Record: 1

Representing narrative process in therapy: Qualitative analysis of a single case. McLeod, John Balamoutsou, Sophia ; Counselling Psychology Quarterly, Vol 9(1), 1996. pp. 61-76. [Journal Article]

Database: PsycINFO

Full Text Database: CINAHL Plus with Full Text

Notes: This title is held locally

Section: RESEARCH REPORT

REPRESENTING NARRATIVE PROCESS IN THERAPY: QUALITATIVE ANALYSIS OF A SINGLE CASE

ABSTRACT In recent years, there has been increasing interest in an approach which views counselling and psychotherapy as being concerned with giving clients opportunities to articulate, examine and re-author aspects of their life-stories. However, most of the literature associated with this approach has been based on observations of clinical practice, and there is a need to develop more systematic research in this area. The present study uses qualitative methods to identify and categorize different types of narrative events occurring in therapy discourse. A representation is offered of the process by which experience is narrativized during therapy. The data for this analysis is drawn from an intensive study of one session of person-centred counselling. The issues involved in applying this method of qualitative analysis are discussed, and the implications of these findings for research and practice are outlined.

The idea that people make sense of and communicate their experience through stories; that we live in a 'storied world', has become increasingly influential within the social sciences. Bruner (1986) has argued that narrative represents a distinctive 'way of knowing' quite different from the theoretical, propositional or 'paradigmatic' knowledge that historically has been the stock in trade of the scientific community. The implications of narrative ways of knowing have been articulated in the work of Gergen (1988), Mishler (1986), Polkinghorne (1988), Sarbin (1986) and Riessman (1993), and in the later writings of Bruner (1990,1991) himself. This 'narrative turn' has also made an impact on the field of psychotherapy. Edelson (1993), Omer (1993a,b), Parry & Doan (1994), Penn & Frankfurt (1994), Schafer (1980,1992), Spence (1982), Russell (1991), Russell & Van den Broek (1992) and White & Epston (1990) have been in the vanguard of a growing group of therapists who have come to see themselves as providing opportunities for clients to 're-author' their lives.

Up to now the development of a narrative perspective on therapy has been largely based in clinical observation. There has been relatively little systematic research into the role and function of narrative processes in psychotherapy. The main programme of research that has been carried out in this area has been conducted by Luborsky and his colleagues (Luborsky & Crits-Christoph, 1990; Luborsky, Barber & Diguer, 1992; Luborsky et al., 1994). These researchers have created a framework for analysing the structure and content of stories told by the client in therapy. Each narrative event, or story, consists of three elements, a wish or intention on the part of the protagonist, followed by a response by another person or persons, and then finally the response or reaction of self. There is also a set of categories for coding the different types of wish and reaction being expressed. Also of

relevance is whether the story has a positive or negative outcome. For Luborsky, this scheme encapsulates the 'core conflictual relationship themes' being enacted in the client's life. In a number of studies, Luborsky and his group have shown that these relationship stories change over the course of successful psychotherapy.

While the Core Conflictual Relationship Theme method has made a major contribution toward understanding the role of narratives in psychotherapy, it only examines one aspect of narrative process. Other researchers have attempted to include other dimensions of narrative in their approaches. Russell et al. (1993) have constructed a framework for coding three levels of narrative organization: structural connectedness, representation of subjectivity, and complexity. The notion of structural connectedness arises from research in cognitive and developmental psychology, which has demonstrated that individuals (at least, individuals in dominant Western cultural groups) are better able to understand and remember stories that follow a sequence such as 'setting-initiating event-internal response-attempt-consequence-reaction' (Stein & Glenn, 1979). This kind of 'story grammar' comprises a causally connected, temporally ordered sequence of events that constitute a well-rounded and complete story.

Representation of subjectivity, the second dimension of the Russell et al. (1993) model, reflects the idea that a story communicates not just a series of events, but also conveys information about the point of view of the teller. For example, a story can be told in the present or past tense, in the first or third person, and so on. As Brunet (1986) puts it, one of the key functions of stories is to convey the 'landscape of consciousness' of the narrator.

The third dimension of the Russell et al. (1993) model is that of complexity. Stories can vary according to the lengths of sentences, density of adjectival and adverbial descriptors, and other linguistic variables. It is likely that these factors are important in psychotherapy. As Russell et al. (1993) suggest, 'if clients tell truncated, sparse narratives with little degree of conceptual variation and linguistic complexity, therapists not only might note the client's reluctance to reveal details but also might wonder about the possible poverty of the client's experience and lack of psychological mindedness' (p. 342). So far, this category system only appears to have been applied to the analysis of transcripts of sessions of child psychotherapy, in one study. This study (Russell, et al., 1993) also yielded a further feature of narrative production in therapy: the degree of attunement of the therapist to the client's narrative. This dimension was foreshadowed in their coding scheme without being explicitly coded, but emerged in their analysis.

Another system for coding and analysing narrative processes in psychotherapy discourse has been developed by Angus & Hardtke (1994). Their Narrative Process Coding Scheme (NPCS) requires that raters first divide therapy transcripts into topic segments, defined as blocks of text that include both client and therapist statements relating to discrete topic areas, themes or issues. These topic segments are then further subdivided and coded in terms of modes of narrative processing. Three types of narrative processing are identified: focusing on external events, focusing on internal experiences, and reflexive analysis. When a narrative sequence is primarily focused on external events, the therapeutic discourse comprises descriptive material recounting 'what happened'. Internal sequences occur when the client or therapist articulates subjective experiences, feeling states or emotional reactions. Finally, reflexive sequences represent attempts to understand or

interpret the meaning of events. In a study comparing transcripts from poor and good outcome therapies, Angus & Hardtke (1994) found that positive outcomes were associated with higher numbers of topic segments in each session, substantially higher frequencies of reflexive processing, and lower frequencies of internal processing sequences.

These studies have produced systems for analysing narrative process in psychotherapy that may appear quite different. However, there are two broad themes around which this work can be seen to converge. First, there is an interest in the sequencing or structure of stories told by clients. Second, there is an emphasis on the way that clients tell their stories. However, there are also some respects in which these studies make quite different assumptions about the key dimensions of therapeutic narratives. For example, only the Luborsky group takes into consideration the content of stories and only Russell et al. (1993) address the interaction of therapist and client modes of story-telling. The Luborsky and Russell studies differentiate between client and therapist narratives, while Angus & Hardtke (1994) work with topic segments co-constructed by client and therapist.

However, although Luborsky, Russell et al. and Angus & Hardtke have each developed somewhat different conceptual frameworks for analysing narrative processes and events in psychotherapy, all three research groups have adopted a similar general research strategy, in taking the 'top-down' approach of operationalizing their models of narrative process through the construction of a coding manual which is then applied by trained raters to produce quantitative measures of the frequency of occurrence of relevant variables. This strategy is basically foundationalist, and has the aim of deriving a single reliable and valid explanatory model of the phenomenon under inquiry.

An alternative strategy for studying narrative processes in psychotherapy is to adopt a qualitative or human science approach (Rennie, 1994b). One distinctive feature of human science research is that it is avowedly interpretivist and constructionist, accepting that the meaning of any event or experience is socially constructed, with different interpretations arising from the differing points of view or interests of different readers or observers. Another central tenet of this approach is that it is discovery-oriented in nature. There would appear to be good reason to adopt human science procedures at this stage in the development of research into narrative process in psychotherapy. Scholars from disciplines such as linguistics, social anthropology and literary criticism have already demonstrated the existence of a vast array of potentially fertile approaches to the study of narrative (see Martin, 1986). There would appear to be much to be gained from applying these interpretive frameworks to the problem of understanding the role of narrative and story-telling in psychotherapy.

The present study aims to develop a qualitative or human science approach to the identification of narrative processes in counselling or psychotherapy discourse. Only Rennie (1994a) appears to have applied qualitative methods in research into storytelling events in psychotherapy, but his work explored the client's experience of storytelling, whereas the present study focuses only on the analysis of discourse represented by transcripts of therapy sessions. The present study should be seen as a precursor to future studies in which the text of a therapy session and the client's experience of that session might be taken together.

METHOD

The methods employed in this study have been influenced by the work of Gee (1986,1991), Mishler

(1986,1991) and Riessman (1993), all of whom emphasize the importance of respecting the integrity of the whole narrative, rather than coding themes or categories across narratives. This approach differs from the 'grounded theory' method of qualitative analysis introduced by Glaser & Strauss (1967), in working with fairly large segments of text, rather than breaking down that text into constituent 'meaning units'. The choice of methodology has also been influenced by the case study methods pioneered by Murray (1938) and later rediscovered by DeWaele & Harre (1976) and Yin (1989), in which conclusions are based on the study of individual cases. The framework of meaning yielded by one case is tested, articulated and refined through the study of subsequent cases. Each case represents a study in itself. This research is also informed by an interpretivist or social constructionist approach, in which a text is read and interpreted by co-researchers, not only to arrive at a consensus reading where this might be possible, but to generate alternative or conflicting interpretations and perspectival richness (Runyan, 1980).

The study reported here is centred on a single session of therapy. The client was a 45-year-old, divorced male, Dutch student of management science studying at a British university. He had no previous experience of therapy. The therapist (the principal author) was 42-years-old, male, British and person-centred in orientation. The client volunteered to participate in a single session of therapy, for research purposes. The arrangements for recruiting and de-briefing the client were handled by a co-researcher. The session lasted for 50 minutes, and was tape-recorded. The client rated the session as 4 on a five-point scale of helpfulness, where 1 indicates 'not at all helpful' and 5 indicates 'extremely-helpful', and also reported in a de-briefing interview that the session had been a satisfactory and useful experience. The client agreed after the end of the session, and again some time later, for the transcript of the session to be used in its present form.

The session tape was transcribed by both co-researchers, to maximize textual accuracy. Following this, both researchers independently analysed the material, with the objective of identifying as many narrative processes as possible within the text, drawing on their pre-existing understanding of narrative theory but also being open to new and emergent categories. The co-researchers then met to discuss their alternative readings and to develop a collaborative interpretation.

One of the most difficult methodological issues faced in this study was that of deciding how to represent the interpretive framework that was constructed around this case. The problem of how to communicate qualitative findings has been acknowledged by many writers in this field (Miles & Huberman, 1994; Riessman, 1993). Because of space restrictions, the analysis that follows struggles to do justice to the complexity of narrative process uncovered in this session of therapy. It must be recognized that the meaning of these processes arises from the meeting of the reader and the text. As a result, one of the intentions of this paper is to make it possible for the reader to get access to enough of the text to be able to make up their own minds about what it might mean.

RESULTS

This representation of a therapy session will primarily focus on five main types of narrative process that emerged from the qualitative analysis described above: embeddedness, co-construction, narrative tensions, point of view and narrative markers. Following description and discussion of these narrative elements, a sense of how they operate together will be conveyed through a summary statement.

In the analysis, the term 'narrative' will be used to refer to the therapeutic discourse as a whole, and the term 'story' will refer to accounts of specific incidents. The therapeutic narrative, then, is viewed as an attempt by the client to 'narrativize' a problematic experience through the production of a series of stories connected by linking passages and therapist interventions.

Embeddedness

One of the features of this session that forcibly struck both co-researchers was its thematic unity. All of what the client said appeared to be a story he told about a specific set of experiences that were familiar to him. Although through the session there were five clearly identifiable discrete stories offered by the client (and one offered by the therapist), they were all part of a more general narrative about self. The core of this narrative was presented in the first minutes of the session. Table I displays the opening statements of client and therapist. The phenomenon of narrative embedding can be seen in this segment. The client begins (lines 4-9) with a brief problem statement, "in some situations I am not able to tell my close friends my feelings . . . . because I think if I tell them what I feel . . . . that might hurt them and they might not be my friends any longer . . . . and its uncomfortable". This story is a straightforward example of the kind of conflictual relationship theme narrative identified by Luborsky & Crits-Christoph (1990). The wish of the client is to express feelings, but the anticipated reaction of others would be rejection, resulting in a reaction of self of discomfort.

The client then builds on this highly schematic story by offering a more detailed, elaborated version, which he introduces as an 'example': "two weeks ago one of my friends called me from Holland. . ." This 'example' is a complex narrative, which is at first somewhat difficult to follow. However, part of its meaning lies in its relation to the previous story, and so it can be seen as embedded within a more general narrativization of experience that had already been set in motion.

Initially, when the session tape was transcribed it was prepared in the form displayed in Table I. We found it much easier to understand what the client was saying when we adopted the procedures suggested by Gee (1986,1991) and re-cast the story into a stanza form, as in Table II. This technique essentially involves taking account of speech rhythms and pauses and using this type of information to display the story in a form that enables the reader to participate more readily in the story as it was actually told. This approach draws upon the cultural capacity to represent experience through poetry (Gee, 1986, 1991; Mishler, 1991; Minami & McCabe, 1991; Richardson, 1992; Riessman, 1993). This method of displaying the story makes its meanings much more transparent. In particular, it allows the reader to appreciate the way that the story builds up to a significant moment of self-reflection on the part of the client: 'I feel she forces me'. This powerful statement about his sense of self-in-relation, which was said with feeling, was embedded within a scaffolding of meaning provided by the story. It was as though, to use Sarbin's (1989) idea, the story served as vehicle to take the narrator from one feeling state to another.

From this point, a series of a stories, some initiated by the client and some by the therapist, build on and extend the meanings introduced in these opening stories. The summary titles of these stories are presented in Table III.

Co-construction

Any story that is told is a relational event. A story implies an audience, and the nature of the audience will have an impact on the way the story is told, and on what is said or not said. In this particular therapy session were found examples of different ways in which the therapist functioned not merely as an audience but as an active co-constructor of the story.

For example, the empathic reflections offered by the therapist varied in terms of their narrative completeness, and appeared to invite the client to attend to certain aspects of the story rather than others. In Table I, for instance, the therapist statement (lines 10-13) includes two narrative elements that had been presented by the client, "I am not able to tell my close friends my feelings" and "they might not be my friends any longer", but omits to reflect back the third, "reaction of self", statement about "its very uncomfortable to feel like that".

Another way in which the therapist actively engaged in the construction of the narrative was through an intervention that can be described as 'therapist-as-chorus'. In this type of therapist statement, the therapist expressed strong affirmation and approval regarding one element of the client's narrative. An example of 'therapist-as-chorus' occurred just after the opening exchanges displayed in Table I. In Table IV, in saying 'let me do it my way' and 'don't push me', the therapist appeared to be speaking, in effect, on behalf of the client or as the client. The client, at the same time, was expressing agreement through murmurs and 'yeah' and 'right'.

A third category of co-construction was 'therapist narrative elaboration', which consisted of occasions when the therapist actively suggested or searched for further meanings implicit in a narrative element that had previously been offered by the client. There were many examples of this process found throughout the text.

A fourth therapist narrative manoeuvre could be described as 'therapist-provided metanarrative'. In these statements, the therapist appeared to be drawing on his espoused theoretical model (Rogerian/person-centred), and offering some part of this framework as an interpretive framework to the client. For instance, later in the session, after the client had spoken very vividly about his fears of what would happen if he expressed his anger, the therapist said: 'my view is that anger and hate and all these sorts of feelings are normal reactions, and its OK to express them".

These four categories of therapist engagement in the production of the narrative--empathic reflection of narrative elements, therapist-as-chorus, therapist narrative elaboration and therapist-provided metanarrative--can all be viewed as types of therapist intervention. However, the therapist also appeared to participate in what Mishler (1986) has called the 'joint construction of meaning' by actually being the topic of the story being told by the client. In other words, some of the client's narrative can be interpreted as being not so much communicating his experience of difficulties with his friend in Holland and his wife, but his experience of being with the therapist. For example, the opening statement of the client, "I am not able to express my feelings because . . . . "could be interpreted as an anticipated story of what would happen in the next 50 minutes of the therapy session.

Narrative tensions

The narrativization of experience engaged in by this client appeared to be structured around tensions

or contrasts. One of the main tensions was between the client's sense of how he was and his goal of how he would like to be. Bruner (1991,p. 47) observes that one crucial feature of narrative is that it 'specializes in the forging of links between the exceptional and the ordinary'. People have well-formed expectations regarding how a person would 'normally' act in specific situations. Stories often recount occasions when there was some kind of tension between what 'should' have happened or what would 'normally' happen, and what did occur. Brunet (1990,pp. 49-50) suggests that 'the function of the story is to find an intentional state that mitigates or at least makes comprehensible a deviation from a canonical cultural pattern'. The whole narrative co-constructed by client and therapist in this session can be viewed in this light. The client believes that, ordinarily, anyone would be able to express his or her feelings to a close friend. The therapist shares this normative cultural belief. Together, they search for intentional states, forms of action that the client can acknowledge as his own, that would allow this tension to be resolved, and that would complete the story (Wigren, 1994). During the session, an array of client intentions and feeling states are tested out: reliving a childhood experience, avoiding anger, difficulties in dealing with pressure, lack of assertiveness. His story is re-told as a story of a hurt child, a story of a man who avoids anger, and so on.

Point of view

The subjectivity of the client, his sense of self-in-relation, was communicated through a variety of narrative processes. The segment of narrative displayed in Table II, exemplifies four different points of view within one story. First, there is a straightforward first person recounting of a story about a set of external events, as in "I am going back to Holland in the middle of September and we decided to share this fiat together". Second, there are interruptions to the story where the narrator displays a reflexive awareness of the current situation, i.e. that there is information the therapist needs to know in order to make sense of the story. Statements such as "I am a teacher. Well, I was a teacher", are of this type. Third, as the story reaches its peak of emotional intensity, the client employs direct speech, such as "did you ring this person?" and "I don't think I will do that", as if the protagonists in this conflict were acting it out in the room. Finally, the client reflects on the story as a whole in saying, at the end, "I feel she forces me".

What appeared to be happening was that the client did not remain within a single point of view for more than a few moments, at least during the story-telling events in this session. These observations raise questions about the way that concept of point of view is used within narrative research. Russell et al. (1993) and Angus & Hardtke (1994) would appear to regard point of view as dispositional, as a relatively stable characteristic or trait exhibited by the person. Our reading of this case, however, suggests that these shifts in the client's point of view were highly significant, and represented a kind of enactment of his way of relating to others. The pattern that is exhibited through these shifts might tentatively be described as 'being active' leading to 'intrusion of the other' followed by 'reflective self-preoccupation' and then 'waiting to be released/rescued by the other'. This pattern was found not only in the story about 'I am going back to Holland. . .' but also in other stories recounted in the session.

The client himself reflected on his sense of his own subjective world through a metaphor that he produced near the beginning of the session, in which he described himself as experiencing doors closing inside him, and not being able to get out once they had closed. This metaphor recurred at various points during the session, and can be interpreted as another expression of his subjectivity or

point of view.

It is worth noting that this client was speaking in what was for him a second language. It is possible, therefore, that shifts in linguistic style associated with point of view could be attributable to mother tongue interference. In particular, direct speech is easier to negotiate for second language speakers, and the shift to direct speech at moments of emotional stress might reflect this.

A final comment that might be made about the shifting points of view of this client is that they can also be viewed in terms of what was happening in the relationship between therapist and client. The therapist, aware that this was a single session, was active and said a lot, and there is every reason to believe that the client experienced this behaviour as intrusive or aggressive. Thus point of view can itself be seen as co-constructed: the subjectivity being expressed by the client is a self-in-relation to the therapist.

Markers

Narrative markers are momentary verbal or nonverbal events or signals that serve to orient the listener to important features of the narrative flow. They help the listener to keep track of what is going on. While recognizing that this aspect of narrative analysis deserves more detailed attention, the present discussion will attempt no more than to indicate briefly some of the kinds of markers that were observed. One important category of narrative marker was 'entering the story world' (Young, 1986). The client signalled that he was about to offer a story through phrases such as 'I want to talk about a problem' or 'I can give you an example' or 'when I was young'. There were also many 'linguistic markers', such as pauses and glides, that provided structure and emphasis within stories. The client used a number of 'orientation markers', such as references to where and when something happened. These orientation markers appeared to locate stories within an overall life-history, and also to indicate an awareness of the needs of the listener and the information he would require to make sense of a story. Finally, there were what we have called 'unique outcome' markers. White & Epston (1990) suggest that, although clients may enter therapy with 'problem-saturated' stories about difficult situations in their lives, they will also have available to them stories about similar situations in which they experienced 'unique outcomes', where they were able to cope well with the same set of demands. The client in the present study frequently prefaced stories by mentioning that these difficulties happened only 'in some situations' or 'sometimes', thus implying that other stories could be told about the 'sometimes'.

A REPRESENTATION OF NARRATIVE PROCESS IN THERAPY: PRELIMINARY FORMULATION

The analysis of this single session of therapy offered above has separated out discrete aspects or elements of narrative process. In an attempt to communicate the inter-relatedness of these elements, the following summary representation of the role and function of narrative within this single session of person-centred therapy has been constructed:

In this therapy session, the client was implicitly invited by the therapist to recount the story of some problematic area of experience. At various points in a session, the client narrativized the experience by presenting a summary, condensed version of the story (an 'abstract'), and by offering discrete situated accounts that repeated the same story themes in alternative settings and relationships. The

client located these specific stories within his broader life-story-as-a-whole, by using narrative markers such as 'when' and 'sometimes' and linguistic cues such as pauses and changes in voice quality. The meaning of these stories was transmitted in a number of ways. First, the stories conveyed information about the patterns of thought and action of the client and those with whom he was involved. Second, the stories communicated the quality of subjective experience of the client, for example his sense of agency, capacity to be aware of the needs of others, and structure of feeling. Third, the dramatic nature of the stories rested on a set of tensions or contrasts conveyed by the story, such as the tension between the normal and the extraordinary, and thus presented the listener with the sense of ambiguity or incompleteness which the therapeutic conversation was intended to resolve. Through telling stories, the client was striving to communicate to the other, in this case a therapist, salient aspects of his experiential world. An important function of each story was to 'emplot' emotion and feeling, to locate affective experience in a context of situated meaning.

The therapist actively engaged in the co-construction of the narrative. The therapist encouraged the client to tell the story, through cues indicating interest and involvement, and through explicit invitations to 'say more' or 'continue'. The therapist fulfilled a role as editor or director of the narrative by paying attention to selected elements of the story, by offering 're-writes' of parts of the story, and by linking different stories together by suggesting common themes. The therapist also functioned as a 'chorus'. At these moments the therapist talked as if 'in the client's shoes', and repeated back, with emotional emphasis and dramatic timing, the essential meanings conveyed by the story. In responding to and engaging with the stories generated by the client, the therapist appeared to be sensitive to structural aspects of narrative, for example to the 'point of view' or 'voice' conveyed by the story. The therapist also participated directly in the story, by being a topic that the client told stories about.

This therapy session viewed as a whole comprised a series of nested or embedded stories, in which each story referred back to, and drew meaning from, earlier stories. Later stories in the sequence acted as attempts to resolve the tension introduced by the first story. On some occasions, recurring metaphors or images were used to link meaning across stories.

This representation of narrative process in psychotherapy is derived from the analysis of a single case comprising one session of therapy. Later cases will enable confirmation, elaboration, differentiation and correction of this initial, provisional model.

CONCLUSIONS

It is necessary to be cautious in drawing conclusions from this case study. It is quite possible that some of the narrative processes that have been described may be unique to this particular client, therapist or dyad. It is certainly true that other narrative processes will be revealed through the study of other therapy dyads. A more generalizable understanding of narrative process must await the accumulation of many other cases. This study can also be criticized on methodological grounds. Stiles (1993) has proposed a set of 'quality criteria' for qualitative research. One of these criteria is that analysis and interpretation should be sufficiently backed up by evidence. We have found this hard to achieve. To have given adequate examples to have comprehensively support of the conclusions drawn from the text would have required a book-length presentation of this single case. Also, we found, as co-researchers influenced by the same sources and types of experience, that we tended largely to agree over our readings of the text, and thus did not manage to generate the kinds

of alternative interpretations that we had originally hoped would strengthen our account. We are by no means convinced that we have 'seen' all the narrative processes that might be identifiable within this transcript. The participation of other readers could certainly generate further insights.

Nevertheless, there are some general principles and rather broad conclusions that seem justified in the light of this study. Having taken a therapy session that was in no way planned or intended as an example of 'narrative therapy', we found that merely asking the questions 'what stories are being told here?' and 'how are these stories being constructed?' (Riessman, 1993) opened up the text to a deeper level of appreciation and understanding. As Bruner (1986) puts it, narratives are vehicles for expressing the 'landscape of action' and 'landscape of consciousness' of the narrator. Another discovery in this study was that therapeutic narratives are embedded or contextualized, and are co-constructed. It seemed to us that the story began with the very first words uttered by the client, and that the meaning of later stories was to a large part constituted through their relation to earlier stories. At least in this session, later stories appeared to be re-workings of earlier ones, or attempts to achieve narrative completion and closure. Moreover, the narrative that is produced in a therapy session is not simply the client's story, but is a story-told-to-another-person. In this session, the therapist was actively involved in co-constructing the client's narrativization of his experience, by making a variety of interventions that attempted explore the meanings being expressed within the version of the story that had been initially offered by the client.

The aim of qualitative, human science research is to construct a representation of an area of human experience and action, a 'local knowledge' that promotes understanding within readers at a particular historical and cultural time and place. This representation is, in this instance, a story about how people tell stories in psychotherapy. The aim is not to generate causal, law-like generalizable propositions but to suggest frameworks for making meaning and taking action. Wolcott (1994) characterizes the three stages of qualitative research as comprising description, analysis and interpretation. Description is the task of portraying the experience or phenomenon being studied. Analysis involves identifying patterns and themes across this material. Interpretation requires placing this emerging conceptual framework within broader intellectual and theoretical contexts. The present study is avowedly exploratory and tentative, with the emphasis on description and analysis rather than interpretation. However, readers will have picked up indications of the theoretical approaches through which we are seeing this material. Our analysis of narrative processes and events in psychotherapy can be located theoretically within the 'cultural psychology' movement attributable to Bruner (1990) and articulated within the field of psychotherapy by White & Epston (1990). In terms of more focused models of how to understand what happens when people engage in story-telling to facilitate therapeutic change, we can see that the 'assimilation' model (Stiles et al., 1990) and Russell & Van den Broek's (1992) model of narrative change have considerable interpretive power.

The final point that can be made concerns the value of being willing to approach the task of narrative analysis from an aesthetic point of view. Mair (1989) argues for the creation of a 'poetics of experience', in which we speak from the world of psychotherapy rather than about that world. From this perspective, an essential task for research is to capture the meaning of the experience of therapy, for both client and therapist. We believe that the techniques for re-framing narrative in poetic rather than prosaic structures, developed by Gee (1986,1991) and others, provide a powerful tool for attaining this goal. The application of these methods within this study represent only a small

beginning in this direction.

Revised version of a paper delivered at Symposium on 'Meanings in Psychotherapy: Contributions of Three Approaches to Human Science' (Chair: D. Rennie), Society for Psychotherapy Research Conference, University of British Columbia, Vancouver, Canada, June 1995.

TABLE I Transcript of beginning of session

Therapist: Well, you can start wherever you want to, whatever thing you want to talk about.

Client: Well, I want to talk about, um, one problem I am struggling with for a long time. In some situations I am not able to tell my close friends . . . . my feelings or express my feelings to them, because I think if I tell them what I feel like in this moment that might hurt them and they might not be my friends any longer. Its very uncomfortable to feel like that.

Therapist: So, that . . . I can see that its not a general thing. Its in on particular occasions, you have strong feeling or emotion about something . . . and you feel that it would kind of drive them away.

Client: I can give you an example. Two weeks ago one of my friends called me from Holland. I am going back to Holland again in the middle of September and we decided to rent this flat together and share this flat together. Now, when I was in Holland I was talking to her and mentioning to her 'where can I find some work?' and 'I don't know where I can find work'. So I'm not quite sure where I can find work and what I can do. Then she mentioned she knows a person who was a teacher in a school. I am a teacher. Well, I was a teacher. I can ring this person and I can ask her if I could have some hours of teaching. And I said I can do that. Then I came back here and a couple of weeks ago she called me and asked me 'did you ring this person? and I said 'no' and I have this feeling . . . eeerh . . . why can't she not let it happen in my way, to let it happen for myself. Why does she force me to do that? I couldn't say to her 'I really appreciate your concern but frankly I don't like, I don't think I will do that'. Because

31 I have this fear that she might reject me then. So I didn't
32 tell her that. I feel she forces me.

TABLE II Client story in stanza form: 'I feel she forces me'

Two weeks ago
One of my friends called me from Holland

I am going back to Holland again
In the middle of September
And we decided
To rent this fiat together
And share this fiat together

When I was in Holland
I was talking to her
And mentioning to her
'Where can I find some work?'
'I don't know where I can find work'.

I'm not quite sure where I can find work
And what I can do.

Then she mentioned
She knows a person
Who was a teacher in a school

I am a teacher
Well, I was a teacher

I can ring this person
And I can ask her
If I could have
Some hours of teaching

And I said
I can do that

Then I came back here
And a couple of weeks ago
She called me and asked me
'Did you ring this person?'
And I said 'no'

And I have this feeling

Why can't she not let it happen in my way?
To let it happen for myself?
Why does she force me to do that?

I couldn't say to her: 'I really appreciate your concern
but frankly I don't think I will do that'

Because I have this fear
That she might reject me

So I didn't tell her that

I feel she forces me

TABLE III Linked stories within the overall narrative

Story No. 1 (Client) 'This is my problem. . . .'

Story No. 2 (Client) 'Two weeks ago one of my friends called me from Holland. . . .I feel she forces me'

Story No. 3 (Client) 'When I was young and went to school they had a very authoritative way of teaching. . . .'

Story No. 4 (Client) 'Once I was really angry with my wife, and she reacted by saying "if you get angry with me I'll just leave you". And I'm letting it happen'

Story No. 5 (Therapist) 'My 3-year-old daughter had a tantrum. . . .'

Story No. 6 (Client) 'I was talking to a friend (about) if I get a job in a company. . . .'

TABLE IV Example of therapist-as-chorus

Therapist:

So. . .what you were really wanting to say was:
'Let me do it my way' (Client: 'yeah')
'Don't push me' (Client: 'right')

REFERENCES

ANGUS, L. & HARDTKE, K. (1994) Narrative processes in psychotherapy, Canadian Psychology, 35, pp. 190-203.

BRUNER, J. (1986) Actual Minds, Possible Worlds (Cambridge, MA, Harvard University Press).

BRUNER, J. (1990) Acts of Meaning (Cambridge, MA, Harvard University Press).

BRUNER, J. (1991) The narrative construction of reality, Critical Inquiry, 18, pp. 1-21.

DEWAELE, J. & HARRE, R. (1976) The personality of individuals, in R. HARRE (Ed.) Personality, pp.

189-246 (Oxford, Blackwell).

EDELSON, M. (1993) Telling and enacting stories in psychoanalysis and psychotherapy: implications for teaching psychotherapy, The Psychoanalytic Study of the Child, 48, pp. 293-325.

GEE, J.P. (1986) Units in the production of narrative discourse, Discourse Processes, 9, pp. 391-422.

GEE, J.P. (1991) A linguistic approach to narrative, Journal of Narrative and Life History, 1, pp. 15-39.

GERGEN, K.J. (1988) If persons are texts, in S. B. MESSER, L. A. SASS & R. L. WOOLFOLK (Eds) Hermeneutics and Psychological Theory: Interpretive Perspectives on Personality Psychotherapy and Psychopathology, pp. 28-51 (New Brunswick, N.J., Rutgers University Press).

GLASER, B. & STRAUSS, A. (1967) The Discovery of Grounded Theory (Chicago, Aldine).

LUBORSKY, L. & CRITS-CHRISTOPH, P. (Eds) (1990) Understanding Transference: The CCRT Method (New York, Basic Books).

LUBORSKY, L., BARBER, J.P. & DIGUER, L. (1992) The meanings of narratives told during psychotherapy: the fruits of a new observational unit, Psychotherapy Research, 2 pp. 277-290.

LUBORSKY, L., POPP, C., LUBORSKY, E. & MARK, D. (1994) The Core Conflictual Relationship Theme, Psychotherapy Research, 4, pp. 172-183.

MAIR, M. (1989) Beyond Psychology and Psychotherapy: A Poetics of Experience (London, Routledge).

MARTIN, W. (1986) Recent Theories of Narrative (Ithaca, NY, Cornell University Press).

MILES, M.B. & HUBERMAN, A.M. (1994) Qualitative Data Analysis, 2nd Edn. (New York, Sage).

MINAMI, M. & McCABE, A. (1991) Haiku as a discourse regulation device: a stanza analysis of Japanese children's personal narratives, Language in Society, 20, pp. 577-599.

MISHLER, E.G. (1986) Research Interviewing: Context and Narrative (Cambridge, MA, Harvard University Press).

MISHLER, E.G. (1991) Representing discourse: the rhetoric of transcription, Journal of Narrative and Life History, 1, pp. 255-280.

MURRAY, H.A. (1938) Explorations in Personality: A Clinical and Experimental Study of Fifty Men of College Age (New York, Oxford University Press).

OMER, H. (1993a) Quasi-literary elements in psychotherapy, Psychotherapy, 30, pp. 59-66.

OMER, H. (1993b) Short-term psychotherapy and rise of the life-sketch, Psychotherapy, 30, pp. 668-673.

PARRY, A. & DOAN, R.E. (1994) Story Re-visions: Narrative Therapy in the Post-Modern World (New York, Guilford).

PENN, P. & FRANKFURT, M. (1994) Creating a participant text: writing, multiple voices, narrative multiplicity, Family Process, 33, pp. 217-232.

POLKINGHORNE, D.E. (1988) Narrative Knowing and the Human Sciences (Albany, NY, State University of New York Press).

RENNIE, D.L. (1994a) Storytelling in psychotherapy: the client's subjective experience, Psychotherapy, 31, pp. 234-243.

RENNIE, D.L. (1994b) Human science and counselling psychology: closing the gap, Counselling Psychology Quarterly, 7, pp. 235-250.

RICHARDSON, L. (1992) The consequences of poetic representation: writing the other, rewriting the self, in C. ELLIS & M. G. FLAHERTY (Eds) Investigating Subjectivity: Research on Lived Experience, pp. 125-137 (New York, Sage).

RIESSMAN, C.K. (1993) Narrative Analysis (New York, Sage).

RUNYAN, W.M. (1980) Alternative accounts of lives: an argument for epistemological relativism, Biography, 3, pp. 209-224.

RUSSELL, R.L. (1991) Narrative in views of humanity, science and action: lessons for cognitive therapy, Journal of Cognitive Psychotherapy, 5, pp. 241-256.

RUSSELL, R.L. & VAN DEN BROEK, P. (1992) Changing narrative schemas in psychotherapy, Psychotherapy, 29, pp. 344-354.

RUSSELL, R.L., VAN DEN BROEK, P., ADAMS, S., ROSENBERGER, K. & ESSIG, T. (1993) Analyzing narratives in psychotherapy: a formal framework and empirical analyses, Journal of Narrative and Life History, 3, pp. 337-360.

SARBIN, T.R. (1986) The narrative as a root metaphor for psychology, in: T. R. SARBIN (Ed.) Narrative Psychology: The Storied Nature of Human Conduct, pp. 3-21 (New York, Praeger).

SARBIN, T.R. (1989) Emotions as narrative emplotments, in: M. J. PACKER & R. B. ADDISON (Eds) Entering the Circle: Hermeneutic Investigation in Psychology, pp. 136-173 (Albany, State University of New York Press).

SCHAFER, R. (1980) Narration in the psychoanalytic dialogue, Critical Inquiry, 7, pp. 29-53.

SCHAFER, R. (1992) Retelling a Life (New York, Basic Books).

SPENCE, D.P. (1982) Narrative Truth and Historical Truth: Meaning and Interpretation in Psychoanalysis (New York, Norton).

STEIN, N.L. & GLENN, C.G. (1979) An analysis of story comprehension in elementary school children, in: R. O. FREEDLE (Ed.) Advances in Discourse Processes: New Directions in Discourse Processing Vol. 2, pp. 127-164 (Norwood, NJ, Ablex).

STILES, W.B. (1993) Quality control in qualitative research, Clinical Psychology Review, 13, pp. 593-618.

STILES, W.B., ELLIOTT, R., LLEWELYN, S., FIRTH-COZENS, J., MARGISON, F., SHAPIRO, D. & HARDY, G. (1990) Assimilation of problematic experiences by clients in psychotherapy, Psychotherapy, 27, pp. 411-420.

WHITE, M. & EPSTON, D. (1990) Narrative Means to Therapeutic Ends (New York, Norton).

WIGREN, J. (1994) Narrative completion in the treatment of trauma, Psychotherapy, 31, pp. 415-423.

WOLCOTT, H.F. (1994) Transforming Qualitative Data: Description, Analysis and Interpretation (New York, Sage).

YIN, R.K. (1989) Case Study Research: Design and Methods (New York, Sage).

YOUNG, K. (1986) Taleworlds and Storyrealms: the Phenomenology of Narrative (Dordrecht, Martinus Nijhoff).

~~~~~~~~

By JOHN McLEOD & SOPHIA BALAMOUTSOU

Centre for Counselling Studies, Department of Applied Social Studies, Keele University, UK
Correspondence to: John McLeod, Centre for Counselling Studies, Department of Applied Social Studies, Keele University, Keele, Staffordshire ST5 5BG, UK.

Source: Counselling Psychology Quarterly, 1996 Mar; 9(1)
Item Number: 2009468358
~~~~~~~~