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The Storied Self: The Search for Coherence Amidst Constant Change

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When children come to therapy, they come to play. Children organize their experiences by pretending and enacting incidents in the here and now. When adults come to therapy, they come to tell their stories, constructing a unitary, continuous sense of being by matching feelings to events and events to sequences in the immediate medium of another’s mind. In this talk, I will focus on how narrative emerges from breaks in the canonical ways of a culture, whether it is the culture of the home, the workplace, or a way of being together that emerges in the clinical situation. I will look at narrative first from a developmental perspective, considering how children start by describing “timeless” routines of their surround and move only gradually to elaborating particular episodes that have to do with violations of these routines. We will look at telling experiences as falling along a continuum, on one end chaotic and nonlinear, on the other rehearsed and rigidly adhering to a cultural template. We will consider the ideal middle ground of the coherent narrative that remains stable and yet open to revision. We will also examine how an ever-evolving self emerges from this process. Last, we will consider applications of these ideas to the clinical situation, advocating an elaborative rather than an interpretive stance.

In 1985, Main, Kaplan, and Cassidy interviewed adults whose children had been deemed insecure (Hesse, 1999). In what became known as the Adult Attachment Interview, the experimenters asked questions related to the subjects’ childhood attachment experiences. The narratives were then analyzed not for content but for manner, drawing upon the philosopher Grice’s maxims for “an ideally rational, coherent and cooperative conversation” (Hesse, 1999, p. 556). Examples of violations of these maxims might involve a subject going on and on about her early relationships in a preoccupied, obsessive manner, or a subject producing accounts that are overly abbreviated and abstract or that reveal internal contradictions. An overarching ideal of a well-formed narrative fell under the rubric of coherence. In the words of Main and Goldwyn (1998) “‘Coherence’ may be defined as ‘... connectedness of thought, such that the parts of the discourse are clearly related, form a logical whole, or are suitable or suited and adapted to context’” (as cited in Hesse, 1999, p. 566). That last phrase, “suitable or suited and adapted to context,” suggests that a coherent narrative is neither unalterably rigid nor open to total dispersal, but is rather loosely and yet strongly internally connected, in a way that allows for amending and remodeling.

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By measuring coherence and attentional flexibility in adult narratives, experimenters were able to predict the quality of attachment in the subjects’ offspring, a stunning finding. It is important to remember that the results were independent of content, in the sense that a traumatic childhood narrated coherently was as predictive of security in offspring as a warm, secure childhood. Subjects with traumatic backgrounds coherently told were labeled “earned secure” and were found often to have had important adults in their lives to turn to: relatives, religious counselors, therapists—people who might have helped them sort out their complicated needs and relationships and who, in the very process of doing so, might have helped them to tell their stories. Although the purpose of the Adult Attachment Interview is to measure attachment on the level of representation, to trick unconscious processes into revealing themselves in the forms of preoccupations, gaps due to dissociation and ambivalent attitudes that might not show up on the content level, the results suggest something even more tantalizing: how we tell important stories may in themselves change who we are.

WHAT IS A NARRATIVE? A DEVELOPMENTAL APPROACH

Stories are the medium through which we deal with breaks in expectations, challenges to what we see as canonical in our daily lives. Aristotle (1998), in talking about tragic drama, the main cultural narrative of his day, called these breaks “peripeteia” or “turning points.” Bruner (1990) and D.N. Stern (2004), in talking about narratives of everyday life, called them simply “trouble.” Stories are about the unexpected, ruptures in the usual way of our world, rifts in the ordinary. This simple idea may seem almost self-evident, but it has far-reaching repercussions, as we shall see.

The first, obvious repercussion is that every story presupposes the existence of an ordinary or canonical way of the culture. The exceptional grows out of the ordinary.

Most literary narratives begin by establishing the usual way of the world about to be thrown into turmoil. Shakespeare (1997) in Romeo and Juliet opens with a scene of a gang of Montagues picking a fight with a gang of Capulets, illustrating what is canonical in this world—that Verona is a town dominated by two feuding families. The story emerges out of a rupture in this usual way. Romeo, a Montague, falls in love with Juliet, a Capulet. This forbidden love is the rift in the ordinary, Aristotle’s peripeteia, Stern’s and Bruner’s “trouble,” a rupture that suggests a series of justifying questions and “reasons for.” Why would these kids do such a thing? Because their spontaneous passion overrode the ancestral habit of revenge. Can the two elude the feud that seems determined to entangle them? Will they succeed in eloping? The story revolves around these problems until the lovers kill themselves, and the families unite in grief.

Now let us consider a mundane narrative drawn from a session with a patient. Sandy brought her 11-year-old daughter Caitlin to soccer practice and watched her do the absolute minimum, sullenly kicking the ball in a passive way, almost ostentatiously uncaring. All the other kids were working hard to please their coach. Working hard is the canonical way of soccer practice, and Mom was enraged at her daughter for her “poor sportsmanship,” until she learned on the car ride home that her daughter had a sore throat and a fever. The mother grew tender, and when they got home made her daughter hot chocolate. Later she e-mailed the coach to explain.

If the Montagues and the Capulets got along just fine, Romeo’s love affair with Juliet would have been business as usual in Verona. If all kids played lackadaisically at soccer practice,
Caitlin’s dull performance would have gone unnoticed. What is canonical is nonconscious, automatic—a cultural version of procedural memory, in a sense—until trouble intervenes, whereupon the canonical loses its taken-for-granted status and moves to the fore in order for the mitigating circumstances and actions of narrative to restore it to the background yet again.

As Feldman (1989) put it,

Every [narrative] puzzle involves a challenge to some stipulation of a steady state. There is an analogy to a crucial feature of the better-formed narratives of adult literary fiction. Bruner (1986), following Burke (1945), described narrative as consisting of a pentad composed of an Actor, an Instrument, a Setting, and a Goal. To this Pentad, Bruner added the essential narrative trigger: trouble. . . . The skilled adult narrative restores a steady state by resolving the trouble (p. 106).

Whether of the playground, the workplace, or the bedroom, stories are about rifts in cultural norms. I say “cultural norms,” but the phrase is really redundant. Culture in its essence can be defined as what is normal or ordinary in a particular world, what is canonical, a kind of collective procedural memory. Culture exists in multiple dimensions: in the parent–infant dyad, in the family, in the workplace, in the therapy room, in the state, country, world—dimensions that interpenetrate. Culture operates in the background, until “trouble” disturbs it, at which point we look to mitigating circumstances and “reasons for,” with the object of making its metronomic influence unnoticeable once again.

DEVELOPMENTAL VIEW OF NARRATIVE

Let us begin at the beginning, with the preverbal infant who knows only the here and now and yet is influenced implicitly by ongoing experiences. Much recent theorizing about infant behavior and implicit, relational memory circles around two ideas—a tendency of infants to generalize what is expectable or usual in their interactions with caregivers, and at the same time a tendency of infants to recognize as salient disruptions within these interactions (Bowlby, 1979; Lachmann & Beebe, 1996; Stern, 1985) and to recall these in the form of a physiological response or behavior, although not yet as an explicit memory (Lachmann & Beebe, 1996; Tronick, 1989). The preverbal infant concerns himself with establishing and noticing, albeit outside awareness, the canonical and breaks in the canonical.

Between the ages of 1½ and 3, children develop the ability to narrate, going beyond referencing and requesting to organizing experience as happening sequentially in time. A group of infant researchers at Harvard, among them D. N. Stern, Bruner, and Nelson, collaborated on a book called Narratives from the Crib (1989). The daughter of two economists, Emily spoke “crib talk” every night before going to sleep. Her mother put a tape-recorder under her bed, and for a year and a half this group of research scientists analyzed her monologues.

Emily’s storytelling developed in roughly two stages, stages that recapitulate the concerns of the preverbal infant, as well as the structure of storytelling just outlined.

In the first, early stage Emily recounted routines or scripts rather than specific events, and she used what Gerhardt (1989) called “the simple present tense” to describe these events. For example, she might say, “Emily wake up, Daddy come, brush teeth.” These were temporally organized descriptions but unlocated in a specific period of time. These first proto-narratives
involved putting together what was predictable and ordinary in the culture of her home. It is worth noting that many of her early efforts at establishing the usual way of her world were repetitions of what her father told her before bedtime interwoven with her own memories. The source of her sequencing was less important than the establishment of a kind of cultural bedrock of her home life.

In the second stage, Emily (like other children between 2½ and 4) moved from describing the usual way of her world to narrating violations of this usual way. It appears that once a child has mastered the ordinary, she grows alert to exceptions, challenges, and trouble in the system. Trouble, or Aristotle’s peripeteia, provokes an intense need to understand by finding justifications and reasons for, usually by considering intentions and the subjective states of the self and other participants.

Emily’s narratives tended to be circular, nonlinear with a driven problem-solving intensity. She was most decisive and linear when recounting an episode told to her by her father: in other words, a repeated story. The coherent stories of the Adult Attachment Interview are also stories that have been worked through, told and retold, at least in mind, over and over again. Often they are a little artificial, an intertwining of reminiscence and cultural template. Narratives that emerge in everyday conversation and in therapy are more like Emily’s circular, working-through stories, rough sketches, full of cross-outs and marginal notations.

Narrative, then, can be conceptualized as a dimensional activity operating between two poles. On one end, it can be chaotic, circumstantial, with no end in sight; on the other, it can be overly rigid, proceeding in lock-step toward a predetermined end demanded by cultural genre.

As Ochs and Capps (2001) put it,

Narrators everywhere are confronted with the desire for a stable reconstruction of our remembered past and the desire for an authentic reconstruction of the past. … Conversational narrative is particularly suited to satisfying the latter. Stable narratives that lack authenticity are ultimately vulnerable to conscious or unconscious resistance; alternatively, authentic narratives that promote possibility and relativity may render one unable to choose among possible courses of action or diverse ways of thinking about life experience. (p. 17)

A DIMENSIONAL APPROACH TO NARRATIVE

Let us begin by considering the golden mean of the coherent narrative. This is the internally cohesive, complex story of the Adult Attachment Interview, one that is neither too rigid and distant to brook revision nor so chaotic and immediate that it curtails decisive action. This implies a tension between a conclusive narrative, which is rehearsed and proceeds backward from a worked-out resolution, and a spontaneous, nonlinear narrative that carries with it some of the exploratory uncertainty of the present moment. Coherent and true narratives are always open to encompass new information and new actions that might necessitate backward revision, but they also maintain shape. In short, they continuously elaborate on themselves. Keeping this process of elaboration going is one of the main charges of our clinical work.

“We interpolate explanation,” Ricoeur (1977) suggested, “when the narrative process is blocked and in order to follow-further” (p. 869).

In the clinical encounter, to “follow further” means a movement toward coherence, but it is a movement that starts on points along a continuum. I propose the following four basic ways
people tell stories. These are somewhat artificial categories, given the dimensional nature of narrative, but I believe they are useful clinically. All of these ways come out of rifts in what is perceived as axiomatic and move, however ineffectually, toward the return to a steady state, toward coherence.

**Telling by Reliving**

This style is common in patients who suffer from posttraumatic stress disorder or panic disorders, or who come to us in the midst of an overwhelming crisis. The narratives of such patients tend to remain stuck in a perpetual present tense even though, paradoxically, the stories frequently originate in larger ruptures from the past. Events are conveyed with great emotion but have a chaotic as-though-happening-now quality. Bromberg (1994) noted how survivors of trauma tend to reexperience reminders of past horrors with an intensity that makes the reminder feel like a primary assault, without antecedent. From the outside, such individuals appear to be constantly reliving and repeating the past. Internally, it feels to them as though they are strangely fated to experience one new assault after another. In telling about even these secondary experiences, such survivors tend to reexperience events somatically, become flooded by emotion and find it difficult to construct a future- or past-oriented history. This is the overly open end of the spectrum of telling, notable for constricted temporal horizons that make retrospection and planning nearly impossible.

**Telling Through Nonlinear Exploration**

We might conceptualize this style of telling as the working-through process. Emily’s narratives were most circular and repetitive when she was working out a problem or narrative puzzle. Verbal movement tends to be roundabout and uncertain when this style is active, full of half starts and revisions. The content often involves a drive either away from or toward a relationship with the culture and to the people who represent it—parents, teachers, bosses, spouses, and, most relevant to us, clinicians. These stories often have a moral tinge to them. My situation is not as it ought to be.

**Coherent Telling**

These are the tellings we have discussed already in depth as a kind of ideal, tellings that have almost always already been worked through. They involve recitation more that story-creation but allow for emendation, correction, elaboration. They are presentations that have held up fairly well, complete but also open and flexible.

**Rigid Telling**

These are rote recitations often based on cultural templates, usually highly abbreviated and abstract. These tellings correspond to what D. B. Stern (2003) referred to as “stereotyped meanings . . . the story that accounts for what it addresses but tells us nothing we don’t already know, the conversation we can fill in without having to listen” (p. 98). Such tellers tend to hang their lives on explanatory frameworks rather than rely on the more fragile-seeming narrative
process. Their abbreviated, rigid, rehearsed explanations don’t permit further elaboration and discourage any revisiting. Consider the patient who says, “My father hit me because I was a screwup.” Or the patient who says, “My father hit me because he was a pathetic failure.” Or the patient who says, “I’m depressed because of my biochemistry.” These ways of describing pain put walls of determination around the experience that prevent its expansion, transformation, and integration into the present and the future. The traumatic situation is looked at as caused rather than as a story forever in flux, forever continuing. Carse (1986) described the difference between explanation and narrative:

Causation cannot find a place in narrative. We have not told a story when we show that persons do whatever they do because they were caused to do it—by their genes, their social circumstances, or the influence of the Gods. Explanations settle issues, showing that matters must end as they have. Narratives raise issues, showing that matters do not end as they must but as they do. Explanation sets the need for further inquiry aside; narrative invites us to rethink what we thought we knew. (p. 125)

TREATMENT

In the clinical situation, an intimate relationship inevitably emerges between patient and therapist, if only through the sharing of the very particular states of mind that come out of stories. The patient and therapist must deal somehow with that relationship at the same time that the two continue to generate emotionally laden accounts of past experience, which further effect that relationship. Patient and therapist relate—with both meanings of that word fully operative (Goldin, 2008).

Through this dual relating, we move, ideally, toward increased coherence. But the goal of story-telling in therapy as well as in life is not to conclude the story but to conclude aspects of the story in order to keep it going.

In working in this way, we largely give up interpretation for elaboration. We “follow further,” in Ricoeur’s (1992) words. Again, the idea is not to complete but to facilitate a widening of possibilities. It is a one-door closes, another door opens approach to treatment. Ringstrom (2001) applied an analogy from improvisational theater, where the mantra is “Yes, and.” In short, the object of play in improvisational theater is to keep things going, which means neither negating nor simply agreeing, but agreeing and adding something new that moves things forward and expands the intersubjective field. Although Ringstrom applied this strategy mostly to here-and-now interactions or enactments, it is as applicable to the act of cocreating stories in the there and then.

Elaborating action is the prime object of this approach. There is no need to focus exclusively on affects, on infancy, on goals or on symptoms, although all of these are important. These elements all exist in the story as parts of a network that take full meaning only in relation to one another and can only emerge in connection to one another.

As Ricoeur (1992) put it,

Action concerns “circumstances, intentions, motives, deliberations, voluntary or involuntary motions, passiveness, constraints, intended or unintended results, and so on. The open-ended nature of this enumeration is less important here than its organization as a network. What is important in establishing the range of meaning of each of these terms is the fact that they all belong to the same
network; the relations of intersignification thus guides the respective meanings, so that knowing how to use one of them is actually knowing how to use the entire network in a meaningful and appropriate way. (pp. 57–58)

We are used to dividing up the elements of this network. For example, in the case of affect, we often talk about a patient’s ability to label his emotions, and we refer to those who cannot label their emotions as alexithymic. The labeling approach might elicit from an adolescent the statement “I felt ashamed.” The story-elaborating approach might elicit the statement “I wished I’d fought back when that kid hit me.”

The second statement provides a much better sense of what this child is feeling, without even using the label *shame*, and offers much better opportunities for expansion. One could say that the feeling emerges from the story as much as the story emerges from the feeling. As we elaborate on “what happened” with this child in this incident and in others relating to it, the whole network of events, feelings, intentions, motivations, and so on, will be evoked simultaneously in its construction. This involves both a stretching toward coherence, a movement toward consonance with the culture, and an elaboration of the self.

It never fails to surprise me how much previously inaccessible material, feelings and incidents alike, arise from the process of elaborating on a story. I believe that the revelations that emerge from narrative are due at least in part to its network-like properties, in which all the various components of action—intention, affect, goals, and so on—are interconnected in such a way that, as Ricoeur (1992, p. 58) explained, “knowing one means knowing all.”

Given that all the elements of action are linked in a network, where does one initially put one’s curiosity? My attention tends to move toward the trigger of the story—trouble—which might also be defined as the nodal point of drivenness in the telling of the story or the place where affect tends to expand. It bears repeating that when we speak of trouble threatening the hitherto unnoticeable, seemingly axiomatic way things are, we are talking about a rupture of cultural norms, which might involve a problem in the canonical ways of childhood or a problem in the canonical ways of a current culture. More often than not it involves a clash between these two. In other words, the usual way of one culture becomes trouble to the usual way of another. An example of this is when the controlling manner of a child dealing with a depressed mother causes the child to be labeled defiant when dealing the same way with school authorities, a way that violates the canonical way of relating in educational institutions.

A usual way of being together tends to coalesce gradually over time out of moment-to-moment breaks and realignments in the clinical dialogue, much as canonical ways get worked out spontaneously between infants and caregivers, an important difference being that in the clinical situation these exchanges mostly involve telling and listening. It is possible for a new canonical way of telling experiences to establish itself in our offices, in comparison to old rigid ways or anxious, accommodating ways, allowing for increased coherence of telling. But it is also possible for a repetitive way to reemerge or for a new constricting way to organize itself that stifles the elaboration of experience.

In treatment, often two storylines operate simultaneously, one involving trouble threatening the canonical way of a patient’s culture and another involving trouble threatening the canonical way of telling about such things in the room. Working through these troubles, elaborating a bigger, more complex story, increases coherence in the here and now as well as in the there and then and, if the Adult Attachment Interview studies are valid, in the future as well.
STORIES

To illustrate some of these themes, I offer up some stories of my own about four patients representing our four categories of narrative.

Abby, and a Reliving Narrative

After a long business trip, Abby appeared in my office in an agitated state, her voice rising at times almost to a scream. She acknowledged being anxious and guessed that her anxiety had something to do with her finances. Abby worked as a software team leader for Google and made a comfortable six-figure salary. We talked about her stress about money, all material I had heard before many times, and I found myself curious why this sudden intensity, an intensity unusual even for Abby.

Abby answered in the form of a story, a story she could barely tell through her agitation and suppressed rage. She explained how when she left for her trip, she had given her adult daughter Samantha, who lived with her, an ATM card and password to deposit some paychecks into Abby’s bank account, telling Samantha that she could also withdraw some cash to enroll in classes at a community college. Although Samantha had used only a few hundred dollars for her classes, a reasonable amount, she had forgotten to bring home a receipt. At the time, Abby had said nothing. But over the next few days, she thought constantly about how her daughter would destroy her financially, made plans to put cash in a safety deposit box, even thought about kicking her daughter out of her house. I know from my two years of working with Abby that she had come from a chaotic, violent family, that she had been homeless for a time as a child, had lived in a car and in multiple foster homes. Abby was in a reliving mode both in her way of perceiving all her feelings as attached to the present and in her relatively incoherent way of talking to me about them.

I told her that my thought on hearing her speak with such urgency of her financial woes following this small incident with her daughter was that these feelings seemed too extreme for the circumstances and perhaps were like muscle memory from the past. At that, Abby remembered that her father used to give her his ATM card to buy groceries. She would buy groceries and bring him a larger receipt she found on the floor of the supermarket, using the remainder of the money to buy clothing and makeup. The stealing in the past connected to the lack of receipt from her daughter now brought a state of chaos from childhood into the present, not through verbalizable memory but through reliving a familiar and very particular blend of rage and fear, feelings that emerged from a world that lacked a usual, expectable way. Abby had worked hard to join the larger culture, had succeeded in a very competitive corporate enterprise, but she experienced any break in the usual way of this larger culture as an opening through which she might drop suddenly, forever back into the chaos of her childhood.

The nodal point of trouble—the break in expectation—seemed to be the point where Abby learned that her daughter had failed to keep a receipt. But in a way that point of trouble was a rabbit hole that went straight down to a series of sham receipts thirty years earlier, receipts that produced nonconsciously, implicitly, in body-memory all the terror of
her native home. The usefulness of Abby telling this story and going down the rabbit hole to an earlier, more frightening era lay in shifting the nodal place of trouble to her childhood where it belonged.

But it is worth noting that yet again we are dealing with a clash of cultures. In another century —certainly in another land—a daughter failing to follow instructions of this sort might indeed seem terribly disrespectful. Abby, who had had to cobble together a sense of the ordinary way of the world through intense, vigilant trial and error, had a hard time understanding that the lost receipt was a small violation of a norm and not a large one. She worked with me to find a sense of what is usual here, and once we had settled upon what that was, it was easier for her to move past the intense feelings of this incident to the intense feelings of powerlessness and chaos way back when and see her story not simply as an act against her by her daughter but as an old story in which this small act was only a portal. In short, she moved from a present-tense-like, temporally tight account to a more expansive, more complex, more coherent narrative that left her less anxious and confused.

Madison, and the Nonlinear Working Through Narrative

Madison is a 26-year-old woman new to L.A. from the Midwest, whom I have been seeing for eight months. She came in one day and stated flatly, “I’m lazy.” She explained that she was unmotivated at her work, which involved editing for a reality TV show. “I’m uncomfortable in my skin,” she went on, seemingly irrelevantly. “I think I know my problem. I can’t have deep relationships, because if I’m with someone more intelligent or knowledgeable than me, I feel envious and want to get away. But if I’m with someone who I don’t think is that smart or knowledgeable, it makes me uncomfortable to be associated with him or her. Maybe that’s why work sucks right now. People are all either too smart or too stupid.”

Madison’s narrative had much of the quality of Emily’s circular, repetitive narratives when she was engaged in solving a narrative puzzle. One had to search for the essential thread. My first temptation was to focus on the depressive symptoms. It felt safe and workmanlike to mark off the DSM checklist for major depression. But I was also afraid of hitting the explanatory dead end of a diagnosis. I knew I could have simply observed her process: “You feel stuck.” But that did not seem like a vessel built for distance either. Casually, in previous sessions, Madison had mentioned studying books and taking classes to make up for vague deficiencies in her skills at work. Today again she referred to her job without describing anything specific, a simultaneous touching-upon and avoidance that made the gap stand out. I found myself asking her if she could tell me more about her work.

Madison began by saying, it’s not quite what I want to be doing—not quite sophisticated enough. She then added, but it’s also hard for me in many ways. She described how in film school, she had been excited by complicated movie editing. Here the editing was repetitive and followed an easy template, work she felt was beneath her, and yet she was also expected to put a drama together out of an enormous amount of footage, a task she was inexperienced in and in which she felt she could be exposed. I asked Madison if she could give me an example of a time she felt afraid of being exposed at work.

Madison went immediately to when she was interviewed for the job. Madison’s boss had clearly liked her right away. In fact, Madison worried that he was attracted to her. During the course of the interview, he had made some assumptions about Madison’s preparedness for the
drama-creating aspect of the work she would be doing—assumptions Madison let hang in the air. Now she was constantly afraid of being discovered as less experienced in this area than she had made herself out to be, which made her afraid to ask for help and caused her to avoid projects she might have been able to manage with a little assistance. And the feeling of wanting to avoid work—not yet put into narrative form—felt to her like laziness.

There are multiple ways to consider what was ordinary and paradigmatic in Madison’s work world and multiple ways to understand the ruptures or trouble that led to her charged elaborations. We can locate the first and most obvious node of trouble at the point during Madison’s job interview when Madison’s boss made an assumption that Madison left unchallenged. One might say that the usual way of the interview process would have been for her boss to try to discover Madison’s preparedness. But this boss did an odd thing: He assumed, and wrongly, that Madison knew more than she did. Rather than right the error, which might have cost Madison the job, she let it go unchallenged, which kept the story—and Madison’s work life—in a perpetually unresolved state of tension.

At the same time, an archaic patterning of experience influenced what Madison perceived to be possible in this situation. Madison was raised by parents who fed her and put her through school but showed little interest in her beyond attending to her physical needs and meeting the institutional requirements of the culture. Madison’s internal life happened in frictionless tandem with these ministrations and requirements, or it happened in secret. The ordinary way of this dimension of interpersonal experience could be summed up as follows: You do what is expected of you and keep your thoughts and feelings to yourself. This is exactly what she did during the interview—and, I might add, in most of her relationships.

Narrative, whether lived or recounted, emerges from ruptures in the canonical way of the culture and moves toward restoration of a steady state. Madison could perhaps have restored things to a slightly different steady state by telling her boss in her interview that she wasn’t yet adept in some of the tasks her boss expected of her but that she was sure she could pick up these new skills quickly (the truth). It might have cost Madison her job but probably not. Although acting in such a way might have restored regularity to the culture she was entering into—the world of a particular Hollywood workplace—it violated regularity in the world she was coming from, her home and family. So she was left in a state of irresolution at work: a victim of a clash of cultures, a conflict between the canonical way of the past and the canonical way of the present. Madison’s reluctance to challenge her boss’s assumptions about her work experience can be conceptualized as a form of transference, but viewed from the vantage point of this model, it is better understood as an opposition between temporally separate ways of being with others, a radically contextualized view of the phenomenon, with the “now” not being any more right or real than the “then,” just more immediately consequential and therefore more often privileged.

These pivotal “transferential” moments tend to call forth interpretive activity on the part of the analyst. An analyst influenced by intersubjective systems theory might have wanted to elucidate how an organizing principle from childhood (e.g., “needing help is a shameful taboo”) unconsciously shaped how Madison viewed a potentially different experience with her boss. A relational analyst of a particular stripe might have been inclined to describe Madison’s interview as a stereotyped enactment in which Madison dissociated “needing help” as a “not me” state she had no access to in the moment. I would tend to avoid communicating such ideas not so much because I view them as untrue (these are ideas that
have been a mainstay in my work) but because they have a propositional aspect that emphasizes a fixedness in the patient’s mind rather than a quandary in the patient’s experiential world, a quandary that presses for more, not less, story. In this case, I grew curious about the trouble that inspired Madison to talk about this incident in the first place: a fear of being discovered. This fear had not been a feature of her childhood, which was marked by an implicit agreement not to bring difficult matters into the open. I allowed myself to wonder about Madison’s boss, who presided over this strange new culture in which Madison felt no longer unrecognized but, quite oppositely, in danger of exposure.

Literary critics use the term “free indirect discourse” to describe a rhetorical device made popular by Jane Austin in which the narrator slips into the subjective perspective of a character for a period while retaining her own point of view. Given that we are always moving through the minds of others as we move through the world, free indirect discourse felt seamless to readers even at its inception and soon became a staple of the novel. In the clinical situation, we tend to restrain our curiosity about the minds of others for fear of dropping our empathic-introspective line to the patient, as can happen when an analyst plants himself too firmly in an “other-centered” listening stance (Fosshage, 1995). I have found the notion of “free indirect discourse” an invaluable guide in considering the worlds of others within the world of the patient, allowing for subroutines of empathy that open up the field to inquiry beyond the more conventionally defined “psychic reality” of the patient. Madison experienced her boss as volatile, easily slighted, but very much enjoying the role of mentor to his younger employees. We discussed the opportunities for learning and some of the dangers of working for such a man. The immediate danger seemed to lie more in knowing too much than in knowing too little. The longer term danger involved Madison outgrowing his mentorship. Ever the productive pragmatist, Madison developed a strategy of titrating her disclosures to her boss of her lack of knowledge in creating a story out of a massive amount of footage. She found that through her boss’s growing interest in her and through his mentorship, she gradually learned enough to feel more secure in her job, although her newfound closeness to her boss kept her in fear that some unconscious slight on her part would turn her from trusted charge to betrayer. She confessed that sometimes it felt safer to be invisible, which we understood both as a strategy for dealing with a realistic fear and as an enticement of the familiar walled-off ways of her childhood. Although the intricate stories Madison and I devised around Madison threading her way through the culture of her home and through the culture of a particular workplace clearly enlarged Madison’s field of operation, I sensed that even more important was Madison’s growing faith that she and I could make sense of what she does and undergoes, improvising an increasingly coherent narrative around how she makes her way through the world. Where interpretation concludes, resolves, contains, or mirrors, reaching for a conclusion in the past or for a static snapshot of the present, an elaborative approach insists on viewing the self as forever coming into being through its actions and sufferings in the world and continually needing to make sense of itself anew.

Of course, Madison’s troubles did not end here. Melville (1998, p. 448) once wrote, “Our very axioms are prejudices.” It takes great courage to tamper with the childhood givens we rely on to make everything else intelligible. Madison’s silent, isolated, intensely self-critical quest for knowledge in figuring out her job persisted even as she felt herself to be getting more competent at her work. She had to figure it all out in order to feel fully herself. Spots
of ignorance were like spots of nonbeing. It became apparent to us that in many areas of her life, Madison struggled to learn her way to an experience of wholeness, an experience always close at hand but also always tantalizingly beyond her grasp. For example, Madison had an idea that her memory was seriously defective. She was forever performing “memory-priming” exercises she found on the Internet, but no amount of internal labor prevented the name of a cinematographer from slipping past her mental grasp, proving yet again a cognitive weakness. She read books on relationship building to improve her relationship with her boyfriend and went on “interactive excursions” to planetariums and dancing classes to create bonding moments. Yet she continued to despair over her intermittent feelings of disconnection from him, moments she believed proved her inability to love. We came up with the term “prosthetic intelligence” to describe Madison’s reliance on tricks and technology to maintain an emotional and mental grasp on the world. This insight did not stop Madison from keeping her cell phone out during our sessions to write down realizations in a note-taking app. Madison said, “I feel momentarily better when I solve a problem with you and put it into my phone, but then a new problem comes up.” I said, “Live by the sword, die by the sword.” Madison said “Ah,” and then laughingly added, “I have to resist the impulse to write that down.”

One day, Madison came into my office consumed by sadness, her throat clogged with tears. She insisted that nothing had happened. It’s just me. I asked her if she could tell me what was going on when this feeling first came upon her. After some thought, Madison explained that it started after a stupid thing that made no sense. She had been shopping at Whole Foods for ingredients to make a strawberry shortcake. As she searched the aisles and read the backs of boxes, she realized that she lacked some basic cooking knowledge and that she didn’t have some necessary equipment—a cooking rack, for one, and an offset spatula and probably other items. She called her mother, who was a superb baker, but did not reach her. Madison gave up on her shopping and on her plan to bake a shortcake, and when she got home she felt totally depleted.

I told Madison that I sometimes have ambitions to cook something I’ve never cooked before and that I could imagine having an experience similar to hers in Whole Foods, realizing all I don’t know and the equipment I lack. I would probably ignore that realization and do a sloppy job, and maybe next time realize that I need to take what I don’t know more seriously. Probably I would never master cooking what I was trying to cook, because I can be careless about such things. I told her I was telling her this not because I think my way is better or worse, but that it’s different, and at the exact moment when we both, in our alternate universes, find out we need to learn more … well, I remain incompetent but okay about it, and she ends up potentially a better cook but so terribly sad. What is the different thing that happens inside her? Madison said simply, I feel I ought already to know this stuff.

We went back and forth around this idea and got to the notion that Madison’s mother, who grew up in the rural south, knew a tremendous amount about what Madison called “the feminine arts”—cooking, sewing, and gardening. Madison explained that her grandmother raised her mother from toddler age on to take care of her younger sisters and had apprenticed her in these “feminine arts.” The two had even made a quilt together. Madison’s mother had felt oppressed but deeply connected to her mother. As an adult Madison’s mother took on a full-time career and considered this a good thing but at the same time saw her nurturing abilities, which she rarely exercised, as essential womanly attributes. Madison
explained that her mother raised her with the belief that a woman should be skilled in these ways but had omitted teaching them to her, leaving her with the impossible idea that she should have an innate knowledge of cooking, sewing, and gardening. Learning these skills later as an adult left Madison feeling innately incompetent and at the same time painfully aware of what she had missed as a child. Madison’s sadness lifted as we put together this story. She made a quick association to a recent phone call with her mother. Madison had been feeling ashamed of her perceived failures at work and, seeking understanding by way of comparison, asked her mother what she had been most proud of in her career. Madison’s mother grew teary and said, irrelevantly, “Having children.” At the time, Madison thought to herself, But you were never here for me and “having children” has nothing to do with your career. Now it occurred to her that her mother’s tears and confusion might have come out of regret at missing out on Madison’s childhood, a regret she felt most poignantly when asked to look back over her professional life by a daughter whose care she had outsourced to others for the sake of that professional life. It all suddenly made sense. Madison guessed that her mother had felt guilt all along. Maybe she made Madison feel that she “should already know this stuff” so she herself wouldn’t have to feel bad about not having taught Madison those “essential arts,” as her own mother had taught her. Madison’s depleted feeling when she came into my office, seemingly sourceless, turned out to have emerged out of a moment of trouble around the discovery that Madison didn’t quite know enough to bake a strawberry shortcake, a moment that expanded into a much larger story about emotional distance, love, and remorse.

The revelations and shifts in tone during this remarkable session themselves were a source of trouble that gave rise to another story, one between me and Madison. I felt a mix of emotions as I participated with Madison in making emotional connections about her relationship with her mother, a pleasure that had some loss in it. Our spontaneous way during this session was different from our usual way together, a way I was only now beginning to understand. Without quite knowing where I was going, I began to put a story together. I described my sense of Madison being very intelligent, and my sense that we had been figuring out these last few weeks how she urgently needed to learn things, not so much as a way to exercise her native ability but to make up for what she took to be a lack of native ability. I noted that I always seemed to be one step ahead of her as we made our observations, and she tended to write down what I said. I explained how I came from an intellectually competitive family and that I felt lightly competitive with Madison when we came up with things together and enjoyed but was troubled when I found myself one step ahead, troubled because it put distance between us even as we engaged, just as a competitive way fostered connection and disconnection in my family. That our old way together wasn’t quite satisfactory to me became clear only when we wove this story together around a shortcake. Something more collaborative had happened, something that emerged rather than was given in transactional form. I enjoyed this new way of being together but felt the loss of a way that was more warmly familiar to me, if troubling. I could see shining in Madison’s eyes the same excitement I felt as I made this observation. She tapped in her note-taking app, “collaboration.” I felt a twinge of regret at seeing her persist in her quest for productivity and at the same time a troubling/gratifying sense that
once again I was one step ahead of her. I considered asking, “Do you think your excitement comes from the insight that we arrived at our knowledge collaboratively or from the pleasure of connecting in this way.” But something in her glistening eyes stopped me, and I just nodded.

We have considered in the case of Madison multiple, overlapping stories drawn from different “troublesome” experiences, one between Madison and her boss, one between Madison and her mother, and one between Madison and me, a story about the telling of a story. In the classical psychoanalytic model, change comes after interpretation, where interpretation is conceptualized as static and conclusive. In this model change or “trouble” comes first. The art of the analyst (and the patient) lies in noticing how troublesome breaks in what we have grown to expect (in short, change) reveal invisible, seemingly axiomatic ways of being in the world—and in elaborating stories that allow for new possibilities that are the opposite of conclusive. It seemed to me that Madison came out of these cocreated stories the same and yet different, still needing to be productive in most situations but knowing this way of being in the world as a powerful default rather than as her only position. In elaborating narratives about our own interactions in session, Madison and I began the slow process of freeing ourselves from a rigid, unreflective mode of being together to one of increased articulation, openness, and coherence.

**Jerry: A Coherent Narrative**

Jerry came back to therapy recently after a 6-month hiatus. For the several years that I had seen him, we had talked mostly about his recent divorce from a wife who had visited on him all the anger accumulated during a childhood marked by neglect and rejection. He left therapy shortly after he got remarried, because he “was feeling pretty good.” Now he was back in my office after learning that one of his adult sons had terminal cancer. He told me that his ex-wife had insisted that the divorce had awakened a malignant tumor inside their son. Jerry understood how this accusation recapitulated many earlier, absurd accusations, but he was beginning also to half believe it. Jerry’s emotional logic went something like this: If the impossible event of my son having a malignant tumor could happen, why not entertain the idea that the divorce had awakened the tumor?

I found myself wondering about the circumstances of Jerry’s conversation with Marjorie, as Marjorie’s accusation seemed an egregious violation of the usual way parents, even divorced parents, grieve over a dying child. Jerry told me he had called his ex-wife to work out how they would coordinate the times they visited their son in the hospital to minimize conflict in front of him. Marjorie cried as they talked and so had he, and for the first time in two decades he felt close to her. He reminded her of the day after his son’s birth, when they brought him home from the hospital, how in their exhausted state they were unable to put together the car seat. Marjorie said, Because you didn’t figure it out beforehand. What was it, a long day at work? She went on about how Jerry had failed to take care of her and her son, planting endless anxiety and pain in both of them that had finally bloomed in her son as a cancer. Jerry hung up on Marjorie and just collapsed in tears.

I told him that the silly moment of fumbling over his son’s car seat as he and Marjorie prepared to bring his son home from the hospital was probably, initially, remembered by both of them as a delightful way to mark their child’s birth, even though in the moment there might have
been some anxiety in their fumbling. Jerry said, She remembered it as a disaster. I said, She left out the way you recalled it later and only remembered and added to the anxiety of the moment. Jerry said, I couldn’t connect to her even in this terrible time. I tried, I tried. I felt him stretch toward Marjorie even now. I said, You had a hope of connecting to the one person who might in an immediate emotional way know your grief, but the price, as always, meant converting to her perspective, which in this case meant believing that you had dealt a mortal blow to your son, and that was too heavy a cost, which is why you came back here, I think. Jerry nodded and recalled many other situations in which he functioned as a catalyst to turn Marjorie’s chaotic despair into focused rage. Jerry moved gradually from his position as cause of his wife’s agony, and by extension his son’s cancer, to what had become a hard-won default, a tale of marriage to and divorce from a deeply troubled woman who lived in a Manichean universe in which human connection happened only in a struggle of opposites. Just before he left, Jerry told me a story about his son taking his hand as he sat by his bed. Jerry had imagined his son taking his hand as he lay dying. It was sad that it happened the other way around.

I haven’t heard from Jerry since, but I wouldn’t be surprised to get another call. Although I felt fairly sure that Jerry would grieve with less guilt after our talk, I also understood that the coherence of his narrative was highly vulnerable to stress, perhaps forever to be lost and regained.

Brandon, and the Rigid Narrative

Brandon, a very successful financial analyst, told me a story during a particular session. The setting was the living room of a large craftsman house in South Pasadena. The time, after dinner. Five people—Brandon, his wife, and three children—were lolling about, engaged in various activities. The action started when Brandon’s youngest daughter asked Brandon a question about simplifying fractions, whereupon Brandon’s wife explained that you need to divide the nominator and the denominator by the same number. Brandon snapped, “She wasn’t talking to you.” At this, his wife began to cry, which Brandon explained left him cold, because he knew her crying to be a preface to rage, which indeed it was in this case, as she soon commenced shouting at him about this being family time and she has the right to speak to her child. The story ended with Brandon’s kids following his wife into the bedroom to watch TV, leaving Brandon alone and angry that his wife took his children from him.

Here was a story that made perfect sense and yet felt entirely unsatisfactory and untrue, not because it contained falsehoods but because it lacked complexity, was emotionally abbreviated, and appeared to proceed from a foregone conclusion. I sensed this but really didn’t know enough yet. I found myself seeking the peripeteia, the point of trouble in the usual way of Brandon’s world. It appeared to be when Brandon’s wife broke in with an explanation of simplifying fractions. But it also occurred to me that Brandon’s wife, had she been telling the story, would have located trouble at the point when Brandon said, “She wasn’t talking to you.”

What we have here is a clash of cultures, not in the sense that these two people came from opposing ethnic or religious backgrounds but that they carried with them a different sense of what is canonical. Such clashes produce a great deal of emotion because there is a moral aspect
to violations of the ordinary. How things usually happen is very close to our idea of how things should happen. The argument becomes about right and wrong.

From Brandon’s perspective, it was wrong of his wife to get in the way of his conversation with his daughter.

From his wife’s perspective, she had a right to join the family conversation.

My immediate reaction was that the rift opened when my patient said, “She wasn’t talking to you.” To me, the ordinary way of families relaxing after dinner involves conversation going back and forth freely and mothers being free to interject. Certainly Brandon’s wife did not deserve such a harsh response for adding her two cents about fractions. Some of these ideas come from my own childhood, which was spent in an upper-West-Side apartment; a world of hanging spider plants, New Yorker magazines; books about the holocaust; and tangential, overlapping conversations. But it also comes from my experience as a therapist and in the world in general. This is my sense of how contemporary urban American families behave when relaxing together. Brandon was certainly in a subset of this group.

I had to resist the impulse to say, What are you doing talking to your wife that way? Don’t you know that’s no way to speak to the mother of your children, especially in front of your children?

We can consider my attitude here as a kind of cultural countertransference, having to do in part with how I grew up but far more with what accords to my sense of what is patterned and expectable in our world. I may have received the story differently had I grown up in Freud’s patriarchal Vienna or in a village in Guatemala.

In the end, I chose to explore the moment Brandon felt to be the point of trouble—when his wife broke in to talk about fractions—a normal-enough interruption to me but to him one that went against how things ought to be in a home. I asked him to describe what was going on inside him at that moment, and after some initial abstract, storyless language (“I was pissed”; “What did she think she was doing?”), we got to the idea that he felt shut out. From here he went on to describe how his wife constantly shuts him out. He arrives late often from his intense office job, usually around bedtime, and his wife blocks him from saying good night to the kids out of fear that they will be excited and stay up too late. She overrides him when he disciplines them and often speaks to them in her native Russian, which he does not understand. Brandon had grown up in an old-fashioned San Marino household and expected to be an equal if not a dominant partner in the raising of his children. In his complaining, he described a new order in his world that involved his wife taking over everything in the realm of childrearing, a way he experienced not so much as the ordinary way of things—although it had, in a sense, become so—but as a repetitive violation of how things are and ought to be.

What I found myself doing was what Bernstein and Morson (as cited by Ochs & Capps, 2001) called sideshadowing—the opposite of foreshadowing. Ochs and Capps (2001) explained how when a narrator, whether in literature or in conversation, engages in foreshadowing, he or she “paradoxically anticipates at the time of the telling what was unanticipated at the time of the experience” (p. 131). In other words, in foreshadowing the conclusion generates how events are recalled, creating a sense of inevitability or necessity behind experience. In contrast, sideshadowing slows down the narrative in order to restore some of the uncertain presentness of the past, ignoring the conclusion in order to explore possibilities that would be excluded in a calculated retrospective. My patient had created a
rather abbreviated but internally consistent narrative out of his experience, albeit a rigid one that was fast becoming a kind of template for all interactions with his wife. His story followed a boilerplate: My wife interrupts me and my children, I get mad at being cast to the side, whereupon she takes my kids away from me.

Sideshadowing in therapy means considering a crucial narrative moment as though it contained all the uncertainty of a present happening, with multiple meanings and potential movements. One gets to these moments by allowing one’s curiosity to flow into the gaps and contradictions of the narrative in the hopes not of exposing the conclusion as false but of expanding the story. My curiosity brought me to a detail that didn’t quite gibe with the narrative. Brandon’s wife’s tears. At first, Brandon discounted those tears as a meaningless preface to rage—something he had grown inured to. But gradually we came to the conclusion that she had really felt deeply wounded before eradicating those feelings with anger. I then wondered why his wife might feel the need to “take over.” I don’t have a reason why I moved to this from her tears, perhaps sensing pain behind her side of the interaction from the start. My patient went in the same direction. He thought about how his wife had grown up amidst deprivation in Russia. His wife’s mother had expected her as the oldest child to take care of her younger siblings, and she would be berated for the smallest failure; she felt she could never win.

I wondered if she did the same thing at home now with their children, despite the context merely resembling, rather than duplicating, her past, and perhaps she expected the same reaction—criticism, no matter what. Brandon thought that might be so, and he remembered how his wife had used to share all these tragic events from her past with him, but no longer. He felt sad that she no longer trusted him enough to let him know what was paining her. He wondered if his lack of knowledge about her inner workings might have led him more quickly to get angry when she tried to take over.

It is worth noting that our entire 45-minute session revolved around the recounting of a single incident that probably took 10 minutes to enact. It is also worth noting that our productions were collaborative, involving little interpretation on my part, no reframing, and were as surprising to me as to him. Naturally, this session did not mark an end to Brandon’s problems at home, but Brandon’s ability to join with me in telling the story of his anger toward his wife and discovering something larger and new in this story opened up new possibilities for Brandon not only at home but here in the office with me. It became clear over time that Brandon had grown up in an environment where conversation centered around rules and manners, where the greatest sin was selfish explaining. I never made genetic interpretations to explain Brandon’s tendency toward constricting his attention and description, nor did I interpret patterns and principles underlying that tendency, although I often believed I could identify origins and patterns. Instead, I relied on what we might call translational discourse, conversations built around converting abstractions to particularities and statements of fact into feeling-imbued incidents with a temporal trajectory. Over time, Brandon became a willing, even an enthusiastic participant in making something of the actions and sufferings of his life. Although I was always aware of a pressure to hew close to certain conservative horizons, the clinical situation nonetheless seemed to have awakened in Brandon the dual drives that are the sine qua non of all psychoanalytic work, not the drive of sexuality and the drive of aggression but the drive to connect and the drive to tell stories.
CONCLUSION

Stories emerge out of trouble, out of problems that go against the canonical way of an individual’s world. In therapy, people deal with these puzzles verbally along a continuum by producing a range of narratives, from overly open, present-tense-like expressions to overly closed, rigid stories that are like abbreviated cultural boilerplate. We have posited a narrative drive toward truth and coherence. I am proposing that an elaborative, as opposed to an interpretive or a restructuring, approach appears to be the best way to encourage a natural ambition to expand and make more complex and inclusive the stories that make up who we are.

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