

Narrative and psychotherapy: Introduction to the special section

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Polkinghorne (2004) described narrative as “the form that displays life as a temporal unfolding” (p. 54). In psychotherapy, clients display and make meaning of their lives through the stories they tell and retell to their therapists. Through this telling and retelling, they change their lives. Somehow, they transform true stories of problems into true stories of adaptation and meaningfulness. Psychotherapy, from this perspective, is not only about symptom reduction, but also about meaning transformation. This special section reports six investigations of how the transformation is accomplished.

Basic research, like that conducted by Pennebaker (1993) and McAdams (see Baerger and McAdams, 1999) suggests ways that narrative transformation might contribute to life adjustment. Pennebaker showed how the activity of writing on meaningful topics can produce gains in mental and physical health. Baerger and McAdams showed how narrative coherence is associated with psychological well-being, the converse of what therapists know well from their practice: that most of clients begin therapy with a fragmented notion of themselves and have difficulties integrating disparate experiences into a coherent whole.

Narrative perspectives have had increasing influence on practice and research in psychotherapy. Handbooks (e.g., Angus & McLeod, 2004; Lieblich, McAdams, & Josselson, 2004) and special sections in journals (e.g., Dimaggio, 2006; Machado & Gonçalves, 1999) document this growing interest in narrative as a tool for therapists and for researchers. We hope that this special section conveys the vitality of narrative research in psychotherapy and

shows how narrative theory, research, and practice are currently enhancing each other.

An increasing number of research groups are using narrative as a methodological tool (see Angus & McLeod, 2004). For example, the Narrative Process Coding System has been used to investigate how different modes of narrative production (internalizing, externalizing and reflexive) evolve through therapy and how they are related to emotional processes (e.g., Angus, Levitt, & Hardtke, 1999). The Core Conflictual Relationship Themes has been used to analyze narratives that reveal, from a psychodynamic perspective, how clients' conscious and unconscious relational patterns shape (and may damage) their interactions with others (e.g., Luborsky & Crits-Christoph, 1990; Wilczek, Weinryb, Barber, Gustavsson, & Åsberg, 2000, 2004). The Assimilation of Problematic Experiences Scale has been used to show how voices that were dissociated from the self generate suffering and how they can be integrated (assimilated) during successful psychotherapeutic treatment through narratives (e.g., Osatuke et al., 2004; Stiles, Honos-Webb, & Lani, 1999). The Metacognition Assessment Scale and associated tools have been used to distinguish forms of narrative disruption associated with psychopathology and how these disruptions are repaired during psychotherapy of personality disorders (Dimaggio & Semerari, 2006; Semerari et al., 2003). The Personal Positions Repertoire has been used to investigate how the relationship between I-positions can be used to characterize transformations in self-narratives, inside and outside of psychotherapy (Hermans & Hermans-Jansen, 2004). The Innovative Moments Coding System has been

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used to show how narrative novelties (innovative moments) emerge in psychotherapy and how these novelties contribute to transformation in self-narratives across treatment (e.g., Gonçalves, Matos, & Santos, 2009). This special section is the result of inviting some of these researchers to share their latest work. We offer a brief summary of each contribution.

Vromans and Schweitzer (2011) report the first systematic clinical trial of the narrative therapy proposed by White and Epston (1990; White, 2007) in a sample of clients with major depression. Using a benchmarking strategy, they showed that the effect size of this form of therapy is equivalent to effect sizes reported in clinical trials of empirically supported treatments for major depression.

Boritz, Angus, Monette, Hollis-Walker, and Warwar (2011) highlight the importance of the relationship between emotion processes and specificity in autobiographical narratives for experiential treatments of depression. Previous research had shown that depressed clients have difficulties producing narratives of specific autobiographical episodes, instead producing over-general, nonspecific memories. Boritz, Angus, Monette, and Hollis-Walker (2008) showed how specificity of autobiographical memories developed over treatment with depressive clients. There was an increase in specificity across the treatment, but curiously this did not predict outcomes. Their contribution to this special section focuses on the relation between narrative processes (autobiographical specificity) and emotional process (clients' expressed emotional arousal) in predicting therapeutic outcomes in depression.

Gonçalves and collaborators (2011) used the Innovative Moments Coding System (Gonçalves, Ribeiro, Matos, Santos, & Mendes, 2010), which tracks novelties in therapeutic discourse, to study how the change potential of these novelties is aborted in poor outcome cases of battered women in narrative therapy. In the poor outcome group a process called mutual in-feeding (Valsiner, 2002)—a cyclical movement between novelty emergence and returning to the problematic self-narrative—occurs frequently during the therapy. The occurrence of this process was significantly higher in poor outcome cases than in good outcome ones. The authors hypothesize that mutual in-feeding reflects a form of ambivalence that could partially explain poor outcomes in other samples and models of therapy.

Osatuke and collaborators (2011) illustrate the use of the assimilation model (Stiles, 2002) in pharmacotherapy. They applied the Assimilation of Problematic Experiences Scale (Stiles et al., 1991) to a series of interviews with a patient with schizophrenia that was successfully treated with pharmacotherapy. The interviews, collected as this patient recovered

from the severe symptoms of schizophrenia, showed that his changing narrative followed the assimilation progression previously observed in psychotherapy, suggesting that a similar sequence of narrative development occurs in pharmacotherapy and that it can be observed in severely disturbed patients.

Ribeiro and collaborators (2011), also using the Innovative Moments Coding System (Gonçalves et al., 2010) with a good outcome case, demonstrated how the innovative moments were organized around different themes. These themes, or *proto-narratives*, progressed in a way that facilitated the change of the problematic self-narrative. Space-state grids (Lewis, Lamey, & Douglas, 1999), a method borrowed from the dynamic system approach to developmental psychology, were used to demonstrate the evolution of the proto-narratives across treatment and to show how they were associated with different types of innovative moments.

Finally, Levitt and Piazza-Bonin (2011) focused on client's and therapists' experiences underlying the development of clients' narratives in therapy. They identified significant moments in psychotherapy in four therapeutic dyads, using the Interpersonal Process Recall method (Elliot, 1986) to assess whether clients and therapists agreed about the moments identified and about the motives that led them to choose those moments. Their observations suggest that clients and therapists may have different ways of understanding the narratives that are developed. There was some convergence between therapists and clients in the identification of the significant moments but considerably less in their reasons why these moments were important. Moreover, in most instances, the moments were not shared explicitly, which could be non-problematic when good moments are involved but more problematic when the significant events are negative (e.g., when clients are dissatisfied with the therapist).

The studies reported in this special section involved varied methods—quantitative and qualitative—and varied conceptual perspectives. They illustrate how the narrative conception of psychotherapy has been fruitful up to now, and they point toward areas of research that lie ahead. As Angus and McLeod (2004) proposed, human narration is central in the practice of psychotherapy, and a narrative conception can be a point of convergence for scholars and therapists from diverse theoretical backgrounds.

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