



Narrative Therapy and the Nature Of “Innovative Moments” in the Construction of Change

Miguel M. Gonçalves , Marlene Matos & Anita Santos

To cite this article: Miguel M. Gonçalves , Marlene Matos & Anita Santos (2009) Narrative Therapy and the Nature Of “Innovative Moments” in the Construction of Change, Journal of Constructivist Psychology, 22:1, 1-23, DOI: [10.1080/10720530802500748](https://doi.org/10.1080/10720530802500748)

To link to this article: <https://doi.org/10.1080/10720530802500748>



Published online: 10 Jan 2009.



Submit your article to this journal [↗](#)



Article views: 2830



View related articles [↗](#)



Citing articles: 94 View citing articles [↗](#)

NARRATIVE THERAPY AND THE NATURE OF “INNOVATIVE MOMENTS” IN THE CONSTRUCTION OF CHANGE

MIGUEL M. GONÇALVES, MARLENE MATOS, and ANITA SANTOS
University of Minho, Portugal

In the narrative metaphor of psychotherapy, clients transform themselves by changing their life stories. According to White and Epston (1990), the construction of change occurs from the expansion of unique outcomes—or innovative moments, as we prefer to call them—that is, the development of episodes outside the problem-saturated narrative. Unique outcomes operate as exceptions to the rule (i.e., to the problem-saturated story) that can be changed to a new rule (i.e., a new narrative). We suggest that some forms of unique outcomes can operate as shadow voices (Gustafson, 1992) of the problem-saturated story, allowing a temporary release from the problem, but facilitating a return to it. In our view, there is a particular type of unique outcome—reconceptualization—that facilitates sustained change. This kind of innovation facilitates the emergence of a meta-level perspective about the change process itself and, in turn, enables the active positioning of the person as an author of the new narrative.

As every therapist knows, whatever his or her theoretical orientation, clients bring stories of their lives to psychotherapy. According to the narrative metaphor of psychotherapy (see Hermans & Hermans-Jansen, 1995; Parry & Doan, 1994; Omer & Alon, 1997; White & Epston, 1990), clients transform themselves by changing the stories they tell about their lives. This metaphor of the person as a narrator has inspired a diversity of changes in the way psychotherapy is conceived and practiced. Documenting this growing interest, several handbooks (see Angus & McLeod, 2004; Hermans & Dimaggio, 2004; Hoyt, 1998; Liebllich,

Received 16 October 2006; accepted 6 June 2007.

The authors are grateful to Jaan Valsiner, Michael Guilfoyle, Carla Machado, three anonymous reviewers, and Robert A. Neimeyer for their comments on the first draft of this article. The authors are also grateful to Gena Rodrigues for helping with the language. This article was supported by the Portuguese Foundation for Science and Technology (FCT), by Grant PTDC/PSI/72846/2006 (Narrative Processes in Psychotherapy).

Address correspondence to Miguel M. Gonçalves, Department of Psychology, University of Minho, 4710 Braga, Portugal. E-mail: mgoncalves@iep.uminho.pt

McAdams, & Josselson, 2004; Neimeyer & Raskin, 2000) have been published in this field from a variety of clinical orientations (e.g., cognitive, constructivist, and family therapy).

In this article, we will further explore this metaphor of the client as a storyteller, from the perspective of one of the most influential types of narrative therapy, the reauthoring model of White and Epston (1990). We will reflect on the way change is pictured in this model, and the concept of “unique outcome” as a window of opportunity for the construction of new narratives will be discussed. We also analyze the central ideas of narrative therapy from a dialogical perspective (Hermans & Kempen, 1993), highlighting the dialogical processes behind the narrative content. We stress the heterogeneous nature of unique outcomes, suggesting that not all of them have the same potency (Giacomo & Weissmark, 1987) for the construction of new narratives or the capacity to evoke sustained change.

Persons as Narrators

In psychology for quite some time, there has been an effort to understand human lives from a narrative perspective (Bruner, 1986; McAdams, 1993; Polkinghorne, 1988; Sarbin, 1986), in which the identity of the person is the result of his or her efforts to make meaning out of an almost infinite amount of episodes that comprise life. According to Sarbin’s seminal work and his “narratory principle . . . human beings think, perceive, imagine, and make moral choices according to narrative structures” (1986, p. 8). Sarbin also proposed a rereading of the distinction proposed by James (1890) between the I and the Me. The I is the author, while the Me is the actor of the narrative. In this metaphor of the self, the person’s agency is revealed in the authorship process: it is the person who narrates the life that is lived (and performed as an actor).

These narrative ideas have been the target of further development in two main fields: narrative therapy and dialogical self-theories. From one side, narrative therapy has produced a rich diversity of therapeutic strategies and applications (e.g., Brown & Augusta-Scott, 2007; Freedman & Combs, 1996; Strong & Paré, 2004; White, 2004), after the seminal book from White

and Epston (1990). On the other, dialogical perspectives have been exploring, in the therapeutic field, how their principles can be applied to the understanding of psychopathology and psychotherapy (e.g., Hermans & Dimaggio, 2004; Lysaker & Lysaker, 2006; Osatuke & Stiles, 2006).

The connection between narrative and dialogical processes is strengthened by the idea that life narratives can be conceived as the outcome of dialogical processes of negotiation, tension, disagreement, alliance, and so on, between different voices (or perspectives) of the self. As Hermans suggested (Hermans & Kempen, 1993), individuals have the role of authors narrating their own stories. Therefore, narratives of life are multifaceted and multivocal (with different voices; see Hermans, 1996). For Hermans (1996), a dialogical perspective of the distinction made by Sarbin between the author and the actor of the narrative means that the person's self is a multitude of authors (or I positions) narrating their stories while enacting as actors these different positions. Each voice or I position can tell a story from its own perspective, and this transforms the self into a space of potentiality, in which the meaning is constructed and reconstructed as different positions gain or lose power.

In these dynamic struggles between voices, a dialogical disruption can occur when the diversity of voices collapses into the monologue of a single voice. The other voices of the self are silenced, making different constructions of the events difficult or even impossible. Accordingly, in these narratives, the construction of reality is characterized by redundancy and loss of complexity. The experiential diversity is rejected or ignored, and the narrative outcome reflects this reduction of voice variety.

In the narrative therapy field this is akin to White's (White & Epston, 1990; see also Freedman & Combs, 1996) problem-saturated stories, given that all other accounts and possibilities, besides the problematic one, are undermined. These narratives impose strong constraints to life, excluding all the experiential possibilities outside the problem-saturated story. Thus, for instance, if a person narrates him- or herself as depressed, he or she is blind to all other possibilities (e.g., situations in which he or she feels, thinks or behaves differently). All the episodes from his or her

life are a further proof that he or she is a depressed person, and in this way the problem occupies the whole identity. This author (I as depressed person) constrains the person to live life according to this plot.

However, as Bakhtin (2000) suggested, this attempt to suppress the other (external or internalized) is never totally accomplished, given the dialogical nature of existence (see Fogel, 1993; Gonçalves & Guilfoyle, 2006; Salgado & Gonçalves, 2007; Valsiner, 2004). So, in fact, instead of monologism, we should talk about attempts to suppress dialogism, given the impossibility of achieving a situation of total monologism. Similarly, White and Epston (1990) suggested that life is more than what is narrated, which means that in life there are episodes outside the domination of the problem-saturated story that need to gain voice in order for a new story to unfold. Thus, this impossibility to achieve a complete monological situation is akin, in the narrative therapy models, to the idea that there are always exceptions to the problem-saturated narrative, which these authors call “unique outcomes” (see White & Epston, 1990).

This acknowledgment of the way voices emerge out of the dominant narrative plot and their development in psychotherapy into an emergent position has also been extensively studied by Stiles and his colleagues (Honos-Webb & Stiles, 1998; Stiles, 1999; Stiles et al., 1990, 1992). These authors developed a model in which change is depicted through a process of assimilation of voices, drawing upon a narrative framework and a dialogical approach (Honos-Webb & Stiles, 1998), in which narratives act like “meaning bridges—the semiotic glue that holds our experience together” (Osatuke et al., 2004, p. 194). Therefore, the assimilation model aims to describe change processes in psychotherapy through qualitative narrative analysis, entailing a dialogical view of self.

In this article we will address two main questions. The first is how new narratives are constructed from problem-saturated narratives—or, to put it in a dialogical frame, how monological or rigid narratives become dialogical in therapy. The second related question will address how unique outcomes facilitate the production of preferred identity narratives in psychotherapy. Our starting point is the narrative therapy tradition, and our final aim is to contribute a new coding system of therapeutic sessions that can

allow empirical research into these processes: the Innovative Moments Coding System (Gonçalves, Matos, & Santos, 2007).

Unique Outcomes and Change

According to narrative therapy, the construction of new and preferred narratives of life is the result of the elaboration of unique outcomes. What defines a unique outcome (UO) is the emergence of something that was not predicted by a dominant story (White & Epsom, 1990) and that is different from the way the client usually narrates him- or herself.

Unique outcomes are considered openings to new stories, and in this way, they are opportunities for therapeutic change to occur. The term, borrowed from Goffman (1961), is somewhat unfortunate, because, as de Shazer (1991) pointed out, the idea of “unique” suggests that it happens only once. But in fact, the proposal of White and Epston (1990) was that UOs are always happening but are trivialized and ignored by people when problem-saturated stories are very active. Also, the term “outcome” seems to emphasize the idea of an output instead of the processes behind change. However, the idea of UOs (or perhaps more poetically, sparkling moments) is used in the narrative therapy tradition as a way to emphasize the small but significant changes in the narrative text; and in this sense, they are outcomes (or markers) in the narrative development of novelty.

Freedman and Combs (1996), following White and Epsom’s original work, suggested that in the construction of a new plot in psychotherapy, outside the problem-saturated story, the therapist should emphasize the conversation around UOs in the landscape of action and connect these with the ones in the landscape of consciousness (using a distinction made by Bruner, 1986). For Bruner (1986) a good story is made in this dual landscape, the landscape of action including the setting, the actors, and the actions, while the landscape of consciousness refers to how actors feel, know, and think. The UOs in the landscape of action are events involving actions or, as Freedman and Combs (2002) suggested, answers the question, “What happened, in what sequence, involving which characters?” (p. 318). When therapist and client step back and talk about the meanings involved in these UO sequences, they are

constructing the story in the landscape of consciousness. Here, they can guide the conversation toward intentions, desires, values, or beliefs. Freedman and Combs (1996) proposed a therapeutic structure in which the therapist promotes the consolidation of a new story through the questioning of UOs between elements in the landscape of action and elements in the landscape of consciousness, as well as making connections between past, present and future UOs.

According to these authors, this process leads to the transformation of UOs into new stories and new meanings. Metaphorically, one can say that these three dimensions—time, action, and consciousness—act like vectors in a narrative matrix, transforming isolated episodes into an alternative life story that challenges the problematic story. Thus, in the conversation, therapists and clients need to develop these dimensions (landscape of action and landscape of consciousness along different time frames) for a new story to develop and become a viable alternative to the story saturated by the problem. A time frame is vital for the development of a coherent narrative. But a temporal dimension alone is not enough for a good story to unfold; one also needs actions and emotions, values and thoughts, as well as other elements from both landscapes of action and consciousness. These elements are central for a story to become meaningful and plausible for the person who is constructing and living it, as these constructions further evolve.

What makes this elaboration of novelties so meaningful in narrative therapy is the assumption that what is not narrated becomes irrelevant and is easily forgotten or trivialized (see Freedman & Combs, 1996; White & Epston, 1990; Winslade & Monk, 1999). However, as every narrative therapist also knows, sometimes the effort to develop UOs into alternative stories is not enough for change to happen; otherwise, the therapist's task would be a simple one. So one can say that change happens through the elaboration of UOs (necessary condition), but this elaboration could be insufficient for change to take place.

Dialogically, UOs are opportunities for new voices to gain power to tell their own stories, different from the voice of the dominant story. With other voices or perspectives clamoring to be heard, the problematic narrative cannot maintain its authoritarian status.

Heterogeneous Nature of Unique Outcomes

Despite the differences traced between landscape of action and landscape of consciousness, or the distinction between past, present, and future UOs, there is, to our knowledge, no theoretical reflection about the influence of the diversity of UOs on change. What if there are different kinds of UOs that are related to different patterns of change? This is the question we will explore in this section of the article.

In a previous research study we completed with women who were victims of partner’s abuse (Matos, 2006; Matos & Gonçalves, 2004), we found that different kinds of UOs emerge in their stories. In this study we coded the therapeutic sessions for the emergence of UOs, in good and poor outcome narrative therapy, trying to find what types of unique outcomes emerged. We identified five different types of UOs: action, reflection, protest, reconceptualization, and new experiences UOs. Given the problems referred to before with this designation, we will call them from now on *innovative moments* (IMs). This typology of IMs will allow us to develop process research in psychotherapy that pays close attention to the emergence of these novelties and to the way these allow the development of a new life narrative. Here we define the various types of IMs and offer an illustration of each drawn from therapies addressing a variety of presenting problems.

1. *Action IMs* involve specific actions against the problematic story. In the study referred to above, all the actions initiated against or to prevent the abuse were in this category.

Clinical Vignette

T (therapist): Was it difficult for you to take this step [not accepting the rules of “fear” and going out]?

C (client): Yes, it was a huge step. For the last several months I barely got out. Even coming to therapy was a major challenge. I felt really powerless going out. I have to prepare myself really well to be able to do this.

2. *Reflection IMs* involve the emergence of new understandings or thoughts that are not congruent with the dominant plot.

The cognitive challenge of the problem, seeing new perspectives of the problem, and defying cultural prescription that facilitates the development of the problematic narrative are examples of these IMs.

Clinical Vignette

- C:** I'm starting to wonder about what my life will be like if I keep feeding my depression.
- T:** It's becoming clear that depression has a hidden agenda for your life?
- C:** Yes, sure.
- T:** What is it that depression wants from you?
- C:** It wants to rule my whole life, and in the end it wants to steal my life from me.

3. *Protest IMs* are present when there is some sort of protest against the problem and its specifications and also against the persons who are somehow the problem's supporters. It can be an action (as in action IM) or even a thought (as in reflection IM), but protest IMs are more than a mere action or thought, as they involve a way of repositioning the self, and through this, a more proactive process can emerge (e.g., deciding something relevant about the problem that reduces its power over the client's life). As an example, we can consider a woman who tells herself or others that she will no longer accept the responsibility for abuse and says that her partner should always be responsible for his actions, independently of the supposed "provocations" he saw in her.

Clinical Vignette

- C:** I talked about it just to demonstrate what I've been doing until now, fighting for it . . .
- T:** Fighting against the idea that you should do what your parents thought was good for you?
- C:** I was trying to change myself all the time, to please them. But now I'm getting tired, I am realizing that it doesn't make any sense to make this effort.

T: That effort keeps you in a position of changing yourself all the time, the way you feel and think . . .

C: Yes, sure. And I’m really tired of that. I can’t stand it anymore. After all, parents are supposed to love their children and not judge them all the time.

4. *Reconceptualization IMs* involve a kind of meta-reflection level, meaning that the person not only understands what is different in her or him, but also is able to describe the processes involved in the transformation. These IMs involve three components: the self in the past (problematic narrative), the self in the present, and the description of the processes that allowed the transformation from the past to the present. While reflection IMs are related to novelty in terms of a thinking *episode* or *moment* (related to the past, present, or future) that is outside the prescription of the dominant story, reconceptualization IMs are associated with the narration of a meta-reflection *process* involved in change. Thus, the client not only understands something new but can also establish a distinction from a previous condition.

Clinical Vignette (victim of partner abuse)

C: I think I started enjoying myself again. I had a time . . . I think I’ve stopped in time. I’ve always been a person that liked myself. There was a time . . . maybe because of my attitude, because of all that was happening, I think there was a time that I was not respecting myself . . . despite the effort to show that I wasn’t feeling . . . so well with myself. . . . I couldn’t feel that joy of living, that I recovered now . . . and now I keep thinking, “You have to move on and get your life back.”

T: This position of “you have to move on” has been decisive?

C: That was important. I felt so weak at the beginning! I hated feeling like that. . . . Today I think “I’m not weak.” In fact, maybe I am very strong, because of all that happened to me. I can still see the good side of people and I don’t think I’m being naïve. . . . Now when I look at myself, I think, “No, you can really make a difference, and you have value as a person.” For a while I couldn’t have this dialogue with myself, I couldn’t say, “You can do it” nor even think, “I am good at this or that” . . .

5. *New experience IMs* refer to the anticipation or planning of new experiences, projects, or activities. In these IMs the client may apply newly learned skills to new experiences, get back to former and abandoned projects and activities, or think about what she has learned with the problematic story that could make the next change in her life meaningful.

Clinical Vignette

T: You seem to have so many projects for the future now!

C: Yes, you're right. I want to do all the things that were impossible for me to do while I was dominated by fear. I want to work again and to have the time to enjoy my life with my children. I want to have friends again. The loss of all the friendships of the past is something that still hurts me really deeply. I want to have friends again, to have people to talk to, to share experiences, and to feel the complicity of others in my life again.

This taxonomy of IMs is different from the classification of UOs in the landscape of action and the landscape of consciousness, previously provided by narrative therapy. These new categories do not neatly fit in this differentiation. Thus, while the action IM type clearly belongs to the landscape of action and reflection IMs to the landscape of consciousness, the other three categories identified are simultaneously rooted in both landscapes, as they involve some kind of actions, but also values, intentions, and feelings. Thus, protest, reconceptualization, and future experiences are, from a narrative perspective, more complex IMs.¹

Innovative Moments Processes and Patterns of Change in Psychotherapy

We will now suggest some hypotheses, which are still conditional regarding the nature of therapeutic change, seen through the perspective of the patterns of IMs described above. We consider that the diversity of IMs is related to different processes involved in the psychotherapeutic process.

It seems unlikely that self-change happens in conjunction with only one type of IM. In the reauthoring process, the de-

velopment of a coherent, thick description of the experience of change emerges by the articulation of several different kinds of IMs. Thus, for instance, a new narrative constructed only with action IMs would be an impoverished (and monotonous) type of story. The same can be said of any other IM.

Action and reflection are the most elementary IMs, as they involve actions and thoughts that can be simple and subtle events. They could facilitate therapeutic transformation functioning as good “examples” that change is happening (or at least that a new movement is starting). The diversity and high frequency of these IMs can also work as ways of validating change—they could be signs for the self and for others that something different is in fact taking place. We think, however, that by themselves they cannot allow the movement toward a new narrative of the self, as we will discuss below.

Protest IM are interesting because they imply the creation of a rhetorical space between the person and the problem, which allows the separation of the person from the problem. If one protests against the problem but sees the problem as something that is “the same as me” (an internalized view of problems), the movement of protest can be felt as dangerous toward the self. Actually, this movement happens quite often but, far from leading to change, leads to a process of self-blaming and self-critique that is typical of problem-saturated stories.

When the person is able to protest against the problem, separating the problem from him- or herself, this could be an important moment in the change process. Thus, these IMs are powerful, as they imply not only resistance but also a reappraisal of the client’s position in relation to the problem. They are active ways of showing the self and others that people want something different in their life. It seems, however, that some IMs of this kind can engage the person in protest without expanding the meaning of it (e.g., to disobey when one is incapable of tolerating the abuse, to obey later when one somehow accepts the imposition).

Perhaps the main problem with these three types of IM (action, reflection, and protest) is the possibility that they become a mere opposition to the problem without creating new meanings outside the semiotic duality problem–no problem. If this happens, the problem is present even when it is absent, as the meaning of

“no problem” requires the meaning of the “problem,” as we will discuss below.

Reconceptualization is a complex type of IM, as it implies a kind of meta-position over change. These IMs involve a reflexive position toward the change process—the person is not only an actor of that process but also its author (to use the distinction made by Sarbin, 1986). Without this meta-perspective, the person could only be an actor who lacks access to the processes that are beneath the plot; it is the access to these processes that allows him or her to be an author or his or her own life. We are not referring here to an “access” to something more fundamental or more real, as these processes beneath the plot are constructed as the new narrative develops, so in a sense they are invented, not discovered. We are simply stating that for these IMs to occur the person has to have some form of decentering from him- or herself and to be able to reflect about the creation of a new plot. This implies a meta-level from which the person can see the difference between the old plot and the (anticipated) new one, and from this position favors the development of the new story.

It is this decentering that allows the person to obtain more than a mere substitution of one narrative for another. If the client does not have access to the processes of transformation, we would only have the substitution of a monological narrative for another one (albeit perhaps less harmful at that moment). These IMs allow the movement of change to be continued in the future. Also, without this access, a collaborative position with the therapist would be difficult, if not impossible, as client and therapist would be unable to step back and reflect about the change process and the client’s authorship.

Because of its nature, reconceptualization cannot be a mere negation of the problem, as it implies the creation of new semiotic dimensions outside the duality of problem–no problem. Although this meta-position is necessary, action, reflection, and protest IMs can have the role of narrative markers, signaling that change is on its way, given that they represent new actions and new thoughts outside the problem-saturated narrative. The emerging reconceptualization IM enables the client to examine and somehow evaluate the flow of other IMs (action, protest, and reflection). Then, meaningful connections between these moments of change are

enacted and a new comprehension of the process of change is achieved. Reconceptualization allows a narrative to have structure (e.g., coherence, organization, and complexity) by the way it organizes the other emergent IMs.

In our view, reconceptualization is crucial for the change process. In the construction of a new narrative it acts like a gravitational field that attracts and gives meaning to action, reflection, and protest IMs. These reconceptualization IMs expand further through the elaboration of other IMs, which act as internal validations that change is taking place. We refer to internal validation in the sense that they are intrinsic to the narrative itself. In other words, they are markers or “proofs” of plausibility, as they allow new episodes to emerge that are congruent with a new state. The importance of what we have termed reconceptualization also emerges in research done by Angus and colleagues (2004) with the Narrative Process Model. Their reflexive narrative sequences are similar to our reconceptualization; the main difference occurs because we only code in our sessions the IMs, while Angus and colleagues code all of the sequences where the reflexive mode emerges. Nevertheless, they also conclude, “the reflexive decentering from and then reengagement with distressing life experiences . . . facilitates the articulation of new understandings about the self in relation to others (Angus et al., 2004, p. 90).

Reconceptualization IMs are also akin to what Hermans (2003) called a *metaposition*, a position from where the other I positions can be seen and evaluated (see also Dimaggio et al., 2003). In fact, in order to code this IM, as we referred to before, two positions need to be present—the former self and the emergent self—which means that somehow a meta-position over the former two is needed.

Finally, new experiences IMs represent the expansion of the story into the future. As Crites (1986) suggested, a narrative without a future is one that has no time and allows no change. One needs to be able to imagine future selves in order for the movement into the future to take place (Valsiner, 2006). As Valsiner (2004) proposed, “The person is constantly creating meaning ahead of the time when it might be needed—orienting oneself towards one or another side of anticipated experience,

and thus preparing oneself for it” (p. 14). In our view, for the story to be expanded into the future, a meta-position like the one that reconceptualization allows is needed to imagine a future with other possibilities outside the problem-saturated narrative.

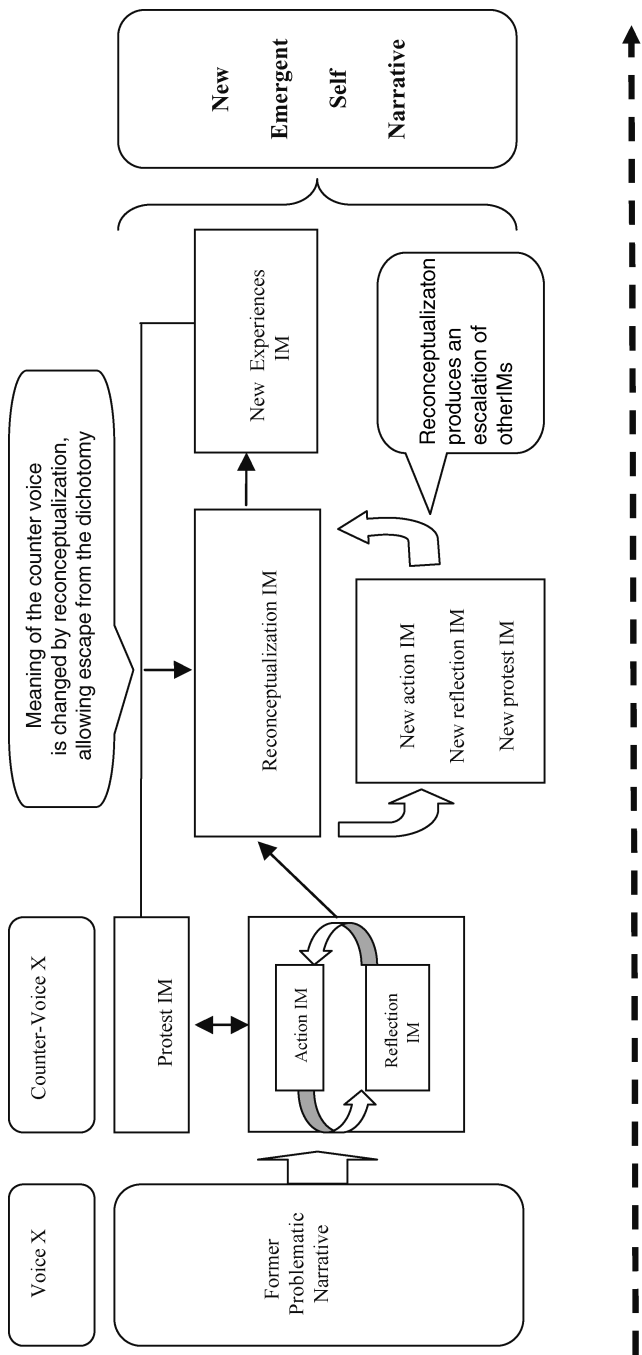
We therefore suggest that change happens in a cyclical process, which could start with action, reflection, and/or protest IMs, as signs for the person and significant others that something different is happening. The next movement in the cycle could be reconceptualization, allowing the person to step back and see him- or herself changing. Several movements from action, reflection, and protest through reconceptualization, and back again to action, reflection, and protest, could be needed to validate change, before the person is able to project him- or herself into the future with a secure narrative, which could certainly entail a new process of internal validation (see Figure 1).

Each cycle could be amplified by the validation of significant others, which could trigger new cycles of novelty exploration.

Of course, other lines of development are plausible, and we need to research the different possibilities of change. For instance, the client might start with a glimpse of a new narrative (reconceptualization IM) and from there develop the more concrete action and reflection IMs.

In our proposal, independent of the “starting point” (action, protest, or reflection), a new gestalt of IM is necessary for a meaningful story to develop, and this gestalt unfolds in a cyclical process, similar to the one described in Figure 1, although that path is not the only one possible. We also think reconceptualization is necessary to allow the person to achieve a position of authorship in the self-narrative.

We would like to emphasize that the new narrative is not something of a different nature from the diversity of IMs (despite what the representation in Figure 1 can suggest). The new narrative is a pattern that emerges from the variety of IMs that were explored in the therapeutic conversation—in other words, it is an emergent propriety of the IMs.



Therapy's evolution

FIGURE 1 IMs and the creation of a new narrative.

Action, Reflection, and Protest IMs: Dialogical Processes in Monological Narratives

A dialogical perspective allows us to understand why isolated action, reflection, and protest could be associated with conditions that represent a failure to change. It is our hypothesis that action, reflection, and protest IMs have the potential to transform narratives when they interact with reconceptualization IMs, as we have described above, but that they could have the effect of supporting the problem when reconceptualization is absent. To make this clear, we need to return to the concept of monological narrative (in the terms of narrative therapy, the problem-saturated story).

It is our proposal that instead of being monological, problem-saturated narratives can involve, in fact, a situation of mutual in-feeding (see Valsiner, 2002), in which two voices are related to each other in a circular feedback loop (see Figure 2). These highly ambivalent relations promote the maintenance of a dynamic stability within self's voices and can lead to an irresolvable dilemma. In these situations, the problematic narrative is dominated by a double voice, in which the second voice works as a shadow of the first. Gustafson (1992, see also Omer, 1994) suggested a similar process responsible for the maintenance of these stories in which the only alternative to the main story is a shadow story: "these

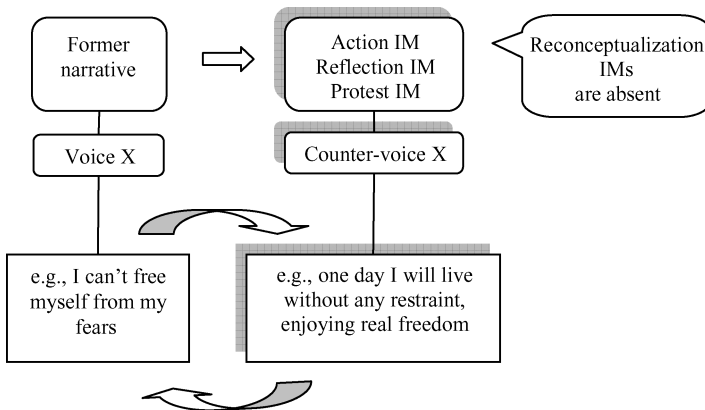


FIGURE 2 Mutual in-feeding (Valsiner, 2002) in action, reflection, and protest IMs.

stories seem inescapable because what is viewed as the only alternative (the *shadow* story) turns out to be a loop that reintroduces the main line” (Omer, 1994, p. 47).

That is the case, for example, of a person who is constrained by his or her phobia (i.e., a problem-saturated story) and dreams about an unrealistic freedom (i.e., a reflection IM). When this second voice of unrealistic dreams is given power and becomes dominant, if action follows from it (a counter-phobic reaction), the person is crushed by feelings of impotence and loss of protection, which, of course, makes the first voice (of the phobia) dominant and less aversive than before. Another example would be the depressed client who oscillates between the voice of depression (i.e., a problem-saturated story) and the voice of “true and definitive happiness” (another reflection IM). Each time the voice of depression gains power, the voice of happiness becomes active, bringing with it the implausibility of the move from depression to happiness, which only makes the former voice stronger. When the voice of depression becomes more powerful, the person dreams again of a state of happiness, and so on.

Dialogically, there is a voice and a counter-voice that freeze the system of meanings. So, in this example—and contrary to the intuition of White and Epston (1990), which saw UOs as always beneficial—one specific IM actually feeds the problem. It is the oscillating movement between this reflection IM and the problem that makes change impossible. Valsiner (2004) referred to this dance as a clear example of *hidden dialogism*, in the sense that there seems to only be one position or voice, but in fact an oscillation between two clashing voices is happening (the Möbius strip could be used as a concrete representation of this process; see Josephs, Valsiner, & Sorgan, 1999).

An interesting path for research would be to try to understand if the large majority of rigid or problem-saturated narratives are monological, without any change in meaning, or narratives in which a situation of mutual in-feeding keeps the meaning system in a perpetual movement between the problem and its “solution.”²

If we analyze the above examples of mutual in-feeding through our typology of IMs, we see that the shadow voice involves reflection (dreams about a life without difficulties or dreams about absolute freedom) and action (counter-phobic reactions) IMs.

It is also our suggestion that action and reflection IMs can operate in women who are victims of partner violence (the sample from which we have tracked the different IMs) as shadow voices of oppression. In these cases, action and reflection IMs can allow an oscillatory movement away from the problem, but the full consequences of this movement are not explored and the person returns to the prior position. It is perhaps because of these oscillatory movements that the temporary abandonment of the partner is so common in these situations. In fact, several studies have demonstrated that half of all attempts to exit an abusive relationship later result in reunion with the aggressor (e.g., Anderson & Saunders, 2003; Lerner & Kennedy, 2000; Martin et al., 2000). From our perspective, these attempts to exit the relationship could be classified as action IMs. In this case, the problem and these IMs' interactions may be supporting the maintenance of the same situation over and over again—that is, to continue in the abusive relationship.

Some forms of protest can also act as shadow voices of the problem, like some forms of defiance of the problem-saturated narrative. An example of this kind of protest would be a woman refusing to do something the partner ordered, without other forms of elaboration. We are not suggesting that it is bad to refuse what a violent partner wants; but without further elaboration, this action is likely to fail the creation of significant change. If the woman elaborates this further, it can turn into different forms of protest (e.g., public repositioning toward culturally dominant values) or even to reconceptualization, something like, “In the past I did what he asked me to do all the time, but now I have discovered X” (something about her life that allows her to keep exploring the novelties of a new way of being).

In summary, without the creation of a meta-position (reconceptualization IM) from which the person can expand and explore the meanings of action, reflection, and protest IMs, these can act as an invitation to return to the problem. In other words, these IMs can have the power to temporarily free the person from the problem, but without further elaboration (without reconceptualization) make it difficult for the person to evolve onto a new narrative of the self. Thus, reconceptualization may allow the person to avoid the eternal dichotomy between the two voices in opposition, by transforming the dichotomy itself.

Conclusion

In this article, we have suggested that the concept of UO—or IMs, as we prefer—does not always produce therapeutic change. We propose that some patterns of IMs allow the construction of new narratives of the self, while others operate as a form of mutual in-feeding, in which the self-narrative is *trapped* by the problem-saturated story and its opposite, without further development.

From our perspective, reconceptualization IMs are viewed as opportunities to develop new stories given the fact that the client positions him- or herself as the author of his or her story and is able to construct change from the meta-position. In fact, for reconceptualization IMs to occur we need precisely this narrative view over the way the self is being transformed, as we suggested.

This taxonomy of IMs allowed us to develop a coding system to be used in process research in psychotherapy (Innovative Moments Coding System). This line of research is close to other research efforts by Stiles and his collaborators (Honos-Webb & Stiles, 1998; Osatuke et al., 2004; Stiles, 1999) from a dialogical perspective, and by Angus and colleagues (Angus et al., 2004; Hardtke & Angus, 2004) from a narrative perspective. Our own contribution aims to explore further the way change is constructed from the way narrative novelties emerge in psychotherapy—that is, how change is in fact constructed from the elaboration of UOs, as proposed by the reauthoring model of White and Epston (1990). From this, we also want to understand in the future how new voices emerge from the pattern of IMs that are visible in psychotherapy, exploring more the possible connections between dialogical theories of change and narrative therapy.

We are currently developing new research projects based on the hypotheses explored in this article. One path of research involves the microgenetic analysis (see Siegler & Crowley, 1991) of the development of each new narrative that appears in the therapeutic conversation and the way IMs develop in the process of narrating each story. The microgenetic analysis will allow a close look at the way IMs and new voices are related. Another path of research is the study of other forms of therapy (e.g., cognitive, experiential) to analyze if the same IMs and the same patterns we propose here apply. We hope, in the near future, to be able to

contribute empirical studies that allow us to test and expand the hypotheses explored in this article.

Notes

1. Naturally, it is not possible to know if these types of IMs are valid for all types of problems, as there is no research demonstrating their general application. We do not know if other problems beyond abuse are reauthored through the elaboration of different types of IMs. This is an interesting research question that we intend to follow in the future.
2. Strategic therapists like Watzlawick and his collaborators (e.g., Fisch, Weakland, & Segal, 1982; Watzlawick, Weakland, & Fish, 1974) have analyzed these paradoxical processes with a communicational and cybernetic frame.

References

- Anderson, D., & Saunders, D. (2003). Leaving an abusive partner: An empirical review of predictors, the process of leaving and psychological well-being. *Trauma, Violence & Abuse*, 2, 163–191.
- Angus, L. E., & McLeod, J. (Eds.). (2004). *The handbook of narrative psychotherapy: Practice, theory, and research*. London: Sage.
- Angus, L. E., Lewin, J., Bouffard, B., & Rotondi-Trevisan, D. (2004). “What’s the story?” Working with narratives in experiential psychotherapy. In L. E. Angus & J. McLeod (Eds.), *The handbook of narrative psychotherapy: Practice, theory, and research* (pp. 87–102). London: Sage
- Bakhtin, M. M. (2000). *The dialogical imagination: Four essays*. Austin: University of Texas Press.
- Brown, C., & Augusta-Scott, T. (Ed.). (2007). *Narrative therapy: Making meaning, making lives*. London: Sage.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Crites, F. (1986). Story time: Recollecting the past and projecting the future. In T. R. Sarbin (Ed.), *Narrative psychology: The storied nature of conduct* (pp. 152–173). New York: Praeger.
- de Shazer, S. (1991). *Putting difference to work*. New York: Norton.
- Dimaggio, G., Salvatore, G., Azzara, C., & Catania, D. (2003). Rewriting self-narratives: The therapeutic process. *Journal of Constructivist Psychology*, 16, 155–181.
- Fisch, R., Weakland, J. H., & Segal, L. (1982). *The tactics of change: Doing therapy briefly*. San Francisco: Jossey-Bass.
- Fogel, A. (1993). *Developing through relationships: Origins of communication, self, and culture*. Chicago: University of Chicago Press.
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: Norton.

- Freedman, J., & Combs, G. (2002). Narrative couple therapy. In A. S. Gurman & N. S. Jacobson (Eds.), *Clinical handbook of couple therapy* (3rd ed., pp. 308–334). New York: Guilford.
- Giacomo, D., & Weissmark, M. (1987). Toward a generative theory of the therapeutic field. *Family Process*, 26, 437–459.
- Goffman, E. (1961). *Asylums: Essays on the social situation of the mental patient and other inmates*. New York: Doubleday.
- Gonçalves, M. M., & Guilfoyle, M. (2006). Therapy as a monological activity: Beliefs from therapists and their clients. *Journal of Constructivist Psychology*, 19, 251–271.
- Gonçalves, M. M., Matos, M., & Santos, A. (2007). *Innovative moments coding system*. Unpublished manuscript, University of Minho.
- Gustafson, J. P. (1992). *Self-delight in a harsh world*. New York: Norton.
- Hardtke, K. K., & Angus, L. E. (2004). The narrative assessment interview: Assessing self-change in psychotherapy. In L. E. Angus & J. McLeod (Eds.), *The handbook of narrative psychotherapy: Practice, theory, and research* (pp. 247–262). London: Sage.
- Hermans, H. J. M. (1996). Voicing the self: From information processing to dialogical interchange. *Psychological Bulletin*, 119, 31–50.
- Hermans, H. J. M. (2003). The construction and reconstruction of a dialogical self. *Journal of Constructivist Psychology*, 16, 89–130.
- Hermans, H. J. M., & Dimaggio, G. (Eds.) (2004). *The dialogical self in psychotherapy*. New York: Brunner-Routledge.
- Hermans, H. J. M., & Hermans-Jansen, E. (1995). *Self-narratives: The construction of meaning in psychotherapy*. New York: Guilford.
- Hermans, H. J. M., & Kempen, H. J. G. (1993). *The dialogical self: Meaning as movement*. San Diego: Academic Press.
- Honos-Webb, L., & Stiles, W. B. (1998). Reformulation of assimilation analysis in terms of voices. *Psychotherapy*, 35, 23–33.
- Hoyt, M. F. (Ed.). (1998). *Handbook of constructive therapies*. New York: Guilford.
- James, W. (1890). *The principles of psychology* (Vol. 1). New York: Dover.
- Josephs, I. E., Valsiner, J., & Surgan, S. E. (1999). The process of meaning construction: Dissecting the flow of semiotic activity. In J. Brandtstädter & R. M. Lerner (Eds.), *Action & self-development: Theory and research through the life span* (pp. 257–282). Thousand Oaks, CA: Sage.
- Lerner, C. F., & Kennedy, L. T. (2000). Stay–leave decision making in battered women: Trauma, coping, and self-efficacy. *Cognitive Therapy and Research*, 2, 215–232.
- Lieblich, A., McAdams, D. P., & Josselson, R. (Eds.). (2004). *Healing plots: The narrative basis of psychotherapy*. Washington, DC: American Psychological Association.
- Lysaker, P. H., & Lysaker J. T. (2006). A typology of narrative impoverishment in schizophrenia: Implications for understanding the process of establishing and sustaining dialogue in individual psychotherapy. *Counseling Psychology Quarterly*, 18, 57–68.
- Martin, A., Berenson, K., Griffing, S., Sage, R., Madry, L., Bingham, L., & Primm, B. (2000). The process of leaving an abusive relationship: The role

- of risk assessments and decision-certainty. *Journal of Family Violence*, 2, 109–122.
- Matos, M. (2006). *Violência nas relações de intimidade. Estudo sobre a mudança psicoterapêutica da mulher* [Violence in intimate relationships: A research about the psychotherapeutic change in women]. Unpublished Ph.D. thesis, University of Minho.
- Matos, M., & Gonçalves, M. M. (2004). Narratives on marital violence: The construction of change through re-authoring. In R. Abrunhosa, R. Roesch, C. Machado, C. Soeiro, & F. Winkel (Eds.), *Assessment, intervention and legal issues with offenders and victims* (pp. 137–154). Bruxelas: Politea.
- McAdams, D. P. (1993). *The stories we live by: Personal myths and the making of the self*. New York: William Morrow.
- Neimeyer, R. A., & Raskin, J. D. (Eds.). (2000). *Constructions of disorder: Meaning-making frameworks for psychotherapy*. Washington DC,: American Psychological Association.
- Omer, H. (1994). *Critical interventions in psychotherapy: From impasse to turning point*. New York: Norton.
- Omer, H., & Alon, N. (1997). *Constructing therapeutic narratives*. Northvale, NJ: Aronson.
- Osatuke, K., & Stiles, W. B. (2006). Problematic internal voices in clients with borderline features: An elaboration of the assimilation model. *Journal of Constructivist Psychology*, 19, 287–319.
- Osatuke, K., Glick, M. J., Gray, M. A., Reynolds, D. J., Humpreys, C. L., Salvi, L. M., & Stiles, W. B. (2004). Assimilation and narrative—Stories as meaning bridges. In L. E. Angus & J. McLeod (Eds.), *The handbook of narrative psychotherapy: Practice, theory, and research* (pp. 193–210). London: Sage.
- Parry, A., & Doan, R. D. (1994). *Story re-visions*. New York: Guilford.
- Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. Albany: State University of New York Press.
- Salgado, J., & Gonçalves, M. (2007). The dialogical self: Social, personal, and (un)conscious. In A. Rosa & J. Valsiner (Eds.), *The Cambridge handbook of socio-cultural psychology*. Cambridge: Cambridge University Press.
- Sarbin, T. R. (1986). The narrative and the root metaphor for psychology. In T. R. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp. 3–21). New York: Praeger.
- Siegler, R. S., & Crowley, K. (1991). The microgenetic method: A direct means for studying cognitive development. *American Psychology*, 46, 606–620.
- Stiles, W. B. (1999). Signs and voices in psychotherapy. *Psychotherapy Research*, 9, 1–21.
- Stiles, W. B., Elliot, R., Llewelyn, S. P., Firth-Cozens, J. A., Margison, F. R., Shapiro, D. A., & Hardy, G. (1990). Assimilation of problematic experiences by clients in psychotherapy. *Psychotherapy*, 27, 411–420.
- Stiles, W. B., Meshot, C. M., Anderson, T. M., & Sloan, W. W., Jr. (1992). Assimilation of problematic experiences: The case of John Jones. *Psychotherapy Research*, 2, 81–101.

- Strong, T., & Paré, D. (Eds.). (2004). *Furthering talk: Advances in the discursive therapies*. New York: Kluwer/Plenum.
- Valsiner, J. (2002). Forms of dialogical relations and semiotic autoregulation within the self. *Theory & Psychology, 12*(2), 251–265.
- Valsiner, J. (2004). The promoter sign: Developmental transformation within the structure of Dialogical Self. Paper presented at the Symposium Developmental Aspects of the Dialogical Self (Hubert Hermans, Convener). ISSBD, Gent, July 12, 2004.
- Valsiner, J. (2006). Developmental epistemology and implications for methodology. In R. Lerner (Ed.), *Handbook of child psychology: Theoretical models of human development* (6th ed., Vol. 1, pp. 166–209). New York: Wiley.
- Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Norton.
- White, M. (2004). *Narrative practices and exotic lives: Resurrecting diversity in everyday life*. Adelaide: Dulwich Centre Publications.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- Winslade, J., & Monk, G. (1999). *Narrative counseling in schools*. Thousand Oaks, CA: Corvin Press.