The Meaning of Others
Narrative Studies of Relationships

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TELLING STORIES ABOUT THERAPY: EGO DEVELOPMENT, WELL-BEING, AND THE THERAPEUTIC RELATIONSHIP

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My therapy helped me understand what I have to do to live a more successful life. I believe without it, I would have been lost and probably back to my rock bottom, which I believe I hit. It was the hardest thing I have ever done, but I'm glad I done it. A lot of ups and down, but I needed them. I needed to face them and therapy helped me do that. . . . I'm glad to tell you about it.

—Study Participant

From the perspective of narrative theory, psychotherapy represents a unique experience in the life—one in which the individual seeks assistance in the telling (or retelling) of his or her story so that events or occurrences that do not fit with the ongoing personal narrative, or that call into question the established story, may be incorporated (Josselson, 2004; Singer, 2005; Spence, 1982; White & Epston, 1990). Significant negative experiences such as the onset of a major depressive episode, a battle with an eating disorder, or severe relationship distress are precisely the type of troubles that present the most difficult narrative challenges for people, for they are often especially

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Some identifying features of the study participants described in this chapter have been altered, masked, or deleted to conceal their identity. All names have been changed.
hard to reconcile with one’s ongoing self-story. They directly resist easy resolution in the search for happiness and they often require difficult work for meaning to be made out of them. Thus, psychotherapy can be understood as an unusual personal project in which the individual seeks help working on his or her story in an effort to move closer to a personal narrative that supports desired outcomes. White and Epston (1990) concluded, “When persons seek therapy, an acceptable outcome would be the identification or generation of alternative stories that enable them to perform new meanings, bringing with them desired possibilities [italics added]” (p. 15). Thus, there is good reason to investigate the “alternative stories” that are generated through psychotherapy to understand those narrative qualities that support these “desired possibilities.”

From a clinical perspective, well-being (WB) is likely one of the most desired possibilities that bring people into psychotherapy. Indeed, positive affect and life satisfaction are privileged outcomes in the psychotherapy outcome literature (Seligman & Csikszentmihalyi, 2000) and figure prominently in lay conceptions of “the good life” (King, 2001; King, Eells, & Burton, 2004; King & Napa, 1998). In the narrative realm as well, several studies have sought to determine the relationships between particular narrative patterns and WB (i.e., Adler, Kissel, & McAdams, 2006; McAdams, Reynolds, Lewis, Patten, & Bowman, 2001). But the sole emphasis on WB as a desired outcome has several drawbacks, as outlined by King (2001). These include the tendency to portray negative emotions as inherently problematic, to foster a conception of the happy person as immune to the inherent vicissitudes of life, to ignore other facets of experience as outcomes in and of themselves, and to neglect the “rich truth of lived experience” (p. 54). Grounded in her work on folk concepts of “the good life” (King, 2001; King & Napa, 1998; King et al., 2004), King identified having a sense of one’s life as meaningful as an important additional outcome. In assessing this quality, King has used the concept of ego development (ED).

ED was introduced into the psychological literature by personality psychologist Jane Loevinger. For Loevinger, the ego is the individual’s subjective sense of self, akin to James’s I (Loevinger, 1976). It is the structure through which one interprets and makes sense of the content of his or her experiences, the master synthesizing I. So, ED involves the shifting structures through which meaning is made. Loevinger conceptualized ED as a life-span developmental construct—one characterized by several stages through which people progress. What changes from one stage to the following one is the degree of complexity with which the person is able to conceive of himself or herself and his or her world. Thus, for the purposes of this chapter, ED will be defined as the degree of complexity an individual uses in making meaning of his or her lived experiences. With this unique emphasis, ED has become one of the most widely used constructs for assessing the sophistication of individual meaning-making processes (Westenberg & Block, 1993). Furthermore, it is im-
portant to note that a large body of empirical work suggests that ED and WB are not correlated (Bauer & McAdams, 2004, 2005; Helson & Roberts, 1994; King, 2001; King, Scollon, Ramsey, & Williams, 2000; Vaillant & McCullough, 1987; Westenberg & Block, 1993).

Thus, the desired possibilities that serve as optimal outcomes of psychotherapy referred to by White and Epston (1990) may be understood as comprising stories that support two distinct qualities: high levels of WB and complex meaning-making processes, or high ED. In an investigation of the alternative stories that individuals generate in psychotherapy, those stories that support these two qualities can therefore be regarded as especially successful.

It is from this perspective that the present investigation originates. Although an emerging body of work is concerned with the narrative basis of psychotherapy (i.e., Angus & McLeod, 2004; Lieblich, McAdams, & Josselson, 2004; Singer, 2005), there is currently a dearth of work in the narrative tradition that is specifically focused on the qualities of the successful alternative self-stories that are proposed to follow from psychotherapy (though see Lieblich, 2004). In this relative vacuum, we have chosen to take a small, preliminary step toward addressing this larger matter. Indeed, with the work reported in this chapter, we did not directly address the larger topic of how people change their life stories through psychotherapy. Instead, we sought to narrow our focus to look deeply at the narratives that individuals who differ in their levels of ED and WB construct about their experiences in psychotherapy. As such, the present study does not attempt to speak to the larger issue of the alternative self-stories that result from psychotherapy. This is not an investigation into stories constructed from therapy, or of stories told in therapy; instead, we are interested in retrospective stories about therapy. In his classic book on psychotherapy, Persuasion and Healing, Frank (1961) suggested that the storying of psychotherapy—weaving the “myth” of the therapeutic experience—is vital to the individual’s continued optimal functioning. Although focusing on the personal myth about therapy does not allow us to make any direct causal inferences regarding the role of the therapeutic process in generating these stories, or about the actual lived experience of the psychotherapy that is the main topic of these stories, the personal accounts we provide do offer a window into an important matter. These stories are about an experience in people’s lives that was presumably concerned with the creation of more viable alternative self-stories. Understanding the different ways in which individuals who vary in ED and WB reconstruct these experiences is an important first step in the endeavor of explicating the most successful alternative self-stories that emerge from the therapeutic process. In addition, rich narratives of psychotherapy enable an initial attempt at understanding different types of reconstructions of the therapeutic relationship and how these reconstructions relate to ED and WB. Furthermore, the present investigation also provides insight into those themes that support
ED and WB. Finally, it has been proposed that the sharing of stories about emotionally disruptive events relates to personal growth (Alea & Bluck, 2003; McLean, 2005; Pasupathi, 2001; Thorne, 2000). Thus, this work also has some implications for the ongoing process of narrative identity construction, growing out of the particular narrative choices made by individuals in this study with different constellations of functioning.

METHOD

We collected therapy stories from 76 adults recruited from the greater Chicago area. These individuals had all been in therapy (individual or couples, for at least eight sessions) in the past 5 years, but were not in any form of treatment at the time they wrote their story. Demographic descriptions of the sample are included in Table 10.1. Each participant wrote extensive narrative accounts of five key scenes in his or her therapy story: The Problem (a specific scene in which the presenting problem was especially clear or vivid), The Decision (a specific scene in which it was decided that the participant would go to therapy to address the problem), Most Important Session (a specific session that the participant deemed the most significant), Another Important Session (a specific session, different from the previous one, that the participant deemed significant; obtained to gather more data on the process of psychotherapy), and Ending (a specific scene that describes a time at or after termination in which the impact of the therapy was especially clear or vivid). An optional sixth scene was also available so participants could write any other important information they felt was not captured in the rest of the narrative. Based loosely on the procedure used by Bauer and McAdams (2004) in their narrative study of occupational and religious tran-
sitions, our method provides an explicit format for organizing a therapy narrative. We realize that if asked simply, "Tell us about your therapy experience," many people might not follow a script like ours, wherein they begin with the problem and then move to decision, main scenes from therapy, and an ending. Nonetheless, we believe that our format, like that used in Bauer and McAdams (2004), holds the advantage of presenting a sensible, chronological script that most individuals can readily follow. Furthermore, because the script is standardized across participants, we are better able to compare and contrast the stories told.

The participants also completed a series of questionnaires designed to assess self-reported current-state WB—Satisfaction With Life Scale (Diener, Emmons, Larson, & Griffin, 1985), Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988), Psychological Well-Being Scales (Ryff & Keyes, 1995), and Hopkins Symptom Check List (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974)—as well as Loevinger’s Sentence Completion Test as a measure of ED (Hy & Loevinger, 1996; Loevinger & Wessler, 1970). Given the relatively normal distribution of both ED and WB, we divided the range of ED and the range of WB in two on the basis of median splits and labeled each participant as either high or low in each of these variables. Several other characteristics of the therapeutic experience, including duration of therapy, were also assessed. Neither demographic characteristics nor any of these variables were significantly correlated with ED or with the composite of WB, and thus assignment to 1 of the 4 groups was not affected by any of these factors.

In analyzing the narratives, we used qualitative methods based in grounded theory, a system designed for approaching the analysis of data to facilitate the emergence of theory (Glaser & Strauss, 1967; Strauss & Corbin, 1994). It is typically used in the absence of a preexisting explanatory system for assessing a phenomenon of interest. Although the "alternative stories" framework for psychotherapy was developed by White and Epston (1990) and others, to date there have been no suggestions as to what specific narrative patterns might characterize such stories. The purpose of this research, then, is to identify narrative patterns that characterize the four groups with their different constellations of current functioning.

Following the grounded theory approach, we began qualitative work with a careful initial reading of the data accompanied by an uncensored recording of all phenomena of interest (Glaser & Strauss, 1967; Strauss & Corbin, 1994). Anything distinguishing or remarkable was noted with no attempt to provide order to the material. After the initial reading, an effort was made to categorize, code, and sum the notes in various ways that facilitated comparison and contrast. Emergent working hypotheses or propositions, derived from the data, were developed, and a second reading was undertaken with these organizational points in mind. The process was iterative, requiring the repeated reexamination and revision of these propositions and

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their accuracy of fit to the data. This process continued until the point of saturation—when no further categories were found and all data were accounted for by the propositions (Strauss & Corbin, 1994).

In the present study, these qualitative methods were undertaken by a group of coders to minimize the inherent biases introduced by relying on only one perspective toward the data. This group was composed of five individuals: one senior PhD-level personality psychologist (the second author of this chapter), one doctoral-level student in clinical and personality psychology serving as a practicing therapist (the first author of this chapter), one doctoral-level student in human development, and two masters-level students in counseling psychology serving as practicing therapists. The readers were diverse with respect to age, gender, and race, as well as in their formal training in psychotherapy and familiarity with grounded theory methodology. Over the course of several months, this group of readers used these methods to elucidate the narrative patterns that distinguish the four different groups of participants.

The narrative reconstructions of the therapeutic experience differ across the four groups in numerous ways, which are discussed elsewhere (Adler & McAdams, 2007). Given this volume’s emphasis on relationships, we focus on the particular ways in which participants described the role of interpersonal relationships, especially with the therapist, in their stories. As stated earlier, the themes we identified in these stories may not convey what these relationships actually felt like at the time of therapy, but rather the ways the participants recalled and reconstructed them when they wrote their stories. Thus, although we are not able to comment directly on the relative importance of the therapeutic alliance for people differing in ED and WB, we hope to elucidate the different ways in which individuals who varied on these dimensions reconstructed that special relationship. To do so, we chose to focus on the relational aspect of stories told about psychotherapy in an effort to suggest some narrative patterns that support current levels of ED and WB.

Given the space constraints, we chose to focus on 2 of the 4 groups in our sample: the high-ED–high-WB group and the high-ED–low-WB group. Restricting our discussion in this way allows us to provide a lengthy case example of each group, followed by supporting illustrative examples from other individuals in the same group. In addition, these two particular groups provide an interesting contrast in their portrayals of the therapeutic relationship.

THERAPY NARRATIVES OF INDIVIDUALS HIGH IN EGO DEVELOPMENT AND HIGH IN WELL-BEING

Nora opened her story at a time when she was 23 years old and her boyfriend insisted that she get treatment for the eating disorder that was
becoming more and more destructive in her life and in their relationship. "It started as a way to help me feel better about a specific incident or the ways things were going in my fated relationship," she described, "but soon turned into an overall habit, and then my day wasn’t complete without several binge-purge sessions." In Nora’s words, the bulimia “overtook” her, as if it was an external force with its own distinct power. She even gave it a name: “I called it the ‘Walk Of Shame’ in my head,” she said.

As she told it, Nora was resistant to the idea of therapy at first, as it felt like an enormous challenge. She explained that by the time her boyfriend confronted her, “I had intensely struggled for a few months. I was ready to admit my daily struggles, but not ready to change—it became, by that time, a part of my identity.” Nora wrote that her boyfriend agreed to accompany her to the first session and she soon began seeing a therapist privately.

Treatment was rocky from the start, Nora explained. She said she felt that her therapist was too passive, noting that “I didn’t click with the counselor... (he used the ‘how did that make you feel’ approach).” After a short period, she dropped out of treatment. This lapse strained her relationship with her boyfriend and they eventually separated. But, Nora continued, “After a humiliating sexual assault incident, I decided to go back into counseling and discovered I didn’t recover as totally as I thought I had.” She described this second round of therapy as having gotten off to a better start. Two sessions into this second attempt, she felt like things finally clicked. Nora explained,

My counselor started pinpointing things that we had never thought of before. It was so interesting to see how the past qualities may have been linked to childhood events and possibly ADD, a concern we never thought of. All of a sudden, it became more clear, we had broken through the eating disorder symptoms, to find another cause of my behavior... I felt so relieved that my counselor and I had found agreement on a topic and both were enthusiastic about finding a solution. I knew things were, or had, changed, as I was willing to look at all alternatives as my solution.

This revelation turned things around for Nora. She felt her treatment was more effective, she began a new romantic relationship, and she started working on mending the tensions she felt with her parents. Indeed, in contrast to her first experience in therapy, Nora said that she “grew to respect” her therapist this time around. But Nora explained that she soon came to feel that her second therapist was pushing too hard. If her first attempt at therapy had felt too passive, as she told it, this time Nora came to feel overly controlled. When her therapist suggested they invite Nora’s parents to come to a session, Nora said she “felt totally betrayed.” She also believed that her therapist “was trying too hard to push medication on me.” She says she ultimately “decided I could recover on my own” and left therapy again.

At this point in the story, Nora jumped ahead in time, to a moment months after leaving therapy that she felt captured her progress. She talked
about the night before the day of a half-marathon race she was participating in. She went to a restaurant with some friends and discovered that

The various veggie dishes were cooked with oils which made me feel uncomfortable. I remember feeling it in my stomach and thinking how nauseous I was. . . . I knew I would be ruining my body's chance for a good time for the run—but it was a struggle. The next morning I woke up and was so thankful for the dinner—it gave me so much energy for the run! Oh, and the run itself was, for the first time, not obsessively trained for—I actually limited my mileage and didn't feel compelled to do anything extraordinary.

Nora's story has several qualities that make it a model example of those told by participants in the high-ED–high-WB group in our sample (N = 21): the theme of personal agency; a powerful, personified problem; a turning point of revelation in her treatment; and, perhaps most important, a relationship with her therapist marked by conflicting attitudes.

The Theme of Personal Agency

Nora's story, like that of many participants in this group, is all about agency. She began by describing her powerlessness and "intense struggles" at the hands of her bulimia. The impulse to get treatment came from an external source—her first boyfriend—and she acquiesced even though she did not feel "ready to change." As she told it, her first encounter with her therapist soured because Nora experienced the therapist as too passive, and Nora left treatment. It was as though her therapist didn't assert enough agency to convince Nora that they could overpower her problem. Nora added emphasis when she stressed that returning to therapy was her own decision ("I decided to go back . . ."), a reassertion of her personal sense of capability. This second time, Nora spoke of working with her therapist as a team—she shifted to using the pronoun we instead of I ("we had broken through . . ."). Yet when Nora described her therapist as having become overly forceful, Nora's personal sense of agency was reinvigorated and she decided "I could recover on my own." Nora's story ended with an image of her continued struggles, but one that portrayed her as empowered and in charge: She was "no longer compelled" by external forces.

This theme of agency runs throughout the stories told by participants in the high-ED–high-WB group. Often they opened with a description of a once-strong hero descending into passivity. Indeed, the stories of many other participants in this group showed evidence of this theme. Here are a few emblematic quotations:

- A woman, age 56: "After an adult life of frequent large moves, some of them Trans-Pacific, this seemed like nothing. So, I felt myself woefully unprepared for the inevitable transitional diffi-
culties that did accompany this move... I felt like I was at the bottom of a well, unable to think or move."

- A woman, age 45: "I had hit a plateau—unable to grow and too far gone to turn back."

- A man, age 57: "Soon I realized that I had not cried since I was a small child, despite other important losses. This was the biggest low point in my life... After several attempts and opportunities afterwards, I still could not shed even a tear!"

- A woman, age 25: "I had become a mere shell of the strong person I used to be and I wanted to find her again, to start over."

But when these beaten-down heroes entered therapy, like Nora they often experienced the caretaking of their therapists as disempowering. One participant explained, "Some of my problems were because of decisions I had made. My counselor never told me that. She treated me like a victim. It made me feel more stuck." Feeling so ineffectual was such an aversive experience for these individuals that they sometimes interpreted their therapists' efforts as simply reinforcing their powerlessness. Just as Nora felt her therapist had "betrayed" her and "was trying too hard," other participants in this group could not tolerate their therapist's active efforts. Indeed, as was the case for Nora, these experiences often led these individuals to rebuff their therapy, asserting that they needed to do the work of healing on their own. One participant echoed this sentiment, stating,

I believed I had made progress but that I was beginning to feel that the work I needed to do was more inside myself rather than inside a session.

... I had learned a lot from my sessions but was feeling as though I had some work to do by myself. Work that could not be done by or with someone else.

She ultimately viewed her work as internal and solitary, suggesting that she hit a point at which the relational realm was not the right context in which to heal. Another participant made a similar statement, writing,

The therapy became more of a safety net after a while. I didn't need it. I was ready to make something of my life. I'm an artist. I made art instead of therapy after it ended. ... I was ready to become healthy.

**The Powerful, Personified Problem**

Though Nora and the other participants high in both ED and WB described their therapists as sometimes overly assertive, they certainly had respect for the power of another character in their narratives—that of their problem. Nora personified her problem; she said that it "overtook" her and infiltrated her sense of self, becoming "a part of my identity." She even gave it a name, explaining, "I called it the 'Walk Of Shame' in my head."
This pattern is very common across participants in this group, many of whom wrote about their problems as fully realized characters in their stories, villains of sorts. They often ascribed physical characteristics to their problems. One man explained, "I had been carrying all of it." Another added, "My problems piled on me." A third wrote, "The words [haunted] me." They also tended to locate their problem in physical space. Like the woman quoted earlier, several participants described their problems as a "well." For example, another woman described her situation as having been "led to this deep well of low self-esteem." The image of the well is powerful. It connotes a dark place, one below the surface of the ground, full of dank, stagnant air. The well is where babies fall and get stuck, requiring heroic efforts to be saved. Thus, by invoking the well, these individuals tapped a culturally loaded symbol of dire circumstances and the urgent need of rescue. Most notable, however, the high-ED-high-WB participants ascribed a great deal of power to their problems—more power than they possessed. "What a paralyzing fog it was I was in!" noted one participant. "There was [a] problem somewhere, something tying me up in knots," described another, female participant. Notice that this woman discussed her problem as being suffered at the hands of a powerful external agent. A third participant echoed this sentiment, asserting that her anxiety "did not let me live in peace with myself and my family... My disorder did not allow me to even think right." In this story, her anxiety had the power to control her thoughts, disrupting her life and her relationships. Another participant wrote, "I was struggling to get out of [its] grasp." Thus, the high-ED-high-WB participants tended to personify their problems, elevating them to the status of a major character in the narratives. Indeed, for the normally agentic protagonist, the problem presented a worthy foe, a powerful and destructive force in opposition to which the thrust of the narrative is structured.

Revelation

Nora used the language of revelation in talking about a turning point in her therapy. "All of a sudden, it became more clear," she said. "We had broken through the eating disorder symptoms, to find another cause of my behavior." This abrupt and essential insight allowed Nora to feel as though she and her therapist were on the same team, taking on her challenging problem. It energized her and may have proven to be the crucial spark that reignited Nora's personal sense of agency, which ultimately led to her leaving treatment to "recover on my own."

The description of therapy as being punctuated with dramatic revelations, insights that changed the course of treatment, is frequent in the stories told by these individuals, and unique to this group. One participant, an actress, wrote,
And it was there and then where I heard the answer for my life that came like lightening. I said what a pity that nobody told me that 6 years ago so I could save at least 5 years of my life. . . . I felt such a relief after this discovery! . . . I could sleep, and eat, and think, and act again.

All of a sudden, this woman unlocked the powerful "answer for [her] life," and everything fell into place. The language of such sudden and powerful changes is common among the individuals in this group; their progress is marked with new perspectives and deeper understandings. Another participant explained,

Never could I remember a time before when I could conjure up a positive, detailed memory from my past. . . . This positive insight into my past—the discovery that it was not all lost—made me feel very happy and hopeful.

A third wrote, "I was able to give my fears a source, an 'etiology,' and as soon as they were 'explained,' they dissolved." Yet another noted, "I felt instantly a little better because I was taking some action to solve my problem." Indeed, insight and new understanding were the most common mechanisms through which high-ED–high-WB participants described their treatments working, and they invoked words such as "discovery" to convey these changes. Although these insights arose in the interpersonal context of therapy, they were often framed as shifts in the narrator's own perspective and ultimately were not shared with the therapist. Nora said she knew she had changed because "I was willing to look at all alternatives." Another participant, the actress quoted earlier, cast her revelation in terms of what it enabled her to do—to sleep, eat, think, and act again. And a third individual also talked about how she felt: "very happy and hopeful." In each of these examples, the revelation is framed more in terms of the protagonist's own success than in terms of a healing relationship with the therapist.

**Conflicting Attitudes Toward Therapist**

What is evident across the three themes we have discussed is that participants in this group told stories that expressed a good deal of ambivalence toward their therapists. Therapists were described as both overly passive and too pushy; unlike the individuals' problems, they were not portrayed as richly realized characters, and the truly curative powers of therapy were often ascribed to a mysterious and sudden revelation that was ultimately internal, not to the therapeutic relationship or the hard work of the therapist in facilitating that insight. In the rosier parts of Nora's story, she said she "grew to respect" her therapist and felt as if they were on the same team, "both enthusiastic about finding a solution." But Nora was also deeply dissatisfied with her therapist at times, noting that they "didn't click" at first and later feeling "totally betrayed."
The presence of such conflicting attitudes toward the therapist is common in the stories of the participants in this group. Unlike Nora, many of these individuals tried working through their problems with other people, before turning to therapy. "I talked about this with a friend," wrote one woman, "but her help was insufficient." A man explained, "I talked to a friend because I was pretty distraught, [but] my friend referred me to a counselor." Throughout the narratives told by people high in ED and WB was the implication that therapy offered the participants something that could not be obtained elsewhere in their lives. Indeed, they expressed these sentiments even in comparison with alternative treatments. One woman noted, "I should have started getting counseling, but I didn’t until months later. Instead, I just took medication. It made me feel really numb—emotionless." At the same time, this special regard for therapy was seen as scary by some of these participants. "I was afraid, like many people are, of psychologists—that they might go too deep into you," shared one woman. Another overcame her fears and felt it was the right choice. She wrote,

I used to think ‘I’m not crazy, I don’t need a psychiatrist, that’s a crazy person’s doctor. I don’t even want to be seen going into his office.’ But after you’ve lived through the symptoms... not even your family doctor, or a Tylenol pill will help you address your problem... A therapist... can really help you.

Yet even though these individuals clearly respected the power of therapy, when telling their stories they looked back at their experiences with therapists with a great deal of negativity as well. Nora felt her therapist “was trying too hard to push medication” on her. Another man talked of a similar disappointment with his therapist. He wrote, “I’m pouring out my heart and she seems like she’s spouting out the most generic psycho-babble... I am emptying myself and she’s just saying ‘it’s not your fault.’” As he narrated it, this man felt as though the language of therapy was too clichéd and not strong enough to contend with his story of anguish. Another participant, a woman, explained, “[My therapist] actually viewed me as much less capable than I am and this pissed me off and motivated me to prove her wrong.” Indeed, she noted how her resentment of the therapist motivated her to get better.

The other three themes we have discussed certainly relate to these conflicting attitudes. As explained earlier, participants in this group saw themselves, at the time they wrote their story, as strong, capable people and described their past experiences in therapy as coming about in response to an especially powerful and challenging problem that weakened them significantly. So, within the logic of the story it makes sense that they might have some ambivalence about being helped to overcome their hardships. Therapists were described as professionals, but ones who had the power to push too hard and see too deep, which was experienced as intrusion. Indeed, many of the participants in this group, including Nora, described refinding their own
sense of personal agency in reacting to their therapist's efforts. Although they suggested that doing so gave them the boost they need to heal, the therapeutic relationship was often cast in a negative light.

Thus, individuals in the high-ED–high-WB group tended not to reconstruct their relationships with their therapists as being central to the healing process. The therapists tended not to attain the stature of fully realized characters in the stories of this group, although in contrast, the problems these people faced often were personified and described as if they themselves were individuals. The therapeutic relationship often was portrayed ambivalently, as both a necessary step toward healing and, for some, an unwanted intrusion into the personal agency of the protagonist. The therapy story that these individuals tended to tell was therefore largely characterized by the redemptive journey of a near-self-sufficient protagonist (i.e., McAdams, 2006). The narrator opened the story presenting a weakened hero, brought down by the powerful foe of his or her problem. Seeking therapy was a way to heal, and specifically a place to find new insights about the secrets that sustain the problem, but it was also a place where the therapist, only a supporting character, could assert him- or herself too much (or too little), infringing on the protagonist's agency. In the end, the protagonist reclaimed his or her own capability, threw off the no-longer-wanted help of the therapist, and worked toward health with his or her own will.

A CONTRAST: THERAPY NARRATIVES OF INDIVIDUALS HIGH IN EGO DEVELOPMENT AND LOW IN WELL-BEING

If the stories of the high-ED–high-WB group go along with a highly desirable constellation of functioning, one that supports both complex ways of making meaning out of their experiences and high levels of WB and life satisfaction, the stories of the high-ED–low-WB group accompany similarly complex systems of meaning making but generally less satisfaction with life. These people were deeply in touch with the nuances of their experiences but tended to see life in darker hues than did the high-ED–high-WB individuals.

Willy was 44 when he opened his therapy story. He explained that 7 years prior, his wife had left him and moved with their young daughter across the country. Willy had been struggling with depression and alcoholism for many years, though he had managed to keep up in a high-pressure advertising job throughout his marriage, eventually running the agency. “I have always taken great pride in my career and qualifications," Willy explained. But he said that he had never really been happy. “I felt that alcoholism was just a symptom of other root problems/issues I [had always] faced," he wrote. Following his divorce, Willy noted that his drinking got worse, and he ultimately lost his job. Eventually, he sought out Alcoholics Anonymous and was able to maintain his sobriety successfully, an accomplishment he was
proud of; nevertheless Willy felt down. “After four years in A.A., I was still ashamed of my past and terrified of the future,” he wrote. “I still felt rotten about myself. I was broke—financially and spiritually.”

Willy described undergoing what he called “a year of wandering.” He “tried lots of things: more A.A. meetings, ongoing education, self-help tapes, more exercise, dating, job interviews, etc. Nothing helped.” Eventually, at the prompting of a friend, Willy decided to give therapy a try. “I didn’t believe counseling would work,” he wrote. “(I mean, what could they tell me about me?) But, I figured it couldn’t hurt. So, I did the research, found [a] free counseling center and made the appointment.”

Very early on in his treatment, as Willy described it in his narrative, he felt cared for by his therapist, whose name he gave in his narrative (we’ll call her Ava). He explained,

A crucial turning point in therapy was when I communicated this story about my past to my therapist. Obviously, the loss of my family was devastating. What was awesome about this early session was the fact that Ava showed genuine empathy and cared about my feelings.

He continued, “The fact that Ava showed real care about me, but also helped me also see my ex-wife’s position, bolstered my affinity and trust in her and the counseling I was receiving.”

Several months into therapy, as Willy described it, Ava began to push him to get a new job. He felt that there weren’t any available jobs worthy of his qualifications and “scoffed at the notion that I [would] take a ‘lesser’ position.” Willy explained, “Ava flipped the coin on me and demanded (strongly suggested) that I fill out an application and at least interview for a position at [a book store]. I didn’t want to do it, but I did.” Willy was offered the job, and although he turned it down, he felt the experience “was a lesson in humility.”

Willy explained how, after 5 months, he received a call from Ava who told him that she had accepted a position at a university that was out of state and would be going away soon. “I was disappointed she was leaving,” Willy said. “I liked her and felt I had made progress. It was good to have somebody on my side.” He decided to terminate treatment instead of transferring to another therapist. Willy summarized, “In general I was very satisfied with my time with Ava. She allowed me to tell my story, was empathetic, and helped me devise action solutions.” He didn’t say much about what had happened in his life since the end of this episode, except to mention that he had had one relapse in his drinking, which he felt he handled very well, and was sober again at the time he wrote his story.

Willy’s story is obviously quite different from Nora’s and those told by the high-ED–high-WB participants. In contrast to their therapy stories, Willy’s story includes several typical themes common in the narratives told by individuals in the high-ED–low-WB group (N = 17), including the following:
a long-standing, internally located problem; a fully realized character of the strong therapist; and an attribution that the therapeutic relationship was the source of healing.

The Long-Standing, Internal Problem

Willy's drinking played a large role in his marital problems and his eventually losing his job. But he reconstructed the drinking as only the surface incarnation of other "root problems/issues." Indeed, even after he regained sobriety, Willy explained, "I still felt rotten about myself." Unlike the high-ED–high-WB participants, Willy never labeled his root problem or gave it a name the way Nora had. Instead, he suggested that it had always been with him, an integral part of who he was.

This regard for the problem as innately tied up with one's sense of self is common in the stories written by participants high in ED but low in WB. For instance, one woman explained, "I have always been a private, quiet, sad person." Another man added, "I've always felt disconnected from myself." A third noted, "I always felt like I couldn't change and that I was going to forever be a hopeless, helpless case." From these individuals' perspective, their problem was not some powerful other with which they must do battle, but a flaw in their very nature. This long-standing, internal description of the problem is unique to the high-ED–low-WB group. And certainly, it is a striking contrast to the way participants in the high-ED–high-WB group wrote about their problems.

Therapist As a Strong Character

Willy described having tried a huge variety of interventions for addressing his problems: "more A.A. meetings, ongoing education, self-help tapes, more exercise, dating, job interviews, etc." But he suggested that none of these treatments really helped him get to the core of the issues. When his friend suggested he try therapy, Willy was willing, but pessimistic. But after just a few sessions, Willy says he felt cared for by his therapist and was on the road to healing. This idea that the therapist offered something above and beyond what other treatment options could deliver is a theme that was also evident in the stories told by the high-ED–high-WB participants, but it created a very different impact when framed by the participants in the high-ED–low-WB group.

Many of the individuals in the high-ED–low-WB group wrote about the unique advantages of professional help, benefits that exceeded those they could find elsewhere in their lives. One woman explained that "talking to my girlfriends helped somewhat, however they were involved in their own relationship struggles." Her implication was that because her therapist would leave her personal problems at the door and focus solely on the client's own
troubles, she would be a more effective healer than her girlfriends would be. Indeed, later in his own narrative, Willy also observed the same result for him: "Of real importance was the idea that I was dealing with a trained professional, rather than the 'ad hoc' advice given by friends, family, A.A., and self-help books." Willy, like the other individuals in this group, described therapists as possessing specialized qualities that were linked to their ability to help. The very status of therapists as professionals seemed vital to these participants. One woman noted, "My Dr. was the Chief of Staff—Dr. Levi. I remember being so optimistic at the thought of 'little old me' having 'the head guy' on my case." In each of these examples, the personal qualities of the therapist were seen as special and described as the seat of their healing powers. Like the individuals in the high-ED–high-WB group, the high-ED–low-WB participants valued the perceived professional status of their therapists. However, the high-ED–low-WB individuals' attitudes toward this advanced position were uncomplicated and positive, whereas the high-ED–high-WB participants described seeing in this standing the potential for unwanted intrusion.

The Healing Connection

Much of Willy's narrative is concerned with the connection he felt with Ava, his therapist. He talked about the "genuine empathy" he felt coming from her and how that connection allowed him to overcome his initial pessimism regarding the power of therapy. Indeed, even when he felt unduly pushed by Ava to apply for a job that he believed was beneath him, he embraced her suggestion, applied for the job, and described the experience as "a lesson in humility." Willy plainly narrated the therapeutic relationship as the central locus of healing.

This tendency to cite the therapeutic relationship as the curative ingredient is common throughout the high-ED–low-WB group. A woman in this group noted, "What made it work for me was because I finally found a person whom I could trust and wasn't afraid to be open and honest with." She also clearly described how telling her story was curative. Another individual explained, "I felt it worked because I liked my therapist and trusted her." These high-ED–low-WB participants felt that something in the relationship with their therapist provided them with the crucial ingredients to get better. "I don't know why I couldn't do it myself. My therapist had to help me," said a man in this group. "I know now that I would have never been able to look that deep inside or be that honest without my doctor's help," added another.

It is interesting that even when high-ED–low-WB individuals felt very negative about their treatment, their therapists remained key players in the story, and a lapse in the therapeutic relationship was seen as the problem. One woman described a disagreement with her therapist:

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She told me that I could heal my heart and that my emotional healing would soon follow. I disagreed because I don’t think that I can ever overcome these feelings. She continued to say that I could but that I was just holding back. It made me very defensive and a little aggressive in my words, causing me to withdraw.

This woman did not believe her therapist’s hopeful assertion that she had the power to heal, and this divergence of opinion had a strong impact on her behavior in future sessions, causing her to retreat from the relationship. Indeed, conflict between the protagonist and the therapist was the source of another woman’s breakdown in progress as well. She felt that her therapist made an erroneous interpretation of her behavior. She continued,

I considered this, and then her words hit me in a way that sounded so phony I couldn’t stand it. After that I just started to make things up to get through the sessions without feeling as though I had been raped.

Her language is surprisingly strong and vivid; she ascribed to her therapist the power of a rapist in her analysis. Once again in this example, while the valence of the impact of the therapist was negative, it was quite intense and the rupture in the alliance was seen as violent and detrimental. Thus, for the high-ED–low-WB individuals, whether they regarded their therapists as positive or negative, they wrote about them as very important characters and their relationship as quite powerful. Indeed, for these participants, therapy was fundamentally about an interpersonal relationship.

A NOTE ABOUT OTHER PARTICIPANTS

As explained earlier, we chose to restrict our discussion of the accounts collected for this study to 2 of the 4 groups of participants. Descriptions of the other groups (low-ED–high-WB, N = 16, and low-ED–low-WB, N = 22) are available elsewhere (Adler & McAdams, 2007). In addition, in light of this volume’s focus on relationships, the narrative patterns observed in the two groups we have described encapsulate the richest contrast we uncovered that is specifically concerned with narratives of interpersonal dynamics. Although the other participants did write about the therapeutic relationship, this discussion was not one of the prevailing themes that emerged in these two groups. Instead, the most salient patterns observed in these groups concerned other matters, such as the coherence of the overall narrative and the tone of their conclusions.

INTERPRETING THESE STORIES

Our emphasis in this chapter has been on describing stories told by individuals who had been in therapy and, at the time they wrote their story,
expressed optimal functioning, defined as the combination of high levels of ED and high levels of WB. What we found in comparing the stories of those participants who espoused both of these characteristics with those of participants high in ED but low in WB is that the former tended to de-emphasize the role of the therapist and the therapeutic alliance as instrumental to their healing. This conclusion seems puzzling at first glance, but we hope to offer an interpretation that is grounded in what we know of these participants.

First of all, in addressing this question it is important to distinguish between therapy-as-experienced and therapy-as-narrated. An enormous body of literature suggests that the therapeutic alliance is important to successful therapy (i.e., Beutler et al., 2004; Martin, Garske, & Davis, 2000; Miller & Stiver, 1997; Orlinsky, Rønnestad, & Willutzki, 2004; Safran & Wallner, 1991), so therefore it should also be important in the construction of viable alternative self-stories that White and Epston (1990) suggested are the outcomes of successful therapy. The present study cannot speak to the components of the actual lived experiences in therapy that these participants had. Instead, our data provide a window into the ways in which individuals who, at the time they write their story have differing levels of two valued outcomes, vary in their reconstructions of the experience. On the basis of the body of both theory and research on the therapeutic alliance, it seems curious that individuals who have high levels of ED and WB would not have experienced this bond as important. The narrative accounts we collected, however, do not directly address that matter. The question that the accounts do allow us to address is this: Why did these individuals choose to narrate the therapeutic experience in a way that de-emphasized the role of the therapist?

In tackling this question, we must first ask why people choose to narrate their lives in certain ways, from a general narrative perspective. McAdams (1993, 2001) has suggested that one of the primary functions of the life story is to provide the individual with a sense that his or her identity has both unity and purpose. Therefore the process of storying the self involves weaving together events into a largely coherent story. In doing so, the individual must reconcile events that do not easily fit into the established and ongoing personal narrative. As explained in the beginning of this chapter, difficult life events of the type that lead people to seek psychotherapy are precisely the types of events that provide challenges to the ongoing construction of a coherent and unified narrative of the self, marking low points and turning points in the life story (McAdams & Bowman, 2001; Schultz, 2003). This is why the work of therapy has been conceived of as striving in the service of better story generation. Successful alternative stories either assimilate the pretherapy problems into the ongoing personal narrative or adapt so that the existing self-story can be revised to accommodate them. From a narrative perspective, for the present study we collected stories from individuals that describe a point in their life when a problem challenged their ability to con-
struct a self-story that supported optimal functioning. These problems brought the individual into therapy in a search for a more successful alternative self-story. In other words, the stories we collected are reconstructions of this process of alternative story generation. Thus, although our data do not directly speak to the matter of life-story construction, the manner in which individuals reconstruct these episodes must fit into their larger self-story to support good functioning.

This perspective provides a route for resolving the apparent conflict between the literature that asserts that the therapeutic alliance is central to successful therapy and the deemphasis of the alliance in the stories of those participants who evidence the best functioning at the time they write their story. Recall that the narratives of the individuals in our sample who were high in both ED and WB were centrally about the ebb and flow of personal agency that this episode entailed. They wrote about themselves as typically empowered individuals who were suffering at the hands of a powerful and personified problem. For this group, the story of therapy was fundamentally about their struggle to regain agency. Once reempowered, they largely described having solved their own problems, sometimes repudiating the therapist's role in their narratives of progress.

Against this backdrop it becomes clearer why this group of participants might have chosen to deempahsize the therapeutic alliance in their descriptions of their experiences. These participants narrated their pretherapy selves as largely competent, agentic individuals. In fact, many of them suggested that precisely what made the episode recounted in their story stand out for them was how unusual it was for them to feel so ineffective in fixing their problems. Although many of them suggested that the work of therapy was an ongoing project in their lives, their stories concluded with the protagonist returned to his or her previously empowered state. And in light of their levels of high ED and high WB at the time they wrote their story, it seems reasonable to assume that their ongoing personal narratives continued to successfully support these positive components of functioning. So, the individuals in this group narrated this episode in their lives as an anomaly with respect to their personal agency: In their stories they were effectual prior to this episode, and they were effectual following it, but the episode itself represented an unusually disempowered period in their lives. As such, it seems likely these high-functioning individuals found a way of narrating this unusual episode in a way that did not once again make them feel disempowered. It is as though recounting this episode was akin to returning to “the scene of the crime” and it was likely important to the narrators to avoid again experiencing the powerlessness of the protagonist they were describing. If so, then we can understand why these high-ED–high-WB individuals might reconstruct their therapy experiences in ways that emphasized their own agency in healing themselves, while relatively minimizing the therapeutic alliance. Although we did not collect full life stories from these participants, it seems

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possible that recounting this important episode and sharing it with us, the researchers, provided the high-ED–high-WB individuals with an opportunity to reinforce the personal narrative they had about themselves as effective agents at the time they wrote their story, given that the therapy story is so concerned with personal agency. Indeed, this type of personal memory telling has been viewed as a key component of personality development (i.e., Alea & Bluck, 2003; McLean, 2005; Pasupathi, 2001; Thorne, 2000).

How then should we interpret the stories of the high-ED–low-WB participants, who did emphasize the therapeutic alliance in their reconstructions of the therapy experience? This task proves to be far less challenging, for the highlighting of the role of the therapist in the stories of these individuals is more in line with the expectations of the literature on therapy process and outcome. The participants in this group described their problem as long-standing and internal; many said they could not remember a time when it wasn’t part of who they are. It seems likely therefore that therapy represented a special time when these individuals were in a relationship that they experienced as warm and supportive. Although at the time of writing their story, they saw themselves and the world in relatively complex terms (high-ED), they also reported low levels of current WB. Thus, against this picture, it doesn’t seem surprising that therapy would be remembered warmly, especially in the interpersonal context of the therapeutic alliance.

In the stories of individuals high in ED but relatively low in psychological WB, the healing therapeutic relationship itself, rather than the problem that brought them into therapy in the first place, represents the key departure from life as it usually is. As they described it, these insightful but relatively unhappy people saw the world as a complex and dangerous place, and they saw themselves as vulnerable. Unlike the usually agentic protagonists in the stories told by individuals high in ED and high in WB, they were more familiar, we suspect, with long-term dissatisfaction in life. As they told it, they entered therapy in response to what they perceived to be long-term, even chronic, problems, rather than in response to the kind of anomalous breakdown of agency described by individuals with high ED and high WB. They described having found in therapy a kind of effective and supportive relationship with another. According to their descriptions, they lived much of their lives in need of help and therapy provided them with the healing relationship, even if it did not, in the long run, enable them to live happily afterward. In contrast, their happier counterparts who were also high in ED suggested that the therapeutic relationship was more contentious and problematic. For them, the therapeutic experience challenged their agentic narrative of self. They were not as comfortable receiving this kind of help, for it threatened their agentic narrative of self. Their preferred narrative was one in which the strong protagonist, once humbled, regained his or her strength.
CONCLUSION

White and Epston (1990) and others (e.g., Angus & McLeod, 2004) have suggested that psychotherapy is fundamentally concerned with the generation of alternative self-stories that support "desired possibilities" of functioning. The body of literature on lay conceptions of "the good life" indicates that two of the most valued of these desired possibilities are high WB and complex ways of making meaning, as captured by the concept of ED. However, there is a dearth of research on the qualities of those self-stories that support this combination of high WB and high ED. With the study described in this chapter, we have begun to address this matter. Although the nature of our data did not allow us to speak to the actual lived experiences of the participants or to the causal nature of therapy in generating these alternative self-stories, they did provide us with a rich source of information about how individuals with different constellations of current functioning choose to reconstruct and narrate their experiences in therapy. The story of therapy is therefore one component of their current life story and is specifically focused on an experience that likely impacted their WB and self-understanding. In focusing on the narrative patterns of relational dynamics, specifically with regard to the therapeutic relationship, we have highlighted one key source of variation in these stories: Individuals considered to have had the best functioning at the time they wrote their story—those high in ED and high in WB—deemphasized the role of the therapist in their narratives, whereas those high in ED but low in WB featured the therapeutic relationship prominently in their stories. This finding suggests that the sharing of these tales was shaped differently for individuals in these two groups, to serve different psychological needs. For the high-ED–high-WB individuals, the episode was regarded as anomalous in their lives; it was a time when they described themselves as being uniquely disempowered. As such, the telling of this story at a time when they were functioning quite well may have called on them to distance themselves from the central relationship from that troubled time and allowed them to reinforce their current understanding of themselves as empowered. In contrast, for the high-ED–low-WB individuals, the relational component was largely narrated as a warm and supportive bond, set against a lifetime that was perceived as having been plagued by internal problems.

The research presented here thus marks an initial step toward understanding the larger matter of therapy's role in generating specific types of alternative stories that support the desired possibilities of increased WB and enhanced ED. In addition, the findings suggest specific roles that constructing and sharing the memories of psychotherapy may serve for individuals with different constellations of current functioning.
REFERENCES


