Living Stories, Telling Stories, Changing Stories: Experiential Use of the Relationship in Narrative Therapy

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In narrative therapy, the therapeutic relationship is seen as facilitative, although constructionist thinking emphasizes the relational nature of meaning, suggesting that the client-therapist relationship is central to developing the client's story. By contrast, humanistic/existential theories stress the mutative nature of the therapeutic relationship. This article integrates these perspectives by developing a rationale for using the story both as lived in relation to the therapist and as verbalized. The implications of this rationale for the therapist's use of his or her own experience in treatment, the active use of the relationship, and the use of reflexive procedures that draw upon the I (subject/author) versus me (object/protagonist) distinction in the client's narrative are discussed.

TWO OBSERVATIONS REGARDING NARRATIVE THERAPY

Social Construction, Words, and the Therapeutic Relationship

If there is a "catch phrase" that identifies the narrative tradition in psychotherapy, it is probably, "The person isn't the problem; the problem is the problem" (Epston, 1993b, p. 161). Pursuit of the practical implications of this line of thinking has led to the development of a rich array of ideas regarding the various types of questions that can be used to help the client externalize and deconstruct the problem and to identify preferred outcomes as well about procedures for thickening the client's new story of her or his relationship to the problem (Epston, 1993a; Freedman & Combs, 1996; Freeman, Epston, & Lobovits, 1997; Tomm, 1987, 1988; White &

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Epston, 1990). This emphasis on working with the client's verbalized story of the problem has, however, also led to a relative neglect of discussion of the therapeutic relationship in narrative therapy.

Narrative therapists discuss the therapeutic relationship indirectly in their consideration of the cultural story of psychotherapy, particularly how this story privileges the therapist's knowledge and sets up a power differential between client and therapist (Freedman & Combs, 1996; White, 1993; Winslade, Crocket, & Monk, 1997). These authors argue that therapists must be ever mindful of the cultural basis of this story and how it can be deconstructed as a protection against subtly enacting it with their clients. To privilege the client's knowing, these authors advocate that the therapist approach the client's stories with an openness to learning about novel and viable ways of dealing with problems in local contexts. They also suggest that the therapist take care to locate his or her questions in the context of his or her experience, as ways of acknowledging the cocreated nature of meaning and of privileging the client's knowledge. Beyond these general recommendations that the therapist approach the client with respect and be careful not to unwittingly interfere with the client's process of generation of meaning, narrative therapists seem to emphasize specific interventions that focus on the client's verbalized stories. These include various types of questions (Epston, 1993a; Freedman & Combs, 1996; Tomm, 1987, 1988), the use of written materials (White & Epston, 1990), and recruiting the client as an expert to help other clients (Epston & White, 1995; White & Epston, 1990).

This view of the therapeutic relationship as more facilitative than mutative is consistent with the cognitive roots of narrative therapy (Mahoney, 1993; Meichenbaum, 1995). Nevertheless, such a view of the therapist–client relationship is at least curious, if not somewhat problematic, in light of the constructionist and constructivist assumptions about the creation of meaning on which narrative therapy draws. Social constructionism (Gergen, 1985; Goolishian & Anderson, 1987; Harré & Gillett, 1994) argues that there is no reality independent of human meanings and, more critically, that meanings are not generated by individual minds but only in social interaction. Verbal interaction is central in this process of meaning creation because of the performative nature of language (Russell & Wandrei, 1996), the idea that language does not merely describe but actively generates the very state of affairs being described. Critical constructivism, which underlies some narrative approaches, holds that although there may well be a "first order reality" (Watzlawick, 1996) that exists independently of human attempts to know it, people live in terms of a "second order reality" that they actively construct. Critical constructivists allow for the possibility that some of this construction may be an individual activity, but they, too, argue that a great deal of the process of meaning making goes on among people

by means of the stories that are shared within the family, the community, and the larger culture.

Although language, verbal interaction, is given much prominence in both social constructionism and critical constructivism, there is also a recognition in these traditions that not all meaning that is generated in a social interaction is generated through the verbalized stories. Gergen and Kaye (1992) pointed out that nonverbal aspects of the interactions among people are also important in constructing the meanings operative in any given interaction. This same idea was carefully developed by Labov and Fanshel (1977) in their analysis of the structure of *speech acts*, defined as any action carried out by means of speech that serves to establish or maintain a particular relationship between the speaker and the listener. Thus, in any verbal interchange there is the meaning that is being conveyed by the verbalized content and the relational meaning that is being generated by the speech acts of the speaker. The relational level of meaning may parallel or be quite different from the story that is being verbalized by the client. Many authors outside the narrative tradition in psychotherapy (e.g., Kiesler, 1996; Safran & Muran, 2000; Wachtel, 1993; Yalom, 1980, 1995) have emphasized the importance of the story told through speech acts and given prominence to the careful, verbalized examination of that story as part of the change process. Some narrative therapists (Boothe, von Wyl, & Wepfer, 1999; Gold, 1996; Schafer, 1992) have focused on the meanings generated through the client's speech acts and nonverbal interactions with the therapist rather than exclusively on the client's verbalized stories of his or her relation to the problem.

The implication of this line of thinking for an integrative approach is that specific attention to the story told through the therapeutic relationship and active attempts to examine and restructure that story by working actively with the therapeutic relationship seem to be consistent with a narrative approach. I elaborate these integrative implications after briefly examining another issue, also relatively neglected in narrative theory but nonetheless relevant to the story told in the relationship between client and therapist, namely that of ambivalence (resistance) in treatment.

Therapeutic Ambivalence and the Problem of Awareness

Clients rarely proceed toward their therapeutic goals in a steady, linear fashion. More commonly, treatment is marked by pauses in progress, diversions into other issues–many productive, some not–and revisitations of issues previously examined. Undoubtedly, many factors contribute to this pattern, some of which belong more to the therapist than to the client, but the most basic reason seems to be that change is a difficult process. Ma-

honey (1991) summarized his understanding of a contemporary, constructivist approach to resistance in the following manner:

> To the limited extent that we can express them (chapter 10), the core ordering processes of humans are more than biological. They involve, for example, the continuity or orderliness of experience (that is, reality, meaning), the preservation of a phenomenological sense of self (identity), the perpetuation of enacted values or valences (most apparent in emotional experience), and the maintenance of some sense of power (agency, control). From such a perspective, resistance to change is not an expression of pathology but, rather, a reflection of basic self-organizing processes operating in the service of the individual's phenomenological needs to feel safe, secure and viable. (Mahoney, 1991, p. 330)

In a similar vein, Neimeyer (1995) argued that from a constructivist perspective resistance is understood as the client's reasonable effort to protect core ordering processes by regulating the pace of change.

Mahoney (1991) also pointed out that the more change affects the central tenets in a person's view of world and self, the more ambivalence he or she is likely to show about engaging in it. He explained that in light of the constructivist concept of "abstract ordering principles in experience" (Mahoney, 1991, p. 329) the person will rarely have her or his core ordering principles in focal awareness. Therefore, such principles, although understood in this perspective as important in shaping the client's problem-saturated stories, are unlikely to appear as specific components in those stories and are therefore not likely to be directly examined, if treatment focuses exclusively on reshaping the client's relation to the problem, through the thickening of stories of preferred outcomes.

Despite the ubiquitous nature of such ambivalence in clinical practice and the conceptual underpinning for it offered in critical constructivism, little is said about it in narrative theory. Chang and Phillips (1993) portrayed White and de Shazer as explicitly rejecting the concept of resistance on the basis that the concept can become a self-fulfilling prophecy in treatment, whereas Hoyt (1998) argued that if resistance is seen, it probably represents a power struggle brought on by the therapist's attempt to impose something on the client.

The work of Freeman et al. (1997) represents a notable exception to this pattern. In their chapter entitled "Thinning the Plot, Thickening the Counterplot" (Chapter 5), these authors discussed the fact that the problem-saturated story has "mass and considerable evidence to support its momentum" (p. 95) and that such stories do not typically yield readily to emerging counterplots. They pointed out that the reappearance of the dominant stories is to be expected and that the process of restorying is often a slow and painstaking one. They even acknowledged that, in some instances, more complex problems may be hiding behind the client's presenting complaints. Nevertheless, the recommendations that these authors

made for dealing with these issues are "standard" in the narrative therapy literature, such as externalizing the problem, identifying preferred outcomes, identifying strengths and unique talents, and, especially, recruiting the client into an active, collaborative effort to restory.

An integrative perspective drawing on both the humanistic–existential and the constructivist–narrative traditions offers additional ways of identifying and working with ambivalence to help the client to move beyond his or her problem-saturated stories toward a more empowering narrative. As I discuss below, these ways center on appreciating how the client's stories are lived in relation to the therapist in addition to being verbalized and in using the relationship as a way of encouraging the client to develop alternative stories. Because narratives as lived in the therapeutic relationship may reflect core ordering principles that are not as clearly expressed in the client's verbalized stories and of which the client may not be focally aware, working with these lived stories may serve to enrich and facilitate the therapeutic endeavor.

USE OF THE THERAPEUTIC RELATIONSHIP IN AN INTEGRATED NARRATIVE/HUMANISTIC–EXISTENTIAL APPROACH

Basic Assumptions of an Integrated Approach

Creation of Meaning

Humanistic–existential and narrative approaches share a rather large set of common assumptions at the level of metatheory (Neimeyer, 1993; Richert, 1999b), which makes them suitable candidates for a conceptual integration (Mahrer, 1989). Most central for the present purposes is the fact that they share a phenomenological perspective, arguing that the reality in terms of which people behave is an internal reality consisting of personal meanings. Humanistic–existential theory, especially as developed by Gendlin (1962, 1968, 1997), has argued that one critical part of the process of meaning creation is the interaction between symbols and the person's felt sense of living in the moment, that is, her or his tacit, preverbal experience. This is a process of internal checking engaged in by the individual, and it is through this process that the individual may make a contribution to the process of meaning creation that is at least relatively independent of social interaction.

Consistent with their constructionist/constructivist underpinnings, narrative therapists focus on the social processes involved in meaning creation,

arguing that meaning emerges out of dialogue with either actual or imagined others. It is crucial to remember that such dialogue not only involves the specific denotative meanings of words and linguistic structures but includes the relational positioning inherent in making a particular statement in a specific context with certain paralinguistic and nonverbal elements to the message, as discussed by Labov and Fanshel (1977) in their consideration of the concept of speech act.

Meanings, of course, do not simply emerge from the processes of reference to the felt implicit and dialogue and flit about independently like so many butterflies. Meanings are what they are also because of the context into which they are organized. Organizing meanings into a narrative, a framework in which events are placed in chronological sequence around the protagonist's attempts (intentions) to achieve resolution of some problem, renders them understandable–generates meaning beyond that possessed by the isolated events or meanings (Bruner, 1986). The stories that are generated by these processes of reference to the felt implicit, dialogue, and narrative organization constitute the reality in terms of which the person lives; that is, they constitute the person and his or her world.

Nature of Self

Self is conceptualized as both a process of meaning creation and a narrative (Richert, 2002); it is at once the processes of reference to the felt implicit and storying and the stories that are created. As content, self is thought of as consisting of a collection of situation-specific vignettes or stories, each of which may portray a different *me*, or protagonist. These stories are at least loosely organized into an overarching life narrative[1] in which the sense of *I*, or self as narrator, organizer, may be explicitly developed. Self, then, is both multiple, as reflected in the various *me*s that populate situation-specific stories, and coherent and organized, as reflected in the overall narrative.

Further, self is understood as constantly evolving, albeit at a slow pace in most instances. The specific stories and the overarching narrative are constantly being regenerated and revised as the person lives. Although the person clearly brings his or her narrative (self) to every situation that he or

[1]Because my understanding is that a person's life story is not composed simply of a random collection of vignettes or situation specific stories but that these are organized into a larger story of the person's life, I distinguish between the two by referring to situation-specific stories as either stories or vignettes and to the overarching story that organizes them as the person's narrative. Both are thought of as conforming to narrative structure and as being generated through the same processes.

she encounters through the memories, both explicit and tacit, he or she has of his or her stories and narrative, and in this way shapes the reality of the situation, the stories are also reconstituted and may be slightly changed in each encounter with life.

Theoretical Framework for the Relationship

Importance of the Relationship

If stories that restrict a person's options are the basis of the problems that people bring to therapy, and if these stories are generated both through dialogue with actual others and through internal processes (including dialogue with imagined others; dialogue between *I* and the multiple *me*s that make up self; and by direct reference to tacit, preverbal experience), then if there is change in any of these processes, there should be change in the person's stories. It is clear from the writings of narrative theorists and therapists (e.g., Freedman & Combs, 1996; Freeman et al., 1997; Harré & Gillett, 1994; Monk, 1997; Neimeyer, 1995; White & Epston, 1990) that the clinician can affect these processes by talking with the client about the problem in different ways. I propose that these processes and, therefore, the client's stories and narrative may also be altered through the relationship as lived between client and therapist.

Three ideas are important to understanding the manner in which the therapeutic relationship can help alter narratives. First, as Gendlin (1962, 1996) explained, a person's felt implicit sense of living is already different when he or she is in the presence of another person. Thus, the meanings that can be generated by direct reference to the felt implicit are also different, apart from any verbal interchange that may occur between the participants. Although he did not share the same existential/experiential framework, Mahoney (1991) also argued that interpersonal relationships are critical for human change and development because of the ability of relationships to generate strong emotion–rather than simply to transmit cognitive information.

Second, as mentioned earlier, every verbal exchange between two individuals also involves some set of speech acts (Labov & Fanshel, 1977) that establish a relationship between the interactants. These relationships, although most often not directly attended to and verbalized, certainly constitute a part of the dialogue between individuals and, as such, are part of the social processes through which stories are shared and shaped (Gergen, 1985; Gergen & Kaye, 1992; Goolishian & Anderson, 1987; Harré & Gillett, 1994).

Third, as authors from other traditions have made clear (e.g., Gold, 1996; Kiesler, 1996; Safran & Muran, 2000; Schafer, 1992), clients are highly likely to enact their problematic stories in relation to the therapist. Such enactments are potentially important in two ways. First, such interactions are likely to tell stories (or aspects of stories and narratives) that are not in focal awareness for the person and are therefore not likely to appear clearly in his or her verbalized stories about his or her relationship to the problem. Second, these enactments provide an opportunity for the therapist to interact with the client differently. Such interactions, which do not fit with the client's preferred story, constitute, in narrative terms, a refusal of the therapist to act as a receptive audience for the client's typical story. Given the importance of having an audience for one's story, as explained by White and Epston (1990), such refusal should serve to challenge that story. Such interactions may, however, do more in narrative terms. Presenting the client with what Kiesler (1996) termed acomplementary or even anticomplementary responses is always done in the context of a respectful, supportive, collaborative relationship. In this context, such actions on the therapist's part can be understood as offering to the client new interactional options, new ways of dialoguing, in the broadest sense, with another person. When such new ways are attempted, the client's story has begun to change.

Nature of the Therapeutic Relationship

Empathic. What should the client–therapist relationship look like in this integrated narrative/humanistic–existential approach? First, the relationship should be characterized by the therapist's offering (and, one hopes, the client's perceiving) the three basic relationship qualities posited by Rogers (1951). Various reviews of research on the impact of these relationship qualities provide some evidence for the idea that, across approaches to treatment, these qualities, particularly empathy, are correlated with positive outcomes (Bohart & Greenberg, 1997; Lambert, 1982; Orlinsky & Howard, 1986). Further, these relationship characteristics appear to be common to both humanistic–existential and narrative approaches to treatment (Richert, 1999b).

That the therapist strives to achieve a clear, nonjudgmental understanding of the client's construction of reality is emphasized in both the narrative and the humanistic–existential traditions. Listening empathically, attempting to grasp the particular nature of the client's moment-to-moment experience is a central hallmark of humanistic–existential approaches to treatment (Gendlin, 1968, 1996; Rogers, 1951; Yalom, 1980). Narrative therapists speak frequently of listening from a "not knowing"

stance (Freedman & Combs, 1996) or with "respectful curiosity" (Winslade et al., 1997). Despite the differences in terminology, however, what is being discussed in both frameworks is that the therapist must attempt to step back from her or his own perspective or at least to recognize the limitations imposed by that perspective and to do the hard work of listening actively to the client in an attempt to appreciate reality as the client lives it.

Prizing/respectful. Both approaches also argue that it is critical that the client be prized by the therapist. Humanistic therapists talk about this as unconditional positive regard (Rogers, 1951), and narrative therapists talk about it as approaching the client collaboratively with respect and an attitude of privileging what they term the client's *local knowledges* (White, 1993; Winslade et al., 1997). In both cases, the idea is that the therapist must have a thoroughgoing conviction of the dignity and capability of the individuals with whom he or she works.

Genuine human encounter. In somewhat different ways, both narrative and humanistic–existential approaches emphasize therapist genuineness, the human presence of the therapist to the client as an authentic, human being. Humanistic approaches do so through use of the concept of genuineness (Rogers, 1951), existential approaches in the ideas of the *I–thou* nature of the therapeutic relationship and of the "presence" (Bugental, 1987; Yalom, 1980) of the therapist to the client. Narrative therapists seem to point at the same concept in their emphasis on the therapist's locating his or her questions and comments so that the client can understand the context from which they come (Freedman & Combs, 1996; Winslade et al., 1997).

Collaborative. The ideas of genuineness and prizing are also important elements of the collaborative quality of the relationship as discussed by narrative therapists. By *collaborative* I mean that the relationship is one in which client and therapist are equals who actively strive together to achieve a common goal. Client and therapist are equal in that neither is more or less important than the other to the attainment of the goal they share. They are also equal in that they mutually influence one another in a myriad of overt and covert ways regarding how the common task is to be done. In other words, the therapeutic relationship should be of the type that Becvar and Becvar (1982) called *parallel*, in which each member of the dyad may lead or follow depending on what will best promote the common cause at any given moment.

True, active collaboration necessarily rests on a deep respect for the important contribution that each participant must make to the common task. In this way, it incorporates elements of the humanistic–existential concept of prizing. This type of active collaboration also implies the *I–thou* quality or mutual presence of client and therapist. It is not possible for the kind of intensive, common effort being described here to occur without two

people authentically engaging one another. Although there will necessarily be a disparity in terms of the amount and type of information being exchanged, because it is revision in the client's narrative that is the goal, this kind of common effort cannot be sustained unless each participant understands clearly where the other stands in doing this work. And although the therapist's "professional *me*" is only one among a number of protagonists in her or his life narrative, that story is part of one life narrative. Therefore, if the therapist shares that story with the client by actively living it out with him or her, two things will, I think, necessarily be true. One is that the sharing of the "therapist *me*" with the client will always reveal more of the therapist as a whole person than will be overtly verbalized. The second is that the story of the "therapist *me*" becomes subject to revision by this active involvement with the client, and through that the therapist's narrative as a whole can be altered. That is, according to Bugental (1987), the heart of presence, that a person is at once visible and vulnerable to another. It is my contention that to experience such a relationship with another person is in itself the foundation for significant shifts in the client's life narrative.

Active. Collaboration implies mutual activity. The therapist is active in asking those questions, making those reflections, and suggesting those experiential exercises that he or she thinks will help the client to generate new meanings and open new possibilities. The therapist should also be active in soliciting feedback from the client regarding what is working well for her or him and what is not.

The client will, ideally, be active in several important ways. First, she or he should be active in telling her or his stories to the therapist. This will occur on a conscious, overt, verbal level and just as actively but with considerably less awareness through the interactions, the relationship established between client and therapist. The client should also be active in a process of internal exploration and examination and in a process of risk taking, actively trying out new things both inside and outside of the consulting room. Finally, the client must be actively involved in monitoring the progress of the common work and in negotiating with the therapist about how they will proceed.

Consistent with the ideas of respect for the client, of privileging the client's goals and preferred manner of working, a good therapeutic relationship will not necessarily always achieve the level of *I–thou* connectedness sketched here. Some clients, perhaps particularly those who are struggling with what Beutler and Clarkin (1990) termed "habits" or "transient problems," may prefer to achieve, and be successful in achieving, their therapeutic goals by focusing on concrete, verbalized, problem-saturated stories. However, if this does not work well for the client or if the client comes in wanting and expecting a broader focus, which may perhaps be

more true for clients experiencing what Beutler and Clarkin (1990) termed "complex" problems, then explicit work with the therapeutic relationship may be particularly helpful.

Using the Therapist's Experience of the Relationship

Nature of the Therapist's Experience

Therapists clearly do not approach working with each new client tabula rasa. It is inevitable that the therapist will bring his or her own narrative to the treatment situation, including his or her story about being a therapist. The therapist will, of course, also develop a story about doing therapy with this particular client, and that story will be shaped by his or her more general story about doing treatment and his or her overall life narrative. Because of the multiple processes involved in the creation of meaning, the therapist's story of working with the specific client, his or her story of being a therapist, and his or her broader self-narrative will inevitably change over the course of working with any person. It is the totality of these ongoing, constantly changing processes of meaning making–both the stories that are explicated in awareness and the preverbal, tacit, or felt elements–that constitutes the therapist's experience of being and working with the client.

The therapist's experience is shaped not only by the client's verbalized, situation-specific stories about his or her relations to problems but also by the story that the client enacts through speech acts with the therapist. Boothe et al. (1999) acknowledged this in discussing how the presentation of any story is always a way to engage the listener emotionally. Kiesler (1996) pointed at the same phenomenon in his concept of interpersonal "pull," which is basically the idea that, in interacting, a person is always attempting to elicit complementary responses from the listener–in narrative terms, responses that fit with the story that the person is telling in his or her actions. Thus, this sense of pull is a very important part of the therapist's experience.

The therapist's experience as described here can be quite useful to the conduct of treatment in at least two broad ways. First, it can serve as a basis for identifying opportunities for exploring the possibilities for new meaning in the client's explicit, verbalized stories. Second, it provides the therapist with an opportunity to begin to understand the client's broader narrative, which is often not clearly presented in the client's situation specific stories but is enacted through speech acts directed toward the therapist. Because the overarching narrative can constrain situation specific stories, the therapist's experience can offer client and therapist additional opportunities to

work on issues of ambivalence and empowerment (*I* as author) should the client desire to do so.

Dealing With the Client's Verbalized Stories

The therapist's experience can be used to help identify opportunities for change beyond those offered by the client's recall of "preferred outcomes" (White, 1993) or "sparkling moments" (Freedman & Combs, 1996). As the therapist listens to the client, his or her understanding of what the client is saying always rests in part on how what is being said now fits or fails to fit with the context of both the client's verbalized story and the therapist's experience of their work together. When things do not fit the context, interrupt the flow of the story's plot line as understood by the therapist, this constitutes a therapeutic opportunity. Such moments of interruption or lack of fit may, of course, occur simply because the therapist has misunderstood the client. If the therapist checks with the client at this point, then, at a minimum, a common understanding can be reestablished, which is a way of privileging the client's understanding and serves to maintain or strengthen the therapeutic relationship. Such checking also encourages the client to review whether what was said fits well with her or his own tacit sense of the story she or he is telling and can thereby enrich the client's meaning making.

However, in some instances the therapist may have understood the client accurately enough, but what is being said truly does not fit with the story that the client is developing. In such instances, discussion of the differences in understanding can be a means of opening possibilities for the client. Sometimes the break in the continuity of the story may occur because the client has related an event that does not fit with his or her verbalized story line. For example, a client who has been talking about angry interactions with others and working on externalizing and controlling anger might make a passing comment about being fearful in interactions with others. Such statements are typically ignored by the client precisely because they do not fit the structure of his or her story. From the integrative perspective developed here, the therapist's experience of such anomalies can be legitimately used as a basis for opening exploration. Examination of such misfit statements might lead to the identification of other aspects of the client's lived (although not currently explicitly verbalized) problem-saturated story or even of preferred outcomes.

In other instances, the therapist may experience a lack of continuity in the story line because of a genuine difference in the meanings being constructed by client and by therapist. The therapist has understood the client but sees a different set of possibilities for development of the story. Such

differences can be unique opportunities for change and growth. If you are walking in the woods and see only a mass of trees, and your companion mentions to you the difference between coniferous and deciduous that he sees, it is an opportunity for change in the way you construct your world. Use of such differences in construction underlies many common therapeutic interventions such as reframing, teaching logical disputation, deconstruction, and interpreting. An open acknowledgement of these differences in understanding and perspective that may occur between client and therapist can help the client to see that there are options, other meanings that are possible. What is, of course, critical is always to respect the client's right to determine the relevance and acceptability of any options that are generated. And it is also important that the specific instances of misfit in the therapist's story chosen for discussion by the therapist (because there will always be far too many to focus on all of them) be near enough to the client's story that he or she will be able to place them in some context. It is also important that they be presented in such a way that will not arouse high levels of anxiety and avoidance (Wachtel, 1993). The active, collaborative nature of the relationship proposed here should itself facilitate using the therapist's experience to identify potentially valuable differences in a helpful, empowering rather than disenfranchising manner. If the relationship is understood by both parties as one in which any idea put forth by either party is subject to careful scrutiny by all parties as to its relevance to attaining the client's ends, and if the therapist actively promotes such scrutiny with his or her questions, then the fact that the therapist has introduced his or her idea or perspective does not inherently diminish the client's autonomy.

Dealing With the Client's Enacted Narrative

Addressing ambivalence. As the client tells his or her explicit, problem-saturated stories to the therapist, he or she is also constantly enacting his or her broader narrative vis-à-vis the therapist through speech acts. The therapist's tacit experience of this relationship as well as his or her explicit storying of it (regardless of the particular theoretical terms used in that storying) can help the client and therapist to deal with ambivalence and to work on developing an empowering narrative for the client by addressing the issue of self as *I*, author/narrator (Richert, 2002).

As discussed earlier, ambivalence occurs when clients encounter the constraints placed on their attempts to develop new situation-specific stories by their overarching narrative. Clients are frequently not focally aware of the nature of their overarching narrative. Rather, the broad but highly important strokes that shape the plot in their life narrative and constrain

the nature of the *me*s, protagonists, that populate their situation-specific stories have typically been taken over from larger stories offered by the culture and significant others without ever being clearly verbalized. This broader narrative constitutes the context in which the situation-specific, problem-saturated stories that the client can verbalize are located. Therefore, the narrative can place significant constraints on the possible solutions available to the client just as well as can the structure of the particular problem-saturated story. The client's broader narrative and the constraints it imposes on the client's manner of dealing with problems can often be identified by the therapist's attention to the impact of the client's speech acts on the therapist's story (experience) of doing treatment with this client. Attending to this broader narrative, then, provides an opportunity to deconstruct aspects of the broader narrative that are imposing constraints on the *me*s that are constructed in specific situations and therefore limiting the options available to the client for dealing with those situations. Preferred outcomes in terms of the story line of the broader narrative can also be identified and contextualized.

My work with Ann can provide a brief illustration of these ideas. Ann was a highly intelligent, young, and successful professional woman who had been sexually abused as a child. She entered treatment because of depression, and the two specific problematic situations that she focused on were a conflictual and draining relationship with her parents and the emotional toll her work was taking on her. She could elaborate in great detail on the dysfunctional patterns of interaction in her family of origin and even be reasonably articulate about various ways she had and could again disentangle herself from these interactions. She tentatively identified those times when she had done so as preferred outcomes. A similar pattern was seen in her discussion of her work situation. She was very clear about the highly demanding nature of her work and what she realistically could do to set limits. Again, she identified times when she had effectively set limits as instances of preferred outcomes. Ann's *me* as presented in these two particular stories centered on intelligence and competence, and the plot line seemed to center on successful struggle against great odds. The latter was, indeed, a plot line that Ann occasionally directly verbalized and saw as typical across many areas of her life. Yet as I worked with Ann to begin the process of contextualizing those preferred outcomes, examining how she had been able to accomplish them and anticipating times when she might do so again, working clearly within the framework of the plot of her stories, I became aware of a growing sense of frustration. I was getting information inconsistent with my own story of how Ann and I were working together–specifically, that although Ann verbally endorsed the new story we were developing, she was not actively elaborating it, even verbally in the consulting room, much less in her actions outside of therapy. I chose to meta-

communicate regarding my experience in treatment, which prompted expressions of anger and hopelessness from Ann. As we explored these feelings further, it became clear that they were part of a quite different narrative. Although Ann was and clearly valued being a competent, independent woman, there was a broader narrative about life as a woman that was active, though not verbalized in awareness for Ann. One important element in that narrative was that, for a woman, love and tenderness are irreconcilable with independence and competence. Although on a verbal level Ann rejected that idea, she agreed that this was what was being played out between us. Her reluctance to move forward with the stories of competence in the specific problematic situations she brought to treatment, that gave rise to my sense of frustration, was reflective of the plot line in her broader but until then unspoken narrative of life in which competent, independent women inevitably ended up isolated and unhappy. She did not verbalize this aspect of her broader narrative but enacted it with me by not acting competently–not doing the very things that she herself identified as having been helpful in the specific problematic situations.

I am not arguing here that it would not have been possible to reach discussion of this broader narrative in Ann's life through the use of more traditional narrative interventions, such as more detailed questioning regarding the preferred outcomes in the specific problematic situations or questions that perhaps helped to redefine just what the problem was in those situations. I am, however, arguing that use of the therapist's own experience of working with, being in relation to, the client is another viable way to open consideration of the broader narrative.

A concern that could be raised regarding such use of the therapist's personal experience is, of course, that of disempowering the client by directing attention to specific bits of interaction and requesting that they be dealt with. However, both the narrative and the humanistic–existential therapies acknowledge that, inevitably, the therapist is going to make some contribution to how the client constructs reality. It is impossible to avoid making a contribution to avoid disempowering the client. What both existential and narrative therapists (Bugental, 1987, 1990; Freedman & Combs, 1996; Winslade et al., 1997; Yalom, 1980) have consistently argued, and what I am suggesting here, is that it is necessary for both client and therapist to be clear about when the therapist is contributing, what is being contributed, and the context in which that contribution is rooted. It is also critical that the therapist always use his or her influence in the service of promoting alternative stories that will empower the client.

Living differently with the client. Constructivists argue that meaning is cocreated. In other words, the meaning or story that emerges from any interaction must result from actions, verbalizations, or other behaviors on the part of each participant that somehow fit with or coordinate with the

behavior of the other participant. If Person A offers a meaning that is not grasped or accepted by Person B, that meaning will not be operative in their interaction and would not be likely to become a part of the story (reality) being generated in their interaction. This would, of course, be true regardless of whether the meaning was offered verbally or nonverbally through speech acts.

For example, a child might attempt to tell a story of his or her competence in self-care either by talking about how he or she would cook a simple meal or by actually doing so. A parent could impair the affirmation and elaboration of that story either by failing to attend to the child's statements or by recounting instances when the child's attempts to cook did not succeed. If the child is telling his or her story by actually cooking, the adult could block development of that story by stepping in and completing the preparation or by hovering and giving detailed instructions on how each step should be carried out.

The point is that actions as well as verbalizations can be effective in either blocking or facilitating the thickening of any particular story. Therapist interactions that fail to promote elaboration of the client's typical problem-saturated story or that invite direct revision of the story as enacted in the therapeutic relationship can promote revision in the client's larger narrative. Because speech acts are an important way of telling one's story, if one acts differently, one is, in that very action, telling a different story. Further, people are meaning-making creatures and will always seek to make sense out of what is happening by storying it in some way. Therefore, when meanings offered by the client are not accepted by the therapist in the sense that they do not elaborate the ongoing story of the client–therapist interaction, the client will work at making sense of this in some way. Therapists working from the integrated humanistic–existential/narrative approach being suggested here can, then, profitably use their own experience of the relationship (story of working with this particular client) as a basis for interacting differently with the client. This can take the form, following Kiesler's (1996) distinction between acomplementary and anticomplementary interactions, of either simply not affirming a particular narrative element offered through a speech act or of interacting with the client in a way that actively offers to the client a different story line regarding their work together.

The following vignette from my work with Paul provides an illustration of these ideas. Paul came to treatment on the recommendation of his substance abuse counselor to deal with issues beyond his substance abuse. Paul was working successfully to remain free of drugs and alcohol but was struggling with feelings of anger, especially toward his parents; difficulty in forming close interpersonal relationships; and a rather general sense of desperation about getting his life in order, which included finding a job and

eventually moving out of his parents' home. Paul was very verbally skilled and quite cooperative in treatment. He shared very detailed stories about his various problematic situations, clearly identified preferred outcomes in the different situations, and even actively worked on enacting the stories around the preferred outcomes outside of therapy sessions. As Paul and I worked together, two things became clear. One was that the results of Paul's and my efforts were substantially greater in some areas than in others. Specifically, Paul was having some success in finding a job and taking control of his life financially and in managing his anger in ways that were more acceptable to him. He continued, however, to experience considerable difficulty in the area of forming satisfying interpersonal relationships. The second was that Paul's overarching narrative seemed to be one in which *I* was seen as good, kind, and hardworking but ultimately relatively powerless. The plot of this narrative appeared to be that if one worked hard, did not anger the powers that be, and was patient and steadfast, good things would happen in the end. However, in Paul's narrative, to want something badly and to work actively and directly to get it was to invite the wrath of capricious, jealous holders of power, thus making attaining one's desired goals less likely.

Although early in treatment Paul did not focus on this broader narrative as much as on his situation-specific problematic stories, he had spent a good deal of time reflecting on his life and had a good awareness of this narrative. As we began to work on deconstructing that story, he could even fairly readily identify and begin to question the roots of that story in religious training he had received and in his parents', by his report, rather passive yet self-serving approach to life.

This broader narrative was also apparent in Paul's interactions with me. We spent much time working hard together attempting to thicken his stories surrounding preferred outcomes in specific problem situations, and he expended considerable intellectual effort on verbal attempts to deconstruct his broader narrative. However, in another way, Paul seemed to me rather absent from the interchanges, in that there was never any questioning or challenging of what we were doing, nor ever any expression of shared delight in having accomplished something. In short, Paul was enacting with me a version of his overarching narrative–work hard, don't show too much investment, don't threaten, and wait patiently.

The limiting effects of this narrative were particularly evident to me in how, when distressed or discouraged, Paul talked at length about these feelings and about his wish for support. In doing this, he was clearly inviting me to join him in his story of working hard, finding the right answer, and pleasing the powers that be. But in so doing, Paul was also not acknowledging, much less acting on, the possibility of obtaining some support and consolation from me at that moment. That possibility was precluded by his

narrative, in which such beneficence could not be actively sought but was given only at the discretion of the "powerful ones".

At one point when Paul was expressing particular emptiness and sadness over the emotional distance that he had always experienced between himself and his father, and inviting me into an enactment of his usual narrative by intellectually exploring the origins and impact of this relationship, I attended to my own experience of at once wanting both to contact and to comfort Paul and of how doing so would be nice for both of us but merely "more of the same" in that it would fit the storyline of Paul's overarching narrative. It would have been a gift from the powers that be. Therefore, I asked Paul what it was like to be so lonely and hurt in the presence of another person. His first response was to assure me that he was not embarrassed by sharing that emotion with me. However, when I persisted by telling him that I had not thought that he was, Paul was momentarily stuck. This interchange clearly did not fit the storyline being enacted between us, and Paul could not, at that moment, see options outside the structure of his usual narrative. I then went a step further by asking him softly if by any chance he might be looking for anything from me at this moment. He did not say anything, but his eyes filled with tears, and I said to him that I guessed it must have been pretty terrible to reach out to Dad and not be sure that he'd be there and that I was sorry that this had been his experience. His response was, "Thank you."

The foregoing is not the kind of therapeutic interchange that one typically sees described in most works on narrative therapy. Yet I maintain that in an integrative approach making use of the narrative as "told" in speech acts, interactions such as this are an additional and potentially effective way of working with clients to generate different narratives that open new possibilities for living.

Reflecting on new lived experience. I have argued elsewhere (Richert, 1999a, 1999b, 2002) that it is useful to move between the experiential level of working with the enacted narrative and verbalizing a new story that incorporates the new interactions. Such use of what Yalom (1995) termed the *reflexive loop* offers, in narrative terms, a unique opportunity to examine how recent interpersonal events fit into and potentially change the client's narrative. This may be particularly important for developing the sense of *I* as author (empowerment) in the client's overarching narrative. When the client is invited to review recent interactions and to assess how they do or do not fit his or her current overarching narrative and, especially, whether or not they represent preferred outcomes, the client is being empowered. Further, when such interactions (variations in the enacted narrative) are reviewed, the things that the client has done differently that have resulted in a new and hopefully preferred outcome are fresh and can be easily emphasized and contextualized. This review helps to empower the

client because the client can see that he or she can select what he or she prefers and also what he or she can actually do to bring about those states of affairs.

Paul and I made frequent use of such reflection on interactions in our work together. The net result of this activity was that Paul began to talk about himself as being as worthy as anyone else of having satisfaction in life and also as being strong enough to handle the disappointment if he did not get what he wanted in any particular place that he happened to look for it. These characterizations of *I* in his overarching narrative were quite different from those with which he entered treatment and were reflected in increased options for action by the various *me*s, the protagonists in his situation-specific stories. For example, Paul was able to take the initiative in offering his father emotional support rather than waiting for his father to offer it to him.

IS THE FOREGOING TRUE INTEGRATION?

Sarbin (1986) has argued that the narrative metaphor is a new base for all of psychology. Critical constructivism is likewise a very broad conceptual framework. This breadth makes it easy to translate concepts from other theoretical frameworks into constructivist/narrative terms. But Mahrer (1989) warned against such translation as an approach to psychotherapy integration, arguing that it provides no real new opportunities for practice nor advances in understanding. In what ways do the ideas offered here go beyond simple translation into a narrative language?

I think that there are several ways the proposal made here goes beyond mere translation to offer a fresh understanding and different options for conducting treatment. First, the proposal rests on a different understanding of the processes of meaning creation. Meaning is understood to arise out of the interaction of two people, each of whom brings to the interchange his or her own process of meaning creation (self-reference, in Gendlin's, 1962, terms). This assumption is clearly neither purely constructivist nor purely humanistic–existential in nature but represents a fusion of the two perspectives. It goes beyond the assumptions underlying each framework and yet is compatible with those assumptions, representing an attempt at what Neimeyer (1993) called theoretically progressive integration.

Second is the idea that stories are not always told verbally but are also told by means of speech acts, which occur largely outside the focal awareness of the teller of the story. If the therapist attends to this lived story and lives differently with the client in the therapeutic sessions, he or she will be inviting the client to a different story. This idea is compatible with typical narrative practice but goes beyond the usual focus on the client's verbally

presented story of his or her struggle with some particular life-space problem, thus offering an integration at the level of strategy and techniques (Neimeyer, 1993). Similarly, the traditional humanistic–existential procedural framework is expanded through an appreciation of the interpersonal processes involved in the creation of meaning. An appreciation of this social component in meaning creation frees the therapist from the relative passivity inherent in the idea of helping the client discover his or her "true, inner" meanings. The therapist can freely, albeit tentatively, hold out meanings for the client's consideration.

The understanding of ambivalence in this integrated perspective is also freeing for the therapist. Humanistic–existential theory uses a traditional concept of defense, so that in dealing with client ambivalence (resistance), the therapist is forced to take the stance of claiming to perceive a reality about the client that the client cannot yet see. The integrative perspective presented here understands ambivalence as a reflection of the inherent limitations in the problem-saturated story and of the stability of core ordering processes. Working from this understanding, the therapist can freely draw on his or her experience of the story the client is telling in words and in action and share his or her thoughts and observations with the client devoid of the implication of seeing a truth about the client that the client cannot. For the therapist to avoid the expert stance implied in seeing defenses is certainly consistent with the emphasis on the *I–thou* nature of the therapeutic relationship in existential thinking.

A further practical implication of this integrative view of ambivalence is that when progress toward thickening the stories surrounding preferred outcomes is limited, the therapist can examine the context provided by the larger narrative as lived out in the therapeutic relationship to help understand and approach this difficulty, a possibility not typically discussed in presentations of narrative therapy.

Associated with and supporting the integrative perspective on the understanding and use of the therapeutic relationship are several other ideas that exceed sheer translation and move toward a genuine integration of narrative and humanistic–existential ideas at both the level of metatheory and of strategy and techniques. These are described only briefly here, as they have been presented more fully elsewhere (Richert, 1999a, 1999b, 2002).

Humanistic–existential approaches to therapy have traditionally given great emphasis, even precedence, to bodily, felt, or organismic experience (Gendlin, 1962, 1968, 1997; Rogers, 1951). This emphasis has occasionally been interpreted as meaning that there is a kind of bodily wisdom that is greater or better than more explicitly cognitive ways of knowing. Although, as is quite clear from the writings of Mahoney (1991), constructivist approaches to therapy do not place exclusive emphasis on conscious cognitive

processing and logic, much writing in narrative therapy has certainly emphasized the client's consciously verbalized stories. An integration of these two traditions gives priority to neither felt experience or conscious thought but rather emphasizes the interplay between the two, taking the position that felt or tacit experience may involve various types of nonverbal cognitive processing and that consciously verbalized thought both arises from and changes tacit or felt experience. Pragmatically, this position opens the door for therapists to move freely between experiential and more cognitive types of interventions in the conduct of treatment, with an understanding of how these processes complement one another and tend toward the common goal of change in the individual's way of living.

In using a concept of defensiveness, humanistic and existential therapies subtly direct the therapist to look for avoidance of fear and pain, which is, of course, an internal rather than external or situational explanation of why a person is not living life more fully. The integrative framework offered here expands the therapist's scope by directing attention to the ways stories may simply fail to define options (rather than defining them as possible but fearful–which may also happen) and, through the emphasis on the social aspects of meaning creation, to the examination of external factors that affect a person's ability to move toward desired goals. An integrated perspective, then, can help the therapist to maintain a balanced perspective on constraints and possibilities and to help guide treatment between the Scylla of a subtle belief in unconstrained power and possibility and the Charybdis of a focus on the fears and processes that restrain change.

Finally, from the integrated perspective offered here, self is understood as both story and the process of storying. For narrative therapists, self is constituted only in the interactions between people, and for humanists and existentialists it is an internal essence that is relatively unchanging across situations. In this integrated perspective, self is both the process of generating meanings and the meanings that are generated. It is in that combination of process and content, which is certainly influenced but not determined by social interaction, that the uniqueness and subjective sense of identity of the individual lies. It is understood as at once multiple–in that there are many *me*s, protagonists, that populate the person's various stories–yet unitary–in that there is but one *I*, narrator, who weaves all those stories into a relatively coherent life narrative. The practical, treatment implication of this blending of narrative and humanistic–existential ideas is that if the client and therapist can live together in ways that are outside the client's typical narrative, and if they also specifically focus back on these differences and consider their acceptability to the client for reshaping the client's narrative, then change in that narrative and in the client's empowerment to live as he or she wishes can be promoted.

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