foremost A. Dumas, author of “The three musketeers” and many other novels, who had others work on the larger outlines of the plot, the therapist is there to adjust the timing of the story, the construction of the climax, the characterization, the style, giving dignity and narrative structure to raw elements drawn from the story in an initial state of disorder. His task is the job attributed to the artist in a famous essay written in 1917 by Viktor Sklovsky, to overcome the effects of dryness caused by habit through the representation of familiar things in unfamiliar ways:

“Automated habit devours objects, clothes, the furniture, your wife and the fear of war…And art

exists to restore the meaning to life; it exists to make us 'feel' the object, to make is realize that stone is **STONE**. The purpose of art is to communicate the impression of things as vision and not as recognition."

As we have seen, ordinary everyday reality is not the only reality, it is only the one on which our attention is focused. Berger and Luckmann (1966) claim that the reality of daily life is largely dominant over other realities that we could experience and that remain, instead, relegated to "sociological underworlds", parallel but hidden. There is an ordinary story that is current and shared by others, about us and our life, that gives us a solid sense of reality and of which we learn the reference parameters in our infancy: however this makes it more difficult for us to see other stories, other parts of ourselves, that are nevertheless present, socially less shared and less sharable, in parallel "underworlds", characterized by elements that contrast with that vision and are destined to remain in a dark background, on the edges of the illuminated world. The patient, alone or with other members of the family, surrounded in any case by a structure of social reference that, through language, participates in the maintenance of a structure of reality, shares with the significant people even some sociological underworlds in which there are alternative stories. From those nearest the surface, elements may emerge that appear to be "discrepancies" in the ordinary everyday reality presented. There is no situation, indeed, in which everything is completely coherent and the world view of individuals and families is carved in stone and unchanging: continuous exchange with other social beings and exposure to direct communication, but also to means of mass communication, leave traces in the back of the consciousness that could serve for alternative stories, and from time to time, they creep unexpectedly into the conversation. An example: an architect apologizes to his neighbors for the disturbance created with a remodeling job on his house, by sending a card with this message: "I sincerely apologize for the *drawings* caused by the work". He meant to write *disturbance*, but he wrote *drawings* , which a psychoanalyst at the individual and intrapsychic level might consider a lapsus, but that for a social constructionist represents a discrepancy, the emergence in a context of daily life, where in order to maintain good relations with the neighbors it is advisable

to apologize for a disturbance, of another element, drawings, that comes from another sphere of daily reality, the working life where drawings are part of the qualification and gratifying professional role. It may be that there is some individual resistance to the act of apologizing, and the reaction is to appeal to a sociological underworld where others confirm the role of superiority that the architect wishes to have.

Thus we all have, in our heads, alongside the daily view of the reality around us, a few alternative realities, in sociological underworlds located in a shadowy zone. They are not entirely silent worlds: evidence of their existence appears in little quirks of speech, lapsus, dreams, little distractions, discrepancies between the version proposed and details of behavior, non-verbal aspects, things left out in the reconstruction of a medical history, sudden changes of subject or tone or expression and a hundred other ways. They are revealed through the appearance in ordinary conversation, that supports the dominant everyday reality, of incongruous elements, more or less subtle discrepancies, which may be verbal or non-verbal, from the careless, ordinary and standardized versions proposed. It is these implicit suggestions, if noted, amplified and played back as the starting point of a new story having specific bearing and striking emotional resonance, that can invade the dominant world of daily life, overthrowing the commonplaces and ordinary concepts. This is the meaning of the expression "co-construction" of the stories: the patients scatter clues throughout their ordinary conversation, in a way to ensure that they will go unnoticed, in the form of elements that clash with the version that they themselves claim to support… it is up to the therapist to have the skill to identify and highlight these discrepancies, and the ability to use them to propose an alternative narration that will be therapeutically effective.

The therapist-narrator not only constructs stories, but first he must deconstruct them (Ramos 2001): or better, he must have the reality proposed by the patient – the ordinary everyday reality – deconstructed to allow another story to emerge, one that while also socially acceptable, is more functional and satisfying. All this starting from the identification, through discrepancies, of

elements that clash with the main story, of shared underworlds that remain in the background of everyday reality.

This is the real justification for working with couples or families: it is easier to converge on a new shared story with several people who already have its seeds within themselves than to trust the sole patient with the more time-consuming and fatiguing task of convincing and involving the others in new conversations to support an alternative story

Unfortunately, narrative therapies have always referred to consolidated philosophical roots but have been lacking in practical indications: they run the risk, not only in relational therapy but also in psychoanalytic and cognitive approaches, of becoming theoretical containers good for everything but not capable of producing specific techniques. Stories are therapeutic…true, but what characteristics must they have to be therapeutic, since there are many boring, inconclusive, ugly and harmful ones around?

The therapist has to identify the premises for alternative stories that, potentially, must be:

1- **plausible,** that is, acceptable and confirmable by the client and other significant persons, who make it possible to create a social structure of constant confirmation of the new story, emerging from an underworld that will replace the world of everyday life that was previously dominant. With the theory of cognitive dissonance, L. Festinger observed back in 1957 that people are motivated to maintain and seek coherence between their knowledge, opinions, beliefs, and behavior, that is, the stability of their everyday reality, and their identity. A therapeutic evaluation implies a perusal of real experiences, as reported also by significant persons within an affective relationship. In other words, a story that explains career problems with the evil eye is plausible, i.e. socially acceptable, in a cultural context in which the relatives, friends and acquaintances can share a similar point of view, but less so in an intellectual environment: losing a public competition can be a frequent occurrence but if it is one for the job of mailman in a country village near Naples the loss can be blamed on

the evil eye, while if it is for a job of college professor it might more likely be blamed on academic rivalry or jealous colleagues. Since an individual's reality is constructed with other significant persons and in socially and culturally plausible terms, a change in its perception can be more easily induced if it is possible to create consent around it from the outset.

2- **convincing,** that is, supported with techniques capable of undermining on the logical and emotional plane the previous opinions of the patient and his persons of reference, and make the new ones more readily assimilable. Strategies of orientation of the conversation, dramatizations, alliances, dialectic arguments of Aristotelian rhetorical order, Ciceronian techniques of influencing the hearers are the means by which the therapist can shift the focus of attention of the patient from the ordinary, consolidated view of reality to the range of alternative possibilities located in spheres of consciousness not too distant from the current one and endowed with the potential for change.

3- **good,** capable, that is, of exercising a real appeal on people and enriching their everyday existence, making it more varied and exciting, less limited and ordinary. Forster (1927, pag. 23) put it this way to explain that what makes a story really satisfying is the plot: "When events are narrated in the order in which they occur in time, this is a story. A narration of events in which the accent falls on the causal aspect is a plot. 'The king died, then the queen died' is a story. 'The king died. Then the queen died of grief' is a plot. The chronological sequence is maintained, but is overshadowed by the sense of the causal aspect…Let us consider the queen's death. If we encounter it in a story we say: then what? If we encounter it in a plot we say: why?…A plot requires (of the reader) intelligence and memory…if we do not remember we cannot understand…If at the time of the queen's death we have forgotten all about the king, we will never understand what killed her…over and above the plot…the reader's memory…darts back and forth unceasingly, putting things in order and reconsidering them, discovering new clues and new connections between cause and effect;

> and the meaning that is left with us at the end will not be that of a sequence of clues or connections, but something esthetically compact, that the novelist could even have revealed right away, but that, if he had revealed it immediately, would never have become a good story. This is what it is...we are in the presence of that elusive quality that makes a story good: the success that a novelist must never aim for, but which he would be a failure if he did not achieve". As the goodness of a story derives from its ability to involve the reader actively in a process of research and construction of the plot, in therapy as well, stories that are good are stories that, after they have been started by the therapist, thrill and appeal so strongly to the clients that they keep working on them…

The problem of internal and external coherence of the therapeutic story

Any story that aspires to be therapeutic, therefore plausible, convincing and good, must certainly be coherent, both in its internal development and with the environment and history of the person and family. It cannot be conceived as neutral, subject only to critical evaluation by those to whom it is told, but as an intervention tending to alter the experiential value of a certain reality: as Berger and Luckmann wrote, the work of teaching adults tends above all to interpret the present in such a way as to place it in relation to the past, preserving continuity and personal identity and attempting to induce changes in specific sectors of the life. Without taking account of the current context of life and the past history of patients and their families, we can only narrate simplified and approximate outlines, foregoing any specific links that, in the background of the clients' words, and reinterpreted by the therapist, could readily support the development of alternative views of both the past and the present.

External coherence is thus the ratio of congruency between the story that we aim to construct for that patient or that family and the context in general: context in which the unsatisfactory version was developed, but also the context in which it is currently unfolding – including the situation of therapy.

As regards *internal coherence*, this has to do with the organization and progressive development of the therapeutic story: it is the underlying theme of the therapeutic process and, although it may not appear clear and linear at the beginning, it ensures continuity and contributes to the esthetic value of the story. In some way, within the session and from one meeting to another, also through progressive adjustments or declared changes of direction, every reconstructive intervention is linked to the previous ones and those that come after it; it can be interpreted and understood (Eco 1990) as part of a structure of real significance; it is calculated, gauged and presented within the sphere of a context that also includes the previous interventions and their feedback; this permits forecasts for the organization of other interventions and provides indications for pursuing the construction in one direction or another, with greater or lesser speed, interacting above all with one member of the family or with all of them.

Rhetorical techniques of persuasion

For a story to be effective, it must be supported with rhetorical techniques capable of overthrowing the dominant reality and replacing it with another sociological underworld. The return of interest in rhetoric, which began with the work of Chaim Perelman (1966, 1970,1977) has continued to the present revaluation of the role it exercises even in scientific activity (Ronchi 1978,1983; Feyerabend 1979, 1990; Pera 1991,1992). This role appears destined to increase alongside the development of postmodern thought, that from the relativism, complexity and the weakness of thought can deduct nothing other than a relaunch of that practice of argumentation among human beings that was the strong point of classical rhetoric. Pera (1991, pag.89) proposes an image of science that he calls the rhetorical model. The rhetorical model "consists of three players, all equally protagonists: the proponent who proposes a thesis, nature that provides answers and a community of interlocutors that, through a debate governed by factors of various types, arrives at a consensus on one answer which from that moment on becomes the official voice of nature. In this model, nature does not speak alone, it speaks in the debate and through the debate". This means that the judgment of whether a theory is false, true, probable, likely, unacceptable or not depends on the

outcome of a debate; this debate is not carried out on the basis of the principles of a generic conversation, but those of a specific rhetoric for every field of discussion, from quantum physics to the football season. Certainly the purpose of the debate is to convince the interlocutors, which is a different matter from ascertaining the truth or falsehood of the topic discussed: this critic is, however, greatly weakened by the now general admission of human limits to direct access to the properties of reality.

Using this model, the role of the therapist can be seen less in a dual perspective (therapist – patient, family, group, society…) and more in a triadic one (therapist-client-community of competent interlocutors).

The client: may be a patient, a family, the representative of an institution, etc.,etc., what matters is that he presents a story, his own or that of another, fraught with problems, unsatisfactory, unsuccessful. The description is not of a symptom alone, or a problem: more or less implicitly it is always accompanied by an explanation, and thus by a narrative, a plot, as Forster (1927) would say. The therapist has the power and the task of bringing out another, more functional and satisfactory one, that is also, however, socially acceptable, so as to start that process of confirmation described by Berger and Luckmann that makes it possible to substitute one of our "sociological underworlds", an alternative reality that was always present, in the background of the individual's consciousness, for what was until then the unsatisfactory world of dominant reality. As the same authors report, for this change to take place in an adult, there is the need not only of cognitive work but also of an emotional involvement and sometimes even the experience of a crisis that the therapist has the duty of evoking, controlling and helping the patient to overcome.

Community of competent interlocutors: in the field of interpersonal relationships and individual psychology, at a more or less professional level, with greater or lesser expertise and involvement, there is no one in the world who does not consider himself, rightly, to be competent. About life, we all become more or less expert and we feel that we can say something to others. The therapist does not have, like the scientist, only a community of colleagues, armed with specific knowledge and

language, with whom to compare his opinions and actions: just as the client, the family, the group, etc., etc. are not his only interlocutors. The comparison in which he is engaged is actually with a hypothetical, interiorized audience that, in his opinion, can be led to share a new view of the problem and story presented by the client. It is an audience that is only partially present in the therapy in the figure of the individual patient or family or any other participant, but is actually extended to all those that the therapist imagines could be reached and touched, more or less directly, by the repercussions of a therapeutic change and thus support or oppose, socially, a new version of the old story presented.

The therapist, therefore, identifies in some way the socially shared culture and its representatives, present and absent at the session, as the third interlocutor, and tries to influence the beliefs and attitudes of confirmation or rejection that this interlocutor presumably has towards the client's story, working through the latter with rhetorical means of persuasion.

Cicero tells us, in *De Oratore,* that there are three ways to persuade others: *"prove, conciliate, move*", that is, by using the force of the facts, by earning the favor of the audience, by moving it. But of these three, he adds, only one must be apparent in the discourse, the one that refers to the facts, while the other two must flow within it "*like blood in the body*".

Particularly effective rhetorical techniques of persuasion can also be found in Aristotle. *Enthymemes*, that is, incomplete syllogisms (*rhetorical syllogisms*), are particularly useful for persuading an audience by proposing in an apparently logical manner the force of the facts; their relevance in therapy has already been noted by Bertram (1994). Among them, we can indicate *apparent* enthymemes, lacking in any real value of logical consequentiality, but with a strong power of persuasion, such as:

- reasoning by unifying what is separate and separating what is unified;
- adding or subtracting importance to or from a thing that has not been proven has been or will be effectively done;
- erroneously claiming the properties of objects;

- presenting as a cause something that is not, even though it came first in time (*post hoc, ergo propter hoc*);
- connecting and finding consequentiality where there is none;
- omitting the when or the how.

Since patients and families also try to convince the therapist of their view of reality with apparent enthymemes, Aristotle can also provide us with the indications to rebut them:

How to rebut apparent enthymemes

a) by objection using the same reasoning: "Love is good"…BUT…need is bad and certain kinds of love, such as incestuous love, are not good.
b) by objection using the opposite reasoning: "The good man benefits all his friends"…BUT…the bad man does not harm all his friends.
c) by objection using a similar reasoning: "Those who have undergone evil suffer forever"…BUT…not even those who have received good are always happy.
d) by resorting to the judgment of authority: "The enthymeme is interesting in psychotherapy"…BUT…Maturana claims that the autopoietic system is closed, therefore without structural coupling it is not intentionally susceptible to influence from without.

Persuasive techniques find theoretical application in advertising and business principles, that are actually simply updates of the Aristotelian and Ciceronian models…the change is in the form, but not in the substance! Whitehead used to say: "Civilization progresses by extending the number of operations that we can perform without thinking", that is, by increasing the area of the routine and of ordinary reality. There are a number of principles that can translate into persuasive urgings, taking advantage of our reduced attention and thus directing us towards automatic behaviors, specifically designed for sales; for this reason we can say that the greatest experts in rhetoric are advertisers. Among the many scholars who have studied this subject, R. Cialdini has provided a description of the simplest and most widely known persuasive principles (1993).

Principle of CONTRAST: Can be illustrated with an experiment of psycho-physiology that requires three bowls filled with cold, hot and warm water. If we put one hand in cold water and the other in hot water, then both in the warm water, the hand that was in the cold water feels hot and the other feels cold. This shows that the same thing can seem very different depending on the event that preceded it.

In trade, one of the techniques used to sell more is to first offer an expensive item, then the more economical one: the price of a sweater will seem low compared to that of a coat.

The cost of optionals is always mentioned after the car has been sold, because at that point their cost will seem less important and worthy of negotiation…

The principle of (false) Aristotelian logic behind this is that: X is expensive, Y costs less, Y is more economical than X. Overlooking the fact that they are not the same thing, and therefore cannot be compared! Unifying things that are separate and dividing what is unified is a technique of logical persuasion described in Aristotle's rhetoric.

In therapy, we use a similar technique when we first present a dark, pessimistic prospect and then a possibility, though difficult, of solution.

Principle of EMPATHY: A typical example is the sale of cosmetics or cleaning products to friends during social meetings. The same technique is used when we are asked to tell our friends about a special offer, or to give the name of a friend and permission to contact the person in our name.

Another aspect of empathy is beauty, for its halo effect that expands the qualities of a person, for example in political elections, with retouched photographs of the candidates. The compliments we receive make us like the people who pay us them, for example the birthday wishes of hotels where we have stayed, even though we know they are simply the result of our data in the computer, or the free luxury magazines sent to the owners of expensive cars or apparel…

The underlying enthymeme is: that which resembles me is good, X resembles me, X is good.

Principle of SCARCITY: this is based on the fear of running out. Offered for a few days only, rarity…there is an implicit risk of missing an opportunity or losing a freedom. In a fake study on

consumer preferences (Worchel, 1975), the subjects were asked to taste a chocolate. In half the cases the box contained ten chocolates, in the rest only two: in the second case the judgment was much more positive. If, however, the subjects were first shown a tray with 10 and then presented one with 2, the drop in the number of chocolates produced even more favorable opinions. The alternating fashion of one-piece and two-piece swimsuits follows the principle of scarcity; cars, even compacts, are almost always advertised as a luxury reserved for a few and desired by all… Even the recommendations of our grandmothers for winning the heart of a desirable husband are based on the principle of not being too readily available, sexually. It is well known that censorship and prohibition make a product more desirable: from alcohol to cigarettes, from pornography to pedophilia, from violence in movies to political extremism, what is forbidden always seems more desirable, at least to some people…

Enthymeme: the things that are difficult to obtain are the best, X is difficult, therefore it is the best.

Principle of AUTHORITY: Milgram's experiment (1974) is well known: the order was to inflict fake electric shocks on the experimenter's cooperators for punishment: 2/3 of the experimental sample "instructors" continued right up to the maximum voltage, in spite of the pleas and screams of the "student" in this fake study of memory. The forecasts for compliance with the order prior to the experiment had been 1-2%! Underlying it is respect for authority, a principle that simplifies our existence in a way that is generally rewarding and that all of us tend to underrate as an unconscious temptation…

In television advertising we see a large number of people in white coats, even just to advertise products like toothpaste, intimate detergents or even home appliances… because this principle exists and market surveys demonstrate a general susceptibility to think that the actors in the commercials are really professionals and to give more credit, therefore, to the promotional message. Even social ornaments give authority: the drivers of luxury cars, unlike drivers of compacts, are less exposed to the risk of being serenaded by horn blasts if they do not respond promptly enough to green lights, in contrast with the forecasts expressed by a sample queried at the theoretical level.

Enthymeme: X knows more, Y is supported by X, therefore Y is good.

Just as in ancient times, only now it is not the authority of the ancients that is acknowledged and respected, but that of brands, or logos…

These techniques, in their classic and modern versions, can be used for the construction of therapeutic interventions, capable of promoting plausible alternative stories in a convincing manner.

A conclusive intervention: rhetorical/therapeutic analysis

Making sense out of madness

The intervention is directed towards a family of five members, father, mother, two sisters (the youngest about twenty; the elder, married, present with her two-year-old daughter), and the designated patient, A., thirty, declared homosexual, treated with drugs for about ten years for psychotic episodes that started when he was 19 and necessitated his hospitalization several times, including compulsory treatment. At the first meeting, A. declares that what he expects from the therapy is to find out and understand "the causes of his problem" because, for him and his family, what happened to him is inexplicable, a bolt from the blue, some sort of madness that suddenly burst upon a perfectly normal life. The following is the conclusion of the fifth meeting.

"My compliments, both for the way you have performed your tasks, that we reassign you and that we will reassess, and for what you have done here today. It is almost an impossible challenge to make sense of madness, especially 12 years later. Yet today we think we have succeeded; not only because of our own extraordinary skill (!), but above all because you are courageous enough to remember and close enough to want to understand. The delusional outburst, in other words the attack of acute psychosis A. experienced, occurred at a particular time and in a significant way. The summer holidays that year were not the same as usual: for the first time, by choice and not by obligation, one of the members of the family, the older sister E., goes off on her own, actually, she goes with her boyfriend rather than with her family. That same summer, A.'s friends decide to travel around Europe on an Inter Rail pass while he feels obliged to go to Sardinia with his family. Everything around him seems to be shifting, changing positions…but not A., he goes to Sardinia

with his family but finds it a bitter pill to swallow and as soon as he gets back he says “With my resources I have won a trip”, as if to say that he, like E., can leave home if he wants to. At the same time he is frightened by this desire of independent life: he thinks that if he is homosexual it won’t happen to him, as it did to his sister, to choose someone who takes him away from his family, or at least it is less likely, so that is what he announces to everyone. He is still confused and becomes anxious, he has heard of HIV and thinks the only way to go away is by dying. Maybe what is said on TV about a famous person (A. Moravia, who just died and who has the same initials and was a famous writer….) concerns him...That still leaves the gnomes, which we can’t explain. We leave it to A., as an exercise, to find the explanation. Perhaps, like us, by asking his family to help. All this certainly does not mean to say that A. was not out of his mind, only that he was expressing in a confused and contradictory way a problem that he had always had, and that was momentarily accentuated: the enduring family conflict between the comforting siren call of profound unity and a rebellious desire for independence. Continue working on the rest of the story, all of you, and we can talk about the future next time.”

The communication starts out in a way that is emotionally appealing, creating an atmosphere of expectation that will culminate in the expression of satisfaction, shared by therapist and family, for having achieved their goal: to understand the heretofore inexplicable event, A.’s madness. With his psychotic episodes, A. has expressed in a very confused manner the family’s wavering between the need of unity and the desire for independence.

The story proposed is plausible: a three-generational shared narration has emerged from the sessions, in which all the members of the family have stressed the difficulty of detaching themselves, of becoming autonomous, and their constant need of reciprocal reassurance about the unity and solidity of the family bond.

The therapist proposes this version in a convincing way, using Ciceronian persuasive techniques: the force of the facts (using apparent enthymemes and logical elements), earning the favor of his audience (by attributing to the family the greater part of the success in reaching a therapeutic

objective, involving it actively in the reconstruction of the story and then acknowledging the skill and courage of its members) and emotional expedients (valorizing the concept of unity, that reassures, involves and placates any feelings of discomfort and anxiety towards the revelation of the need of independence; the reconstruction of A.'s experience with an architecture capable of arousing feelings of empathy; the use of dramatic, exciting terminology..). It is esthetically satisfying: it proposes an enriched view of realty, no longer banal, in which A. is not simply mad, but becomes the spokesman for an implicit family message...and this is supported by sophisticated, elegant means using various elements of the delusion as parts of a complex mechanism that, however, can be seen in the end to have a meaningful structure. The entire intervention is also built on a constant interplay of oscillation and integration between the concept of building together and that of working independently (*We leave it to A., as an exercise, to find the explanation. Perhaps, like us, by asking his family's help…..),* that reflects the family dynamics.

In detail:

- *"My compliments, both for the way you have performed your tasks, that we reassign you and will reassess, and for what you have done today."* The comment starts out by creating an atmosphere of success, of conquest, of attainment of a result achieved with difficulty, of an enterprise courageously carried through to the end.…capturing the attention of the family because there is only the mention of a vague something *"you have done today*", without giving any further clarification, for the time being, as to what is the objective attained.. *"We reassign, we will reassess"* …. implies the need to perform tasks that may be rather difficult and signals the presence of someone who will keep an eye on them, expressed in the alliterative redundancy of the <u>re..</u>assign..<u>re</u> assess, indicating the repetitivity of the action but also giving the sense of something that must be done (..don't think you've finished with this…)
- *"It is almost an impossible challenge to make sense out of madness, especially after 12 years. And yet today we think we have succeeded; not only because of our own extraordinary skill(!), but above all because you have been courageous enough to remember and close enough to want*

to understand." Since we are extraordinarily skilled and you are close and courageous enough, we succeed in winning the almost impossible challenge of making sense out of madness after 12 years. This sentence contains two enthymemes:

- giving importance to something where there is no proof that it has been or will be effectively done (making sense out of madness)

- erroneously claiming the properties of objects: not all sufficiently close and courageous people are able to make sense out of madness

- *"not only because of our own extraordinary skill(!), but above all because you are courageous enough to remember and close enough to want to understand."* Unifies everyone in the attainment of the result (which is also no small feat…it is an important achievement to demolish one's ordinary everyday reality!!…); uses the expedient of humor to earn the "favor of the audience" and give a less pompous tone to the situation, without lessening the triumphant atmosphere. The tongue-in-cheek self-aggrandizement of the therapist is then balanced by the fact that the family's role is emphasized in a much more central way, as shown by the use of the repetition" but *above all* you are courageous <u>*enough*</u> … and close <u>*enough*</u> …" The concept of closeness and unity is stressed, as one that in this family generates reassurance, while leaving a margin for independence, however, through the use of the term "enough"… …*courageous enough to remember* (but perhaps not enough to go your own way..), and *close enough to want to understand* (but not enough to want to stay together forever..). This sentence functions like a mirror for the alternative story that is proposed and that has already been suggested by the family in the previous sessions: the constant call to family unity contrasting with the individual need for independence.
- *"The delusional outburst, in other words the attack of acute psychosis that A. experienced":* this linguistic approach appeals to the family; it makes them feel that, although the therapist is an expert capable of using appropriate jargon, he is also capable of placing himself in their everyday context and speaking their language.

- *"The delusional outburst, in other words the attack of acute psychosis that A. experienced occurred at a particular time and in a significant way. The summer holidays that year were not the same as usual: for the first time, by choice and not by obligation, one of the members of the family, the older sister E., goes off on her own: actually she goes with her boyfriend rather than with her family."* This is where the deconstruction of the ordinary everyday story of the family begins. In contrast with the version "nothing particular or different happened that year during the holidays, and he suddenly went mad", that circulates in the heads of the family members and is shared by A. himself, another story begins to take its place, and is demonstrated in a logical and coherent manner by the facts that negate the version they had presented.
- *"E. goes off on her own, actually, she goes with her boyfriend rather than with her family. That same summer, A.'s friends decide to travel around Europe on an Inter Rail pass, while he feels obliged to go to Sardinia with his family. Everything around him seems to be shifting, changing positions…Not A., he goes to Sardinia with his family but he finds it a bitter pill to swallow and as soon as he gets back he says "With my resources I've won a trip", as if to say that he, like E., can leave home if he wants to.* In addition to the strategy of unifying, through the concepts of movement and travel, what was separate, that is the trip taken by E., and the trip taken by his friends, with the delusional claim "I've won a trip", there is the use of another apparent enthymeme: an arbitrary connection based on consequentiality (post hoc, ergo propter hoc): "*All around him everything seemed to be shifting, changing positions.. Not A.,"* , THEN at his return he says: *"I've won a trip*" because he wants to "*repeat that even he, like E., can leave home".* There is no logical passage linking the movement of the others, the immobility of A. and his ravings at the end of the vacation, only the temporal consecutivity created by the therapist furnishes an apparent plausibility.
- *"..Not A., he goes to Sardinia with his family but it is a bitter pill to swallow":* it is repeated twice that A. goes to Sardinia with his family: this generates a sense of oppression that is then made explicit by the metaphor of the bitter pill that won't go down and that suffocates him…but

that suggests a will to react.

- Once again, as many as three more times, the enthymeme is used to connect and find a consequentiality where there is none, that is to make a cause out of something that is not a cause, although it occurs previously in time (post hoc, ergo propter hoc). The fear of independence associated with the idea of going away, a plausible concept for A.'s family, is given as the apparently logical explanation for his outing on homosexuality (*At the same time he is frightened by this desire of independent life: he thinks that if he is homosexual it won't happen to him, as it did to his sister, to choose someone who takes him away from his family, or at least it is less likely, SO that is what he announces to everyone*), for fear of having caught HIV ("*He is still confused and becomes anxious, he has heard of HIV and thinks the only way to go away is by dying."),* for the unreasonable identification with Moravia *(..he thinks the only way to go away is by dying. Maybe like a famous person – A. Moravia, who just died, and who has the same initials and was a famous writer…)*
- *"He is still confused, he becomes anxious, he has heard of HIV and thinks the only way to go away is by dying…*"the words are fired in rapid succession, separated only by commas…the linguistic urgency reflects A.'s state of anxiety. It is a gripping emotional sequence, constructed so as to arouse sympathy for A.'s experience, culminating dramatically in the mad conviction, now more comprehensible since it has been restored to an emotional dimension of anxious exasperation, that to leave the family the only possibility is death.
- *"That still leaves the gnomes, which we can't explain. We leave it to A., as an exercise, to find the explanation. Perhaps, like us, by asking his family to help."* These words stimulate A. and his family to continue to fill the canvas provided to them by the therapist with new elements, thus explicitly starting the process of co-construction of the story. They will permit the family, and particularly A., to feel competent, almost as much as the therapist, who is not able to explain everything and needs his help…like he needs that of his family.
- *"All this certainly does not mean to say that A. was not out of his mind, only that he was*

expressing in a confused and contradictory way a problem that he had always had, and that was momentarily accentuated: the enduring family conflict between the call of profound unity and a rebellious desire for independence. ..." This passage renders explicit the reconstruction of the sense of A.'s madness: the ordinary everyday story shared by the family ("*this does not mean that A. was not out of his mind…"*), avoiding the risk of implausibility; however the incomprehensible takes on a different form, and is replaced by a plausible, convincing, esthetically satisfying story. The wording, even at the end, contains emotionally stirring expressions, full of drama: "*enduring conflict…, ….profound unity…..,…..rebellious desire for independence.*.". In addition, the therapist once again stimulates the family to work on a shared reconstruction of the story *("Continue working on the rest of the story, all of you…*). This remark in which the family is urged to work independently, like the previous one in which A. was asked to find an explanation with the help of his family, aims not only to make progress in the construction of the story proposed, and permit the members of the family to confirm it among themselves, but also mentions movement and independence, though with mutual aid, that brings up the underlying problems and refers again, at a higher "meta" level (on a higher level of order) to the difficulty of managing unity and separation. The proposal for the family and A. to work independently from the therapists, but together, once again proposes acting as a mirror for a movement of interdependence of the family members, who must never lose the security of being able to count on one another.

A therapy: rhetorical/therapeutic analysis

Princess Charming and the handsome sleeper

Let us now examine in a case history, rather than a single intervention, the requisites of therapeutic stories in terms of psychological theory, therapeutic techniques and persuasive communications.

Massimo, 31 and Annarosa, 30, have been married for a year and a half and have been together for seven years: he grew up in Pistoia, where he never finished high school, and went to work in the small enterprise run by his family with his parents, uncles and two sisters; Annarosa, originally

from Romagna and an only child, lost her father when she was 14. She moved with her mother to Pistoia, where she graduated from high school and started to work. She has been employed for four years by an insurance company, known for its extremely irascible owners.

The couple is referred by the therapist who has been seeing Annarosa individually because of her depressive episodes with significant somatization; the purpose is to bring Massimo closer to his wife's problems, since at home Annarosa's troubles are attributed solely to the stress of her job.

Indeed, Massimo is sure his wife's problems are entirely caused by her bosses and the fact that she is unable to find the proper approach to use with them; it is normal to have problems on the job and compared with those he has as a manager in his family's company, Annarosa's, since she is only an employee, are much less serious. Annarosa says that in the morning when she gets up to go to work she feels sick to her stomach and sometimes actually vomits; in addition to the difficult relations with her bosses, she did not expect to have to work after her marriage, and had planned to devote herself entirely to the family and any children they might have. The spouses present the ordinary dominant reality of a well-off couple, but very close to the surface there is a sociological underworld in which they share the failure of their expectations with regard to their life together: Massimo admits that in the last two years the economic situation in his family's company has changed, he has a basic salary at the end of the month, his parents pay the utilities and also bought them their house.

It is the discrepancies in the dominant reality presented, the elements that don't fit, that reveal the sociological underworlds, the aspects of reality that are equally shared but less conscious: during the second meeting, Massimo criticizes his wife because she had one of her crises on Monday morning, saying that the simple job she does should not bring on a crisis at the very beginning of the week. The therapist inquires as to how they spent the weekend and Massimo proudly reports that they were harvesting olives at their olive grove in Liguria, expanding on the theme, afterward, with the air of a successful entrepreneur talking about their other hobbies: their orchard, their house at the seaside and the one in the mountains, their large house in town…The therapist, suspecting

that something is amiss, amplifies the discrepancy implicit in that "their" by inquiring with an ingenuous air if he means these properties are owned by the couple. An embarrassing pause ensues, followed by the collapse of the ordinary image with which he presented the dominant reality, and a sociological underworld begins to appear, in which the couple are part of a very different reality: all these places are owned by Massimo's family, and the two newlyweds have to contribute their labor on the weekends to harvest the olives due to the economic situation that no longer permits the family to hire farm laborers. At home, they cannot afford any help either, and it is up to Annarosa to do all the housework: in practice, she has three jobs, at her office, at home and on the farm, but the attacks of anxiety and the somatization are attributed only to her outside job. What makes her sick is not the Saturdays and Sundays spent in the fields and the evenings after dinner spent cooking and cleaning, washing and ironing, but the weekdays at the office! The remark in the session of this discrepancy leads in the end to establishing a connection between Alessandra's illness, the disappointment of her expectations of a tranquil, well-off life after their marriage, the lack of definition of the borders of the married couple:

"Massimo, you keep telling us about your olive groves, your houses at the seaside and in the mountains, but they really belong to your parents and if we look at what is really your own, all you have is your salary at best: I understand that your back aches…you are a good, responsible person, you manage but you seldom smile, you seem almost depressed…but is yours a mission that makes you happy, so you don't vomit like Annarosa, or it is a crushing duty that you have resigned yourself to, or both?...

From the beginning there has been this understanding that Annarosa would provide an outside income to offset the uncertainty of the family company's business: it's a good thing you had this idea because right now her economic contribution will certainly be important. Too bad it's not just a job, but a sacrifice made for your life together. Certainly Annarosa hoped this sacrifice would not be necessary: every morning or after the holidays it is hard to go back, for the mutual benefit, to work in such an unpleasant place. We are sure that Massimo understands and appreciates

Annarosa's sacrifice; we are not sure, however, how much he is able to show his gratitude, to express his thanks, certainly not because of any sort of detached egotism, but because of a sort of unconfessable shame in not being able to prevent it. This is the bitter pill you have to swallow, Annarosa, and the only hope is that Massimo is able to show you the appreciation you deserve."

This intervention is *plausible*: an alternative story shared in a sociological underworld of the couple has emerged from the sessions, in which Massimo is not the successful heir of an enterprise but a lonely, awkward boy, left out of the management and forced to act as a mediator between elements of a family that is anything but seraphic, with much slighter economic resources that he had led his wife to believe, and very little personal autonomy. Annarosa is not a poor psychologically fragile woman but one who is able, though with great difficulty, to make unrecognized sacrifices to support the conjugal family that they have created.

Here are a few of the comments of the therapist that attempt to promote this alternative story in a convincing way:

"A fear that in sharing things who knows what terrible blowup might occur, and so it is inevitable to keep *swallowing, swallowing that bitter pill* [the therapist looks at A.] *or to keep silent, and never speak up* [the therapist looks at M.]"

(Looking at Massimo): '. ..You said the situation is difficult in your company, you have to be the heir without having the power, a psychotherapist to many people, a laborer without any time off.."

And, relative to the emotional climate that the therapist creates in the session:

"I don't want to be pessimistic, there is no reason to be and I'll tell you why: when you are able to laugh together, and you do – we have the tapes as proof – even though it happens rarely, it is a precious thing and shows what a great affective bond there is between you..…you need to transform it, however, into greater management ability".

A conclusion at the end of the therapy for this couple:

"Let's change the subject: let's talk about you. You've been wonderful, you've told us a very sweet and even moving story of your meeting. Oh well, we're not sure whether there weren't times you

wished Pamela,the friend that introduced you, had left you alone, but also times when you couldn't thank her enough: on the whole we think you can be grateful to her for not minding her own business. It was thanks to her that Massimo survived a tragedy of Euripides, kept awake only by the presence of Annarosa at his side; Annarosa discovered a *dimple* of Massimo's that still charms her, whenever he smiles. Here again, however, Massimo is the luckier of the two, and he acknowledges it by saying that Annarosa *woke him from a coma*…a sort of reversal of the fairy tale of *Sleeping Beauty*: we think it is the presence and the kisses of Annarosa that make Massimo feel alive. Yes indeed! It might seem a little strange, but the part of Prince Charming in your couple is played by Annarosa. Massimo, when he smiles, becomes beautiful for Annarosa, and he is always good, although at times he may seem to be half asleep and perhaps he was not quite the *catch* Pamela said he was…but there's more to life than that!"

The redeeming aspect that concludes the first part outlined above and almost concludes the therapy, creates a link between the story of the two spouses, the failure of the expectations connected with their marriage and Annarosa's current illness. Taking advantage of the positive emotional climate created by the story told in the session of their first meetings (*you have told us a very sweet and even moving story of your first meeting*), suggests a different reading (*Massimo... perhaps, was not that great catch that Pamela said he was*). It also takes advantage of the metaphor provided by the fairy tale to construct the story (*a sort of reversal of the fairy tale of the Sleeping Beauty... however the part of Prince Charming in your couple is played by Annarosa*). It uses an ascending climax that touches the emotions with expressions like "*Massimo may seem half asleep and perhaps he isn't that great catch that Pamela said he was…but there's more to life than that!"* coming in the end to a positive connotation, a sort of reassurance for the couple that leaves room for change on the basis of other equally shared values that were formerly excluded from their dominant reality.

Conclusive considerations.

An urgent call for true responsibility

We can raise ethical questions about this role of the therapist as persuader: however it must be stressed that the input for the new story comes from the client's sociological underworld and that the therapist merely sketches out an alternative story, with a few characterizations and some crucial turning points, leaving it to the patient and the circle of significant persons around him the development. If the request we receive is inevitably ambiguous, between the homeostatic tendencies of everyday reality that defend the personal and group identity and the requests to change an unsatisfactory life, is it ethical to expose oneself as little as possible and play a minimal role, running the risk of turning a problem into a chronic condition, of confirming yet again the lack of alternatives, of contributing to the perpetuation of dominant reality with only temporary stopgap remedies? It is necessary to have real respect for those who turn to us, not just console them, but give them credit for a real desire to place themselves in discussion, by accepting to expose ourselves too, reasonably but courageously…We should be the first to take responsibility for another's life, if we want our clients to take it for themselves…We should know how to set aside our personal dominant everyday reality of benevolent experts in helping others, as confirmed by our own patients, and find alternative stories for ourselves and for them, that are plausible, convincing and good…

Like a concert player interpreting musical masterpieces, the therapist, who has the advantage of being bound to less coded texts coming from the family, the education, the social culture, should always remember that the life that passes during therapies is his own; that what he can offer are his own reactions, not only and not above all his cognitive reactions. "This is how I see it, I hope it interests you", he says; but of course it is his job to see to it that what he says is valid and expressed in an interesting way. This is not an instrumental therapeutic use of oneself, as in the structural model of S. Minuchin (1974), but an inevitable, constant participation of the therapist's personality in the relationship with patients and families: a participation that can be a great, perhaps the greatest therapeutic resource, if conscious and used without excess but also without fear, hopefully even with esthetic appreciation.

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