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

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This work intends to define, within a narrative social constructionist model shared by many therapists engaged not only in systemic therapy (Sluzki 1992) but also in Freudian (Spence 1982), Jungian (Hillman 1986) and cognitive psychotherapy (Mahoney 1991), *what* sort of stories are therapeutic. The exact meaning of the word "co-construction" of a therapeutic story has remained vague; contributions of the client and of the therapist and characteristics that give the story therapeutic power have not been defined. This paper proposes the synthesis of a model (Manfrida 1998) that from a sociological theory of shared reality arrives at strategies and techniques to construct stories endowed with therapeutic properties.

The Identity of the Therapist Between Solipsism and Omnipotence

Jackson, in the Sixties, said: "There are no impossible therapies, only inadequate therapists". Later, Maturana and Varela (1980) remarked "Everything that is said is said by an observer", establishing the idea that interactions cannot cause direct changes in any predictable sense, but only disturbances to which each system responds according to its structure. The action of the therapist on the patient and on the family is not, therefore, capable of inducing preordained changes.
These two famous positions place the therapist's identity at a crossroads. Jackson describes a therapy in which success depends on the therapist's knowledge and skill. Maturana and Varela speak instead of a therapist who only knows his own point of view, and has conversations with the family which may lead, perhaps, to a change.
Jackson assigns the therapist an almost intolerable responsibility, since every failure will be due to his inadequacy; Maturana and Varela absolve him of all responsibility, since he can describe but not directly influence. These opposite positions can be found, alternately, in the development of every branch of psychotherapy, as if the weight of our limited influence on others could induce us to seek reassurance at times in omnipotence and at other times in impotence. Undoubtedly, second-order cybernetics, with the inclusion of the therapist in the observed system, the concept of auto reflexivity and the revaluation of the individual has corrected certain mechanistic aspects of the early days of family therapy. Radical constructivism, however, leads to a solipsistic view that makes the very idea of psychotherapy senseless, as well as the practice and teaching of it. Reality no longer exists, only different personal descriptions of it; everyone remains locked within his own view of the world, unknowable to anyone who does not experience it. Adrift in the sea of absolute relativism, how and on what can the therapist work? Social constructionism can help the therapist stop wavering between considering himself either someone who discovers the truth and changes things, or someone who listens to others' descriptions, provides his own and hopes for the best.

Constructing Reality

Starting from the observation that our conscience is capable of moving through different spheres of reality, Berger and Luckmann (1966) state that "among the many realities there is one that presents itself as the *real* reality: the reality of everyday life... imposes itself in the strongest, most urgent and intense way...it appears... as... a world that I share with others...Compared to the reality of daily life, other realities appear like spheres of circumscribed significance... characterized by their ability to distract our attention...". Simplification and the creation of routines that allow us to lead much of our life in an automatic way are instruments to smooth many complexities and to make our life easier by creating conditions for the production of results in a simplified world. 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 keep hidden in parallel "*sociological underworlds"*. There is an ordinary story, shared by others, that gives us a firm sense of reality: alternative stories, equally based on a social confirmation, remain confined outside of our consciousness. Most of our everyday conversation preserves this reality, allowing us to be careless just because it refers to the routines of a world that we take for granted. The dominant reality is perceived 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: conversation preserves our reality, weakening or eliminating some aspects of it, while giving apparent consistency and stability to others. The disappearance of carelessness is the sign of an interruption of routines and a potential threat to accepted reality.

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

This ordinary conversation confirms that there is 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 promises to see you again in the evening...: a shared story that confirms the continuity and predictability of the world and our own identities, enabling us to take 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 queasy feeling in the stomach: we might think it's a misprint and reread the sentence, it moves so abruptly out of reassuring 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: is he a soldier in Iraq? Or a gangster? Or someone who has to take a gift to a child? Or is it a metaphorical invitation to be more aggressive? We rummage in what we have read in the paper, seen on TV, heard an acquaintance say, kept among our school memories, until we restore 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.

Hoffman (1990) indicates how therapists can work on social conventions: ideas, concepts and reality come out of social interchange, are learned and passed on with language, and acquire concreteness because they are shared in a social

context. In this perspective, therapy becomes a process of reconstruction, in which patients and families regain the ability to create, interacting with the therapist, new stories.
Patients, however, stick also to their own everyday reality; it is unsettling to think of upsetting a reality that, although dysfunctional, has been shared and kept up for years. They look for an alternative story that can at the same time confirm their identity, their daily life : this is where the paradox arises in their demand "change us without making us change..".
The therapeutic process can be broken down into three stages, complicated by processes of feedback and reciprocal adaptation:

a) the individual, family and social context, in the person of the client, proposes a descriptive story not only of the problem but also of the dominant 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!

The therapist must therefore consider himself a creator of consent around an alternative. Neither omnipotent nor impotent, he proposes a new viewpoint, defending it with more or less conscious arts of persuasion. Responsible for his rereading, he must risk being contradicted and defeated every time; like the musician playing to an audience, he is an interpreter proposing 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. He must also accept not to appear too obvious a harbinger of change, all the more lasting when the client can attribute it to himself. If it is impossible not to communicate (Watzlawick, Beavin, Jackson 1967), it is inevitable that therapeutic interventions will produce an influence and this takes us back 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 have consequences in the lives of all. But how can the therapist bring out and construct stories that will be therapeutic?

The Therapist, Director of Changes on Someone Else's Script.

Some constructivist therapists believe that it is not the business of the therapist to provide directions (Anderson, Goolishian 1988); others (Nardone 1991) think it is up to them to manage the therapy, find the solution, induce patients to apply it. While the former approach may have the advantage of letting the client take credit for success, it does not lend itself to situations in which there is a well-grounded social consensus on ONE version of the story. On the other hand, the therapist who tries to force people to change enters such a symmetrical situation that many clients either stop coming, or only temporarily appear to be well.

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

Like A. Dumas, 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 climaxes, the characterization, the narrative style, giving dignity and structure to raw elements drawn from the story in an initial state of disorder. His task is the job attributed to the artist by Sklovsky (1917), 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...art exists to restore the meaning to life; it exists to make us 'feel' the object, to make us realize that stone is **STONE**".

Everyday reality is the one on which our attention is focused. There is an ordinary story that is shared by others and gives us a solid sense of reality: this makes it difficult to see other stories, that are nevertheless present, socially less shared and sharable, in parallel "underworlds" inhabited by elements 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, shares with significant people also his sociological underworlds. From these, elements may emerge that appear to be "*discrepancies*" in the everyday reality presented. Continuous exchange with other social beings and exposure to direct communication, but also to means of mass communication, leave traces that may serve for alternative stories, and from time to time they creep unexpectedly into the conversation. An architect apologizes for disturbances created with a remodeling job by sending this card: "I sincerely apologize for the *drawings* caused by the work". He meant *disturbances*, but he wrote *drawings* , which a psychoanalyst might consider a lapsus, but that for a social constructionist represents a discrepancy, the emergence in a context of daily life, where it is advisable to apologize for disturbances, of another element that comes from the sphere of daily working life where drawings are part of a gratifying professional role.
Alternative realities are not entirely silent: evidence of their existence appears in little quirks of speech, lapsus, dreams, distractions, discrepancies between the version proposed and details of behavior, non-verbal aspects, things left out in a story, sudden changes of subject or tone or expression... They are revealed through the appearance in conversation of incongruous elements and subtle discrepancies: these implicit suggestions, noted, amplified and played back as the starting point of a new story having specific bearing and striking emotional resonance, can invade the dominant world of daily life, overthrowing commonplaces and ordinary concepts. This is the meaning of "co-construction" of stories: patients scatter concealed clues throughout their ordinary conversation, in the form of elements that clash with the official version: it is up to the therapist to identify and highlight these discrepancies, and to use them to propose an alternative narration. The real justification for working with couples or families is that 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 others in new conversations.

What sorts of stories are therapeutic?

What characteristics must stories have to be therapeutic, since there are many inconclusive, boring, ugly ones around?
Alternative stories should be:

1- *plausible***,** that is, acceptable by the client and other significant persons, making it possible to create a social structure of constant confirmation of

the new story, emerged as a discrepancy from a sociological underworld. Festinger (1957) observed that people seek coherence between their knowledge, beliefs and behavior, that is, they support the stability of their everyday reality. A therapeutic evaluation implies a perusal of real experiences, as reported also by significant persons: a story that explains career problems with the evil eye is plausible in a cultural context in which relatives, friends and acquaintances can share a similar point of view, but less so in an intellectual environment. Losing a public competition can occur but if it is one for the job of mailman near Naples the loss can be blamed on the evil eye, while if it is of college professor it might be on academic rivalry. 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 previous opinions of the patient and of his persons of reference, and make the new story more readily assimilable. Strategies of orientation of conversation, dramatizations, alliances, dialectic arguments such as rhetorical techniques are the means by which the therapist can shift the focus of attention from the ordinary view of reality to alternative possibilities located in spheres of consciousness not too distant from the current one.

3- *good*, capable, that is, of exercising a real appeal on people and enriching their everyday existence. Forster (1927) explains that what makes a story 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...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... 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 ... 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*". As the goodness of a story derives from its ability to involve the reader actively in a process of construction of the plot, in therapy as well stories that are good are stories that, started by the therapist, thrill and appeal so strongly to the clients that they keep working on them...

Rhetorical Techniques of Persuasion

For a story to be convincing, it must be supported with rhetorical techniques capable of overthrowing the dominant reality. The return of interest in rhetoric, which began with Perelman (1970), has continued to its present revaluation even

in scientific activity (Ronchi 1970; Feyerabend 1975) alongside the development of postmodern thought, that from relativism and complexity deducts the relaunch of that practice of argumentation that was the strong point of classical rhetoric. Pera (1991) proposes an image of science that he calls *rhetorical model* and "consists of three players...: the proponent who proposes a thesis, nature that provides answers and a community of interlocutors that, through a debate ..., arrives at a consensus on one answer...". The judgment of whether a theory is false, true, likely, unacceptable...depends on the outcome of a debate, carried out on the basis of a specific rhetoric for every field of discussion, from quantum physics to the football season. The purpose of the debate is to convince the interlocutors, which is a different matter from ascertaining truth: this critic is, however, greatly weakened by the now general admission of human limits to assess the properties of reality.

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

The client: may be a patient, a family, the representative of an institution... who present a story fraught with problems, unsatisfactory, unsuccessful. His description more or less implicitly is accompanied by an explanation, and thus by a narrative. The therapist has the power and the task of bringing out another more satisfactory one, that is also, however, socially acceptable, so as to start that process of confirmation that makes it possible to substitute an alternative reality present in the background, for what was until then dominant reality.

Community of competent interlocutors: in the field of interpersonal relationships and individual psychology, there is no one who does not consider himself to be competent. The therapist does not have only a community of colleagues with whom to compare his opinions and actions: just as the client, the family, the group... are not his only interlocutors. The comparison in which he is engaged is with a hypothetical, interiorized audience that can be led to share a new view of the story presented by the client: an audience that is extended to all those that the therapist imagines could be reached, more or less directly, by the repercussions of a therapeutic change and thus support or combat a new version of the old story.

The therapist, therefore, identifies 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 that this interlocutor presumably has towards the client's story, working through the latter with rhetorical means of persuasion.

Cicero tells us 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, 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 be found in Aristotle. Enthymemes, that is, incomplete syllogisms, are useful for persuading an audience by proposing in an apparently logical manner the force of the facts (Bertram 1994). There are also *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, 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.

Patients and families also try to convince the therapist of their reality with apparent enthymemes and ciceronian techniques.
Persuasive techniques nowadays find application in advertising and business principles, that are actually updates of Aristotelian and Ciceronian models: Cialdini (1993) has provided a classification of the most widely known.
CONTRAST: Can be illustrated with an experiment 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 warm water, the hand that was in the cold water feels hot and the other feels cold: the same thing can seem very different depending on the event that preceded it.
In trade, one of the techniques recommended is to first offer an expensive item, then a 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 it seems less important.
The principle of (false) logic is: 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 an Aristotelian persuasive technique therapists use when they first present a pessimistic prospect and then a possible solution.
SYMPATHY: A typical example is the sale of cosmetics to friends during social meetings. Another aspect of sympathy 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 happy, for example birthday wishes of hotels, even though we know they are the result of data in their computers...
The underlying enthymeme is: that which is likeable is good, X is likeable, X is good.
SCARCITY: Offers for a few days only imply the risk of missing an opportunity or losing a freedom. The alternating fashion of one-piece and two-piece swimsuits follows the principle of scarcity; cars, even compacts, are advertised as a luxury reserved for a happy few ...Even recommendations of grandmothers (and certain psychologists) for winning the heart of a desirable husband are based on the principle of not being too readily available sexually.
Enthymeme: what is difficult to obtain is the best, X is difficult, therefore it is the best.
AUTHORITY: Milgram's experiment (1974) is well known, the order was to inflict fake electric shocks on the experimenter's cooperators: 2/3 of the sample "instructors" continued right up to the maximum voltage. Underlying is respect for authority, a principle that simplifies our existence in a way that is generally rewarding and we tend to underrate...
In television advertising a large number of people in white coats advertises products like toothpaste, intimate detergents or even home appliances, because market surveys demonstrate a general susceptibility to think that the actors in the commercials are real professionals and to give more credit to the promotional message.
Even social ornaments give authority: drivers of luxury cars 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 the authority of brands or logos that is respected.
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

This intervention is directed to a family of father, mother, two sisters aged twenty and thirtythree, and A., thirty, affected by psychotic episodes that started when he was 19 and led several times to compulsory treatment. At the first meeting, A. declares that what he expects is to understand "the causes of his problem" because, for him and his family, what happened is inexplicable. 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 A. 's attack of acute psychosis, 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 intervention starts out creating an atmosphere of expectation culminating in the expression of satisfaction, shared by therapist and family, for having achieved the goal: to understand the sense of A.'s madness.
The story proposed is plausible: a three-generational shared narration has emerged in which all members of the family have stressed the difficulty of becoming autonomous, and their constant need of reciprocal reassurance about the solidity of the family bond.
The therapist uses Ciceronian persuasive techniques: the force of the facts (apparent enthymemes and logical explanations), earning the favor of his audience (by attributing to the family the greater part of the success and acknowledging the skill and courage of its members) and emotional expedients (valorizing the reassuring concept of unity while pointing to the need of independence; reconstructing A.'s experience with feelings of empathy; using dramatic terminology..). The new story proposes an esthetically satisfying, enriched view of reality in which A. becomes the spokesman for an implicit family message, using elements of the delusion as parts of a complex mechanism that can be seen in the end to have a meaningful structure. The intervention is also built on a constant interplay between the concept of working together and individually that reflects the family dynamics.
In detail:

- *"My compliments..."* The start creates the atmosphere of an enterprise courageously carried through to the end, capturing the attention of the family with the mention of something *"you have done today*", without giving any further clarification as to what is the objective attained.*"We reassign, we will reassess"* implies the need to perform difficult tasks and signals the presence of someone who will keep an eye on them, expressed in the alliterative redundancy of the *re...*
- *"It is almost an impossible challenge..."* This sentence contains two enthymemes:
  - giving importance to something (making sense out of madness) when there is no proof that it has been or will be effectively done
  - 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..."* Uses the expedient of humor to earn the "favor of the audience". The tongue-in-cheek self-aggrandizement of the therapist is balanced by the fact that the family's role is emphasized in a more central way, as shown by the use of the repetition "you are courageous *enough* ... and close *enough* ..." The concept of closeness and unity is stressed while leaving a margin for independence through the use of the term "enough"... ...*courageous enough to remember* (but perhaps not to go your own way...), and *close enough to want to understand* (but not to want to stay together forever...). This sentence functions like a mirror for the alternative story: the constant call to family unity contrasting with the individual needs for independence.
- *"The delusional outburst..."* In contrast with the version "nothing particular happened that year during the holidays, and he suddenly went mad", another story begins to take its place, demonstrated in a logical and convincing manner.
- *"E. goes off on her own.."* In addition to unifying separate elements, trips taken by the sister and his friends with A.'s delusional claim, there is an arbitrary connection based on temporal consecutivity suggesting an apparent causality: "... *around him everything seemed to be shifting...*", THEN at his

return he raves: *"I've won a trip*".

- *"Not A…"*: it is repeated twice that A. goes with his family: a sense of oppression is made explicit by the metaphor of the bitter pill. Three more times, an enthymeme is used to connect and find a consequentiality out of something that occurs previously in time: fear of independence associated with desire of going away is given as the explanation for A's outing on homosexuality, terror of having caught HIV, delusional identification with Moravia.
- *"He is still confused …*": the words are fired rapidly, linguistic urgency reflecting 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 delusion, 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.."*: these words stimulate A. and his family to continue to fill the canvas provided by the therapist, promoting co-construction of the story.
- "*All this certainly does not mean…*": this passage summarizes the sense of A.'s madness giving it a plausible, convincing, esthetically satisfying explanation. The wording contains emotionally stirring expressions, full of drama: "*enduring conflict…, profound unity…, rebellious desire for independence*". The therapist finally stimulates the family to work on a shared reconstruction of the story: this remark aims to permit the members of the family to confirm the story among themselves, but also mentions movement and independence, though with mutual aid, referring again to the difficulty of managing unity and separation..

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 alternative 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 significant persons around him to develop the new story. If the request we receive is inevitably ambiguous, between homeostatic tendencies that defend the personal and group identity and requests to change an unsatisfactory life, is it ethical to expose oneself as little as possible, 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 the 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 others, 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, confirmed by our own patients, and find alternative stories for ourselves and for them …

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 cognitive ones. “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 constant participation of the therapist’s personality in the relationship with patients and families can be perhaps the greatest therapeutic resource, if conscious and used without excess but also without fear, hopefully even with esthetic appreciation.

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ABSTRACT

Cicero says that there are three ways to persuade others: with the force of the facts, by gaining their favor, by moving them. 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 through it invisibly, like blood in the body.
This work, which makes detailed reference to a sociological approach of social constructionism and a narrative model, proposes to define what characteristics a therapeutic story must have in order to be effective in the sense of bringing about a change, identifying these characteristics as plausibility, persuasiveness and esthetic value. Particular emphasis is given to the persuasive aspects of communication of the new story; the models inspired by classic rhetoric are flanked with the results of studies of social psychology, drawing on strategies of persuasion currently used in advertising, trade and politics, and illustrating them through the detailed examination of a conclusive restitution.