

## **Narrating the dialogical self: Toward an expanded toolbox for the counselling psychologist**

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### **Abstract**

A conception of the self as arising in narrative and sustained and transformed in dialogue carries novel implications for understanding the nature of client difficulties and resources and how change might be fostered in the counselling context. In this paper I comment on these implications, and extend their practical import by reviewing several specific tools for both *reflecting upon* and *enacting* narrative and dialogical processes that maintain and transform problem patterns. In particular, I present and illustrate a “Chapters of our Lives” technique whose aim is to articulate and potentially deconstruct client constructions of their experience across time, as well as a form of “externalized problem interviewing” that helps clients perform, and ultimately resist, the influence of the symptom or difficulty on them. These and numerous other methods more briefly described can help augment the toolbox of techniques available to counselling psychologists approaching their work from a broadly postmodern perspective.

**Keywords:** *Counselling psychologist, dialogical processes, biographical construction, narrative therapy*

### **Introduction**

The current postmodern shift in psychology is both a blessing and a bane for the counselling psychologist. On the one hand, with a gradual move away from a modernist faith in a knowable self and knowable world have come bold new perspectives for critiquing psychological science and practice, in effect “deconstructing” modernist views of symptoms as trait-like entities lodged inside disordered individuals or as regrettable consequences of their loss of “reality contact” (R. A. Neimeyer, 1998). On the other hand, with this deconstruction has come a loss of sure footholds in authoritative psychotherapy theories, as a social constructionist view has undermined the foundations of traditional perspectives without offering secure replacements (Holzman & Morss, 2000).

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As a consequence, counsellors and therapists of many schools have had their faith in once-reliable tools for assessment and intervention eroded, but with the alternatives to them vaguely envisioned or nonexistent.

It is in this context of perceived possibility but practical paucity of new counselling strategies that the present special issue of *Counselling Psychology Quarterly* makes a fresh contribution. Animated not by a modernist view of the self as single, stable, and well-integrated, but rather by a postmodern conception of identity as multiplistic, shifting, and interpenetrated by the social world, the contributors draw from the broad currents of narrative psychology and dialogical self theory a host of implications for how to understand disorder as a breakdown in dialogue, and how to foster their clients' self-exploration and development. My goal in this final contribution is to comment on several features of this project in the course of placing it in the context of cognate developments in counseling theory and technique. In so doing I will underscore what I view as salutary implications for counselling practice, raise a few cautions, and point the reader toward additional methods of counselling and psychotherapy that I hope might concretely complement those offered by the other contributors to the series.

### **A biographical backdrop**

Although my focus appropriately will be on the content of this issue and its further implications for counselling technique, it might be relevant to note briefly the surprisingly strong parallels in my own professional biography and that of Hubert Hermans (2006), whose reflections on his developing research program constitute the heart of the first article. Like Hermans on the other side of the Atlantic, my college years in America were ones of ferment, both intellectual and political. The result was a schismatic sense of self – on the one hand working to construct and validate reliable psychological tests of death attitudes and suicide counselling skills, and on the other looking askance at this very work from the standpoint of the constructivist and phenomenological approaches that spoke more loudly to my soul (for a review of this early research program and its evolution over 30 years, see R. A. Neimeyer, 2004a). These academic tensions were further exacerbated by the discourses of protest in which I was also positioned, marching against the Vietnam War in the evenings, even while attending classes and conducting empirical research during the day. Perhaps significantly, in clear correspondence with dialogical self theory, I later traced my personal and professional development starting with this college period as a dialogue in two voices, literally “voicing” each moment in the dialectic of personal and professional change as a sometimes dissonant, sometimes developmental dialogue between two parts of myself, prompting me toward an ever-incomplete integration (and further differentiation) of personal positions (R. A. Neimeyer, 2006).

Also like Hermans, I found my way through this “essential tension” by embracing a fundamentally humanistic psychological constructivism – in my case personal construct theory (Kelly, 1955/1991) and its methodological

resources – and thereby was able to claim some elements of a rebel identity with respect to mainstream psychology, while nonetheless remaining in dialogue with it. Strikingly, my fascination during this period focused on repertory grid technique, a method which, like the SCM (Hermans, 2006; Lyddon, Yowell, & Hermans, 2006), invited the “subject” to in essence construct his or her own test, by systematically comparing and contrasting people, things or situations in his or her experience to generate “personal constructs” that he or she used to organize, interpret, and interact with them, and then make quantitative ratings of the former on the latter. The outcome was a kind of matrix of meaning that promised to disclose more than conventional psychological tests about the structure and content of the individual’s worldview. In even closer (and at the time unrecognized) convergence with Hermans, I too began by the mid-1980s to experiment with biographical versions of this method to trace the person’s self-narrative across a sequence of life stages, past, present and future (R. A. Neimeyer, 1985). I will say more about what I believe to be the contemporary relevance of such methods for counselling later in this article. Clearly, however, Hermans and I were animated by a similar quest for modes of psychological assessment that in the words of Lyddon and his colleagues (2006) were respectful, collaborative, flexible, and relevant to evaluating both the focus of counseling and the process of change.

### **Assessment and the facilitation of change**

Broadly viewed, the contributions to this special issue of *CPQ* can be divided into two sets with respect to their practical significance for the counselling psychologist. The first consists of articles by Hermans (2006), Lyddon et al. (2006) and Alford, Lyddon and Schreiber (2006), which collectively provide a theoretical foundation for use of the Self-Confrontation Method (SCM), clearly explicate its procedures, and demonstrate its relevance to understanding basic issues of attachment that often undergird problematic relationships. Taken together, they suggest the utility of a practice (in this instance, the SCM) that fosters *reflection* on the dialogical self in counselling, ultimately helping the client confront and perhaps work toward changing the emotional valence of his or her biography and the character of his or her engagement with self and others. The second set includes papers by Dimaggio and his colleagues (Dimaggio, Catania, Salvatore, Carcione, & Nicolò, 2006), the Lysakers (Lysaker & Lysaker, 2006) and Guilfoyle (2006), who critically analyze the *enactment* of dialogue between client and counsellor and how this can reveal various forms of narrative impoverishment on the part of the client or invisible constraints on power relationships that necessarily shape the ensuing interaction. Building on these beginnings, I will review several additional constructivist counselling practices that foster therapeutic reflection and enactment, illustrating one particular practice that exemplifies each of these goals, and more briefly sketching several more. It is worth emphasizing at the outset that such methods do not easily conform to conventional categories of assessment *or* intervention, as reflective

strategies heighten client engagement with fresh perspectives on self and others, and enactment methods promote new awareness (for both client and counsellor) through the performance of novel dialogues. Each, therefore, can be viewed as change-generating when applied in the counselling context (G. J. Neimeyer, 1993). Finally, to impart some coherence to this whirlwind survey of techniques, I will concentrate on those that have particular relevance to issues of trauma, transition and loss, a topic that is of special interest to me (R. A. Neimeyer, 2001b), and of course has equal relevance to the lives of many of those who consult psychologists for assistance with life narratives gone tragically awry.

### **Reflective methods**

Investigators working from a constructivist/narrative base have devised many procedures for articulating the structural and process features of people's self-narratives in general, and their meaning constructions regarding traumatic events in particular. One such method involves inviting a client to reflect on his or her life story as if it were an autobiographical text. As I have experimented with this practice across the last 20 years, I have found that this seemingly daunting invitation can be made quite feasible, but nonetheless thought-provoking, by asking clients simply to focus on the "table of contents" of their unique self-narratives, outlining how they would organize the account by imposing a chapter structure on the significant life experiences ("valuations" in Hermans' terms) across time. The resulting "Chapters of our Lives" exercise – which I might assign as homework at an early point in therapy – can then be explored in subsequent sessions through the use of various facilitative questions that bear on its significant settings, characterizations of self and others, plots, themes, and implicit goals (R. A. Neimeyer, 2000). For clients who value reflective work in the form of personal journaling (R. A. Neimeyer, 1995), I might offer the list of questions provided in Table I as an accompaniment to this task, encouraging them to choose a few that interest them as starting points for further journal entries, which they might then selectively share with me as a basis for ongoing discussion in counselling. Alternatively, for clients less oriented toward writing as a mode of self-exploration, I might simply ask them to sketch out the chapter titles of their autobiography as homework, and then draw on several of the questions in our conversation about the experience as a means of prompting further reflection and insights without the onus of additional writing.

A variation of this method in the context of group therapy is to give members approximately 10 minutes of quiet individual time to construct the chapter outline, and then in subgroups of two or three, share them with other group members for an additional 15–20 minutes as the counsellor circulates through the subgroups, respectfully listening for common and distinctive themes that can then be shared and processed more fully with the whole group in a subsequent plenary phase. In this simple form the narration of lives can be a way of facilitating a rapid deepening of therapy and sympathetic engagement with other members in early sessions of group work. In more extended or specialized groups focusing

Table I. Chapters of our lives.

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As a therapeutic assignment or as a form of personal exploration, writing the “chapter titles” of our autobiographies can be a way of appreciating the complexity and richness of our self-narratives. Taking several minutes to phrase or punctuate the flow of your life into discrete chapters or sections, formulate a title for each, and write them on a sheet of paper. Then reflect in writing (as in a personal journal) or conversation (with a partner) on any of the following questions that interest you.

*Organization*

- How did you organize the flow of your self-narrative? Chronologically, or according to some other organizing structure?
- How did you decide when one chapter ended and a new one began? What role, if any, did significant loss experiences (deaths, relationship dissolution, geographic displacement, serious illness of self or significant other, loss of job) play in marking or symbolizing such transitions?

*Projection*

- When did you begin your self-narrative? If at birth or in early childhood, how might you develop a context for the work by adding a “foreword” describing the context of your family or your parents’ relationship before you arrived on the scene?
- When did you end your self-narrative? How might it look if you were to project ahead from the present, envisioning titles for future chapters to the point of your death, or beyond?

*Evolution*

- As you look back on how your story has developed over time, does the change seem to be more evolutionary and gradual, or revolutionary and sudden?
- If you were to continue changing in the ways you are doing now, how do you imagine you might be different in 5 or 15 years?

*Authorship*

- Who do you see as the primary author of this self-narrative? Are there any important co-authors who deserve credit (or blame!) for the way the story has unfolded?
- How might your life story look differently if written by your mother? Your ex-partner? Yourself as an adolescent?

*Audience*

- Who is the most relevant audience for this self-narrative? Who would enjoy the way it is written, and who would want to “edit” it?
- Is there a “silent story” of your life that is invisible to (relevant) others? Is there a hidden cost to this invisibility, on personal or relational levels? How might your self-narrative and relationships change if it were somehow integrated more publicly?

*Perspective*

- If you were to give a title to your self-narrative, what would it be? Or if the gist would be better conveyed in a few illustrations, what might these look like?
  - Looking at the story, what are the major *themes* that tie it together? Do you notice any minor themes that pull in a different direction? If so, how might the story be different if they were really to have their say?
  - If your self-narrative were a book, what *genre* would it be – a comedy, tragedy, history, documentary, mystery, adventure story, heroic saga or romance? Or would different chapters represent “short stories” of different kinds? If so, which of them would you like to expand?
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on autobiographical exploration, orchestrating further small group discussion that engages several of the questions in Table I can provide a coherent structure for one or more additional sessions, perhaps consolidated between group meetings by further reflective journaling. In both individual and group applications, however, I have found it important to emphasize that the questions are merely suggestive, and can be supplemented or supplanted by others invented or discovered by the

clients themselves (and indeed, several of the following inquiries were suggested to me by clients who spontaneously extended the method).

A few illustrations from clients who have used the *Chapters of our Lives* technique to explore their own biographies might be useful to convey its potential not only to help clients integrate difficult-to-assimilate experiences into their self-narrative (R. A. Neimeyer, 2005b; Stiles, Osatuke, Glick, & Mackay, 2004), but also to deconstruct apparently authoritative and constraining dominant narratives that limit and “colonize” their sense of identity and possibility (White & Epston, 1990). Beyond the particular effects of engaging each of the questions, however, is the more basic and often profound impact of having a therapist or other group members compassionately serve as audience or witness to the broad sweep of a story that has likely never been told. The validation afforded by this act of “generous listening” can then be amplified by judicious pursuit of the different categories of questioning, as illustrated below.

### *Organization*

Most commonly, clients order their life narratives chronologically, using conventional developmental stages focusing on childhood, grades in school, successive careers and relationships, or – especially in mobile or immigrant populations – different cities or countries that have served as the significant settings for the unfolding of their lives. However, some clients will adopt quite different structures, such as reviewing various life domains (relationships, school, work) or themes (intimacy, achievement, aspirations). Chronological structures in particular often reveal the critical turning points that ended one life phase and introduced another, perhaps signaled by a poignant title such as “The Death of a Dream,” “The End of Innocence,” or “Darkness Visible”. Such chapters can prompt deeper therapeutic processing of the role of loss in punctuating the client’s life story and transforming or reducing his or her sense of self, and help suggest points of “narrative disruption” (Neimeyer, 2005a) that require further therapeutic attention. In my recent work with Yael, a middle-aged Israeli woman, for example, we discovered two painful experiential discrepancies in her life story, the first between early life chapters prior to her family’s immigration from Russia, and the second between those concerned with her youthful immersion in the *intifada* as a soldier and then volunteer assisting survivors of terrorist incidents, and her subsequent retreat from such work into a life centered around more tranquil administrative duties and grandparenting. Significantly, although Yael experienced the chapters within each of these three grand divisions as coherent with one another, the breaks between them were so abrupt that she saw “no connection” between who she had been and who she had become. In such cases therapy can usefully focus on helping clients discern more abstract life themes or goals (e.g., connection to a cause or commitment) that help span different life episodes, or alternatively discover the distinctive contributions of each to their resourceful engagement with life’s challenges.

### *Projection*

Typically, clients will begin their life story at the point of their birth, heralding their arrival on the scene with a chapter marked “Birth and infancy” or a more distinctive title like “A Star is Born” or “Daddy’s Little Angel”. Occasionally, however, they spontaneously will offer a “foreword” to their own life story by depicting the family system into which they arrived, perhaps a system shaped by the parent’s long struggle to bear a child, by the stillbirth of a previous baby, or by specific family conflicts. I have also found that clients from non-Western cultures such as China, Native American nations, and the Maori of New Zealand are likely to begin with a chapter focused on their ancestry, providing a broader saga within which the unique twists and turns of their own life stories represent elaborations or contradictions to the cultural plot that they sense require reconciliation. Similarly, clients will differ in the degree to which they project their story forward in time, foreshadowing a hoped-for coming chapter (“Almost a Father” or “A Second Childhood”) or even anticipating their death or afterlife in a way that brings “completion” to their life journey. Prompts to consider sketching future chapters in this way have an obvious role in “life review” work with older adults (Haley, Larson, Kasl-Godley, & Neimeyer, 2003), but can also be quite useful with young adults, helping them see current struggles and decisions in light of longer term life goals and purposes.

### *Evolution*

Although clients often depict their life stories in evolutionary terms, they also frequently see them as *revolutionary* at critical junctures, moving in quite unanticipated or even contradictory directions. Such awareness can prompt discussions about dialectical processes of self-development, and allow clients to see current crises as potential harbingers of future reorganization. Concretely seeing how she had accommodated past losses of her mother and father in earlier chapters by evolving into a more mature and empathic young woman helped Sarah, for example, begin to imagine how she could eventually accommodate the recent death of her best friend in a motor vehicle accident. At times this process of construction of an evolving self can be advanced by articulating the “dependable strengths” implicit in previous life chapters, using specific techniques such as those outlined by Forster (1991) for doing so.

### *Authorship*

Although on the face of it we are the authors of our own life narratives, in postmodern perspective we are stories written by many hands Hermans (2002). It is therefore useful to “deconstruct” clients’ sense of authorship at times by prompting them to consider who else has “coauthored” their lives, for better or worse. One older client with whom I am working readily responded to this question by recognizing the “heavy hand” of his dominant father in scripting his own ways of engaging work and intimate relationships. Seeing his life story as in some sense not his own allowed him to step outside it and consider whether

it was the way he wanted to continue living, as he imagined being “called to account” for his life in an ultimate encounter with God. For other clients, imagining how their tables of contents would have looked quite different if written by their spouses, children, or themselves at different ages helps convey a sense of multiplicity and mutability in selfhood that can foster significant life revision and change.

### *Audience*

Few of us live our lives as “open books”, available to be plumbed at any depth by any potential reader. “Audience” questions help clients recognize more clearly who they might trust to hear sensitive accounts of their personal experiences, and who they would feel unsafe recruiting as witnesses to their disclosures. Viewed differently, such questions also help them acknowledge – at least to themselves – the existence of “silent” stories, dissociated narratives, that have not been integrated publicly or privately into their accounts (R. A. Neimeyer, 2005a), thereby consigning them to a kind of “disenfranchisement” through the resulting empathic failure of others to recognize and validate them (R. A. Neimeyer & Jordan, 2002). One older Mexican American client in group therapy, for example, tearfully contacted her grief about the stillbirth of her son some 45 years before, and for the first time in decades gave voice to this story in the group and ultimately in her community, securing an empathic witnessing of her pain that was long overdue.

### *Perspective*

Finally, the *Chapters of our Lives* technique can be used to foster the consolidation of the broad themes of client narratives or to recognize a client’s distinctive style of storytelling by giving the autobiography a title, or by considering how it might be formatted or organized in literary terms. One Canadian client, for example, found that the artistic imagery and symbols on which she drew to convey each chapter spoke more loudly than words to convey her hopes, fears, and disappointments, while others find that a particular title (“A Search for Place,” “Metamorphosis”) for the book of their lives grants it an overall coherence. Finally, considering what literary genre the resulting account would best fit will often prove significant, as clients reflect on whether they are living their lives as comedies, tragedies, detective tales, a series of short stories, and the like. Far from representing ironclad conclusions, the resulting assessment can be taken as a stimulus to consider what would be required to envision life as a different narrative form, and to reflect on the advantages and disadvantages of doing so.

Although the *Chapters of our Lives* technique represents an interesting complement to the SCM strategy emphasized in three of the articles in the present special issue, it is only one of many techniques that can foster a client’s useful reflection on his or her life narratives. Others would include contemporary adaptations of repertory grid technique (Fransella, Bell, & Bannister, 2004), a procedure for eliciting a person’s system of personal constructs for attributing

meaning to events. As applied to traumatic narratives, “biographical grids” have been used to help the survivor articulate fundamental life themes (e.g., times I was helpless vs. times I was in control) through a systematic process of comparing and contrasting critical life episodes, of which the trauma is only one. Subsequently, the survivor rates each life episode (e.g., ages 9–12, when I played soccer; when I was bullied in high school; the death of my son in my 30s) on each theme, producing a matrix of ratings that can be analyzed to suggest the level of differentiation or integration of the traumatic experience with other episodes in the person’s life narrative, as well as a depiction of the thematic integrity of his or her story (R. A. Neimeyer & Stewart, 1998). Such measures have been used to study the degree to which survivors of combat or mass murder are able to integrate such experiences into the structure of their construct systems, a factor shown to predict their current and future levels of posttraumatic adaptation (Sewell, 1996; Sewell et al., 1996).

A more general narrative method involves the use of therapeutic journals in helping people find meaning and even positive emotion in the act of writing deeply and consistently about the most painful episodes in their lives, leading to clear health and mental health benefits in numerous well-controlled studies (Pennebaker, 1997). Extending this strategy, several specific narrative methods (e.g., epitaphs, metaphoric stories, life imprint exercises) have been devised to promote meaning reconstruction following bereavement, each of which can be used as a self-help method or in the context of professional grief therapy (R. A. Neimeyer, 2002). For example, the *loss characterization* encourages survivors to describe themselves in the wake of their loss, but to do so as if they were the principle characters in a novel, play, or movie. Significantly, they are requested to write as if from the third person standpoint of an intimate and sympathetic observer, in order to help them step outside their current distress and view their self-narrative from a broader perspective. Although the writing and informal discussion of the resulting accounts can be therapeutic in themselves, a further analysis of the documents using a set of hermeneutic guidelines can enrich both assessment of post-loss complications and sources of resilience, as illustrated by Neimeyer, Keesee and Fortner (2000). Thus, the literal use of narrative strategies through writing and reflecting on traumatic experiences might be more thoroughly and creatively developed to promote integration and transcendence of tragic transitions.

### **Enactment methods**

Oral narrative methods also hold promise in clinical settings, both for their utility in assessment of barren, monological, cacophonous and paranoid forms of client dialogue, and for their relevance in conceptualizing therapist interventions (Dimaggio et al., 2006; Lysaker & Lysaker, 2006). One distinctive method along these lines breaks the “frame” of usual client/therapist discourse by asking clients to imaginatively speak in session as if from the standpoint of their *problems*, rather than themselves, thereby allowing them to enact, rather than merely describe their

relationship to their symptom or difficulty. Although I readily concede that this technique still presumes the “shaping force” of therapist-directed discourse appropriately highlighted by Guilfoyle (2006), the ensuing interaction often prompts heightened client awareness and capacity for “resisting” a problem to which he or she had previously been subject. This sort of “externalized problem interviewing” is anchored in the narrative therapy tradition of White and Epston (1990), whose goal is to help clients recognize the “real effects” of a problem-saturated story on their lives, and ultimately begin to perform an alternative to this dominant narrative by recognizing and consolidating “sparkling moments” when they refused to comply with the problem’s requirements (Monk, Winslade, Crocket, & Epston, 1996). The result can be a newfound sense of agency and liberation, one that permits the pursuit of different life purposes and relationships with others.

An illustration of this method arose in my relationship with Mike, an intelligent 42-year-old man with two children who discovered his wife, Linda, was having an affair with her employer. This precipitated a marital crisis in which Mike, who had resumed social drinking with his wife’s permission several months before after nearly a decade of abstinence, plunged into depression and began drinking more heavily. Although Linda quickly ended the affair and consented to enter marital therapy with her husband, Mike’s resentment continued to ebb and flow, eroding the new foundation of trust and intimacy they were attempting to rebuild. Ultimately, when Linda was gone on an apparently necessary business trip with her employer, Mike was arrested following a minor traffic accident he had under the heavy influence of alcohol when his two children were riding with him in the car. This second crisis led to his concomitant individual therapy with me to focus on his abuse of alcohol to regulate his mood and drown his ruminations regarding his wife’s infidelity. Although contrite and able to largely control his drinking in the aftermath of the arrest and conviction for impaired driving, Mike nonetheless had continued to abuse medications prescribed by his psychiatrist to manage his anxiety. The following spontaneous use of externalized symptom interviewing was prompted by Mike’s comment that “if I can just go back and understand why I started doing these things to begin with, maybe it could help”.

Mike: I know self-knowledge can be painful, but maybe it could make a difference. But there’s always this small, back-stepping, alcoholic voice when I’m feeling bad, one that offers a simple answer. For a while it seemed like I had gotten rid of that voice, but now it seems like it’s there all the time.

Bob: I have a crazy idea. Maybe, rather than just trying to tune out that voice, we could tune *in* to it. What I was thinking is that it might have some valuable things to tell us if we could interview it for a little while. [Mike smiles.] So I’m wondering, would you be willing to loan “Al” – Al-Cohol – your voice, and let me ask him a few questions?

Mike: [Laughs] Okay. Go ahead [smiling].

Bob: Al, what can you tell me about how and when you first introduced yourself to Mike?

Mike: Well, he was 15, and was pretty screwed up. He had a shitty home life, and tried to stay away from the house as much as he could. So one day, he was just hanging out at a friend’s house. And this guy’s dad was a real drinker, so he always had a few cases of beer in the basement.

We just stole a couple of them and hid in the basement and drank them warm. Mike felt good, giddy, and silly. And what was really nice is that he didn't feel bad later.

Bob: It sounds like you were pretty clever, Al, in arranging for his first experience with you to be so positive!

Mike: Yeah, I was smart. I didn't let him overindulge, but just kind of built him up gradually . . . Pretty soon, Mike was as reliable as a horse, one of my strongest buddies. We could hang out as long as we wanted to, and he'd always come back the next day. I gotta admit it, the guy was strong as an ox – it was like he was built for it. And when he wasn't with me, he missed me something awful. We had a real thing going.

Bob: It sort of sounds like *love*.

Mike: Yes [laughing]. But society frowned on it, because he was so young.

Bob: Ah, I see. Now at that time, was he going steady with you, or did he have other flirtations?

Mike: Well, he hung around with Mary a bit, Mary Juana, but she led him to hang out with the wrong crowd, guys who had a lot of emotional disturbances. But I was able to help him through that, so after that he hung out with me and my friends, Val [Valium] and Zan [Xanax].

What was nice is that we were able to see more of each other as we got older. There was a friend who was always willing to get us together, so I could really help him with some of his problems. I guess, looking back on it, I was his only close friend. He didn't have any long-term relationships with the opposite sex.

Bob: So did you facilitate his relationships with the opposite sex, or console him when they didn't happen?

Mike: Both. With me along, it could be quite a party for a while if he found the right woman! But he always came back to me.

Bob: Was there ever any trouble in paradise for you, any threat of breakup?

Mike: Well, when Mike was 21, we could see as much as we wanted of each other. But he also was married and had a small baby, and felt guilty when he'd spend time with me. Lots of times he'd start to feel bad after I left.

After a while he didn't want to go out with me as much, so I'd go visit him at home, just to cheer him up and let him know I was still around. But even then he'd try to limit his time with me.

Bob: Huh . . . how did you overcome his reluctance?

Mike: Hmm. I guess he was pretty aimless, and really needed me to help him feel better. He'd feel calmer, and less worried with me, less prone to "over-think" things. And of course it lent me prestige that I was well acquainted with some of his "heroes," Keith Richards, Kurt Cobain . . . I knew lots of musicians and writers. So I lent glamour to his life, like a celebrity. Heck, if I knew Keith, Mike figured that maybe I could teach him to play the guitar that well too! Mike didn't know that Keith and I had had some rough times, just that we had been intimate. So I was careful to withhold some information from him about how those relationships ended up.

Bob: How *did* they end up?

Mike: I basically used them up, and then *killed* them. But with Mike, no matter how hard I worked him over, he didn't seem to mind. He didn't feel like he belonged in his marriage, so when we were together, he didn't think about it. With me, he didn't have to have ambitions. Ours was the *real* relationship. We predated all the others. In fact, I introduced them to him, so I took precedence.

Bob: Ah, so you clearly had the advantage of a long *history* with him. But what did the *future* of your relationship look like?

Mike: Mmm. Well, we knew it was just a matter of time until something came between us, but we didn't talk about it much. He didn't need to be in the relationship with his wife, so I put an end to that. Then I really went to work on him, and let him know that I was the only one who'd stick by him, so he'd be loyal to me. By his mid-20s, he'd be rattled if I wasn't there in the morning, so he'd start calling me up in the morning to get through the day. I even started riding with him to work just to help him get there, and would meet him over the lunch hour to help him through the afternoon.

Pretty soon, though, Mike started noticing that there were negative aspects to our relationship. He couldn't remember where he'd gone, where he parked his car. I liked playing these little tricks on him. He tried a few times to break it off, but I'd just wait in the shadows. I knew where he lived.

Bob: It sounds like *stalking*.

Mike: Yes. I knew he'd be back, when he was scared, stressed or bored. So I just waited.

We were on again, off again, for a while. When we moved to St. Louis, we worked out a really good system, and just couldn't stay away from each other. We had the same interests in music, partying, everything he liked.

Bob: It sounds great, at least for you. So what happened?

Mike: I guess he started taking more and more breaks from me, until we had one last fling, and that was hard enough on him that he wouldn't speak to me again for 8 years.

I thought it was over, and had given up on him. Something about it seemed so final. I could tell he didn't want me any more. He didn't even write me letters or make a phone call.

Bob: But you did get back together?

Mike: Yeah. It surprised *me*. I was up to some new projects, and couldn't wait to see him and catch up. He was back in school, and had two lovely daughters.

Bob: What happened? Did you see some chance to get him back?

Mike: You bet. Mike's wife was acting strange, and I think he noticed that, but Mike's not that bright, really. So my friend Nick [nicotine] and I made a pact that he could hang out with Linda and Mike could hang out with me . . . because Linda and Nick had a "thing" before. If he were as smart as I was, he would have suspected that something was up, that she didn't object to my hanging out with him.

Bob: Hmm. It sounds almost like it balanced the scale.

Mike: Yes, exactly. And when he finally figured out what was going on, I helped him see that everyone would let him down in the end except me. I could be rough on him, but I would always stick around. It was like a battered wife staying with an abusive husband. Mike might not like being beat around, but it's a hell of a lot better than the unknown, even if he ended up with a black eye every couple of weeks.

Concluding the interview as the session ended, I briefly asked Mike's reactions to the dialogue with his drinking. He noted that "it was pretty powerful," and that it felt like something had "punched him in the gut" about the way "Al" was describing the relationship to him. I simply suggested he take a week to think over his impressions and return to discuss them next week. When the next session arrived, Mike was unusually animated, and immediately opened with his thoughts about the "feeling that had stayed with him" since our interview. As he described it, he had felt a growing sense of "disgust and anger" about the "passivity" he displayed in what was clearly an abusive relationship, and he had resolved to take action. Accordingly, he had discussed the interview and the entire history of his drinking with Linda, and then emptied all remaining anti-anxiety medication down the toilet along with the alcohol in the house. In the 9 months that have followed the interview, Mike's resolve to recover his sobriety, and with it his life and marriage, has held firm, and he has begun to take more seriously a course of university study in order to take further steps toward a preferred future. Although externalized problem interviews do not always have such dramatic and lasting effects, they are often helpful in catalyzing insights into the operation of problems in people's lives and helping them begin to formulate a sense of agency and self-direction. They also make full use of what Hermans (2006) refers to as

a “decentralized conception of self as multivoiced and dialogical,” fully capable of entering into meaningful dialogue with imaginary figures for therapeutic ends.

Other novel narrative methods can further assist counsellors in seeing new significance in problematic experiences in their client’s lives. For example, emotionally discrepant episodes in a client’s self-narrative can be “replayed” through slow-motion recall and re-narration, focusing the “camera” of therapeutic attention on particularly painful details, or “panning out” to the larger life pattern in which the problematic event was embedded. Clinical applications suggest that use of this “movieola” method (Guidano, 1995) can help close the gap between experience and explanation, assisting clients in finding a thread of meaning and self-continuity in the aftermath of narrative disorganization. Interestingly, the movieola method casts the client as the director of the film of his or her life, rather than an actor, promoting a sense of perspective and control rather than narrative immersion.

Perhaps the most developed and certainly the best researched of dialogical methods in psychotherapy are those that have evolved from early Gestalt therapy origins, gaining their most elegant expression in process experiential therapy (Elliott & Greenberg, 1995). Client difficulties in this emotion-focused approach often are conceptualized in explicitly dialogical terms, as between “critical” and “experiencing” parts of the self, or between the self and an important other with whom the client has “unfinished business”. Once a “marker” for one of these conflicts is identified in counselling, the therapist directs the client to enter into an emotionally resonant dialogue with the other “I position” (to use Hermans’ terms), sometimes alternating repeatedly between chairs that represent the corresponding positions. In keeping with a dialogical self model, the goal of such work is not the elimination of one or the other of the two positions, but rather their mutual recognition of the needs and contribution of each to the client’s life. For example, in a “self-critical split,” the dialogue between the “critic” and “self” typically continues and is deepened by the therapist until (a) the self strengthens and (b) the critic softens, often disclosing an ultimate wish to protect the self or help meet its essential life goals. Other interventions entail focusing on and giving voice to an unclear “felt sense” of a problem situation, experienced as a vague discomfort deep in the body, until it can be labeled and the needs associated with it identified (Gendlin, 1996). Similar meaning-making interventions, in which bereaved people are invited to articulate the preverbal significance of their loss through the use of metaphor, and to creatively dialogue with their distress are illustrated in transcripts and videotapes of constructivist therapy (R. A. Neimeyer, 2001a, 2004b).

Carefully crafted group therapy methods for “retelling violent death” also hold promise for survivors of suicide and homicide (Rynearson, 1999), and controlled outcome evaluations demonstrate the efficacy of narratively informed therapy for complicated grief (Shear, Frank, Houch, & Reynolds, 2005). Clinical trials of analogous group therapy methods for assisting incest survivors to share and process their stories of abuse have met with favorable outcomes (Alexander, Neimeyer, Follette, Moore, & Harter, 1989), demonstrating that giving voice

to silent, dissociated narratives in safe environments that promote attribution of new meaning can prove helpful in fostering posttraumatic adaptation. Moreover, recent extensions of psychodrama such as therapeutic enactment (Westwood, Black, & McLean, 2002) suggest that group settings that permit a healing performance of not only the original loss, but also more adaptive means of responding to it, can powerfully mobilize a client's ability to transcend trauma. Neimeyer and Arvay (2004) provide a full discussion of this work and a detailed illustration of its use in the case of a young man working to transform abusive experiences in relation to his father using intensive therapeutic enactment procedures. Finally, constructivist therapists have even experimented with "multiple self-awareness" groups (Sewell, Baldwin, & Moes, 1998), in which clients are encouraged to script and enact several specific internal characters within them (The Little Dictator, The Seducer, The Servant). In some sessions each member might choose a single I-position to perform in scenarios that include all other group members in a common activity (e.g., taking a trip together, deciding on a leisure activity) that reveals the distinctive *modus operandi* of each role. In other sessions a given member can function as director, casting others as different parts of him- or herself to depict different forms of self-relating. Obviously, such methods could be developed by creative counsellors to represent a full implementation of dialogical self theory and its fascinating implications for psychotherapy.

## Conclusion

In this paper I have briefly touched on the parallel paths that Hermans and I have travelled in moving toward a more adequate conceptualization of the narrative and dialogical nature of the self. I also have noted my enthusiasm for creative extensions of these efforts by other contributors to this series, just as I have provided an orientation to several other methods arising from constructivist psychotherapy that can help expand the toolbox of counselling strategies available to the practitioner. I hope that readers will find in them some of the freshness and excitement that we have as contributors, and that they will join us in extending and refining these concepts and methods for working with clients seeking fresh possibility in relating to the complexity of their selves and lives.

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