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Narrative processes in the assimilation of a problematic experience:
qualitative analysis of a single case

Abstract

Increasing attention has been given to the Assimilation Model as an integrative framework for understanding the change process in psychotherapy. This paper contributes to the development of the model by identifying ways in which narrative and discursive practices are involved in the transition to the „problem statement" stage of assimilation of a problematic experience. The study uses a method of qualitative narrative analysis to construct an interpretive account of the change process occurring in a single case of experiential psychotherapy. The overall process of change in this case is described in terms of two broad phases: building a storyworld and co-construction of a new narrative. The shift to „naming" the problem is discussed in terms of the operation of a number of narrative micro-processes, including positioning, symbolisation and the co-construction of metaphor themes. The implications of this analysis are discussed.

Zusammenfassung

Narrative Prozesse in der Assimilation einer problematischen Erfahrung: eine qualitative Einzelfallstudie

Das *Assimilation Model* als integrativer Rahmen für das Verständnis von Veränderungsprozessen in der Psychotherapie stößt zunehmend auf breites Interesse. Durch die Identifikation von narrativen und diskursiven Aspekten beim Übergang zum Stadium der *Problemerkenntnis* im Verlauf der Assimilation einer problematischen Erfahrung trägt der vorliegende Aufsatz zur Weiterentwicklung dieses Modells bei. Die vorgelegte Einzelfallstudie nutzt die Methode der qualitativen Narrativanalyse zur Konstruktion eines interpretativen Ansatzes über den Veränderungsprozess bei einer erfahrungsorientierten psychotherapeutischen Behandlung. Der Veränderungsprozess in diesem Fallbeispiel wird in zwei Phasen beschrieben: *Explikation einer persönlichen Geschichte* und *gemeinsame Konstruktion eines neuen Narrativs*. Die Entwicklung zur „Namengebung" für das Problem wird verstanden als Abfolge narrativer Mikroprozesse, einschließlich *Positionierung, Symbolisation* und gemeinsamer *Metaphernkonstruktion.* Die Implikationen dieser Methodik werden diskutiert.

The development of better ways of understanding the change process has comprised one of the primary goals of psychotherapy research in recent years. Although a substantial amount of research has been carried out into the process of therapeutic change (see, for example, Toukmanian/Rennie 1992), it can be argued that this body of work has been informed by a diversity of theoretical perspectives, and as a result may lacks conceptual cohesion. The fragmented and contested nature of much psychotherapy process has made it difficult for practitioners to make use of research findings in guiding practice. Stiles and colleagues (Stiles et al. 1990, 1992) have developed an integrationist model for understanding the process of change in psychotherapy. This model conceives of therapy as an activity through which the client becomes able to master or „assimilate" problematic or difficult experiences. The „Assimilation Model" comprises 8 stages through which the client moves in his or her efforts to explore and understand the problematic issue which has brought them to therapy: Stage 0: Warded off; 1: Unwanted thoughts; 2: Vague awareness/emergence; 3: Problem statement/clarification; 4: Understanding/insight; 5: Application/working through; 6: Problem solution; 7: Mastery. The basic structure of the Assimilation Model has been supported in series of research studies (Stiles 1999; Stiles et al. 1991, 1995; Varvin/Stiles 1999). Recently, Honos-Webb and Stiles (1998) have presented a reconceptualisation of the Assimilation Model in terms of voices. Typically, in therapy a „warded off" or „unheard" voice of the client, which expresses a painful or unconscious aspect of the experiential world of the person, struggles to be heard in the face of stronger, dominant voices. The process of assimilation involves this emergent voice coming to take its place in the „community of voices" (Honos-Webb/ Stiles 1998). Notions of „voice" and „assimilation" provide integrationist conceptual tools which enable the contribution of a broad range of theoretical approaches to psychotherapy to be brought to bear on the task of producing a more differentiated, elaborated and practically useful understanding of the change process.

The narrative social constructionist approach to psychotherapy (McLeod 1997, 1999a, b) is a theoretical perspective which may potentially represent a valuable means of extending the scope of the Assimilation Model. The narrative social constructionist perspective on psychotherapy has developed from the work of White and Epston (1990) and Gergen (1985, 1999). It is an approach to psychotherapy which emphasises the social, historical and cultural construction of identity, and the collaborative co-construction of meaning between therapist and client. Narrative social constructionist inquiry pays particular attention to the uses of language within therapy, with a specific focus on the ways in which the telling of stories creates and conveys meaning and locates teller and listener within a cultural context.

Experiential psychotherapy can be defined as a contemporary rendering of an approach to therapy which originated in the work of Carl Rogers and other humanistic psychologists in the 1950s. There are many current versions of experiential therapy in use, for example process-experiential therapy (Greenberg/Rice/Elliott 1993) person-centred therapy (Mearns/Thorne 1999), „second-generation" person-centred therapy (Rennie 1998) and Gestalt Therapy. A review of recent developments in experiential psychotherapy can be found in

Greenberg, Lietaer and Watson (1998). Some of the basic features of all experiential approaches to psychotherapy are an emphasis on an accepting, respectful empathic relationship between therapist and client, therapist willingness to be congruent and authentic, and active engagement in processing of current emotions and feelings.

The aim of the present paper is to identify some of the narrative processes which may be involved in the therapeutic co-construction of assimilation of a problematic experience. The paper forms part of a series of research reports based on analysis of narrative processes in single cases of experiential psychotherapy (McLeod/Balamoutsou 1996; McLeod 1997; Grafanaki/McLeod 1999). The methodological assumption underpinning this series of case reports is that the complexity of narrative process can only be appreciated within the context of a whole case. As in the work of Murray (1938), findings from a series of case studies are used as means of building towards a generalisable model.

1. Method

The study comprises a narrative analysis of a single case of experiential psychotherapy, based on qualitative material (session transcripts; client and therapist interviews and open-ended questionnaires). The methodological approach adopted is hermeneutic in nature, consisting mainly of an interpretive analysis of the text of the psychotherapy sessions.

1.1 Procedures

The client, Laura, received 12 sessions of experiential (person-centred) psychotherapy over 18 weeks, in accordance with the approach outlined by Mearns and Thorne (1999) and Rennie (1998). Therapy was provided free of cost through a University Research Clinic. The client participated in a preliminary screening and assessment interview, at which informed consent for data collection was negotiated. All therapy sessions were audio-taped and transcribed. Consent to use these data was also agreed at the completion of therapy.

1.2 Participants

The client was female, white, 45 years of age, and employed in a senior position as a social worker specialising in child care issues. Her reasons for entering psychotherapy were described as linked to the goal of increasing self-awareness in relation to professional training that she was undertaking. Laura had been married to Steve for 8 years. Richard (Steve's son by a previous marriage) was 21 at the time of therapy, and lived with Laura and his father. The psychotherapist was male, white, 43 years of age, with 8 years post-qualification experience in person-centred psychotherapy.

1.3   Data collection

One week before commencing psychotherapy, the client participated in an interview in which procedures were explained, her expectations and goals for therapy were explored, and she was given a pre-therapy writing task to complete in her own time. The pre-therapy writing task included constructing an autobiographical statement and responding to series of narrative projective questions concerning her favourite piece of fiction (fairy tale, book, film, etc.). The purpose of the writing assignment was to collect material that would make it possible to place the therapy narrative in the context of the client's broader life narrative. Each session of psychotherapy was tape recorded and transcribed, with each transcript being checked for accuracy on three occasions. Between each session the client completed the Important Event Questionnaire (IEQ, Cummings/ Hallberg/Slemon 1994), an open-ended questionnaire which invites the person to identify and describe therapeutically significant events both within and between therapy sessions. The client and therapist were interviewed one week following completion of psychotherapy. These post-therapy interviews focused on participants' accounts of the experience of therapy and its usefulness, and on the impact of the research procedures. In the post-therapy interview, both client and therapist were invited to identify „turning points" or „key moments" in the therapy. Material collected from all sources (pre-therapy interview and writing task, session transcripts, IEQ responses, and post-therapy interviews) was collated into a bound volume which was used as the data 'text' for all subsequent analyses.

1.4   Data analysis

The research text was analysed using a method of Qualitative Narrative Analysis (QNA), which is a qualitative method for the study of psychotherapy texts. QNA represents a method of systematic interpretation of narrative process that has been derived from the work of a number of writers on narrative and discourse, including Gee (1986, 1991), Mishler (1986), Polanyi (1982, 1985), Labov and Waletzky (1967), and Riessman (1988, 1990, 1993). QNA emphasises the importance of the whole narrative, rather than coding themes or categories across narratives. There are three stages in QNA. First, the method calls for a series of successive readings and re-readings of the text, each time identifying different types of narrative and discursive phenomena, and leading to a summary statement of the core themes and stages/shifts within the case. The second stage involves the selection of segments of the text for micro-analysis. This component of the method is influenced by the approach to intensive analysis of change events pioneered by Elliott (1984). The third and final stage of QNA requires the integration of analytic insights into a coherent and interpretive account of the material. Stage one of the research process involve the use of multiple independent readers, in order to arrive at a consensual account of the main themes of the case (Hill et al., 1997). Stages two and three are based on intensive interpretive work carried out by the co-authors of the study, focused on the

micro-analysis of narrative processes taking place before, during, and following events or episodes that have been identified by the client, therapist and observers as comprising significant „turning points" in the course of therapy. The unit of analysis employed in micro-analysis is the „story", which is defined as a narration of a specific biographical memory, incorporating an active, purposeful protagonist and structured around an identifiable sequence of event and evaluation clauses, following the model of narrative structure proposed by Labov and Waletzky (1967) and Polanyi (1982, 1985). Further information on the procedures associated with QNA can be found in McLeod and Balamoutsou (in press).

2. Results

The findings of this case analysis are presented in a form intended to facilitate „narrative knowing" (Polkinghorne 1988, 1995). This section opens with an initial presentation of a summary of the content of the first five sessions, to orient the reader to the main features of the case. This is followed by a detailed analysis of the beginning of Session 5. This session was identified by the client, therapist and independent observers as the most important „turning-point" of the case. Finally, a narrative social constructionist interpretation of the process of change occurring in this case is offered.

2.1 Case summary

Session 1. Laura explained that she did not really needed therapy and that she was there because it had been suggested by the tutor on her management course which she was attending. Laura reported that she received a lot of support from her job and the people in her job. She presented herself as a 'strong' woman. Her husband (Steve) suffered from a chronic illness and that seemed to interrupt their life especially when they had to change their plans due to his illness. Planning was very important for Laura and it was very frustrating for her when their plans were altered by Steve's illness. When she was an adolescent her father had suffered from a chronic illness and in her childhood she had been called upon to assume adult responsibilities.

  Session 2. Laura began by talking about a female friend who had died the previous week. She had felt profoundly affected by the death and was feeling guilty for not having listened enough to her friend. She linked this to her mother: it was almost as if she could hear her own mother saying that she should have listened more. Laura's mother was a strong woman; her strict, authoritarian attitudes had influenced Laura's outlook on life. However, Laura described her relationship with her mother as good. Laura also reported that she had a good understanding with her stepson Richard (Steve's son from his previous marriage). Although she and Richard often had arguments they also had good times together. Towards the end of that session she questioned again the use of therapy because she had become aware that she was opening up issues that she did not expect to discuss.

Session 3. Laura started the session by saying to the therapist that she felt that she was wasting his time. She never felt she needed help, and when she was in need she always coped on her own. She was concerned that therapy might open up issues for her and then she might feel wounded. Laura observed that since she had been a teenager she had looked older than her age and that people around her would confess their problems to her. She always felt capable of dealing with her problems. Only twice in her life had she felt scared. Once when her father was seriously ill and she was afraid that he will die and another time when her sister was very depressed and again she was afraid she was losing her. Eventually both her father and her sister recovered.

Session 4. This session was largely about the constant arguments Laura had been having with Richard, because he did not take responsibilities as an adult in the house. Instead he treated their house as a 'bed and breakfast' establishment and he did not even look after himself. Sometimes his mere presence made her irritated. Her husband (Richard's father) was never able discipline him. Richard sometimes lived with his mother and sometimes with Laura and his father. That made Laura feel as a part-time mother. Laura expressed her anger over Richard's behaviour.

Session 5. Laura reported feeling rather pleased - she had told Richard how she felt about his inconsiderate behaviour. A few days after this event Laura and her husband had gone on holiday. On the second day they of their holiday, Richard arrived unexpectedly. Laura was moved by this act of Richard; it felt as if they were a family again. As the arguments and the difficulties with Richard seemed to have subsided, Laura stopped and wondered what her recent experience in relation to him might mean. Her husband had suggested that the reason that she was getting angry with Richard was because she did not have a child of her own. At the moment of recounting this idea to the therapist Laura was overcome by a wave of emotion. She felt sick at the realisation that she had missed the opportunity to have her own child.

From that point onwards and until the end of the 12-session therapy, the therapeutic work clearly shifted into a different phase, with Laura trying to deal with the loss of the child she did not have had and she would never have. In subsequent sessions Laura explored the possible factors that had not allowed her to have a child and sought ways of dealing with the feelings associated with this problematic experience.

2.2 Assimilation Analysis of the case

The Assimilation Model represents a valuable interpretive perspective in relation to the case of Laura. The transcript and interview material gathered in the study provide convergent evidence that, during the course of therapy, Laura moved from Stage 1 (warded-off) to Stage 4 (understanding/insight). Initially Laura started counselling with warded off (stage 0) material. She reported that there was nothing to discuss in therapy and that the only reason she was there was because her tutor regarded it as necessary. The arguments with Richard, in session 4, could be identified as unwanted thoughts (stage 1). Laura experi-

enced substantial discomfort and anger when she was discussing Richard. Her thoughts and feelings around Richard began to form a vague awareness (stage 2) that the issues around Richard might have a deeper significance. In session five she voiced the problem of not having had a child and how painful that was. This moment could be categorised in the Assimilation Model as being at stage 3 (problem statement/clarification). Laura then moved immediately to stage 4 (understanding/insight) and began to explore the different reasons why she had not had a child, while also dealing with her feelings about this situation. The beginning of session 5 can be seen as a shift event, in which the problematic experience (being childless) became explicitly named for the first time. The following section provides a narrative analysis of the co-constructive processes and use of language associated with this movement into naming the core issue being experienced by the client.

2.3 Narrative analysis of the case

From narrative perspective, the overall process of therapy for Laura could be seen as comprising two general stages. The first stage was categorised as *Building a storyworld*. This process culminated in the turning-point event in session 5, categorised as *Fracturing the life-narrative*. The consequence of this event lead to a second stage in the therapy: *Co-construction of a new narrative.* The analysis offered in the following sections focuses mainly on explicating the key narrative features of the „turning-point" event in session 5.

2.4 Building a storyworld

Any client in psychotherapy is faced with the task of becoming known to their therapist within a relatively short space of time. It is understood by anyone in the role of client that they must make it possible for the therapist to know enough about who they are in order that the therapist can then be in a position to be helpful. From the perspective of experiential psychotherapy, the importance of therapist empathic engagement with the personal world of the client is considered to comprise an essential element of the therapeutic relationship. In narrative terms, this process can be regarded as that of the client and therapist jointly constructing a storyworld (McLeod 1999b). Throughout therapy, but particularly in sessions 1-4, Laura told a series of stories which enabled her therapist to enter into her world. The main threads within the storyworld consisted in stories that Laura told about her work and her family life. Through these stories, Laura was able to convey to the therapist a richly textured account of her social world, values, relationships, feeling states, and agency. Embedded in this storyworld was the thread of a story that had not been told, her story of never having her own child. From the earliest sessions, Laura's narrative included a series of brief statements which we categorised as „foretellers". These statements comprised hints or clues that there was something else, another story, which was in some sense waiting to be told. Coherence across the different stories which Laura told in therapy was provided by her use of a number of meta-

phor themes (Angus 1996). Laura consistently drew upon a stock of recurring metaphors in describing her relationships with self and others. Two recurring metaphors were identified in the transcript. First, Laura employed metaphors around the theme of organising and maintaining control over time and being a „coper". Second, Laura's discourse was permeated by images of illness (for example, the illnesses of her father, husband and friends). In the opening four sessions, Laura's storyworld was built around narratives which largely described how she coped with the illness of others.

Although the storyworld created in this case unfolded from Laura's individual reflection on her life, and represented her rendering of a version of her life, it was also clear that it was a version that was co-constructed within the particular circumstances of psychotherapy. Analysis of the interaction strategies employed by the therapist revealed a number of ways in which he contributed to the construction of Laura's narrative. The therapist consistently reflected back to Laura his attempts to follow and understand her „untold" or „hidden" story, thereby reinforcing or encouraging the expression of that „voice" rather than the more dominant voice of the „coper". On several occasions he drew Laura's attention to her behaviour when she used humour to distance herself from painful emotions. This strategy appeared to have the effect of both indexing the painful/hidden story, and also suggesting the possibility that there might be conflicting narratives within Laura's world. He also referred back to stories that had been told in earlier sessions, as if indicating that these were now also part of his world or part of a shared storyworld created between Laura and himself, and also conveying that he was continuing to reflect on the meaning of these stories weeks after they had been told.

In Assimilation Model terms, it may be that that the rapid shift in this case from Stage 2 (unwanted thoughts) to Stage 4 (problem clarification), with little time being spent in Stage 3 (problem identification) was possible because Laura and her therapist had constructed a sufficiently rich storyworld by session 5 that, once stated, the problem (childlessness) did not require extensive explanation: the issue was understood by both participants. It may be that in cases where stage 3 is arrived at earlier in the therapy, some time needs to be devoted by the client to explaining to the therapist just what the problem is. With Laura, this work had already been accomplished. By the middle of session 5, the major themes in Laura's life had already been developed, in the form of a set of interlocking 'storythreads'.

2.5 Fracturing the life-narrative

From a narrative perspective, throughout the first four sessions of therapy, and into the first half of session 5, it appeared as though Laura had a story to tell to the therapist which, for the most part, was a story that she already knew. There are three forms of evidence that support this interpretation of the case. First, the occurrence in early sessions of foretellers (hints that there were underlying issues ready to be disclosed) implied implicit story themes that were known (to the teller) but not ready to be told in therapy. Second, in the IEQ questionnaires completed

between sessions by Laura, she acknowledged that she was holding back on important material. Third, the crucial therapeutic moment which occurred at the beginning of session 5, which was perceived by all participants in the study as a critical moment of change, comprised a series of stories which led up to a climax (or dramatic denouement) which had already been discussed with her husband.

In seeking to make sense of the „turning-point" moment at the beginning of session 5, it is helpful to present the unfolding story as told by Laura. The version of the transcript used below is displayed in stanza form (Gee 1986, 1991). This method of presentation is particularly effective as a means of representing the rhythm, meaning and structure of oral narrative. In addition, in the transcripts used here the words of the therapist have been omitted, in order to highlight the unfolding structure of the client's story. It can be assumed that when a client is actively engaged in telling a story, he or she is on a „track" (Rennie 1992), in which the story thread is followed until a sense of completion is achieved. The inclusion of the words of the therapist interrupts the flow of client talk, and makes it more difficult for readers to appreciate the client story. In the excerpts given below, all therapist statements which have been excised were brief, comprising empathic reflections which summarised meaning themes, and encouragement to continue.

Story 1: I have such strong feelings towards Richard
Last time, we talked about Richard
Dear me, I got myself in a bit of a state about it didn't I?
I think actually it did me good
In fact I know it did

Because
I was able to think about it a bit, a bit more clearly

I mean not a lot has changed really
But then I didn't really expect to
But I suppose I feel
I feel more able to cope with what was going on
Having talked about it
And actually more able to challenge him

I have to admit that at one point I just got very angry
And maybe that was one of the things that was needed
Because I did get extremely angry with him
Because he was just never in

And I needed, I needed a bit of his time
And he just couldn't see that
So, yeah I suppose I blew my top over it
He was visibly shaken, I think

Steve said 'it's because I don't get angry very often'

You know, you know
To get angry to me is such a waste of time
Isn't it?
But you can't help it sometimes
But I like to think that I have my say
And then that's it

So I did, I did get very angry, and I actually shouted
And I think that he was visibly shaken.
Went out and came back in again
And we were able to talk things through a bit more
And Steve was very supportive
That sounds as if I didn't expect him to be, I did

But there is still
I feel there is this issue:
My child, my child
And this isn't my child
But as far as he is concerned
It is

But in actual fact he was very supportive
Because I said to Richard: 'Look this is just not on, I can't cope with this'
I said: 'you treat the place like a Bed and Breakfast establishment
We never see you
We don't know where you are
Well that's OK if that's the way you want things to be
But I am just not having you walking in and walking out
We try and let you know if we're going out
When we gonna be in and when we gonna be out'
I said: 'I am not checking up on you, all I want to know is, you know,
roughly where you are and what time you are likely to be in'
I said: 'I know you've grown up, but I can't help still worrying when you are out'
He thought I was going to shout at him about his smoking
And so was avoiding me
I think
Because he told us that he given it up
And we knew he hasn't

So, I said: 'well that's up to you, you know you can't smoke here'
Maybe that's why he is staying away so, that's not gonna change
I said that: 'I am not having you smoking here
But don't tell me that you're not smoking when you are
I can cope with most things, but don't lie to me'

So, things have actually been a little bit better.

Story 1 was told immediately at the beginning of the fifth session. Laura used this story to provide both herself and the counsellor a context and a link with the previous session. The session started with some „entrance talk" which referred back to how the previous session had made her think „a bit more clearly". These opening lines provide orientation for the main event clauses which follow, by locating the story to be told as a continuation of the previously established storyworld. In doing this, Laura may be checking that the therapist has „tuned in" to that storyworld

Laura then moves on within the story to describe a specific episode of getting angry at her step-son Richard. The anger which is expressed in and through the story signifies the importance of Richard for Laura: she is normally a calm person but he is worth getting angry about. The story also draws on metaphor themes that have been established in the discourse between client and therapist, around time and orderliness. The voice of Laura's husband is heard clearly in this segment. He has an important part to play in this interpersonal drama, apparently in interpreting or explaining Laura's behaviour to herself. Richard is accused of treating their house like a „Bed-and-Breakfast" (B&B) establishment. For Laura, a family home should never be treated like that. Members of a family should have bonds linking them, they are not nameless lodgers of a B&B. Spending time together is not necessary for the inhabitants of a B&B but for a family this is an important pre-requisite. The story is about how Laura became angry with Richard and her expression of that anger. The image of Richard being „visibly shaken" is emphasised and repeated twice, highlighting the impact of her outburst of anger. The use of reported speech adds immediacy and tension to the story. Embedded in the story, also, is a curious and elliptical remark („my child, my child...") This statement is not wholly intelligible in terms of what has preceded it, but anticipates or „foretells" what is to come. The physical voice quality of this brief statement was softer, quite different from the joking, controlled, angry voice used in the other parts of the story.

The events portrayed in Story 1 can be heard as describing an argument between two voices. On one side, the angry, dominant voice of Laura (supported by Steve's voice as a kind of chorus) seeks to re-impose order to the household. On the other side is a quieter, „shaken" voice of Richard, a voice which has been absent and is being called back into the small community which represents Laura's family life. In Story 1, the absent/shaken voice of Richard is not directly present, but is merely reported second-hand („he told us that").

Story 2: I can feel such love for him

He appeared in Lakeresort half way through our holiday
He turns up
I couldn't believe it
I mean I actually went on holiday
And I said to Steve: 'Oh won't it be good? No Richard to worry about,
nothing'
It wasn't particularly good
Because Steve was ill the night we got there

So things were a bit grim for a day or two

But we had gone with a crowd of people from Ourtown
You know, the usual people we go up sailing
And Peter, one of the chaps
Was coming up on the Monday night
And we were sitting in the cottage
And Steve said: 'Richard just got out of Peter's car'

So I said 'don't be silly!, he wouldn't dare!'
He said 'I am telling you, he's just got out of Peter's car with his bags
So, he came to the caravan
He said 'I thought I'd come and have a couple of days with you'
I said: 'what possessed you to do this?'
'Well nothing really, I just thought it might be quite nice'
So what can we say 'Would you mind going home again?'

I was actually quite touched really
And it was fine, you know
It was almost back to the way things used to be
And I thought 'well, yeah, maybe something went in
Perhaps we both got ourselves
To a point where we just weren't speaking'
And since then, well I can't actually get over it
Because he's been fine

There is clearly a thematic link between the two stories. Laura continued the presentation of these events in the same „voice". On the face of it, these are both „good news" stories, reporting progress to her therapist around her relationship with Richard. She was relieved that she was away from home and that there was „no Richard around". She though that her husband must have been mistaken when he noticed Richard stepping from of their neighbour's car. Then Laura changes to a different, softer, voice. She is moved by his acts of generosity. She was quite „touched": Richard's arrival at Lakeresort physically and emotionally „touched" her. His words, in the form of direct speech, appear for the first time in this sequence of stories; there is dialogue between the voices of Laura and Richard.

Both Story 1 and Story 2 have the same underlying message: „I have been able to get closer to Richard; my anger has gone; I feel love for him". One might imagine that the effect of hearing such stories might have on the interlocutor. What happens next? Why is Laura telling that story now? The pairing of these stories at the beginning of session 5 can be seen as a form of rhetorical device. These stories create narrative tension. By telling a story where Richard is kind, Laura brings him into the foreground of her storyworld as a caring person and an active voice, whereas up to that point the stories narrated were stories about Richard-as-a-problem and an „object" to be analysed. Both stories convey to the

therapist something about a change in Laura. But the full nature and quality of that change is not disclosed until the third story.

Story 3: My conversation with my husband

I am not very good about actually thinking too much about me
And I deal with things and that's it
Or I choose not to deal with them and that's it

And I was saying to Steve about it
And he said
He actually said to me: 'I think it's because you haven't got children of your own'
And when he said it
I immediately said: 'well that's OK that was my choice, you know'

And, but I thought about it, you know, and that's
When he said it, there was
Oh I don't know
Just something
I don't know whether I can describe it as a feeling
But it was just something
I felt sick

And I've spend years telling people that
You know
I didn't want any children
This was not part of my plan for me
But
I am not sure
That I believe that

It's quite painful really
I am in danger of feeling sorry for myself
These moments were described by both client and therapist as the most meaningful in the whole therapy. Laura can perhaps be understood here to be pulling the therapist along to a moment of personal disclosure that is so painful and meaningful for her that she needs to be as sure as she can that he is with her, that he will accept and understand. The three stories at the beginning of session 5 represent a narrative sequence of high intensity and emotional content, leading to the „naming" of the problem, the moment of articulating the „Problem statement" (Assimilation Stage 3). Once these words are uttered („my child"; „I've spend years telling people that...I didn't want any children...but I am not sure"), Laura's world has changed. Her previous self-narrative (the happy childhood, the comfortable life, the ideal relationship with her husband) is broken. She knows it is broken, and the therapist now knows it too. The task, immediately, is to make some sense of all this, to repair or re-author the self-narrative.

The therapy then appears to move straight into Assimilation Stage 4 (under-standing/insight).

One of the key tasks for both counsellor and client in the meetings leading up to session five appears to have been that of building a sufficiently safe relationship or setting in which the 'issue' could be named. There is evidence in the inter-session IEQ questionnaire responses, and in the 'foretellers' which intrude into earlier sessions, that Laura was aware that there was a problematic area of her life ready to be explored. It is important to emphasise that her conscious realisa-tion of this issue did not take place in a therapy session. She reports that her hus-band had expressed this idea to her before the session. The sequence of stories at the beginning of session 5 can be viewed as a means of enabling Laura herself, and the therapist, to arrive together at an appreciation of the significance for her of the issue of childlessness. The sequence of stories represented a process of en-tering into the problematic experience, or allowing this silenced voice to emerge. Even at the moment of allowing this voice to be heard, Laura's rational, coping, self-deprecating voice is still apparent („I'm in danger of feeling sorry for myself").

2.6 Co-construction of a new narrative

The moment of naming the problem was followed a process of developing a new self-narrative that included, now, the story of „not having had a child". Some of the key steps in this process of narrative reconstruction included Laura revisit-ing previous „chapters" of her life story, and both expanding and „re-authoring" her overall self-narrative to accommodate the story of childlessness. For exam-ple, Laura began to construct an account of her deferral of motherhood which included a re-appraisal of aspects of her relationship with her parents, her deci-sion as a teenager to pursue a career in a caring profession, the experience of an earlier unsuccessful marriage, and her present husband's expectations within her current relationship. In the sessions which followed the „turning-point", Laura recounted stories relating to all of these areas of her life, and reflected with her therapist on how these themes and events in her life made sense of the painful fact of her childlessness. It appeared as though the process of assimilat-ing this problematic experience required a restructuring or accommodation of the elements within her storyworld.

Honos-Webb and Stiles (1998) have suggested that the conflict between dominant and silenced „voices" is resolved through the construction of a „mean-ing bridge" which functions to facilitate communication between the voices. By the end of therapy, Laura had moved in the direction of constructing a „commu-nity of voices" in dialogue (Honos-Webb/Stiles 1998). She was able to talk openly about her loss, acknowledge her feelings about this problematic aspect of her life, but without being overwhelmed by them or needing to cut them off. On many occasions it appeared that this dialogue was mediated by a new set of dis-cursive practices which derived from her exposure to her therapist's use of lan-guage. For example, Laura began to refer to the existence of different „parts" of the self, and how these „parts" co-existed. Increasingly, statements which re-flected either „coping" or „vulnerable" voices were immediately followed by self-

reflexive statements which questioning the meaning of such personal statements. These elements of a „meaning bridge" appeared first in the therapist's discourse, before being adopted and applied by Laura herself.

The process of constructing a re-authored life-narrative also encompassed a process of turning toward spiritual sources of meaning-making. Laura was a practising Christian, and in the therapy sessions following the „turning-point" reported on several occasions that she had used the silence of the Church as a means of coping with her pain. She did not describe in any detail the nature of the meaning bridges which this domain of experience provided for her.

There was no evidence in either the session transcripts or post-therapy interview that Laura moved beyond Stage 4 (understanding/insight) into later stages (5: application/working through; 6: problem solution; 7: mastery) of the process hypothesised by the Assimilation Model. Laura was not available for long-term follow-up.

3.   Discussion

Storytelling is intrinsically a social process. The act of engaging in the telling of a story implies an audience, and the reaction (real or imagined) of that audience shapes the story-teller's performance. The types of stories that are told are drawn from a cultural stock of stories, and place the storyteller within a cultural context. For example, the story told by Laura, of the conflict between career and motherhood, is a story that is shared by many women in contemporary society. Narrative analysis highlights the social and cultural aspects of the process of assimilation of a problematic experience, and emphasises the co-construction of meaning in psychotherapy. There are at least four distinct types of narrative meaning-construction which have emerged from this analysis.

First, the form of therapy investigated in this study encourages the client to tell her story in an open-ended way. The task of the therapist is to follow the client (Mearns/Thorne 1999). In the early sessions leading up to the turning-point, Laura used this space to construct a storyworld, a linked set of stories about different facets of her current life. In his response to that storyworld, the therapist consistently attended to the hidden or silenced voice of Laura as it intermittently appeared within the discourse, while not deflecting Laura away from any other topic she wished to pursue. It appeared as though this strategy allowed the silenced voice to be expressed more often, to the point where conflict began to be apparent in Laura's life. This conflict revealed itself in the form of irritation over the inconsiderate behaviour of her stepson, Richard. As client and therapist engaged together in reflection over the meaning of these conflictual stories, Laura began to seek an explanation for the existence of these difficult and „out-of-character" feelings. The naming of the source of this conflict took place between sessions four and five. In summary, the activity of open-ended construction of a storyworld enabled the expression of different „voices", which in turn made it possible for the therapist to encourage the articulation of an initially vague and unclear vulnerable voice. The idea that encouragement to cli-

ents to tell their story usually leads to the emergence of conflicting or alternative storylines is consistent with the narrative models of Russell and van den Broek (1992) and White and Epston (1990). A narrative social constructionist perspective would suggest that a primary cultural expectation encountered by most members of Western middle-class or professional social groups is that of presenting a unitary, consistent social self, and that the institution of psychotherapy represents a „liminal" cultural arena in which other forms of personal storytelling are acceptable (McLeod 1999a).

Second, the „turning-point" event at the beginning of session five illustrated the capacity of the storyteller to position herself and her audience in relation to the topic of the narrative (Bamberg, 1991; van Langenhove/Harré, 1993). In his research into client experiences of storytelling in psychotherapy, Rennie (1994) found that clients frequently used the telling of a story to defer entry into a painful area of feeling or difficult topic. It can be imagined that one of the personal and interpersonal functions of the stories told by Laura at the start of session 5 might have been to delay entry into the painful topic of childlessness until both she was ready to go there, and until she sensed that the therapist was ready to accompany her. At the beginning of the sequence of three stories Laura positioned herself as a narrator, providing her therapist with an account of how issues discussed in the previous session had been dealt with. She then became a protagonist in the series of dramatic encounters with Richard, before positioning herself as in the present reflecting on her actions („I am not very good about actually thinking too much about me") and then finally in the present feeling the pain of her experience of loss. Similarly, the position of Richard shifts through the story sequence. Initially a troublesome but silent „problem", he becomes a person-in-dialogue, before dissolving into a symbol of the child Laura never had. The therapist, too, is positioned at the outset as a listener and perhaps judge of Laura's actions, before being drawn into her story by means of its dramatic quality, and ending up resonating with her pain. These shifts in positioning can be viewed as an exquisite accomplishment on the part of Laura, a highly effective use of language to create a moment of great personal significance.

Third, the material reviewed in this case suggests ways in which the process of therapeutic resolution of a problematic experience can be seen to rely not only on psychological processing but also to depend on the availability of cultural resources. The work which Laura and her therapist did together was mediated by their familiarity with metaphor themes shared by members of their language community. In addition, the therapist employed a variety of discursive practices which Laura was able to use to tell and reconstruct different stories. Following Angus/Hardtke (1994), an important facet of the therapeutic process appeared to be the construction of the possibility of a discourse of self-reflexivity.

A fourth process of meaning construction that is apparent within the sequence of stories occurring at the beginning of session 5 (and in earlier sessions) might be described as symbolisation. In retrospect, it is apparent that the „problematic experience"which eventually emerged as „not having had a child" was powerfully prefigured in the preceding talk account of „troubles with Richard". The complex mix and depth of feeling that Laura experienced in her relationship with Richard only made sense to her when her husband suggested that „it's

because you haven't got children of your own". It may be that the process of assimilation or „voicing" previously silenced aspects of self may include not only a preliminary stage in which the experience appears as an „unwanted thought" or „foreteller", but also a stage just before the moment of naming in which the silenced „voice" is given symbolic existence through being personified or expressed in and through the actions or attributes of another person.

4.   Conclusion

It is essential to acknowledge the limitations of the study reported in this paper. Writing qualitative research always involves a compromise between competing demands (McLeod 2000). The use of session transcripts as primary data reduces the possibility of taking into account a wide range of important non-verbal, emotional and unconscious processes and phenomena. For reasons of space, and a desire to focus on the construction of a form of „narrative knowing" mediated through the client's actual narrative, it was not possible to represent in detail the analytic procedures which were applied in the transformation and reduction of the body of qualitative data used in the case analysis. It is to be hoped that readers interested in the methods applied in this investigation will consult McLeod and Balamoutsou (in press). One consequence of the relative lack of methodological detail has been that readers are necessarily restricted in the extent to which they can develop an independent critical account of the inquiry process. Also, for reasons of space, there has been little scope to offer a critically reflexive grounding of the study in the traditions and practices out of which the researchers have been operating. Finally, as in all research based on single or small numbers of cases, generalisation is not possible. The most that can be claimed is that the case analysis has offered a reading of the material that is plausible, coherent and heuristic, and which expresses one possible way of understanding some of the process of problem assimilation in experiential psychotherapy.

   The aim of this paper has been to demonstrate the application of qualitative narrative analysis by showing how it can be used to refine and extend an important current theoretical model of therapy, the Assimilation Model. These findings are based only on one case, and must be regarded as highly tentative, requiring to be tested through analysis of further cases. In time, the analysis of narrative patterns within other cases should enable the identification of „ideal types" of case configuration (see Frommer et al. 1996, Kühnlein 1999). It must also be kept in mind that other plausible interpretations could be made of the case of Laura. As Runyan (1983) has demonstrated within the field of psychobiography, the more significant a case is, and the greater the number of scholars who work with it, the larger the number of competing interpretive accounts that are generated.

   The main contribution of narrative analysis of this case has been to suggest some of the ways in which the process of assimilation depends on the relationship between the therapist and client, and particularly on the use of language within that relationship. It may be that the origins of the Assimilation Model in cogni-

tive-developmental theory have obscured important social dimensions of the proc-
ess. Madill and Barkham (1997) arrive at a similar conclusion following their dis-
course analysis study of single case of psychodynamic therapy. Narrative analysis
of the Laura case presented here also suggests that, at least in this form of experi-
ential psychotherapy, progressing the stages of assimilation of a problematic ex-
perience can be understood in terms of client-therapist collaboration around ex-
ploring the meaning of stories, and the therapist's sensitivity to metaphor themes,
positioning, and other discursive strategies occurring within the client's way of
talking. Further research is necessary to support and refine these conclusions,
and to explore their implications for psychotherapy training and practice.

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