CHAPTER 17

Narrative Inquiry in the Psychotherapy Professions

A Critical Review

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We examine how the concept of narrative has entered several psychotherapy professions in the United Kingdom and the United States over the past 15 years, with special emphasis on research applications. Approaching our task from distinctive standpoints and locations, the chapter reviews definitions of narrative, criteria for "good enough" narrative research, and patterns in the literatures of social work, counseling, and psychotherapy. Our evaluation uncovered fewer studies in the United States than in English language journals in Europe and Canada and fewer studies in social work in contrast to the volume of narrative research in counseling[1] and psychotherapy. Four exemplars of narrative inquiry—"model" research completed by social workers, counselors, and psychotherapists—show the knowledge for practice that can be produced with careful application of narrative methods, in all their diversity. Drawing on our respective locations and experiences, we cautiously suggest some reasons for the paucity of quality research in the United States and greater representation in English language journals in Europe and for differences between the interlinked overlapping professions of counseling, psychotherapy, and social work.

Context for Our Review

Beginning in the late 1960s and continuing at a hectic pace, the idea of narrative has penetrated almost every discipline and profession. No longer the sole province of

literary scholarship, narrative study is now cross-disciplinary, not fitting within the boundaries of any single scholarly field. The "narrative turn" has entered history, anthropology and folklore, psychology, sociolinguistics and communication studies, cultural studies, and sociology. The professions, too, have embraced the concept, along with investigators who study particular professions: law, medicine, nursing, education, and occupational therapy.[2] The narrative turn is part of a larger "turn to language" in the human sciences, evidence of a blurring of genres between the humanities and sciences (Denzin & Lincoln, 2005, pp. 1–32). Although narrative may have some roots in phenomenology (Ricouer, 1991), applications now extend beyond lived experience and worlds "behind" the author. A central area of narrative study is human interaction in relationships—the daily stuff of social work, counseling, and psychotherapy.

Our purpose is to examine the status of narrative in the three interlinked fields, with particular attention to research applications in journals, and to critically interrogate the results of the review. Limiting our search to journals in some ways disadvantages the newer fields of counseling and psychotherapy, which are less well established than social work within academies, but in the interests of equity and expediency, this was the parameter we set. There is narrative scholarship by social workers, counselors, and psychotherapists in books and book chapters (see Angus & McLeod, 2004a, 2004b; Etherington, 2000; Hall, 1997; Hermans & Hermans-Jansen, 1995; Laird, 1993; Levitt & Rennie, 2004; McLeod, 1997; Riessman, 1994; Shaw & Gould, 2001; Toukmanion & Rennie, 1992; White & Epston, 1990; White, 2000, 2004). In counseling and psychotherapy, much remains unpublished within master's and doctoral theses (see Grafanaki, 1997; Leftwich, 1998). Academic and professional journals remain a significant outlet for publication, particularly within the more professionally established social work field. How has narrative shaped social work and counseling and psychotherapy scholarship? More specifically, has there been systematic application of narrative methods (however diverse) in research? All three fields of practice are based on talk and interaction, and we expected to find many investigators taking up narrative approaches to study interactions with clients, and talk about clients with other professionals. We were surprised by the small corpus of systematic research but pleased to uncover several exemplars.

First, a couple of caveats: one about our use of the terms *counseling* and *psychotherapy* and another about our mode of presentation, before turning to complexities of definition, evaluation of the literature, and speculation about possible reasons for the paucity of narrative research in some fields. The terms *counseling* and *psychotherapy*, although contested, are used fairly interchangeably and flexibly in the United Kingdom and to a certain extent also across Australia and New Zealand. The North American usage is somewhat different, with *counseling* more firmly established within counseling psychology or education contexts; *psychotherapy* is a widely used term that crosses disciplinary boundaries. Wherever possible, we will use the terms *counseling* and *psychotherapy* conjointly in our text, unless citing a source that explicitly defines the terms in different ways.

The chapter includes several voices because we occupy distinct social locations and bring different perspectives and experiences to the evaluation, and we had

different roles in the project. Riessman is a senior narrative researcher, North American sociologist, and former faculty member in several U.S. schools of social work, far removed from practice but with extensive knowledge about the diversity of narrative inquiry in the social sciences. Speedy is a narrative researcher with a post-structuralist/feminist and arts-based genealogy, working within a British school of education. She is a practitioner-researcher within the counseling and psychotherapy domains and practices as a narrative therapist (a genre that crosses the borders of counseling, psychotherapy, and family therapy). She adds a critique, the literatures from her field, and the voice of a practitioner to the chapter. We approached our topic from particular standpoints, as all investigators do, and these generated differences in our writing styles. Readers will notice shifts in pronouns and differences in writing style and that at points in our text, one or other of our names identifies a particular set of ideas. Although awkward, the device preserves our respective voices—a hallmark of narrative—and allows us to present a "story" of our research endeavor. An implicit dialogue between us should be evident to readers as they notice different ways of knowing buried in our text (evident in narrative studies generally): narratives as expressions of meaning-in-context and narratives as sites for constituting meaning. Both of us have preferred positions in relation to these issues, and we have both shifted, constructing our positions in light of the other's arguments. A more complex, dialogic text has emerged that neither of us could have produced separately. Our process parallels the construction of all stories—multiple voices and identities come into play.

What Is Narrative?

The term *narrative* carries many meanings and is used in a variety of ways by different disciplines, often synonymously with *story*. We caution readers not to expect a simple, clear definition of narrative here that can cover all applications, but we will review some definitions in use and identify essential ingredients. Narrative inquiry in the human sciences is a 20th century development; the field has "realist," "post-modern," and constructionist strands, and scholars and practitioners disagree on origins and precise definition (see Chase, 2005; Langellier, 2001; McLeod, 1997; Polkinghorne, 1988; Riessman, 1993, in press; Speedy, in press).

Riessman (1997) has written elsewhere about the tyranny of narrative, and her concerns continue: The term currently has a level of popularity few would have predicted when some of us began working with stories that developed in research interviews and medical consultations 20 years ago. To put it simply, the term has come to mean anything and everything; when someone speaks or writes spontaneously, the outcome is now called *narrative* by news anchors and qualitative investigators alike. Politicians speak of the need for "new narratives" to steer them through election periods, and jazz musicians are composing narrative pieces.[3] It is not appropriate to police language, but specificity has been lost with popularization. All talk and text is not narrative. Developing a detailed plotline, character, and the complexities of a setting are not needed in many communicative and written

exchanges. Storytelling is only one genre, which humans employ to accomplish certain effects (detailed below). Other forms of discourse besides narrative include chronicles, reports, arguments, question and answer exchanges, to name a few (Polkinghorne, 1995; Riessman, 1993, in press).

In everyday use, however, narrative has become little more than metaphor—everyone has his or her story—a trend linked to the use of the term in popular culture: telling one's story on television or at a self-help group meeting. Missing for the narrative scholar is analytic attention to how the facts got assembled *that* way. For whom was *this* story constructed, how was it made, and for what purpose? What cultural discourses does it draw on—take for granted? What does it accomplish? Are there gaps and inconsistencies that might suggest alternative or preferred narratives? In popular usage, a *story* seems to speak for itself, not requiring excavation or interpretation—an indefensible position for serious scholarship or rigorous professional practice.

Although personal stories are certainly prevalent in contemporary life cognate with the current cult of the self as project (Giddens, 1991), narrative has a robust life beyond the self. Narrative has energized an array of fields in the social sciences: studies of social movements, organizations, politics, and other macrolevel processes. As individuals construct stories of experience, so too do identity groups, communities, nations, governments, and organizations construct preferred narratives about themselves. Perhaps a push toward narrative comes from contemporary preoccupations with identity in times of rapidly shifting populations, national, international, and neighborhood borders (see Bauman, 2004). Identities are no longer given and "natural," individuals must now construct who they are and how they want to be known, just as groups, organizations, and nations do. In post-modern times, identities can be assembled and disassembled, accepted and contested (Holstein & Gubrium, 2000; McAdams, 1993), and, indeed, performed (Langellier & Peterson, 2004).

Among scholars working with personal accounts for research purposes, there is a range of definitions of narrative, often linked to discipline, and significant overlap between narrative as an overarching paradigm or world view (Toukmanion & Rennie, 1992) and narrative as an object of investigation (Riessman, 1993, in press). In social history and anthropology, narrative can refer to an entire life story, woven from threads of interviews, observations, and documents. Barbara Myerhoff's ethnography of Aliyah Senior Citizens in Venice, California, is a classic example of the inroads made by narrative inquiry into other qualitative research traditions.[4] From taped conversations of Living History classes, combined with observations of the life of the Center, poems and stories written by members, and reflections on her biography, she composed compelling narratives of the lives of elderly Jews living out their days—performing their lives (Myerhoff, 1978, 1992). This work also became hugely influential in informing and sustaining the development of narrative therapy practice.

At the other end of the continuum lies a very restrictive definition. Here a story refers to a discrete unit of discourse: an answer to a single question, topically centered and temporally organized. The classic example is from social linguistics

(Labov, 1982; Labov & Waletzky, 1967). Resting in the middle on a continuum of definitions is work in psychology and sociology. Here, personal narrative encompasses long sections of talk—extended accounts of lives in context that develop over the course of single or multiple interviews (or therapeutic conversations). The discrete story that is the unit of analysis in Labov's definition gives way to an evolving series of stories that are framed in and through interaction. An example here is Mishler's (1999) study of the trajectories of identity development among a group of artists/craftspersons, constructed through extended interviews with them.

The diversity of working definitions of narrative in these brief examples of research shows the absence of a clear-cut definition. Do varying definitions have anything in common? What distinguishes narrative from other forms of discourse? Our answer is *sequence* and *consequence:* Events are selected, organized, connected, and evaluated as meaningful for a particular audience (Hinchman & Hinchman, 1997; Morgan, 2000; Riessman, 2004). Analysis in narrative studies interrogates language—*how* and *why* events are storied, not simply the content to which language refers (McLeod, 1997; Riessman, 1993, in press).

Storytelling can disrupt research and practice protocols when brief answers to discrete questions are expected. Instead, narrators take long turns to create plots from disordered experience,[5] giving reality "a unity that neither nature nor the past possesses so clearly" (Cronon, 1992, p. 1349). Typically, narrators structure their tales temporally and spatially; "they look back on and recount lives that are located in particular times and places" (Laslett, 1999, p. 392). Temporal ordering of a plot is most familiar (and responds to a Western listener's preoccupation with forward marching time—"and then what happened?"), but narratives can also be organized thematically and episodically (Boothe, 1999; Cazden, 2001; Gee, 1991; Heath, 1983; Meier & Boivin, 2000; Michaels, 1981; Riessman, 1987). In conversation, storytelling typically involves a longer turn at talk than is customary. Narrative research explores the extended account rather than fragmenting it into discursive meaning-laden moments or thematic categories, as is customary in other qualitative approaches. In practice, researchers in counseling/psychotherapy often combine narrative/thematic analyses (Grafanaki & McLeod, 2002) or discourse/narrative analyses (Reeves, Bowl, Wheeler, & Guthrie, 2004) in a bricolage of methods.

The act of telling can serve many purposes—to inform, embrace or reassess and retell (White, 2000), remember, argue, justify, persuade, engage, entertain, and even mislead an audience (Bamberg & McCabe, 1998). The persuasive function of narrative is especially relevant for the practicing professions. Some clients narrate their experience in ways that engage and convince, while other tellings can leave the audience skeptical. In case conferences, one speaker can persuade others of a particular clinical formulation, while another fails to convince—a process that can be studied by close analysis of the rhetorical devices each employs to "story" the case. The processes of remembering and retelling are key elements in counseling and psychotherapy conversations. Clients consulting therapists may experience aspects of their life stories as fragmented, chaotic, unbearable, hopeful, dreamlike, and/or scarcely visible (Bird, 2000, 2004; Dimaggio & Semerari, 2004; Frank, 1995; Hermans, 1999; Hermans & Hermans-Jansen, 1995; White, 2000). These brief examples suggest some points of entry for research investigation.

Approaching texts as narrative, whether written or conversational, has a great deal to offer the practicing professions, showing how knowledge is constructed in everyday worlds through ordinary communicative action. Social workers, counselors, and psychotherapists deal with narrative all the time: when they hear clients' stories about their lives and situations and when they try to persuade colleagues and governmental bodies in written reports. Narrative frameworks can honor professional values and ethics by valuing time with and diversity among people. Participatory practice that is empowering for clients depends on developing relationships in creative spaces between speakers. Angus and McLeod (2004b) write that the concept of narrative is so fundamental to human psychological and social life, carries with it such a rich set of meanings, that it provides a genuine meeting point between theoretical schools of therapy that have previously stood apart from each other.

Our Methods for Examining the Narrative Turn in Several Psychotherapy Professions

How have social workers, counselors, and psychotherapists employed the concept of narrative in professional writings? How have they differed from each other? Our review is based on a literature search of social work, counseling, and psychotherapy journals published in English-speaking countries, including those that occasionally publish work by social workers and therapy practitioners (such as the journal *Narrative Inquiry*). A list of English language journals was created as a starting point and then expanded after consultation with experienced academics, librarians, Internet resources, and databases (e.g., Applied Social Sciences Index and Abstracts, PsycINFO, Psychological and Sociological Abstracts). Colleagues familiar with narrative methods suggested citations. We limited the review to articles published between 1990 and 2002 and later updated the search by reexamining major journals through early 2005. Undoubtedly, we missed some work. Few relevant pieces were published before the mid-1990s, and the rate has increased since.

The social work literature was recently reviewed and critiqued by Riessman and Quinney (2005) and is included in this chapter. The search of the counseling and psychotherapy literatures (possibly less exhaustive) was conducted later by Speedy and colleagues.[6] The therapy field differed from social work in that a small group of high-profile narrative researchers within the United Kingdom and Canada have spearheaded and maintained an interest in narrative practice (see Angus & McLeod, 2004a; McLeod, 1997, for overviews). The output from narrative therapy practitioners has been prolific over the last 15 years, particularly from the Dulwich Centre in Adelaide, South Australia, which has its own publishing house and produces the *International Journal of Narrative Therapy and Community Work*.

Articles could be caught in our net if they used *narrative* in the title, abstract, or as a key word and they appeared in journals identified with social work, counseling, psychotherapy, or closely associated areas, such as family therapy, community

work, mental health, addiction, health, or children and families. Reading through the collection of potentially relevant work—extremely diverse in purpose, theoretical perspective, and substantive topic—several additional questions were asked: Did authors align themselves with social work, counseling, or psychotherapy through a direct statement or an affiliation with a training program? We attempted, through a gradual winnowing process, to cull from more than 350 potentially relevant works those written by members of the three fields. Finally, we classified the articles into four broad groups based on purpose: improving practice, educating social work and psychotherapy students, reflections on the professional field, or empirical research. We then looked within each group for patterns and points of contrast. The groupings (and professional identity claims) were overlapping with fuzzy boundaries—an issue discussed below.

Patterns in the Literature

The vast majority of papers were practice oriented, specifically clinical, reflecting a privileging of conversation and relationships. Within social work, the practice articles appeared in U.S. publications (e.g., *Clinical Social Work Journal*) but increasingly in English language European ones as well, whereas in counseling and psychotherapy (the newer field with a smaller population of scholarly journals), the vast majority were in English language European, Australian, and Canadian publications (e.g., *Counselling and Psychotherapy Journal*). In some, the purpose was theoretical: a postpsychological critique of dominant paradigms in clinical practice, with an argument for attention to meanings and contexts because clinical theory is historically contingent and culture bound (Drewery, 2005; Gonçalves & Machado, 2000; Polombo, 1992). Publications were often organized around case examples: the therapeutic use of storytelling, for example, to facilitate discovery of competencies and resilience. Within the domains of traditional approaches to counseling/ and psychotherapy (including psychodynamic, cognitive behavioral, and humanistic approaches), there was a significant flowering of narrative models of assessing and analyzing psychotherapy process that, quite apart from borrowing aspects of the more widely known narrative therapy approach, included the core conflictual relationship theme (Luborsky, Barber, & Diguer, 1992) and the structured analysis of narrative performance known as JAKOB, an acronym for actions and objects (see Boothe, Von Wyl, & Wepfer, 1999). The self-narratives of individuals in therapeutic contexts and/or in social care were the focus of practice-oriented, case-centered papers (about struggles of adoptees, trauma survivors, the chemically dependent, individuals going through bereavement). Writers describe helping clients restory their situations, emphasizing positive effects of deconstruction and reconstruction of life stories. At times, particularly within the U.S. social work literature, narrative theory was in short supply—an add-on that allowed for reflection on a particular case. In contrast, in Australian and U.K. journals (e.g., *European Journal of Psychotherapy, Counselling and Health*), many authors discussed cases by drawing on and critiquing narratology and drawing on narrative therapy principles (an influential branch of the postpsychological, discursive

therapies, originating within family therapy; see Morgan, 2000, 2002; Russell & Carey, 2004, for overviews of narrative therapy approaches).

Within a narrative therapy frame, for instance, thinly described dominant stories constructed by families about a "trouble-making" child were thickened with multiple other versions of the events, including preferred (and in this case transforming) stories for the child and family (e.g., Betchley & Falconer, 2002). There were few recent papers describing group work based on narrative principles, only classic articles (Dean 1995, 1998). There was an increase, both inside and outside the family therapy field, of the reflecting team and outsider witness group practices advocated by narrative therapists (see Behan, 1999).

The second, far smaller group was oriented to issues of pedagogy and professional development (most social work papers appeared in the *Journal of Social Work Education* or *Journal of Teaching in Social Work* but increasingly in others; in counseling and psychotherapy they tended to appear in special issues (*International Journal of Narrative Therapy and Community Work,* 2004, Volume 4). Although the pedagogical papers overlapped with practice-focused pieces that stressed theoretical critique and reflective practice, the thrust was toward curricular change to include "post-modern" and discursive approaches to practice and research, such as narrative (Speedy, 2000). The narrative therapy perspective was increasingly cited. A model paper describes using social work students' written narratives about their work with clients to forge reflexivity, linking past, present, and future actions. The field setting became a site for helping students use writing to develop critical reflexivity; the authors and field supervisors subsequently dialogued with the students' written narratives about clients, creating a multivoiced conversation (Crawford, Dickinson, & Leitman, 2002). Another paper explores the storying of professional identity among trainee counselors as a way of sustaining the training of narrative therapists (Winslade, 2003).

A third and related group of papers was composed of first-person autobiographical accounts. They typically appeared in highly specialized journals, such as *Reflections* and *Reflective Practice and Auto/biography*, where experimental writing (creative nonfiction) is encouraged, but we also found recent examples in mainstream U.S. and European journals (*Social Work, Counselling and Psychotherapy, The British Journal of Psychotherapy Integration*). Authors were faculty members in social work and psychotherapy programs, administrators in agencies, a range of practitioners, very occasionally, policy makers, and, even more rarely, clients and service users (e.g., Sands, 2000). Storytelling about an experience allowed the narrator to appeal directly to the reader. Social work and psychotherapy practitioners, it seems, are finding academic outlets in which to use narrative forms to make meaning of difficult events in their personal and professional lives, just as clients do in therapeutic conversations (see White & Hales, 1997).

The fourth group of papers used narrative concepts and methods for research purposes (some narrative therapy practitioners further blurred the boundaries and regimes of truth between therapy and research, as we show below). The diverse group of research-oriented papers appeared in general and specialty journals read by practitioners (e.g., *Social Work, Child and Adolescent Social Work Journal, Child and Family Social Work, British Journal of Guidance and Counselling, Counselling Psychology Quarterly, Gecko: A Journal of Deconstruction and Narrative Ideas in*

Therapeutic Practice, Family Therapy Networker, Families in Society, Health and Social Work, International Journal of Narrative Therapy and Community Work, Journal of Psychotherapy Integration, Psychotherapy, Psychotherapy Research) and in journals publishing research in the human services generally (*Qualitative Social Work, Qualitative Health Research, International Journal of Critical Psychology*). There were a few pieces written by social work and counseling practitioners in social science, feminist, and qualitative journals, such as *Qualitative Inquiry*, and the specialty publication *Narrative Inquiry*.

We were disappointed with the size of the research corpus, particularly in relation to social work. Counseling and psychotherapy is a newer, smaller professional domain in the United Kingdom, with a developing research trajectory that, perhaps to its advantage, parallels the recent surge of interest in qualitative research methods. We would get excited when reading an abstract that contained the words *narrative analysis* and *data*, only to discover the author of a compelling case study (the talk of a person with dementia, or ethnography of a learning disabilities classroom or of clients contemplating suicide) was from experimental psychology, nursing, or education—not social work, counseling, or psychotherapy. In other instances, authors said they applied "narrative analysis," but on closer inspection, findings were constructed by inductive thematic coding ("we looked for themes"). Snippets of talk (mostly non-narrative, stripped of sequence and consequence) were presented to illustrate common thematic elements across interviews. Appropriating the terminology of narrative by social work and psychotherapy investigators appears to be on the rise among those doing forms of discourse analysis and/or grounded theory research.

In an earlier paper, Riessman asked a number of specific questions of research in social work related to standards for "good enough" narrative inquiry (Riessman & Quinney, 2005); they served as guidelines for this chapter also. Was the work empirical, that is, based on systematic observations? Did analysis attend to sequence and consequence? Was there some attention to language, and were transcriptions made and interrogated? Did analysis attend to contexts of production (research and/or therapy relationships and macroinstitutional contexts)? Were epistemological and methodological issues treated seriously, that is, viewed critically, seen as decisions to be made, rather than "given"—unacknowledged? During the process of inquiry, previous divisions blurred: What about autoethnography and/or intensive case studies of particular interactions with clients using critical reflexivity? Boundaries between clinical inquiry, reflective practice, and research on clinical process are not always clear, a blurring of genres compounded by claims (evident below) that narrative therapy practice is a form of "live" coresearch.

Research that claimed to be narrative was extremely diverse in topic, approach, and quality. We uncovered some exemplary work but lots that was not. In one unfortunate set of papers, methods relied on story completion techniques, investigator ratings of narrative characteristics (e.g., coherence of stories, event structure analysis), or content analysis (frequency of particular words in an extended text). With few exceptions, direct quotation of interview discourse of any length was nowhere to be found. Audiotape recording and videotape recording were rare in social work, making any systematic examination of transcripts of interviews or group meetings impossible. Videotape or audiotape recording is much more common in

psychotherapy, particularly in family therapy, with tapes often used in supervision and training. Nonetheless, researchers from all fields routinely summarized the content of speech, mediating the engagement of reader and narrative text. It is difficult under these circumstances to independently evaluate evidence for an author's argument or to interrogate the process of research that generated particular findings.

Frankly, we were surprised to see such limited use of the storehouse of narrative theory and methods now widely available in the qualitative research literature (Andrews, Sclater, Squire, Tamboukou, 2004; Andrews, Sclater, Squire, & Treacher, 2000; Bhabha, 1994; Chase, 2005; Clandinin & Connelly, 2000; Clough, 2002; Cortazzi, 2001; Fraser, 2004; Gergen & Gergen, 1984; Greenhalgh & Hurwitz, 1998; Hollway & Jefferson, 2001; Hurwitz, Greenhalgh, & Skultans, 2004; Josselson, Lieblich, & McAdams, 2003; Lieblich, McAdams, & Josselson, 2004; Lieblich, Tuval-Mashiach, & Zilber, 1998; McAdams, 1993; Mishler, 1986, 1995; Murray, 2003; Plummer, 2001; Poindexter, 2002; Riessman, 1993, 2004; Speedy, in press; White, 2000, 2004; White & Epston, 1990). Instead, many investigators adopted reductionistic techniques, in what became a kind of *statistics* of qualitative research: Lengthy accounts of lives were abstracted from their contexts of production, stripped of language, and transformed into brief summaries.

Data reduction is a task that confronts all qualitative investigators: Journals do not allow us to present the "whole story"; narrative accounts are typically long, and some selection is absolutely necessary. The challenge for narrative research is to work with the detail and particularity that is a hallmark of narrative, rather than mimicking positivist science in modes of data reduction.

Four Exemplars of Narrative Research

We now turn to research in counseling, psychotherapy, and social work that offers positive models—a counterweight to reductionism. Each of four exemplars, briefly presented here, meets several standards for "good" narrative research (outlined above); together, they offer models of diverse ways of approaching texts that take narrative form. We urge readers to consult the full articles and associated bodies of work for rich and lengthy description of methods and findings. The choice of exemplars reflects Riessman's preferences, learned from Mishler (1986, 1999): reliance on detailed transcripts; focus on language and contexts of production; some attention to the structural features of discourse; acknowledgment of the dialogic nature of narrative; and (where appropriate) a comparative approach—interpretation of similarities and differences among participants' stories. Regarding the dialogic criterion, Phil Salmon's (in press) words are instructive:

All narratives are, in a fundamental sense, co-constructed. The audience, whether physically present or not, exerts a crucial influence on what can and cannot be said, how things should be expressed, what can be taken for granted, what needs explaining, and so on. We now recognize that the personal account, in research interviews, which has traditionally been seen as the expression of a single subjectivity, is in fact always a co-construction.

Despite many similarities, the four exemplars are extremely diverse. They explore very different questions, deal with different kinds of narrative texts, and employ contrasting forms of excavation and analysis. The first explores the constructs and values leading to aspirations for "the good life" within a client's experiential counseling relationship; the second explores the use of counternarratives with clients, when up against the dominant discourse of anorexia nervosa. The third examines written self-narratives of young clients as they leave foster care; and the fourth analyzes narratives about clients developed by professionals in team meetings. Our sequencing of the exemplars is purposeful: from the micro toward the macro—we start with an individual case and end with the construction of cases by professionals in organizational settings. The first two exemplars from counseling and psychotherapy illustrate the work of research teams, each reflecting a different way of combining psychotherapy process and outcome research.

Stories of the Good Life

Two British counseling researchers, McLeod and Lynch (2000), examine the first few minutes of an initial counseling session, when a client's core stories are told (and later elaborated). The authors' analysis of the initial texts is contextualized with materials from subsequent sessions, which they summarize. The client and counselor were both Canadian women, and the case was deemed, at the outset, an example of successful client-centered therapy. The researchers focus on philosophical concepts of the good life, particularly how client and counselor embed their conversation in respective conceptions of what it means to live a good life. The authors ask, How do client and counselor convey moral understandings and values, and how might they change over time in a therapeutic relationship?

These issues have been neglected in studies of therapeutic interaction. The authors draw on moral philosophers, as Taylor (1989) observes: "the sense of the good life has to be woven into my life as an unfolding story" (p. 470; also see MacIntyre, 1981). Taylor makes a distinction between *weak* and *strong* moral evaluations: choices between multiple possibilities, on the one hand, and, on the other, virtues that people are in awe of—would perhaps die for—that set the tone of a life.

McLeod and Lynch (2000) are clear about their standpoint and the particularity of their case study—they have not applied the moral framework to other cases (and strongly encourage others to do so):

> It is important to acknowledge that other plausible interpretations of this case are possible. Hermeneutic inquiry of this kind can never achieve a "factual" or "objective" explanation of a phenomenon. Its goal, instead, is to construct a representation of a slice of social reality that promotes a sense of an enhanced understanding, and contributes to new ways of seeing that reality. (p. 403)

The authors present a *slice* of narrative text that they analyze in relation to the client's (Margaret's) stated problems: marital difficulties, a daughter's forthcoming wedding, and her discomfort with her son's girlfriend. They adapted the

approaches of Gee (1991), Mishler (1986), and Riessman (1993), creating a poetic representation of a therapy exchange. They use a three-stage method of interpretation: successive readings and rereadings of the transcripts by multiple readers, selection of segments for microanalysis (the first few moments of the first session) by the principal researchers, and an interpretive account of the whole therapy in relation to the part.

Margaret's initial account is presented in stanza form; the subsequent 11 sessions are summarized.

Margaret provides context for her depressed feelings in the initial session:

> and we based our whole life on our children
> you know
> we have to
> and you know
> we had
> it was always family holidays
> and that type of thing like we never left our children
> *and this was an agreement that*
> *this is our life*
> *you know*
> *and we were very happy with it*
> *but I always had sort of*
> *the feeling*
> *that*
> *when the children grew up*
> *and were independent*
> *we would become a couple again*
> and of course the timing of all this just
> just
> that's just not what happened
> and I think
> *I just felt so let down* (McLeod & Lynch, 2000, p. 396[7])

The authors do not include the therapist's interventions within the text (for reasons that are not clear) but do examine them later when reviewing contributions in subsequent therapy sessions.

In the excerpt, Margaret is evaluating her life and emotional well-being in relation to several noncommensurate principles of the good life, such as having an intimate relationship (with her husband) and fulfilling duties to others (children). When her children left, and they failed "becoming a couple again," Margaret experienced a *narrative fracture*, resulting in depression; she sought the help of a counselor.

The therapist held humanistic constructions of the good life, centering on emotional authenticity and awareness of a *deep interior* self that needs expression. These were communicated in the therapist's responses to Margaret: "And yet it sounded like at some point you were saying that what's really going on for you is hard for you to express" (McLeod & Lynch, 2000, p. 400).

The researchers build support for their theoretical argument with references back and forth between the excerpted text in stanza form and summaries of later sessions. The focus, however, is larger than the microprocess of the unfolding therapeutic relationship. In descriptions of explicit and implicit conceptions of the good life, they argue that successful therapy in this case was dependent on the counselor and client responding to the evaluative aspect of storytelling, that is, co-constructing Margaret's stories in relation to collective and historically specific discourses (Calvinist, dutiful; Romantic, intimate; Humanistic, self-aware) that underpins the client's understanding of her conflict.

As other exemplars (see following) do, McLeod and Lynch's (2000) work challenges the climate of evidence-based practice that is seeping across counseling and psychotherapy in the United Kingdom from elsewhere within the health and welfare disciplines (see Rowland & Goss, 2000). The research provides a theoretical framework and ways of presenting data that others can use to evaluate counseling sessions in narrative terms. Their emphasis on moral stories that shape practice extends beyond narrow approaches (on "inner worlds" of clients). The study meets several of the criteria identified earlier as hallmarks of "good" narrative research: A detailed transcribed excerpt is presented. There is attention to "macro" contexts of production, that is, available cultural discourses that therapist and client draw on. There is less attention to methodological issues, sequence and consequence, and the specifics of the client's (and the therapist's) language choices. The relationship between the counselor and client from one country, and research team in another, remains opaque; no comparisons are made with other dyads, but future researchers could adapt the approach.

Our second exemplar from counseling and psychotherapy troubles the edges between research and practice, and was included only after intense discussion between us. Some readers may continue to contest its inclusion in an overview of narrative "research." The particular study shows how narrative therapists, having listened intently to a client's stories, use their archive of knowledge about the co-construction of narratives and the social construction of possible identities to produce a counternarrative—different ground for the client to stand on. It represents, Speedy would argue, an example of a "live" performance of narrative coresearch.

These claims for narrative therapy practice as a form of collaborative, "living" research are more extensively presented elsewhere (see Crockett, 2004; Epston, 2001; Speedy, 2004, in press). They are, predominantly, sustained in two ways: firstly by descriptions of the *position* of the narrative therapist (Morgan, 2002), who is explicitly positioned as a coresearcher (in the archeological or anthropological sense) within the shared endeavor of scrutinizing, excavating, and exoticising[8] the particularities of aspects of their client's life story. Secondly, narrative therapists overtly attend to the sequence and consequences of the client's life stories in relation to discourse, context, relations of power (see White, 2004), landscapes of identity and meaning (see Bruner, 1990, 1991), personal agency, and absent but implicit possibilities (see Derrida, 2001). Thus, within the therapeutic exchange, narrative therapists are engaging in a collaborative practice of that which is described by others as narrative analysis or narrative inquiry. This is a *living practice of narrative*

coresearch-in-action, even if it is frequently followed up with further scholarly reflections (see Crockett, Drewery, McKenzie, Smith, & Winslade, 2004).

Sustaining Counternarratives in the Face of "Discursive Parasites"

Like McLeod and Lynch's research, the exemplar represents a tale of a life re-authored but one that originates from a different school of narrative therapy (the process is described as coresearch, rather than therapy). The case study explores one client's stories, embedded within comparable narratives from a range of people, all of whom are engaged with countering "that which is called Anorexia"[9] (Lock, Epston, & Maisel, 2004).

The authors begin with a deconstruction of the historical and cultural discourses of that which is called anorexia; they trace a lineage from 12th-century saintly aestheticism, through witchcraft, to the contemporary construct of eating disorders (Hepworth, 1999). The authors educate readers about the purposes and collaborative coresearch practices of their particular narrative therapy approach. For example, they draw on conceptions of human nature in which the self is a discursive cultural construction, steering away from essentialist representations of problems people bring to therapy (e.g., "I am anorexic"). They turn, instead, toward socially and contextually situated understandings (e.g., "the position that anorexia has come to take up in a life"). The task of therapists, the authors suggest, is to help clients tell the stories/histories of their lives within the context of evaluative and fluctuating relationships with problems, rather than as problem lives. They also seek to generate alternative and/or preferable stories that might support changes in their clients' situations (see Morgan, 2000; Payne, 2000; Russell & Carey, 2004 for more on externalizing problem stories and re-authoring practices).

Lock et al. (2004) explore in some detail the tactic of externalizing problem stories as "driving a wedge between the person and the problem" (p. 282). They include short illustrative transcripts of therapeutic conversations between one of the authors (Epston) and several of his clients to demonstrate the pervasive and "parasitic" characteristics of anorexia as a category. The already compelling "voices" of anorexia have been compounded by medical narratives, which frequently describe people (mostly, though not exclusively, young women) as anorexics. Foucault (2001) argues that powerful dominant discourses often produce resistance against themselves. Lock and colleagues (2004) suggest that "that which calls itself Anorexia" attacks and indeed "co-opts" people who, almost by definition, do not have the resources to resist but rather find themselves drawn toward "excelling" at anorexia.

The authors (Lock et al., 2004) present Epston's conversations with two young women. Here he constructs *radical* externalizing counternarratives to the voice of anorexia. The therapist takes a clear position: "How immoral it is for Anorexia to try to talk you out of your life, a life it wants to terminate even before it has almost begun" (pp. 283–284). The excerpt illustrates how a counternarrative might begin to be performed.[10]

The journal article provides readers with two "unashamedly lengthy" excerpts of conversations (between Epston and a young client named Caroline and between Epston, Caroline, and Paula, another therapist[11]). The extracts represent a dramatic departure from what is typical in many narrative inquiries, especially those concerned with therapy and counseling. First, although it is now commonplace for narrative researchers to acknowledge that the narratives generated in research (or therapy) interviews are co-constructed, investigators typically give only perfunctory reference to the interviewer's or researcher's contributions; the focus is almost invariably on the other (client or interviewee). Second, the study treats the therapeutic conversation *as* collaborative research. The deconstruction of the multiplicity of available stories is shown as a live process that engages clients and therapists alike. This account of *narrative-analysis-in-the moment* later becomes the subject of further scholarly reflection as two other researchers, Lock and Maisel (see Lock et al., 2004, p. 275), describe their subsequent contribution to the study, embedding the therapeutic conversations within the literatures of the field.

A form of *living analysis* is illustrated with short excerpts from conversations between Epston and a different client (Chloe): Epston invites her to speculate about the different positions that "treaters" of anorexia might have taken at times of life-threatening crisis, asking her to speculate about the differences that these positions would make to the stories she tells about herself. Chloe's replies warrant greater scrutiny than space allows here,[12] but one comment indicates her general response: "Simply by using different language such as 'forbidding anorexia to murder me' rather than 'saving my life,' I'm sure that would have had an impact" (see Lock et al., 2004, p. 283).

Other extracts focus on therapists' (rather than client's) narratives and, as such, make an important and unusual contribution to therapy research. In one, Epston speaks from the position of anorexia (inviting another client to construct some kind of counternarrative). In another, Epston continues as anorexia, and another therapist (Paula) responds with counternarratives in the voice of anti-anorexia. The conversations did not develop out of the blue but emerge from their engagement with, and deconstruction of, the extensive experience the client (Caroline) has been describing. She speaks little at the beginning of the extract (below), but it is clear from her one line response that she is listening intently, taking up her own position:

E (as anorexia):   Well, who is Caroline going to believe, me or you? I have got a lot going for me. If she would only be perfect, I would give her everything.

P (as anti-anorexia): What would you give her?

E: Perfect happiness . . . and every dream she had would come true. Every dream she has ever had in her life, I would make come true.

P: That's a lot to believe.

E: Look at all the other people I've helped.

P:	Like whom?
Caroline:	Can Karen Carpenter[13] be Number 1?
E:	Yes! Karen Carpenter! Without me, she wouldn't have been such a great singer.
P:	Without you, we would still be listening to Karen Carpenter. . . .

Counternarratives provide "gentle defiance and resistance" (Andrews, 2002). With the excerpt, the authors "live" narrative analysis of therapeutic discourse; when actively offering extreme narratives and counternarratives, therapists can invite those consulting them to take up their own positions.[14] Not advocating the routine adoption or generalizability of their tactics, the authors explore the process, in context, as "it is fitted to the person, the history of the therapeutic relation, and, in this instance, the dire circumstances" (p. 289).

Lock et al. (2004; see also Maisel, Epston, & Borden, 2004) challenge the politics and conventions of therapy research by going beyond retrospective narrative analyses (that-which-occurs-in-therapy-that-might-inform-subsequent-improvements-in-practice). Instead, they model how therapists and clients can work as narrative coresearchers in the moment, rigorously excavating[15] the narratives available to re-author troubled lives. In extreme situations (such as self-starvation), therapists can construct narratives that

> provide resources that resonate through the fog of the previous resources the client has had to work with. Revealed in this way, the insidious logic of the dominant discourse can be deflected by counter-narratives such as these anti-anorexic ones from their otherwise inevitable dead-end. (p. 298)

The research fits with a number, although not all, of our stated criteria for good narrative research. Transcriptions of therapy conversation are presented alongside theoretical discussions that draw on narrative theory. The coresearch process with clients is presented in "live" excerpts; more extensive transcripts are made available to readers on request. The texts, when coupled with theoretical interpretation, illustrate a dialogic form of narrative analysis (e.g., interpretation of talk between therapist and client and, subsequently, an entire therapeutic team with the client). The exemplar does not attend to methodology—decisions made about what to present and how—that could guide future researchers.

We turn next to research in social work. Although many work with individuals in therapeutic relationships, neither exemplar focuses on individual cases.

Writing Narratives With Youth: Experimenting With a Method

Fay Martin (1998), a Canadian social worker who completed her dissertation in Britain, developed a technique in practice that she calls *direct scribing* to amplify

muted voices of young people in child protection. She describes the narrative approach invented for practice and then adapted for her dissertation—participatory/critical research on the complex transition to independence for young-sters coming out of child protection. Martin's past experience indicated that many young people "felt strongly that child welfare files misrepresented their reality" (p. 2). Consequently, she invited them to dictate their self-narratives to her; she typed on the computer as they talked and watched the screen. Conversations about the sto-ries followed—these were also transcribed. In collaboration with another adult guide, the life stories were eventually published in a book (Fay, 1989), where they spoke out, "saying their word to change the world, in the spirit of Freire" (Martin, 1998, p. 2).

The explicitly political research project involved 30 young people, randomly selected from a group who were coming out of care in a child welfare agency; all had lived in group or foster homes or institutions for some part of their lives. Because of their histories, they were "very sophisticated interviewees" who had "well-honed awareness of the power differential inherent in interview situations . . . enhanced understanding of the differential power of the spoken vs. the written word, and of the politics of ownership of the word" (Martin, 1998, p. 2). Many had spent hours facing workers who took notes and went away to write reports that became the "facts" of their cases, providing grounds for crucial decisions. Clients, of course, have not had easy access to their files to check them against their versions of events, nor can they change "facts" once entered in the file. The written word is privileged: "the person who chooses the word is more powerful than the person who the word purports to be about" (p. 3).

Given awareness of the politics of language, Martin decided to approach the problem by asking the youths to generate written self-narratives with her and later discuss them over the course of several meetings. She engaged participants in thinking about the adolescent transition—"when you were the responsibility of someone else [to] when you are responsible for yourself" (Martin, 1998, p. 5). She creatively instructed the writers in narrative concepts:

> The job of the Narrator is to choose among all the things that *could* be included in the story, what things *will* be included, and *how* they will be included. The Narrator is the boss: s/he has absolute authority about how to build the story. Because you know that there are many ways to tell the same story so that each, although different, is still true . . . just differently true. So the Narrator's job—that's you—is to figure out what of all the things you *could* put into the story you *will* put in, and how you'll string them together to make what points. As much as possible, I'd like you to tell the story as if you were talking to yourself as an audience. . . . I'm going to directly scribe the story, type, whatever you say. You should watch the screen and correct me if I make a mistake, or tell me if you wanted to take back or change something you said. (pp. 5–6)

Martin made provisions for different levels of literacy, but all participants became competent partners over time. Youngsters asked her questions, and she queried them about what they included or left out and why. Each participant left with a hard copy—of the story, and the dialogue with Martin about the story.

At the next meeting, participants interrogated what they had produced guided by the researcher:

> We approached the narrative as a piece of written text and analyzed it in various ways to ensure that it represented as accurately, as thoroughly as possible what they meant to say about their transitional experience, before the story was launched, independent of its author, into the world. (Martin, 1998, p. 6)[16]

More teaching about narrative form—beginnings, middles, ends—took place, including how to highlight turning points toward independence, a personal epiphany perhaps (although one participant emphatically declared that "she was not independent and would not be for some time," [Martin, 1998, p. 7]). The outcome was a set of written self-narratives—different trajectories out of adolescence and toward adulthood—accomplished collaboratively between investigator and participants.

Martin's project offers an example of participatory/critical research that is empowering: she took past inequalities into account in her research design, and created an alternative research context where muted voices could be heard. Her narrative method required participants "to preside over the transformation of the oral word into written text" (Martin, 1998, p. 9)—a process usually accomplished by investigator alone. Martin retained the right to query the story. Her insights from the research process are instructive for all narrative scholars:

> To speak is one thing, to be heard is another, to be confirmed as being heard is yet another. I believe the narrative interview operates at the third level. . . . The [written] assignment requires the participant to self-reflect on both the parts and the whole of his/her story. My experience of what the participants did with the assignment suggests that this engaged them at a fourth level, a step beyond being confirmed as heard. . . . The narrativists say that one creates and recreates oneself and positions oneself socially through narrative choices. My sense was that many of these participants, reflecting on themselves in the middle of the developmental task that was the focus of investigation, found themselves in the telling, experiencing themselves as creating themselves and as recovering themselves from the stories that had been told about them. (pp. 9–10)

The research benefited the youth—rare in research: Their marginalized voices found an outlet. With eventual dissemination of the book produced from the self-writings, alliances for social change in child welfare practices could be formed.

As an exemplar of good narrative research, Martin's study meets several criteria noted earlier. She created and then worked from detailed transcripts (though they are not included in the published paper) rather than simply memories of what may have been said at meetings. She describes in detail the conditions of production of the "final" life stories and how they were subject to change at varying points in the research process. She attends to structural features of narrative in the instructions she gives participants about beginnings, middles, and ends and turning points. Finally, the dialogic nature of the life stories is central to the project.

The fourth and last example carries issues of power, specifically in professional language about clients, into a pediatric setting.

Professional Storytelling at Team Meetings

Susan White (2002), a British social work academic, examines how cases are constructed through interprofessional talk at team meetings in a child health centre. How is the attribution of causality accomplished? Specifically, how do clinicians (pediatricians) tell cases in ways that persuade listeners (social workers and other professionals) of a particular formulation? Her ethnographic approach relies on detailed transcription of team meetings and presentation of lengthy excerpts that illustrate the narrative practices professionals employ.

The attribution of causation can be particularly complex in child health settings. The boundary between biological and psychosocial etiology is fuzzy but deemed necessary in medical contexts to accomplish diagnosis and formulate a treatment plan. How do professionals do it? Storytelling, White observes, is the major way cases get made, with the clinician ordering and sequencing clinical facts and social observations into versions that are recognizable to other team members, and can be processed. Storytelling enables professionals to render their formulations recognizable and accountable to colleagues on the team.

White (2002) displays the *ordering work* pediatricians do with fragments of material. They narratively construct an unproblematic "medical" case, on the one hand—where etiology is biological—and a psychosocial one on the other—a "not just medical" case. At least in part, the case is constituted through its telling; other possible readings of the material are closed off. White looks at the rhetorical and linguistic devices tellers adopt to narrate their formulations about patients, which signal particular readings of the material that can persuade colleagues. Her method draws on approaches originally developed in conversation analysis that she adapts to examine lengthy exchanges at team meetings. From transcriptions that sometimes approach 20 pages, she presents and analyzes excerpts, including ones that illustrate a particular narrator's strategies of argumentation in potentially contestable formulations—not just medical cases:

These formulations involve particularly complex story-telling, since the presence of an "intrinsic" disorder requires that any psychosocial component be worked up in the talk. Narratives about these cases have the flavour of detective stories with anomalous physical findings, such as failure to gain weight, set alongside characterisations of carers [typically mothers]. Cases may begin as "medical" and evolve gradually to a "not just medical," or psychosocial formulation through formal and informal case-talk between professionals. Once they have shifted in this way, they rarely return to a purely medical reading, since the relevances for storytelling and observation are extended to the child's relationships and social circumstances, which once exposed are almost always found wanting. (p. 418)

The outcome in such instances is often referral to the social services department or a child welfare agency.

White (2002) presents a series of extracts from team meetings about a child she calls Sarah, each of which she meticulously unpacks. She notes the alternative ways the case might have been told, with less deleterious consequences for the family—a child protection plan. Instead, the telling "silenced a potential alternative reading of Sarah's mother as a distressed or depressed parent who was struggling to care for her child and needed help, but was not herself morally culpable for the predicament" (p. 433). White reveals how the team meeting becomes a backstage space "where professionals can shore up and contest their formulations of cases and often rehearse their next [frontstage] encounters with patients and their families" (p. 425).

The research is important for the professions in a time of evidence-based practice. Professional sensemaking about complex cases is best revealed by ethnographic investigations, White (2002) argues, because it can uncover the "backstage" work clinicians do to collectively work up particular versions of a child and/or family. Parents get classified as "troublesome" or "negligent," and hence in need of social work intervention, as part of a complex reasoning process that defies analytic scrutiny using traditional methods of research. Technologies based on bureaucratic rationality, she argues, provide a particularly poor fit for the complexity and uncertainty found in many social care settings.

As an exemplar of narrative research, the work meets many of the criteria outlined earlier for good narrative inquiry: White presents detailed transcripts of excerpts of team meetings and analyzes language and narrative form, noting structural features of the professional narratives—precisely how they are rhetorically crafted to persuade. Because the investigator is working from transcribed tapes of professional meetings, her dialogic relationships with informants and the data are not included but could be in future studies of team meetings.

Conclusion

We began with the observation that the idea of narrative has touched almost every discipline and practicing profession and, in many, generated extensive research and practice programs (e.g., in nursing, medicine, occupational therapy, law, and education). We conclude from our review that social work has embraced narrative concepts for reflective practice and teaching but only to a very limited degree in research. Counseling and psychotherapy have established some very significant centers for the promotion of narrative practice and research in Canada, Spain, the United Kingdom, New Zealand, and Australia[17] (and to a lesser extent the United States) although much of the output from these centers still remains in the form of unpublished work by graduate students.[18]

The four exemplars show the kinds of relevant knowledge for social work, counseling, and psychotherapy that can be produced with diverse narrative approaches. The findings pinpoint key issues of process essential to professional practice: how attention to the *morality tales* of both clients and therapists can foster congruent practice (McLeod & Lynch, 2000); how radical constructions of counternarratives

can undermine the pervasive and life-threatening discourse of anorexia (Lock et al., 2004); how adolescents' self-writings can foster discovery and client empowerment (Martin, 1998); and how professionals' talk about patients serves to construct particular case formulations, marginalizing other ways of thinking (White, 2002). The narrative methods each author/research team used—and they were very different—allowed process to come to the fore, rather than narrow outcomes alone.

We uncovered other solid research that could have served as exemplars (Botella & Herrero, 2000; Hydén, 1995; Hydén & Overlien, 2005; Lillrank, 2002, 2003; Markey, 2001; McLeod & Balamoutsou, 1996; Overlien & Hydén, 2003; Perry, 1999; Poindexter, 2002, 2003a, 2003b; Rennie, 2004a, 2004b; Urek, 2005; White & Featherstone, 2005). We undoubtedly missed a few studies in our search. But given that 30 years have passed since the "narrative turn" began to reshape the social sciences, and given contemporary preoccupations with identity construction, why is there so little research reflecting these trends in social work? Why is detailed attention to transcripts underpublished within counseling and psychotherapy? Are these professions, in their preoccupation with status and legitimacy, wary of narrative research because of a continuing infatuation with "hard" science, the experimental model, and "evidence-based" outcome studies?

The vast majority of the research we did find was published in British and European (English language) journals, joint British/U.S. ones, or interdisciplinary specialty journals. Given the sheer size of the U.S. social work and counseling/ psychotherapy market, the minimal amount of narrative research in major U.S. publications is puzzling. To initiate a dialogue about the anomaly, we offer some thoughts about possible reasons for the geographic divide, fully aware of the danger of generalizing across contexts. We present observations from distinct standpoints and refer readers to the contribution of Rennie (2004a, 2000b), whose speculations concur with our own.

Riessman's observations are informed by years of teaching narrative research methods in the United States and, in the last 10 years, in the United Kingdom, several Scandinavian countries, and Western Australia. She has been impressed by the extent of interest outside the United States in narrative methods. Speedy's reflections are informed by more than a decade spent practicing, researching, and teaching into the space between narrative inquiry and the narrative therapies across Europe and in South Africa, New Zealand, and Australia. We offer some tentative thoughts on how research cultures in the United States and E.U. countries may explain, in part, the geographic distribution of research articles uncovered in the literature review.

Health authorities in the United Kingdom are struggling to recruit and retain social workers. There is the appeal to an opportunity to build relationships and understand clients in depth—an opening for postgraduate students in research programs to undertake narrative inquiry that involves listening and interpreting. The United Kingdom has a strong socialist history and far more libertarian tradition of liberalism (which, in turn, has been of some influence within Australia and New Zealand). Within the United Kingdom (part of the European Union), universal and free social welfare services and commitments to social justice (including access to health care) remain. The demands of the market and consumerism are

not, as yet, as cruel or as taken for granted as in the United States, perhaps. At the same time, there is an increasing push in both public and private sectors for "evidence," not ethnography, and a conservative agenda is increasing in influence in the United Kingdom and elsewhere. These trends are being felt in the funding of research, which may, in time, affect the questions social work postgraduates choose to explore and methods they select in dissertations.

Counseling and psychotherapy within the United Kingdom have developed outside the constraints of mainstream psychology and predominantly outside statutory provisions (such as the NHS). Practitioners have emerged from diverse and divergent disciplinary programs, including the arts, humanities, anthropology, sociology, and theology as well as psychology (McLeod, 2001; Speedy, 2005). These diverse training contexts enable practitioners/researchers to embrace literary and post-positivist paradigms more easily compared with their colleagues within North America, who tend to be trained in mainstream psychology and education contexts.

Narrative study is cross-disciplinary, drawing on diverse epistemologies, theories, and methods. Detailed analysis takes time and immersion; there are ethical issues that stretch customary practices in areas such as informed consent (Riessman, 2005; Riessman & Mattingly, 2005; Speedy, 2004). These realities create exciting opportunities for creative collaborative research but also problems for social work, counseling, and psychotherapy. Put simply, there is a great deal to read, and it typically lies outside the professional canon and toward the literatures of anthropology, philosophy, and literary theory. All professional groups tend to think and read in their own fields of specialization: We tend to be "blinkered" by our disciplines.[19] The structure of many universities further contributes to isolation, with different faculties and departmental division of knowledge. Young scholars in the United States are evaluated by colleagues in social work and/or counseling psychology, further isolating them.

In Europe, more than in the United States, there are counterforces to disciplinary narrowness. Some university programs in Sweden, Spain, and the United Kingdom, for example, are structured around broad areas of inquiry (children and families, policy studies, health) or broad groupings of disciplines (the social sciences). This is even more the case in Australian and New Zealand academies. These structures promote interdisciplinarity, perhaps contributing to the greater representation of European, Australian, and Canadian practitioners and researchers, compared with U.S. ones, in our review. Interdisciplinary programs foster competence in social theory, philosophy, biography, anthropology, creative writing, and other fields of knowledge relevant to narrative studies. In particular, therapy practitioners in New Zealand and Australia, where narrative approaches first emerged, were a long way away from the constraining forces of established therapeutic approaches; they had more license to develop their own forms of practice alongside the emergent narrative and post-modern turns within the social sciences (Bird, 2000; McLeod, 2003).

The structure of social work (and many counselor) education programs in North America is different from those in the rest of the world and, at the master's level, subject to strict accreditation procedures that leave little space for innovation or interdisciplinarity. The concern in master's programs is often about producing

competent practitioners, but the large number and size of these programs in the United States have an effect on resources available for doctoral education, where researchers get trained. Research methods courses in U.S. and Canadian schools of social work and counseling psychology programs at all levels teach research designs appropriate for quantitative research and statistical analysis, with only cursory attention to forms of qualitative inquiry. Professional journals and texts reflect these biases in practitioner education. Practice journals provide a place for the broad spectrum of models for clinical work and increasingly, a place for narrative reflection. The problem is that practice journals do not necessarily foster the theoretical and/or empirical generalization that is possible with social research. Profound insights about a particular client, a particular interaction, or a therapeutic group process do not translate easily into broader insights about a phenomenon. In addition, practitioners who might want to develop research publications can feel disabled before they begin—by the very language of research they have been taught, reflected also in the journals they read. The majority of research published in professional journals in the United States is quantitative, mirroring the pattern in social work and counselor education. Some qualitative research is now getting into print, but rarely narrative studies (in the sense we have described them here), it seems. Research based on grounded theory and other qualitative traditions using analytic induction can be defined by editors and reviewers as "scientific," while some ethnographic work has had difficulty getting through the review process (and ethnographic methods are decades old). All these factors, and no doubt others, are shaping contemporary scholarship in journals and other publications within the United States. Practice knowledge from narrative therapy is far ahead of research applications right across the spectrum, a trend reflected in our review.

We offer a final comparison related to research funding, supported by Jean Gilgun's (2002) trenchant analysis of a document produced by the National Institutes of Health (NIH). She suggests that the NIH (which is the major supporter of social research in the United States) appears to hold a particular definition of science, embedded in language, that excludes the perspectives and assumptions of many forms of qualitative research. We could not agree more. The model and language of the natural sciences has migrated and is now used routinely to define acceptable procedures for research about the social world. The norm of a detached, disinterested, and disengaged observer is still being applied, often inappropriately, to human studies. Concepts of reliability and validity developed for quantitative work are misapplied as evaluative criteria; qualitative research has evolved different standards and different sets of ethical principles.[20] Faculties in U.S. universities are increasingly dependent on funding from the NIH, which further structures the kind of research that gets produced and how doctoral students are trained. The research agenda embedded in the No Child Left Behind Act is generating constraints that are seeping into education and psychotherapy research as well (see Lincoln & Cannella, 2004).

Funding streams and research priorities in European countries are different from U.S. ones, and social research may be less constrained by conservative political agendas (although this is changing with increased research governance within

the United Kingdom[21]). The Economic and Social Research Council (ESRC)—the major source of funding there—has supported numerous projects using qualitative approaches. Some ESRC directives we have read would astonish U.S. colleagues by their breadth, reach, and interdisciplinarity. Indeed, one of the most successful ESRC-funded investigations of counseling/psychotherapy provision within the United Kingdom was spearheaded by a school of geosciences (Bondi, Fewell, & Kirkwood, 2002).

In sum, traditions and structures of education differ substantially between the two regions, shaping the amount and kind of research published. Counseling and psychotherapy practice within Europe is a relatively new field, which has only recently begun researching itself. Thus far, it has not attracted major funding, and research has tended to remain piecemeal, small scale, and underpublished (McLeod, 2001). Paradoxically, these factors may have enabled a more creative and diverse field to emerge.

We offer our respective speculations about possible reasons for the patterning of narrative scholarship in the hope of initiating a creative and constructive dialogue among students, educators, journal editors, reviewers, and funders within these domains. Dialogue is needed if narrative inquiry—in all its diversity—is to find a firmer foothold within counseling, psychotherapy, and social work scholarship.

Consulting Editors: Elliott Mishler and Denise Larsen

Notes

1. Publisher's note: Sage Publications prefers the spellings *counseling* and *counselor*, which will be used in this chapter except where *counselling* and *counsellor* are used in journal title and titles of published works.

2. For citations of theoretical and empirical work in each of these disciplines, see Angus and McLeod (2004a) and Riessman (2001, in press).

3. See Rawnsley (2002) for "new Labour" narratives in the United Kingdom, and Marsalis (2004) for jazz narratives.

4. Rennie (2004b), for example, illustrates the ways in which narrative constructs have begun to shape and influence the work of Canadian-grounded theorists conducting counseling and psychotherapy research.

5. There is lively philosophical debate about whether primary experience is "disordered"—that is, whether narrators create order out of chaos. This discussion is particularly pertinent to therapists working with client groups with chronically disordered lives. See Hinchman and Hinchman (1997, pp. xix–xx) and Dimaggio and Semerari (2004).

6. Speedy and colleagues from the Centre for Narratives and Transformative Learning, University of Bristol, United Kingdom, contributed collectively to this review. They were supported in this endeavor by Meier's (2004) critical review of narrative in psychotherapy, although the terms of Meier's evaluation were somewhat looser.

7. Margaret's poem "This is our life" is taken from McLeod and Lynch (2000), *European Journal of Psychotherapy, Counselling and Health, 3*(3), 389, Routledge (Taylor & Francis) and is reprinted with permission.

8. A term coined by the sociologist, Bourdieu (1988) to describe his work on "exoticising the domestic" and later borrowed by Michael White (2004) to shed light on the process within narrative therapy whereby attention to the particularities of "ordinary" life stories (to the extent of an intense scrutiny of taken for granted stories) renders people's lives both extraordinary and rich in unexcavated plots and possibilities.

9. Anorexia nervosa is now a widely recognized medical condition. The authors of this exemplar, however, seek to position anorexia nervosa as a recently constructed historical and social phenomenon. They introduce the possibility of using terms that carry more meaning or seem closer to the lived and felt experiences of their clients.

10. The authors point out that their work does not offer any generalizable "blueprints" since anorexia will manifest itself and operate differently within different lives. They illustrate the persistent tactics of anorexia in disciplining people's lives and describe the "radical territories" that therapists may be required to inhabit to offer their clients opportunities to find moments in their lives that are not dominated by anorexia. It is within these spaces, they argue, that points of entry to other stories of people's lives might emerge.

11. Conversations between Epston and his clients are reprinted with permission of David Epston.

12. Extensive extracts from Epston and Chloe's investigations into anorexia's constructions can be found at www.narrativeapproaches.com.

13. Karen Carpenter of "The Carpenters," a well-known pop group, died in 1983 of heart failure caused by chronic anorexia.

14. The researchers' practice of narrative therapy is informed by Vygotsky's (1962) ideas about the internalization of constructions of self.

15. Archeological metaphors are frequently used by post-structuralist/post-psychological therapists to inform and sustain their practice; see Monk, Winslade, Crockett, and Epston (1997).

16. A reviewer noted complexities hidden in Martin's instruction here: the suggestion to represent "as accurately and thoroughly as possible." Most analysts agree that any narrative representation involves a *version* of events and experiences, shaped by audience and other contexts—a perspective Martin obviously shares, evidenced in previously quoted material.

17. The Psychotherapy Research Group, Toronto, Ontario, Canada; Ramon Llull University, Barcelona, Spain; the counseling program at the University of Abertay Dundee, United Kingdom; the Centre for Narratives and Transformative Learning, University of Bristol, United Kingdom; the Family Centre, Auckland, New Zealand; the counseling programs at the University of Waikato, New Zealand; the Dulwich Centre, Adelaide, South Australia; the Evanston Therapy Center, Evanston, Illinois.

18. Many of these unpublished papers and theses can be accessed online at www.narrativeaproaches.com.

19. Riessman thanks Kim Etherington for this formulation.

20. On the evolving issue of criteria for qualitative research in its various forms, see Maxwell (1992), Mishler (1990), Seale (2002), Sparkes (2002), and Speedy (in press).

21. See Bond (2004) on the rise of U.S. styles of "governance" in the United Kingdom.

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