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NARRATIVE COHERENCE AND PSYCHOTHERAPY: A COMMENTARY

JEFFERSON A. SINGER and BLERIM REXHAJ

Department of Psychology, Connecticut College,
New London, Connecticut, USA

As a nascent perspective in psychology and psychotherapy, the narrative approach adopts an implicit vision of "the good life," one that informs its criteria for what constitutes a good or coherent story, and by extension, what represents the goals of treatment. A close reading of the contributions to this special issue identifies six defining features of narrative adequacy, which suggest that a healthy or adaptive narrative is one that is (a) relationally oriented, (b) socioculturally anchored, (c) imbued with a sense of personal authorship, (d) open to reflection and the recognition of alternative positions, (e) flexible versus rigid, and (e) amenable to "stage direction" by the story-teller. With allowance for the cultural constraints implied by the emphasis on the autonomy of the narrator in this account, such criteria help explicate the possible meanings of narrative coherence, and contribute to the future development of this perspective.

> Psychotherapy is . . . the informed and planful application of techniques derived from established psychological principles, by persons qualified through training and experience to understand these principles and to apply these techniques with the intention of assisting individuals to modify such personal characteristics as feelings, values, attitudes, and behaviors which are judged by the therapist to be maladaptive or maladjustive.
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> (Definition of psychotherapy, Meltzoff & Kornreich, 1970, p. 4, cited in Gurman & Messer, 2003, p. 4)

After 25 years of practicing psychotherapy, the first author of this article finds it slightly ironic that he is far more concerned now than when he started with the question of what he is trying to

Received 4 September 2005; accepted 25 November 2005.
Address correspondence to Jefferson A. Singer, Ph.D., Department of Psychology, Connecticut College, New London, CT 06320, USA. E-mail: jasin@conncoll.edu

accomplish as a therapist. In an ideal world, all young therapists might begin their professional careers with a careful inquiry into the overarching goals and moral assumptions of their chosen vocation. Regrettably, though perhaps necessarily, most young therapists take for granted that they have begun their training as practitioners in order to help people "get better" or become "healthier and happier." However, over the years of conducting therapy, we inevitably grow more concerned about the ultimate purpose of our work beyond the mere amelioration of symptoms. What indeed is the larger vision of the "good life" that lies beyond the interventions and recommendations that we make as therapists? Is the good life for which we serve as guides a life of unmitigated happiness or the realization of individual potential or begrudging adjustment to the arduous demands of work and family? Toward what Holy Grail or "mature acceptance" do we lead our clients? It seems to us that this question matters greatly in that it dictates many of the choices we make in how we conceptualize our clients' concerns and then intervene to relieve their reported suffering.

This special issue of *JCP* offers its contributors and readers a rare opportunity to ask such questions of a nascent form of psychotherapy sooner rather than later in the life course of its development. As Dimaggio explains in his opening commentary, the "narrative paradigm" has been newly taken up widely across the globe and is rapidly influencing the theory and practice of psychotherapy. We are indeed moving into a period where attention to the narrated self and the coauthored narratives shared by client and therapist is burgeoning. Since this narrative movement in psychotherapy has yet to coalesce around a shared terminology, set of principles, or techniques, the time is still ripe to ask the very questions that we wished were more often raised with regard to more established therapies, such as cognitive-behavioral, psychodynamic, or humanistic. Here are some of the fundamental questions that we believe it would be wise to consider:

1. What do therapists concerned with narrative conceptions of the self consider a healthy or good self?
2. By extension, what do the same therapists judge to be "maladaptive or maladjustive?"
3. What should the therapist's role be in taking action to modify these maladaptive "personal characteristics?"

In considering these questions in light of the assembled articles, the editor made the wise choice of having the first article authored by a personality psychologist, Dan McAdams, rather than a clinician. In the first author's recent book, *Personality and Psychotherapy: Treating the Whole Person* (Singer, 2005), he argues that psychotherapy invariably draws on our conception of what a person is and how we understand the structure and function of personality. In McAdams's contribution, he attempts to answer the question of why it is important to individuals to be the authors of coherent life narratives. His answer acknowledges that

> Any consideration of narrative coherence must eventually come to terms with the characteristic assumptions regarding what kinds of stories can and should be told in a given culture, what stories are understandable and valued among people who live in and through a given culture. And the same consideration cannot be divorced from cultural expectations regarding what kind of lives people should live. (McAdams, this issue)

So what expectations does McAdams convey about the healthy and good life in our culture? McAdams writes that stories "exist to be told." In other words, individuals tell stories to make connections with others, to convey information and to be understood. Therapists who highlight narrative as a primary aspect of personality see human beings as inherently relational and compelled by a need to engage in meaningful communication with each other. The telling of a story assumes a listener who can receive the content and understand the communication's import. To be a healthy human in this view is not simply to keep a record of experience as a sensory image, but to organize experience into a sequential text that captures the vicissitudes of human intention organized in time (Bruner, 1986). The social nature of all human cultures requires that we exchange language-based accounts of experiences (though this language need not be verbal in its medium).

Incumbent on this exchange of story is the demand that the other who receives the communication can make sense of it—that it is, indeed, meaningful to the audience. As McAdams notes, the attributes of coherence may vary from culture to culture, but the universal implication is that stories that cannot be understood by the other, that cannot be received meaningfully by the intended audience, are not good stories, are "maladaptive" for the individual. Why should this be the case? For the simple reason

that when one is not understood, actions may be misjudged and intentions misattributed. The result is likely to be conflict and/or a sense of isolation, the deep sense that one is not in sync with the other. A lack of understanding among people weakens their social bonds and can lead to mistrust and suspicion, and perhaps ultimately a breakdown in relationship.

Across all the case studies presented in this collection of articles we can see that individuals' inability to construct coherent narratives of their lives leaves them in situations of alienation and isolation from their family, friends, coworkers, and therapists. Both Lysaker and Salvatore et al. in their respective case descriptions in this issue highlight the therapists' feelings of anxiety and their accompanying desire to flee from clients who bring fragmented and incoherent narratives to their therapeutic hours. These therapists register their own gathering states of confusion and disorganization in response to their clients' chaotic narratives. The therapists' discomfort mirrors the effect that clients' incoherent narratives have on significant others in their lives. Based on this reflection, the therapists' role is to move the clients toward coherence and a greater capacity to make meaningful connection with the audiences in their lives.

Just as others hear our stories, they are also heard within the tellers' minds. Storytellers gain self-understanding and insight into their goals, intentions, and desires by examining how they have translated their own experiences into an enduring narrative. The fact that we have the capacity for self-consciousness—not only an ability to register our uniqueness as individual entities, but to step back and think about the distinct entity that is ourself—creates an inherent challenge to our notion of narratives as shared social communications. Despite their powerful social origins, our stories can be thought about privately. This capacity to reflect on one's own story and to see it as one's unique narrative may be emphasized more in some cultures than in others, but there is little question that in contemporary western cultures it plays a crucial role in personality. When we tell a story from our lives to others, do we feel that we are the authors of the story; does it belong to us or did others force it upon us? Coming from another angle, is the story that we tell and believe to be an accurate account of experience received with agreement and conviction by our audiences? Finding our own story coherent to

our sense of identity is critical, but not sufficient in our relations with others. Do they find it plausible? Are they willing to accept the meaning it conveys?

What then might be the contributors to this special issue's views on the balance between the individual's ownership of a narrative and the audience's willingness to buy into the same story? McAdams provides some insight into his view when he discusses cases presented by Josselson (2004) in which the therapist resists a client's pressure to have her story told for her. Neimeyer et al. also clearly help their client, Sandra, to gain an increased control over her narrative of the aftermath of her mother's suicide, whereas the Lysakers' client, Purcell, suffering from schizophrenia, slowly regains a sense of agency in his narrative, though as they point out, this agency is not removed from a more acute sense of loss, trauma, and frustration. The value behind these accounts is that healthy individuals cannot simply inherit the stories given to them by authorities or intimate partners in their lives. Recalling Erikson, identity is forged from an engaged pursuit rather than foreclosed acceptance of values, vocation, and spirituality. Although the therapists in this special issue appear highly attuned to the numerous influences of culture on narrative formation, they still see individual authorship—the "authority" of the individual—as a sign of good health and adjustment.

By this token, the therapist's role in modifying personal characteristics is a facilitative rather than authoritative one. As evidenced by the case studies presented in this issue, these contributors are not seeking simply to install a set of healthy narratives in their clients' personality. Rather, they portray themselves as working with clients to enhance their ability to author their own stories that are meaningful to others, but also retain a personal and specific meaning to the individual. Clearly, this is a culturally-laden stance that these therapists strike, and there is nothing wrong with taking this position, as long as they acknowledge it as exactly that—a culturally-situated moral stance about the importance of autonomy and individuality in the lives of their clients.

With the endorsement of an individual authorship based in self-reflection, these authors also emphasize the capacity for distance from one's stories that this reflexive cast of mind enables. Hermans describes the development of a "metaposition" that creates distance from the interior voices of the self. One is able to

move from prisoner of destructive narratives to a "distance-taker" and ultimately "perspective-shifter" who is able to direct and coordinate the polyphonic narratives that populate consciousness. For the Lysakers' client suffering from schizophrenia, improvement is measured largely by signs of "metacognition," the ability to step back from the products of one's thoughts and recognize their significance for oneself and others. For Neimeyer et al., the client must identify "third speaker" narratives that have infiltrated into her ongoing narrative and coopted her understanding of the role of her mother's suicide in her life. In all of these cases, authorship (or authority) grants individuals control over their stories. This control extends to the content, emotional significance, and function of the narratives they call their own. With this distance in place, one is no longer dominated or driven by a given story, but able to make use of it or discard it, as dictated by the demands of the situation and the goals of the individual.

We can then add that therapists who endorse narrative as central to their work see the good life as based, in part, on a capacity for rational evaluation and tempered judgment. Similar to the stage director metaphor, favored by Hermans, we are one step removed from the play, always able to watch in the wings, one eye on the action, and one on the audience (which consists of others, but also ourselves). Also, like the stage director, we are ultimately able to bring an overall vision or unity to the multiplicity of voices that constitute the self.

There are two remaining criteria that seem to guide these contributors' shared perspective on what makes for a healthy life based in narrative identity. They are complexity and flexibility; we raise them together because we see them as highly linked in the roles they play for the well-adjusted individual. Across the articles collected in this volume we see that narrative rigidity is as much a problem as disorganization. Lysaker defines for us the problem of the *barren*, *disorganized* and *monologue* narrative selves. These three categories are clearly derived from the old categories of the Catatonic, Hebrephrenic, and Paranoid forms of schizophrenia. The disorganized narrative is so fragmented (hebephrenic) that it offers too many answers without an ordering or hierarchical principle. Just as concerning though, the barren (catatonic) narrative offers few or no answers to demands of complicated interpersonal interactions. Finally, and perhaps most familiarly

in the world of the typical psychotherapy, the monologic (paranoid) narrative self reduces diverse interpersonal interactions into the same old story, replacing nuance with a single-minded and often misguided understanding of intentions and action. McAdams writes that "Stories that succumb to a single dominant perspective, no matter how coherent they may seem to be, are too simplistic to be true; they fail to reflect lived experience."

The problem then, as defined across the contributions to this special issue, is one of finding a balance between a rigid adherence to a single voice and the risk of fragmentation when one attends to a multiplicity of narrative voices. In Hermans's case presentation, the client, Lisa brings to multiple experiences in her life the echoes of a dominant inner voice that tells her she is no good and likely to fail. Sarah, the client in Neimeyer et al.'s case study, must find alternatives to the reductionist narrative that traps her as "the victim" in the wake of her mother's suicide. For the Lysakers' and Salvatore's clients, the problem is not an unwillingness to expand their narratives to encompass more complexity, but the inability to make sense of complex events and emotional responses. Their narratives often disintegrate into meaningless fragments due to the clients' failure to find unifying threads that could render their experience coherent and capable of being articulated to others.

For each of these authors, the healthy individual creates a narrative account of the contradictory and shifting nature of contemporary life, but is not overwhelmed by its ambiguity and uncertainty. As described in step-by-step detail in the Neimeyer et al. case study, the therapist's role in inculcating this narrative flexibility is to offer an empathic and nuanced understanding of the client's experiences that models congruence of emotion and thought, enhanced awareness of latent meanings, and commitment to an ongoing process of narrative revision in the context of personal growth.

The normative stance of the narrative therapist then is to promote an agility of storytelling—the nimble ability to shift to new ways of seeing and understanding the text of experience in order to avoid reductive and repetitive misreadings of interpersonal interactions. One should note that rigidity comes in all forms, not only in the guise of self-critical or overtly negative stories. In highlighting the prevalence and uplifting features of

redemption stories in American society, McAdams also cautions that such stories, embraced too unquestioningly, blind us to factors beyond individual resilience and triumph that may deserve prominent attention in life narratives. Individuals who are expected to recover from each defeat and overcome every adversity may feel undue burdens of personal responsibility. The redemption story applied too rigidly can obscure the responsibility of institutions and political structures to promote social justice and opportunity for all individuals in the society. Once again with good stories as well as "contaminated" ones, optimal adjustment lies in flexibility and variation rather than monologue.

In summary, the contributors to this volume are in the early stages of offering a vision of the "good life" and "healthy person" as construed by narrative psychology. This vision includes the following implications:

1. Human life is relational in nature and entails the critical need to understand and be understood by others.
2. Understanding between self and other is situated in sociocultural contexts and relies on an ability to render our private experiences *coherently* in the shared symbol systems and narrative structures of that particular culture.
3. As tellers of narratives, healthy individuals step back and reflect on their own stories and experience a sense of authorship and autonomy.
4. The capacity to reflect on one's story gives the benefit of perspective, wisdom, and a willingness to consider it as one alternative among other potential narratives.
5. Healthy individuals recognize the complexity of contemporary life and strive for flexibility rather than rigidity in their narrative identities.
6. Healthy individuals are "perspective-shifters"—stage directors—rather than simply actors who throw themselves too blindly into a single given narrative.

As with any therapeutic vision, this narrative perspective is likely to reveal excesses that are incumbent with taking any principled stand. Certainly, postmodernist theorists, such as Kenneth Gergen (1991), might find these authors' emphasis on an overall coherence and a guiding authorial presence "old-fashioned" or

unrealistic in an age that is saturated with narrative possibilities. I could imagine critics from this camp arguing that Hermans's image of a stage director is too static and unitary. They might offer instead the metaphor of the self as a traveling repertory company, inhabiting a particular narrative position for a brief tour, fitting its tale to the unique needs of a given audience and ambiance, and then moving on to a new destination, flexible in its assemblage of roles, costumes, and voices.

Despite this potential challenge, we commend these authors and the editor for taking a significant step forward in bringing greater coherence to a major new perspective in the fields of personality and clinical psychology. By providing us with a more unified vision and language through which to understand the role of narrative in psychotherapy, they are indeed assuring the healthy development of this approach. Their articles bestow a greater authority upon narrative psychology, while their diverse applications indicate both its complexity and flexibility. Finally, they are able to offer perspective on its fledging status and are willing to point to its need for continued growth and definition. Based on all these attributes, our prognosis is that this approach is likely to have a long and good life ahead.

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