

NARRATIVE EPISODES AND THE DYNAMICS OF PSYCHIC CONFLICT

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Psychoanalysis, story and scene

Psychoanalysis lives on stories. Symptoms tell a story, „Freudian slips” tell a story, jokes maintain a proverbial relationship to the unconscious. In psychoanalytic perspective the stories of poets take their charismatic charm from silent liaisons with wish-fulfilling fantasies. Story-telling is a common practice in everyday life and in psychotherapy. Story-telling is a common practice of self-presentation.

The experiencing self becomes a character presented: in the narrative process, the experiencing self constructs itself as a character in the story or, if the self is involved in the narrative process only passively, the character is at least sketched out.

In a dramaturgical perspective, a scene is made up of a repertory of characters and sequential organization forms, as well as a repertory of props and backdrops, and there is at least partial narrative competence available. This means that for characters, there are three principle cases: there are characters possessing narrative competence (in command of everyday speech), characters developing narrative competence (infants and small children), and characters without narrative competence (non-human life forms). The analysis of scenes demands consideration of these three varying cases, for characters having narrative competence do not only enter into relationships with other narrative-competent figures, but also with infants and children. Objects without language abilities can also be developed into characters (for example, cats, cars, the moon and stars, houses, laptops, brooks and rivers). The production of a scene requires at least one person having narrative competence. In such a constellation, this person takes over the directing of the scene (for example, a child playing with a wooden block makes the block his friend, or a mother calms her crying infant). Stage direction in a constellation where there is only one narrative-competent character involves a high degree of imaginative and stage-managing activity in role casting and interpretation (for example, the mother assigns a role to the infant, interprets his bodily signs and expressive behavior and imaginatively attributes various characteristics to the child). In scenes where there is only one such competent character, this aspect of stage-managing shows as unbroken and uncontaminated. The character assigns roles to inanimate objects and performs an imaginative, dramatic play.

Stories are linguistic stage-productions, language *scenes*. Scenes are episodic happenings in a story framework. „Story framework” is used here in a broad sense. There is a story framework not only for scenes of heard or written stories, but also for action sequences and events. Action sequences and events are scenes in a story framework if they are designed by or partially influenced by participants who can recount the experience. This broad use of the concept of a story framework is important in terms of the perspective taken here. We are interested in the forms of interaction among those participating where at least one „member of the cast” enters into the arena as a potential storyteller. We speak of „scenes” only if the material can be recounted. Material can be retold if someone experiencing episodic events has taken part in or been affected by them. In this sense, lightning striking a tree is material that can be recounted – on condition that the episode is experienced by at least *one* involved person. The construction of narrative models has been seen as the cradle of human experiencing. Experiencing always has both a self-referential and an episodic character. The self-referential character of recounting deserves attention in the psychoanalytic perspective. Recounting is the construction of experience that models the facts in reference to the experiencing self.

Relationship episodes and stories

Self-presentation in form of story-telling by patients in psychotherapy is very informative for structural diagnosis and identifying psychotherapeutic change; so patients’ narratives enjoy growing interest in psychotherapy research. One of the most prominent forms of narrative analysis in psychotherapy is LUBORSKY’s „Core Conflictual Relationship Theme Method“ (CCRT). Here patient’s narrative is seen as an informative relationship episode. The narrator is conceptualized as reporting relationship models. But narrators are also - or, better, in the first place - creators of their own drama, making use of the communicative forms of story-telling to poetize their specific psychodynamic situation. The narrative analysis JAKOB tries to reconstruct the dramaturgy of patient’s narrative creations.

This dramaturgical procedure reconstructs the verbal sequence by identifying in detail the actors (called ”objects”) as well as the actions and the surrounding elements. The name JAKOB was given to the type of a narrative analysis presented here because the connection of *actions* and *objects* is very important in dramatic processes (BOOTHE, 1993;1994). From a psychodynamic point of view, the everyday story is seen as a verbal stage setting that tries to cope with a destabilization of the psyche. Both, the Core Conflictual Relationship Theme Method (CCRT) by LUBORSKY and the narrative analysis JAKOB, try to identify and extract stories from continuous dialogues between therapist and patient:

”Phase A is for locating and identifying the relationship episodes, and Phase B is for extracting the CCRT from the episodes.” (LUBORSKY et al., 1994, p. 173)

In principle, the narrative analysis JAKOB has also two phases:

- A: extraction, representation and structuring the story,
 B: interpretation of the reconstructed story with regard to the elements of the narrator's psychological conflicts.

Similar to the CCRT of LUBORSKY and his colleagues the narrative analysis JAKOB bases on the idea that it is relatively easy to recognize the storytelling within conversation¹, mainly because of the typical character of the episodic organization of the language. Stories are set off from the context on the structural level (exposition – complication – resolution) as well as on the level of speech organization (announcement signals, pauses, attuning the audience, LABOV & FANSHEL, 1977; QUASTHOFF, 1980).

People use storytelling to represent their own experience in interaction. Therefore it could be an ideal choice to redefine 'story' as a "relationship episode" as it is done in CCRT.

"... (one) must have an easily identified main other person with whom the patient is interacting." (LUBORSKY et al., 1994, p. 173)

Based on this, the CCRT-rater systematically redescribes given experiences in interaction in the extracted relationship episodes, which are organized in three steps:

SELF expresses WISH ==> OTHER gives RESPONSE,
 SELF gives RESPONSE to OTHER

On this basis, the extraction of CCRT conforms to the following rules:

"At the foundation of the CCRT's support system for making clinical formulations are these four assumptions:

- (1) That an especially informative data base for extracting the CCRT consists of the narratives about relationship episode (RE) told during the session,
- (2) that the CCRT can be reliably extracted from the relationship episodes,
- (3) that the CCRT is usefully based on a frequency-across-narrative criterion rather than on a salience criterion derived from an estimate of the special clinical significance of particular narratives, and
- (4) that the pattern that is extracted really is a significant one that underlies the apparent variety of the patient's relationship episodes." (LUBORSKY et al., 1994, p. 173)

The final formulation of CCRT is made easier since a list of clearly defined standard categories exists, based on cluster analysis:

8 standardized categories for wishes

¹ How reliable is the extraction of stories from their context? Preliminary tests have shown that storytelling itself can be satisfactorily identified while the marking of beginnings and endings varies strongly.

8 standardized categories for 'responses of others'

8 standardized categories for 'responses of myself'

(LUBORSKY et al., 1994, p. 175)

LUBORSKY et al. (1994, p. 180) note justly the following current advantages of their method:

Reliable application

Clinical convenience and appropriateness

tested in many empirical studies

based on psychoanalytical concepts such as "wishes" and "transference".

LUBORSKY & KÄCHELE (1988) make it clear:

"The first category (wishes of the self; BB) is the W-class: wishes, needs and intentions. From the psychoanalytic point of view they are named "drive"-derivates." (p. 53).

The elegance of this rather simple conceptualization and clearly arranged evaluation puts up with a reductionist solution: The narrative process, its organization as gestalt are extinguished and the authentic lexical choices of the narrator. In contrast, the narrative analysis JAKOB presents itself as a system of coding and of interpretative operation which comprehends narrative organization, sequencing and verbalization.

In the narrative analysis JAKOB the concept of a wish is handled in a different way. Starting from FREUD's concept "hallucinatory wishfulfillment" (LAPLANCHE & PONTALIS, 1976) and from the theory of wish in "The Interpretation of Dreams" (1900), a wish is understood as an activity serving *hedonic regulation*. The primitive mental function of imaginatory wishfulfillment - which is understood as an elusive mental episode - reduces tension to some degree. On this basis, a wish must be clearly distinguished from intentional notions like need, plan or intention.

Wanting, intending and planning do not have a hedonic regulatory function, but rather help to orientate oneself in the world of action. In the narrative analysis JAKOB, the declaration of intentionality has to be separated from the interpretation of a wish in the story. We distinguish between *wish orientation* and *intentional orientation*. A wish does not have to be obvious. It is embedded in a conventional communication and forms a thread in the texture of story-telling.

As a consequence, three approaches are possible:

1. Not every interactive episode belongs to the data base. It is rather the *verbal creation "narration"* that has to be extracted from the dialogue as a whole and has to be fully represented.
2. Each story must be analyzed *individually*.
3. The "wish" has to be interpreted hypothetically from the story in an elaborated procedure.

Dramaturgy of wish fulfillment and anxiety management

From a psychoanalytic point of view, *story* can be defined as follows:

The narrator uses externalization in the sense of wish fulfillment respectively gaining security. Emotional motives are placed externally and are organized there as a conflict. The narrator gets control through creating structure and survey. Usually narrative control does not dampen emotions, on the contrary, the process of narrating itself fires emotion as a result of participating in a presented story.

For speaker and audience, the motives of wish fulfillment and production of security are embedded in a scenery that refer to a past event². The narrator controls the situation on the basis of a narrative plan. He is free to present his material "suitably", i.e. according to the situation. The narration demands two things at the same time: Means of identification for the listener (role models that can be actually used and enlivened), and creating a tension spanning from the starting-point to the end. The most important assumption is that the narrator – while "writing his script" – uses resources that originate from his inner conflicts, his inner object relationships and his coping strategies. Identification with roles and with the process presented create the suggestion of satisfaction or confirmation on the level of wishes, narcissistic longings and tendencies of self-punishment and of self-abasement, for the speaker as well as for the audience. Patients' narrations are no exception. They sketch roles and relationships that are important for understanding the psychological situation, and they often contain hints for expected transference (SCHAFER, 1980).

From a psychoanalytic point of view, there are three important characteristics for analyzing patients' narrations methodically.

The narration

- has an egocentric perspective,
- stages a model of relationships and possible actions,
- shows facets of transference on the therapist.

Narrative shaping

The narrator shapes a situation. He works up a past situation that becomes an organized entity, a sequence of actions. Everyday stories have a processing function that is realized in a sequence of actions and a role structure. The creative freedom in shaping a situation a posteriori brings a story to life. Telling everyday stories is an elementary form of communication. Personal individuality is shown and confirmed

² And what we have to understand by an event we learn by understanding stories.

(WALTER, 1986, p. 158; QUASTHOFF, 1980)³. From a psychoanalytic point of view, four modelling skills are of special interest.

Social integration

The desire of being integrated in society and accepted as a unique individual, induces a person to present a story as persuasively as possible (FLADER & GIESECKE, 1980). The person wins the audience for his own performance. We want to hear a *positive echo* from the significant other. The narrator presents himself as a hero, a culprit, as a victim and so on (SCHAFER, 1980; SHARPE, 1978, p.62). There are stereotype patterns such as horror stories, miracle stories, success stories, victim stories, justification stories.

Psychological restitution

The second modelling function results from the wish for psychological restitution. We want to *change what happened* into what we *wish* should have happened. Narrating serves *satisfaction a posteriori*, tries to correct the past in the sense of wish fulfillment. In constructing a story, we are confronted with defence functions that contrast with wish fulfillment, but also with an audience that ought to approve of the story. The narrator presents wish fulfillment embedded in a story that the audience can accept willingly.

Reorganization

The third modelling function has to do with fear management, with narcissistic reorganization. This coping strategy is seen as a subsequent reorganization effort when the patient integrates traumatic episodes, destabilization of the psyche – be it negative traumatic or positive euphoric – by means of repeated narrating. Telling stories is a technique to reassure oneself. It helps to reorganize the psyche by using the coping strategy of transforming passivity into activity (FREUD, 1920): The narrative reconstructs a traumatic or euphoric event with an active modelling effort that helps to *reduce excitation* and contributes to *stabilization*. The situation seems to be *controllable* afterwards.

Actualization

³ Other psychoanalysts (e.g. Bittner, 1984; Cremerius, 1981; Freud, 1909; Loch, 1976; Sandler, 1981; Schafer, 1970, 1980; Schelling 1983) share this point of view, even more so researchers in psychoanalytic communication (e.g. Flader & Giesecke, 1980; Thomä & Kächele, 1988).

The fourth modelling function is actualization. By doing this, the narrator gives new life to the past. He mobilizes emotions and tries to involve his actual interaction partner in his concern to verbal organization.

Narration as dramaturgic language

The narrator enacts an episode (GOFFMANN, 1959). He introduces the cast (persons as well as non-human beings) and lets them interact. He places the figures on the stage, fits them out, surrounds them with objects and creates the scenery for the figures and their interactions.

When we study the narrator's dramaturgy in spontaneous everyday stories of patients in the psychoanalytic situation, we want to document two things systematically: the individual performance, strategies of each narrator and the way the narrator articulates in the verbal process. It is important to notice that each narrator has a particular way of lexical choice. We focus on a detailed analysis of the verbal repertoire. We want to show how exactly figures interact and how the dramatic process develops.

Displacement and scene

The most important communicative achievement is displacement. The narrator displaces the listener in *space* and *time*, into an imaginary scenery. A typical displacement draws or even sucks the listener into an imaginary space. Whenever displacement takes place, you do not talk about things, but you dramatically present an event (GOFFMAN, 1959; HABERMAS, 1981). While telling a story, it is possible to re-experience a recent event in front of an audience.

Actor's involvement

Narrator's involvement is essential by definition. However, this does not mean that the speaker has to choose an especially dramatic style of articulation. But usually the narrator invites the audience to share feelings and to show emotional resonance. In the following example, the narrator twice says "that was funny" followed by "you know" which is an expression demanding resonance.

Example:

That was, that was funny, you know, because my father, he has got quite a new car, one year old, and then water had got inside the tailgate. With a car one year old, that's funny of course, you know. He opens the tailgate and a liter of water comes out. He was quite nervous, he couldn't stand it very long, I had to drive the car into the garage (from: *The Student*).

Procedure of the narrative analysis JAKOB

For space reasons it is impossible to explain here the analytic procedure or to represent every single step. For your information see VON WYL et al. (1994). The following should give you a satisfactory survey of all evaluation steps.

Identification of the narrative event

The narration has to be identified in the oral dialogue respectively in its verbatim protocol. The narration as sequential process with introductory and ending marks is defined as guided by specific criteria within the verbal context.

Subdivision of the sequential organization

The narration is subdivided in initial, developing and concluding phases and in "nucleus elements" and "setting elements".

Dramatic modelling

Cast, stage, scenery, repertoire of activities and sequence of activities have to be defined by means of a coding system for lexical units.

The dramatic arrangement is reconstructed by identifying nucleus elements and setting elements.

The characteristic forms of development in narrations have to be determined, especially the presentation of the "actor's destiny". This reconstruction illustrates the specific development of a single figure – particularly the I-figure – in the sequential process.

Dynamic organization

The "rules" of the dramatic model have to be found by reconstructing the „playing field" and by interpreting the four modelling functions (social integration, actuality, restitution, reorganization).

Dramatic models and thematic organization in the process of a therapy

All narrations occurring during a psychotherapy are analyzed with focus on the process of the therapy and signs of change.

Diagnosis of object relations

Modelling of the narrator's psychic conflict situation

Hypotheses about the interaction in psychotherapy

Aspects of development and change

Regarding the complexity of this multilayered procedure some disadvantages are obvious:

- If you look at the process of getting data, narrative analysis faces an enormous range of everyday narrative production, but it is not always easy to distinguish between stories and other forms of episodic organization. And finally there is the difficult linguistic challenge of considering the micro-structure of verbal production.

- The process of hypothetical interpretation of psychic phenomena on a high theoretical level is complex and bases on a lot of assumptions. Therefore the risk of lacking transparency is high.

The Student: Others sitting "on top"

In this paper, it is only possible to illustrate the analysis of one initial narration⁴. It is the first oral narration out of 39, told by a young man. These 39 stories were identified in 29 sessions of a psychoanalytic short-time therapy. The code name of the patient is "The Student". Meanwhile, this therapy is well known and CCRT was applied to it as well. All 39 narrations were analyzed in detail with the model JAKOB. To document the analysis fully is beyond the scope of this paper. However, the whole material is documented in a report (BOOTHE, 1992).

The young man searched for psychotherapeutic help because of a compulsive symptom that did not disappear since his early youth: He could not resist looking back in a searching manner after having crossed an entrance, feeling that he could have lost something. He presented himself as a rather cautious, somewhat reserved and insecure person, living with a woman some years older than the patient; she had a son from another man. „The student" was somewhat undecided and ambivalent regarding his feelings for this woman, and he tended to see himself overcharged by the demand to offer paternal functions. His actual professional orientation – formation for social work – seemed to be an unlucky compromise after the sudden and amazing retreat from an ambitious branch of study.

The initial narration

The following protocol stems from the first of totally 29 sessions (age of the patient: in his middle twenties, age of the therapist: beginning of his forties). All of these sessions were recorded with video cameras.

1st Student 1/31

One who sets out and ends up in a cage

beginning: descriptive

1/ I only can remember being 12 and older/

beginning: descriptive

2/ I made such an experience/

beginning of action: narrative

3/ I went playing in the wood with several companions/

⁴ The verbatim protocols originate from the "Ulmer Textbank". The therapy took place in Ulm. The "Ulmer Textbank" made the clinical material "The Student" available. To protect persons, the complete reproduction of the text was not possible. If you want to research in detail, please contact the department for psychotherapy, University of Ulm, am Hochsträss 8, D-89081 Ulm, Germany.

interruption: descriptive
 4/ uhm, they were older
development of action: narrative
 5/ then I had to go between two wood-piles/
development of action: narrative
 6/ in a kind of hole I had to squeeze in/
interruption: descriptive
 7/ that was the idea of the game/
interruption: commentary
 8/ and then they did something stupid/
development of action: narrative
 9/ and then they sat on top and said/
ending of action: scenic
 10/11/ they wouldn't let me out again/
ending: interactive
 11/ you know/

To illustrate the interpretative procedure we highlight some important aspects of this initial narration. We want to begin with a summary of the dramatic process, characterize the actor's destiny and the thematic organization: playing field – defining the relationship – modelling – formulating the story dynamics.

Sequential organization

Dramatic process

One who is part of an unspecified crowd goes to play in the wood. He has to move into an inner room and he learns from those who sit on top: they do not let him out.

Actor's destiny

At the beginning, the narrator seems to be in the position of an actor. He is a childlike actor who is on the move to do something childlike: he plays. However, he introduces companions and gives them a superior position because they are older. He sees the action "moving into a narrow inner room" as determined extrinsically. Afterwards, the narrator completely loses his status as an actor and becomes a person who is threatened by those companions who feel superior and who dominate the scene by sitting on top. This happening illustrates an actor's destiny you can call *withdrawal of initiative*.

Playing field

This is defined as a situation in which a childlike person goes away, moves out, escorted by superior companions. It is an enterprise declared as a game moving towards a place away from civil control, away from being seen.

Represented relationships

One relationship is quite clearly worked out and one is hazy, undifferentiated. Submission to an authority is easy to see, with the motive to go away escorted. Submission is fatal with regard to the intention "to go away successfully". In the background hides a potentially sexual approach – as the picture of wood and wood-pile implies. However, "penetrating into the wood-pile" turns into a pitiful cage situation as a result from the authority's drastic intervention. The successfully passed adventure leads to dependence. On one hand, adventure is only possible because of the authority who gives security, on the other hand, authority has the power of control and sanction. Authority can completely and effectively cross the narrator's intention. The potentially exciting "wood-pile situation" radically changes into helpless dependence on a potentially mighty, authoritative object.

Modelling functions of the narration

Social integration

The narrator announces his narration as his earliest remembrance and as outstanding event. His companions are qualified as superior and they use superiority in a "stupid way", they act irresponsibly. Those are hints how the audience should understand his story: as a narration of culprits and an innocent victim. Why is this important to the narrator? First of all to accuse: because of their superior status, older companions should be obliged to act reasonably, should care for and protect a weaker member, but instead they profit from the inferior and his weakness to demonstrate they have the power to deprive him of his freedom. The audience should take the part of the victim and revolt against those who use their power irresponsibly. The audience could chime in and say that being victimized might well leave bad scars. The "Student" indeed offers this narration as well as the subsequent second one to date the first symptoms of his compulsion – before going through a passage, he has to look backwards and check carefully if he hasn't forgotten anything. From this point of view he offers his suffering to the therapist as a result from evil caused by other, not very clearly defined persons of higher standing.

Restitution, reorganization

If you look closely at the setting elements, the narrator pleads for a specific reception of his narration, namely a culprit-victim-version. The narrator relives the narrated story only as his own if it contains those personal, conflicting wishes and fears that make a narration worthwhile. The interest in being accepted as a victim is

secondary. The real interest lies in dramatizing something he feels is his own, without having a name for it or being able to do so.

When we analyze the initial words, the parallel action stands out: The narrator, "I", and unspecified superiors get on their way into an inner nature. They are ready to play in the woods. The ensuing action is described as the doings of those unspecified superiors. They do not act out their violence, they just let it be understood that they have this potential power. Thus they have the last word, and with that the episode ends. The whole story evokes playful action "out in the wild", interest in power and competence. The concrete initiative of course is attributed to the other companions. The ending is not violence, merely a declaration of potential power (marking territory boundaries).

In this narration, restitution and reorganization blend with each other effectively. Restitution wants to restore phallic self-direction, reorganization lies within *the fear not being able to face an adventure alone*.

Actualization

The "Student" needs a strong companion. Consequently, his offer of a relationship with the therapist would be: *Be a strong companion, but do not be dangerous to me. Then I'll cooperate willingly, hoping to get ready for a successful adventure with you as my escort; I'll be eager, but preferably at your command for I am afraid to interfere with your marked territory.*

Dynamic of the story

In the process of his story, something causes the narrator to arrive at a goal: an exodus to "mother nature", but only escorted by higher-ranking companions like he left to himself wouldn't have the self-confidence to do it. He believes that he acts at his superiors' command when he holds on to the original aim. The goal to reach would be "exodus and conquest" accompanied by applause from the superiors. But there is a crucial complication inherent in the system: Exactly this goal does not suit his companions. In this case, the narrator risks the intervention of his strong companions. The ending of the story is a backlash: Lacking freedom of movement in a narrow room illustrates how higher-ranking persons mark their territory and demonstrate superiority. *They sit "on top" and insist that he as the little one stays enclosed in (mother's) room.* The maternal room is represented by wood and wood-pile. No concrete female person appears. The choice of nature-symbols points to the *self-related and self-absorbed character of the inner dynamic of the story: A completion of the own person which is perceived as insufficient with regards to the goal of self-asserting in the maternal room.*

*Aspects of a model of psychic conflicts and inner
object-relations of the narrator*

In this paper, it is not possible to give a survey of the 39 analyzed narrations. Nevertheless we want to give an outlook on the results, based on the first seven stories (the second story comes from the first session where only two stories appeared).

What does the initial narration tell about the narrator's psychic conflict? The analysis leads to preliminary assumptions. It could be a feeling of not being sufficient enough, the feeling of male inferiority. The narrator tries to fight against this feeling by asking for the escort of those male figures whom he regards as superior, as authorities. He could assert himself as man if he would maintain his position in the maternal room. Therefore, an appropriate confirmation would be very important for the narrator's self-esteem. At the same time, a specific danger of punishment results from this particular circumstance: While entering the maternal room, he possibly meets those male aggressors who announce the law of the older and stronger. To maintain a certain right to stay in the room, the narrator has to present himself as a little boy, as innocent and not as a male figure and potential rival. The presentation as a powerless child within the maternal room however has fatal consequences: the narrator does not get the confirmation to be the man he initially expected.

If one compares the six following stories, one will notice the ramification of the "compact program", the gestalt of the leading conflict, that the initial narration already implies (for more details see BOOTHE, 1992, 1994). The second narration, "One who went out to find want", represents a stress, an *experience of want* (something is missing) *under the condition of being alone*, without escort. The third narration, "Father hides from mother and son", illustrates the narrator's *tendency to withdrawal* when faced with the task to occupy the position of *paternal authority*, that is the position "on top". The fourth narration, "Being father in the guise of the woman", formulates a *possible way* – even if it is a detour – to occupy something like a *paternal position "on top": escorted and accompanied by a leader*, here the female lover. The fifth narration, "Self-experience through observation", explains the expected *withdrawal to the observer's position*. The narrator occupies this position to be safe whenever he is in danger to expose himself without protection from an escort. The sixth narration "The patient should lay beside his mother" is particularly interesting with regard to the hypothesis taken from the initial narration: the aim is sexual approach to a female maternal person, but at the same time this approach is very dangerous. The sixth narration "solves" the conflict by *taking the role of a weak and harmed person*. This approach provokes a caring and protecting mother. The illness allows him to be near his mother while excluding his father. Finally the seventh narration, "His heart is beating pretty fast", refers to a hypothesis taken from the analysis of the initial narration: *to experience lust in the hands of powerful aggressors*. In the narration about "the heart", this hypothesis is represented as a psychosomatic happening of "being close to death". The narrator often acts on others' initiative which shows clearly his self-declaration as a *dependent person*.

Outline of the conflict situation

habitual self-representation

In front of objects:

„The good-hearted naive”

relationship to ==>

seemingly conforming to authorities
 disinhibition of activity as „participating”
 inhibiting aggression as self-protection

Dangerous companions

relationship to ==>

being chosen = stabilizing self-worth
 sexuality increases danger of castration

maternal support system

to avoid with dangerous companions

rivalry
 exhibition
 marking territory

to avoid with women

sexual initiative
 identification with equal partnership

(ideal) self-image

active, sexually interested

Negative self-image

„puny young one”

relief functions of the symptoms

compulsive symptom

guarantees freedom from fear (shame, castration)

fear symptom

results from fear of castration and lack of control
 arranges being catered for, close to mother

A comparison with the CCRT

KÄCHELE et al. (1988) have determined the CCRT based on the extraction of twelve relationship episodes taken from the first session (discussed here) of a 29 hour short-time therapy. There are much more relationship episodes than stories in accordance with our definition. The CCRT reads as follows:

”According to the logic of CCRT, only the most frequent elements are defined as central elements, they form the central relationship conflict:

The central relationship conflict at the beginning

Wish

to get free from confinement

caused by symptoms and fellow-men BE 2,4,5,6,7,8,9,11

The object’s negative reaction

lacking help from others (doctors) BE 8,10

The object’s positive reaction

understanding and support BE 5,11

feeling hampered by actions of others

and by his own structure BE 1,2,3,7,9,12

The self’s positive reaction

attempts to overcome confinement BE 2,5,7,8,11”

(KÄCHELE et al., 88, p. 120)

The CCRT-formulation goes well together with the dynamic conflict found on the basis of the narration analysis. However, the CCRT generalizes more and evens out more. It leaves out dynamics which develop themes like wish and defence.

Interaction in therapy

The inspection of the relationship between therapist and patient – analyzed on the basis of verbatim transcriptions made from 29 therapeutic sessions – gives us the following picture: The patient uses the therapist as companion to take steps helpful for his self-(ideal)-image. He appears cooperative, willing, agreeable and harmless (if necessary playful), but not introspective. He does not identify with the analyst’s reflecting function. From the patient’s point of view, neither divergences in interest nor changes in relationship may occur. But with that, the symptoms remain: Staging a superior escort constantly menaces the (ideal) self-image and maintains the habitual techniques to avoid anxiety.

The analyst is assigned the role of the ”superior person” and as a strong companion should guarantee strength to the patient. That means the patient presents himself

as an adult and reasonable person to represent the dignity of the strong in a plausible way. Between patient and analyst, nothing aggressive is allowed, because it would endanger the analyst taking on the higher position.

He must refrain from speaking about fear of castration or fear of shame to avoid the analyst's dreaded sarcasm. That prevents his own expected degradation. The patient tries to cure himself by participating in the "power of the stronger". But that has to fail because it binds inner forces of self-maintenance instead of releasing them. The patient tries to attain the analyst's approval by presenting himself in the stories as more or less powerful. This has the suggestive character of self-encouragement. Of course, the patient could be more courageous in confessing his own fear and shame, thus creating *tension* between analyst and patient. This audacity would allow changes.

As a matter of fact, the patient manipulatively casts the analyst into the part of a "real superior person" again and again. He proceeds from the assumption that he earns much goodwill by an eager participation. Of course such a participation remains superficial most of the time. He eagerly shows how he adapts, but often without emotion. The therapist tries to face this anxiously cooperative behaviour, encouraging the patient to confrontation, marking boundaries and aggression. Often the patient tries to answer with a naive, even caricatural adaptation.

Development and change

It is important that fear of punishment and fear of shame cannot be admitted openly. The reason is the status of a "little boy" which must be denied. In phantasy, the little boy is *one* among superior companions, is identified by them as *big* boy. He goes away with them, he is one of them thanks to their escort. Therefore, differences must be denied, but the fatal consequence is that he must not notice any causes for difference for fear of *shame and expulsion*. At the same time, the "little boy" depends on his escorts because he needs the *confirmation* that he is a "big boy". *Aggressive conflicts and rivalry are out of question*. To deny fear of shame, he has to behave reasonably, like an adult. To deny fear of castration, he must be sure to be "well equipped", so that nothing is "wanting". (He places the feeling of want in a ritual symptom that is experienced as ego-alien).

The patient's narrations illustrate that no process with exciting divergences may take place *within* the present relationship. The situation is not explored or tested. However, this exactly is the chance for the patient-therapist-relationship: to hold a tension, to compare the imagined fear with danger in real situations. This process is potentially fruitful, because the patient describes his submission to power again and again in his later narrations, which marks a contrast to the relatively trivial causes.

The analysis of the real interactions between analyst and patient clearly shows a relatively stable staging of relationship. The patient plays the role of a "precocious" person and assigns his therapist the status of a dominant, superior leader. At the

same time, the patient believes to please his therapist when he presents himself as a critical person ready to argue and seeking autonomy. Therefore he willingly plays this part and takes therapeutic comments as stimulus to show even more effort. He always seduces the therapist to play the role of the instructive or rebuking authority who demands male composure even in delicate situations, like an unsuccessful seduction.

The ability to hold the attention of the therapist sitting "on top" and to resist this authority for 30 sessions fortifies the patient's sense of self-worth and his compensatory pleasure getting paternal attention and goodwill. Three catamnestic interviews taken at longer intervals clearly show this. But as far as I could see, the young man's phantasies of fear and shame didn't break down nor did he deal with his forced self-discrimination regarding his goals (self-degradation through giving up his studies in favour of a less qualified training). Obviously you can't expect short-term therapy to deal properly with these themes leading potentially to painful destabilisation.

One has to ask: Was short-term psychotherapy indicated after all? The patient preferred relatively explicitly a prolongation and a larger perspective. But the therapist did not encourage an open discussion and clarification of his patient's request. The point remained unexplored, the therapist remained strict, - why? A larger collaborative research project about psychodynamic and cognitive short-term psychotherapy was planned; and it was necessary to be provided with fresh psychotherapeutic data of the relevant type. So there was vivid interest on the side of the therapist to uphold his indicative decision for short-term psychotherapy.

However the long-term catamnesis shows that "the Student" could neither dissolve his symptoms completely nor radically change his restricted personality. But, on the other hand, he developed within his limits a satisfactory and stable way of living. This success speaks for a positive effect of the short-term therapy. Of course, he had to hold back his desire for glory and superiority carefully and find harmless ways of expression.

Summary

A psychodynamic approach to narrative analysis is presented and compared with LUBORSKY's „Core Conflictual Relationship Theme Method" (CCRT). Everyday stories do not use language as medium that simply reproduces an event. Storytelling is rather a medium that completely rebuilds a sequentially organized process. Narrators shape a situation. They actively work on the representation of a past situation which becomes an organized entity in form of a course of action. The creative process of modelling a situation plays an important part in forming a story. Thus the sequence of a story forms an arch from a starting point to a (maybe changed) end situation. The reconstruction of the dynamic organization of the story could show the way to the dynamic organization of a personal conflict.

Zusammenfassung

Ein psychodynamisches Analyseverfahren für mündliche Alltagserzählungen in der Psychotherapie wird exemplarisch dargestellt und mit LUBORSKYs „Core Conflictual Relationship Theme Method“ (CCRT) verglichen.

Alltagserzählungen verweisen auf Vorgefallenes. Erzählungen referieren zwar auf Vorfälle und Begebenheiten der Vergangenheit. Dennoch steht die Tätigkeit des Erzählens nicht im Dienst des Faktischen. Wer erzählt, präsentiert nicht Sachverhalte auf der Ebene der Information, sondern persönliches Erleben. Der Erzähler verweist auf Vorgefallenes, um auszudrücken und vorzuführen, in welcher Weise er darin verstrickt ist. In diesem Sinne ist das Erzählen ein Mittel egozentrischer Artikulation. Man erzählt, was als konflikthafter Gegenstand des persönlichen Interesses im Sinne negativer oder positiver Erregung destabilisierend wirksam ist und soziale Resonanz fordert. Gefordert ist die emotionale Beteiligung eines empathischen Publikums für das subjektive Anliegen des Sprechers. Erzählen im Alltag ist eine sprachliche Inszenierung. Der Erzähler führt Regie und gibt dramatische Rollenzuweisungen und Rollenengagements für die Sprecher-Hörer-Gemeinschaft vor. Konflikthafte Erlebnisse werden so im Rahmen der Erzählung artikuliert und finden emotionale Akzeptanz im sozialen Raum. Geht man von einer psychodynamischen Konzeption der Inszenierung aus, so lässt sich der Befund erstens psychodiagnostisch ausformulieren und zweitens psychotherapeutisch umsetzen: Erzählungen, die Ratsuchende und Patienten in der psychotherapeutischen Situation vorbringen, lassen sich systematisch als sprachliche Inszenierungen von Konfliktkonstellationen und subjektiven Anliegen darstellen; diese Inszenierungsmodelle sind interaktiv relevant.

References

- BITTNER, G. (1984). Zur psychoanalytischen Dimension biographischer Erzählungen. In D. Baacke, & T. Schulze (ed.), *Aus Geschichten lernen: Zur Einübung pädagogischen Verstehens*. München: Juventa Verlag.
- BOOTHE, B. (1992). *Die Alltagserzählung in der Psychotherapie – Anwendung*. Berichte aus der Abteilung Klinische Psychologie Nr. 29/2, Psychologisches Institut der Universität Zürich.
- BOOTHE, B. (1993). *Anarchie der Begegnung. Eine Traumerzählung Franz Kafkas*. Berichte aus der Abteilung Klinische Psychologie Nr. 30, Psychologisches Institut der Universität Zürich.
- BOOTHE, B. (1994). *Der Patient als Erzähler in der Psychotherapie*. Göttingen: Vandenhoeck & Ruprecht.
- CREMERIUS, J. (1981). Die Konstruktion der biographischen Wirklichkeit im analytischen Prozeß. *Freiburger literaturpsychologische Gespräche*, 1, 15-37.
- FLADER, D. & GIESECKE, W. (1980). Erzählen im psychoanalytischen Erstinterview – eine Fallstudie. In: EHLICH, K. (ed.), *Erzählen im Alltag*. Frankfurt: Suhrkamp.
- FREUD, S. (1909). Bemerkungen über einen Fall von Zwangsneurose. *Gesammelte Werke*, Bd. 7.
- FREUD, S. (1920). Jenseits des Lustprinzips. *Gesammelte Werke*, Band 14.
- GOFFMAN, E. (1959). *The presentation of self in everyday life*. New York: Doubleday & Co.
- HABERMAS, J. (1981). *Theorie des kommunikativen Handelns I und II*. Suhrkamp: Frankfurt.
- KÄCHELE, H., DENGLER, D., ECKERT, R., SCHNECKENBURGER, S., SCHEYTT, N. & HELDMAIER, M. (1988). Der ZBK am Anfang einer Kurztherapie. Zur Einübung in die ZBK-Methode (p. 99-139). In L. LUBORSKY & H. KÄCHELE (eds.) *Der zentrale Beziehungskonflikt – ein Arbeitsbuch*. Ulm: PSZ-Verlag.
- LABOV, W. & FANSHEL, D. (1977). *Therapeutic discourse*. New York: Cambridge University Press.
- LAPLANCHE, J. & PONTALIS, J.-B. (1976). *Das Wörterbuch der Psychoanalyse*. Frankfurt: Suhrkamp.
- LOCH, W. (1976). Psychoanalyse und Wahrheit. *Psyche*, 30, 865-898.
- LUBORSKY, L. & KÄCHELE, H. (eds.) (1988). *Der zentrale Beziehungskonflikt*. Ulm: PSZ-Verlag.

- LUBORSKY, L., POPP, C., LUBORSKY, E., MARK, D. (1994). The core conflictual relationship theme. *Psychotherapy Research*, 4, 172-184.
- QUASTHOFF, U. (1980): *Erzählen in Gesprächen*. Tübingen: Niemeyer.
- SANDLER, A. (1981). Frühkindliches Erleben und Psychopathologie des Erwachsenen. *Psyche*, 35, 305-318.
- SCHAFFER, R. (1970). The psychoanalytic vision of reality. *International Journal of Psycho-Analysis*, 51, 279-297.
- SCHAFFER, R. (1980). Action and narration in psychoanalysis. *New Literary History*, 12, 61-85.
- SHELLING, W.A. (1983). Erinnern und Erzählen. *Wege zum Menschen*, 35, 416-422.
- SHARPE, E.F. (1978). *Traumanalyse*. Stuttgart: Klett-Cotta.
- THOMÄ, H. & KÄCHELE, H. (1988). *Lehrbuch der psychoanalytischen Therapie*. Bd II. Praxis. Berlin: Springer.
- VON WYL, A., FISCHER, P., HÜRLIMANN, E., KELLER, H., LILLE, A., SCHLENK, F., ZENTNER, M. & BOOTHE, B. (1994). *Manual zur Erzählanalyse Jakob von Brigitte Boothe*. Berichte aus der Abteilung Klinische Psychologie Nr. 31. Psychologisches Institut der Universität Zürich.
- WALTER, H.J. (1986). Erzählen im psychoanalytischen Gespräch. Überlegungen auf dem Hintergrund von Untersuchungen konversationellen Erzählens im Alltag. *Texte zur Theorie und Praxis der Psychoanalyse*, 6, p. 153-184.

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