

COGNITIVE AND CONSTRUCTIVE PSYCHOTHERAPIES

NEW

Recent Developments

Michael J. Mahoney, PhD, Editor

Updated and expanded from the JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, Dr. Mahoney has assembled an impressive group of top psychologists to focus on current developments in cognitive and constructive psychotherapies. This volume will appeal to psychologists and psychiatrists, as well as to academics, researchers, and students of psychology.

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Cognitive Narrative Psychotherapy: The Hermeneutic Construction of Alternative Meanings

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Cognitive psychotherapies are experiencing dramatic conceptual changes. An increasing constructivist orientation along with a narrative model of the knowing processes is apparent in the most recent developments in cognitive theory. These changes demonstrate the need to develop new therapeutic methodologies able to effect deep changes in the knowing processes. This article tries to address these issues by presenting an illustration of a new therapeutic methodology hereafter referred to as cognitive narrative psychotherapy.

Cognitive therapies are undergoing important changes (Gonçalves, 1989). Among several dimensions of change, the following are worth noting: (1) a shift from a rationalist towards a more constructivist philosophy (Mahoney, 1991); (2) a shift from an information processing model towards a narrative model of the knowing processes (Gonçalves, in press; Russell, 1991); (3) a shift from an emphasis on conscious processes towards an emphasis on unconscious dimensions of experience (Kihlstrom, 1987); (4) a shift from an emphasis on strict cognitive processes towards an acknowledgment of the emotional dimension of experience (Greenberg & Safran, 1987a, 1987b); (5) a shift in therapeutic methodologies from personal and logical procedures to more analogic and interpersonal strategies (Gonçalves & Craine, 1990; Guidano, 1991; Safran & Segal, 1990).

Central to all these changes is the core theme of cognitive theory—the problem of mental representation. That is, how do individuals come to mentally represent information about themselves and the world? Two conflicting positions are currently apparent regarding the nature of cognitive representa-

struction, and deconstruction of narratives. Clients are supposed to acquire a narrative attitude, not only by being able to identify their idiosyncratic ways of functioning through the understanding of their prototype narratives, but also by constructing and projecting alternative metaphors (Crites, 1986; Gonçalves, in press; Gonçalves & Craine, 1990; Wurf & Markus, 1991).

In sum, and as it was appropriately remarked by Russell (1991), "The formulation, elaboration, clarification, transformation and enactment of these narrative trajectories are integral to the process of becoming" (pp. 253-254).

Based on these assumptions, a therapeutic approach was structured following a sequence of five stages: (1) recalling narratives; (2) objectifying narratives; (3) subjectifying narratives; (4) metaphorizing narratives; and (5) projecting narratives. The main objectives and therapeutic methodologies for each stage are summarized in Figure 1. At each stage, two distinct, although complementary, types of work are carried out: synchronic and diachronic. At the synchronic level, client and therapist apply the narrative attitudes recently acquired in the context of their daily life experiences, thus enabling clients to deal with some of their immediate symptomatic concerns.

At the diachronic level, client and therapist apply the narrative attitudes learned from each stage to the central themes of clients' life experiences. That is, prototype narratives are elected as best examples of personal meaning making, in order to be worked through along the therapeutic process.

Several connections can be identified between the current proposal and models from other traditions also subscribing to the narrative metaphor (Gergen & Kaye, 1992; Russell & van den Broek, 1992; Schaffer, 1981; Sieglerman, 1990; White & Epston, 1990). Despite the differences in therapeutic technology, the majority of these approaches share the idea that our knowing processes are essentially narrative and that the change of the narrative structure is the essential task for psychotherapy.

Recalling Narratives

The objective of this initial phase of the therapeutic process is twofold: (1) to develop a recalling attitude, and simultaneously (2) to allow an opportunity to identify different meaningful narratives across the life span.

Central to the narrative approach is the capacity of the individual to recollect experiences. Those experiences are indeed the most important tools for the constructions of personal stories relevant for identity development. Identity can be understood as a personal effort to construct coherent and meaningful experiences across the life span. This phase of the therapeutic process attempts to make the client acquainted with memoing life narratives as well as identifying blind spots in her/his personal history.

The process usually begins with a warm-up exercise of guided imagery across life span. This is accomplished by inviting clients to go through the process of recalling meaningful personal narratives in a three-stage process:

	Synchronic	Diachronic
Recalling		
Objectives	Development of recalling attitude	Identification of meaningful experiences across life span
Process	Guided imagery across life span memoing daily narratives	Life review project Electing a prototype narrative
Objectifying		
Objectives	Development of objectifying attitude	Objectifying the prototype narrative
Process	Modeling the objectifying attitude In session exercises with objectifying cues Objectifying daily narratives	In session exercises with objectifying cues for the prototype narrative Detailed objectifying of the prototype narrative
Subjectifying		
Objectives	Development of subjectifying attitude	Subjectifying the prototype narrative
Process	Modeling the subjectifying attitude In session exercises in emotional subjectifying Emotional subjectifying daily narratives In session exercises in cognitive subjectifying Cognitive subjectifying daily narratives	In session exercises with emotional subjectifying cues for the prototype narrative Detailed emotional subjectifying for the prototype narrative In session exercises with cognitive subjectifying cues for the prototype narrative Detailed cognitive subjectifying for the prototype narrative
Metaphorizing		
Objectives	Development of metaphorizing attitude	Metaphorizing the prototype narrative
Process	Modeling the metaphorizing attitude In session exercise of metaphorizing Metaphorizing daily narratives	Constructing the root metaphor for the prototype narrative Historical analysis of root metaphor
Projecting		
Objectives	Development of projecting attitude	Projecting alternative metaphors and scripts
Process	Modeling the projecting attitude In session exercises in the construction of alternative meanings Projecting daily life narratives	Construction of alternative root metaphors Historical analysis of alternative metaphors Projecting alternative narratives Evaluating alternative narratives

FIGURE 1. Structure of Cognitive Narrative Psychotherapy

(1) induction of a relaxing attitude; (2) guided imagery with temporal regression; and (3) selecting specific narratives.

The induction of a relaxing attitude, whose technique may vary according to client and therapist preferences, has the objective of bringing the client into a sensory-motor level of experience that has been found to facilitate a more associative mode, particularly useful for the task of personal recall. After the induction of a relaxing attitude, the client is invited to focus, using a process of guided imagery with temporal regression, on several meaningful personal narratives. The following instructions are illustrative of this phase:

Focus now your attention on the images and thoughts that come to your mind and let them flow freely (...) I'm now asking you to use the sound of my voice as a stimulus for recalling the past and recollect certain meaningful experiences of your life. We'll begin with yesterday and will attempt to go as far back as possible. Try now to recollect something that happened yesterday (...) last week (...) last month (...) last year (...) three years ago (...) when you were in high school (...) in elementary school (...) in kindergarten (...) before kindergarten (...)

After going through this process, clients share their experiences and discuss their reactions with the therapist. After the guided imagery work, clients are instructed to exercise and develop this recalling ability by identifying, for every day of the following week, a specific event that they think is worthy of memorizing and to make an entry in a note pad with a brief description of the event—memoing daily life narratives. The objective of this exercise is to make the client aware of the importance of daily events in story development.

As clients get involved with recalling, therapist and client move in the direction of exploring meaningful narratives across life span. This is accomplished using a variation of the life review project introduced by Mahoney (1991). Clients are instructed, as a homework assignment, to make a separate memo for each year of their existence, from zero to their current age. On each separate memo they are supposed to identify a specific meaningful episode of that age.

Therapist and client schedule at least one session to review the life review project homework. Clients are invited to lay down their lives as a deck of cards, illustrating their life scripts through their episodic narratives.

After reviewing meaningful daily and life span narratives, clients are instructed to select a narrative that functions as a prototype of their current meaning-making activities: electing a prototype narrative.

Clients should be told that the selected narrative is the one that is going to be worked through across all the therapeutic processes and as such is expected to be experienced as a prototype or best example of their narratives. The objective is that the narrative functions as a good perceptograph, a way of "symbolically expressing abstract perceptions under the guise of depicting actual historical events" (Bruhn, 1992, p. 4).

Most of the clients prefer to go through this process in a tentative way, selecting first three or four narratives, and then moving progressively to the selection of one that represents a better illustration of their lives

Fernando, our case example, went through all of the narrative recall sequence and came up with the following selection of a prototype narrative:

In my first day at college there was a particular incident that has marked me definitely. The door of the classroom was open and the professor was walking restlessly and silently for 10 minutes from one side to another. Everybody was wondering what was going to happen. Suddenly the professor closed the door and began to query the students one by one about why they had chosen computer science as a major and what was their GPA, commenting simultaneously that if they didn't have this major as their first choice or had a low GPA they should quit right away.

Objectifying Narratives

Once the prototype narrative is identified, the therapist initiates the process of objectifying the narrative. Again, there are two central objectives of this phase of the therapeutic process: (1) the development of an objectifying attitude by the client, and (2) objectifying the spectrum of sensorial dimensions of his/her prototype narrative.

The development of an objectifying narrative is central to narrative development. What brings the reader into the text is, to a certain extent, the capacity of the writer to construct the scenario for the narrative. This is accomplished by specifying the sensorial dimensions of the event being introduced. For example, the simple statement—"Today I woke up 6:00 a.m."—is easily transformed into a narrative process when enriched with the sensorial and behavioral dimensions of the experience, such as:

At 6:00 a.m. the old round alarm clock went off with a strident and aggressive noise. There was some light coming through the window. In the air there was a paradoxical mixture of French perfume and sweat. I felt a dry taste in my mouth. My lazy body was revolting against the idea of moving. Slowly I began to stand up in tentative stretches of different parts of my body, realizing that I was finally waking up.

Objectifying an event does not make the narrative, but it certainly contributes to setting the context for narrative development. It is interesting how writers are able to spend significant portions of their writing time in objectifying their narrative and by this process bring the reader into the text.

As a warm-up for the development of this objectifying attitude, the client is confronted with the modeling of the objectifying attitude. That is, quotations from different writers illustrating the objectifying attitude are presented. Note, for instance, the following quotation by David Lodge as he sets the initial scene of *Paradise News*:

Passengers are being closely questioned at the check-in desks about the provenance of their luggage this morning, and their persons and hand baggage are scrutinized with more than usual zeal by the security staff. Long, slow-moving lines stretch from the check-in desks nearly to the opposite wall of the concourse, crosshatched by two longer lines converging upon the narrow gate that leads to Passport Control, the Security Gates, and the Departure Lounge. The queuing passengers shift their weight from one foot to another, or lean on the handles of their heaped baggage trolleys, or squat on their suitcases. Their expressions are variously anxious, impatient, bored,

are clean and pressed, their cheeks smooth from recent application of razor or makeup, their hair groomed and glossy (1991, p. 3).

Examples such as the above are discussed with the client, and she/he is asked to identify the different sensorial dimensions of the narrative (e.g., visual, auditory, gustatory, olfactory, tactile/kinesthetic).

The second task—exercises with objectifying cues—consists of presenting the client with several stimulus situations and to ask him/her to improvise the development of sensorial dimensions. For instance, the therapist gives the stimulus situation:

"You arrive 30 minutes late and your boss confronts you; what are you seeing (visual cue)?" After the client elaborates on the visual dimensions, the therapist progresses introducing the remaining cues: "And now, what are you hearing?" (auditory cue); "And now what are you tasting?" (olfactory cue); "And smelling?" (gustatory cue); "And sensing?" (tactile/kinesthetic cue).

Finally, the homework of objectifying daily narratives is used to consolidate the development of this objectifying attitude. Similar to what happened with the development of the recalling attitude, the client is instructed to identify, for every day of the following week, a specific event and to develop an objectifying memo of this event, specifying the sensorial dimensions of the event (e.g., visual, auditory, gustatory, olfactory, tactile/kinesthetic).

After developing the objectifying attitude, the client is invited to apply this attitude and skills to the selected prototype narrative. The process is initiated in the consulting room—in-session exercises with objectifying cues—with the therapist presenting step by step the different cues for the different dimensions of the narrative. This is not an easy task given that for most clients, getting in touch with the objectifying dimensions initiates an overwhelming sequence of deep emotions. This often leads the client into a discussion of the internal dimensions of the experience. The client should be instructed to refocus continuously on the objective dimensions and to hold the internal dimension of the narrative in abeyance for later work. The objective at this point is exclusively to develop the capacity to focus narratively on the different sensorial dimensions of the experience.

After the work done in the session, a detailed objectifying of the prototype narrative takes place by inviting the client to elaborate, as a homework assignment, on the prototype narrative, bringing whatever documents will help in objectifying the different dimensions of the experience (e.g., pictures, music, letters, films). At the end of this phase the client should be able to develop this objectifying attitude towards different past and current life episodes and as a consequence construct a prototype narrative with abundant sensorial details.

Fernando went through this process of objectifying with detail his prototype narrative. Examples of the different dimensions explored are presented below:

- *Visual dimensions*—The professor is standing on the stage with an aggressive attitude, with a dark outfit, walking from one side to the other looking as if the room was empty ...

- *Auditory dimensions*—There is a heavy silence in the room broken only by the sound of heavy steps of the professor in his lonely march... Speaking fast and confusing ... voice shaking ...
- *Gustatory dimensions*—My mouth is completely dry...
- *Olfactory dimensions*—A mixture of smells coming from different perfumes and groups of the students ... the smell of recent paint on the walls ... the smell of my own sweat ...
- *Tactile/kinesthetic dimensions*—heart beating fast ... tension in my back and neck ... hands humid ... moving impatiently in my chair...

Subjectifying Narratives

After having completed the therapeutic work of objectifying narratives, the therapist shifts the attention to an equally important therapeutic phase: subjectifying narratives. Two central tasks are here presented: (1) the development of a subjectifying attitude; and (2) increasing the client's awareness of the subjective or internal dimensions of his/her prototype narrative.

The development of a subjectifying attitude is characterized by an increased capacity to identify the internal dimensions of experience, both cognitive and emotional. This is a central issue for every cognitive therapy, to gain awareness into the internal or subjective dimension of every experience. Our capacities to act upon our thoughts and emotions are strictly dependent on our capacity to construct this internal side of human experience. This internal side of experience is one of the core aspects of narrative grammar structure (Mandler, 1984), and represents one of the most important dramatic maneuvers responsible for the construction of meaning out of every narrative (Gergen & Gergen, 1986).

As a warm-up for the development of the subjectifying attitude, the client is often confronted with models of subjectifying attitude illustrated by narratives from several writers exemplifying the shift to the internal side of experience. Let me illustrate again with David Lodge, this time from his novel *Changing Places*:

Philip Swallow has, in fact, flown before; but so seldom, and at such long intervals, that on each occasion he suffers the same trauma, an alternating current of fear and reassurance that charges and relaxes his system in a persistent and exhausting rhythm. While he is on the ground, preparing for his journey, he thinks of flying with exhilaration—soaring up, up and away into the blue empyrean, cradled in the aircraft that seem, from a distance, effortlessly at home in that element, as though sculpted from the sky itself. This confidence begins to fade a little when he arrives at the airport and winces at the shrill screaming of jet engines (1975, p. 9).

This passage illustrates both the cognitive and emotional processes that allow an easy empathic movement into the character's experiencing.

Having illustrated the importance and operation of subjectifying narratives, the therapist introduces in-session exercises in emotional subjectifying. First, a set of stimulus situations relevant for the client are introduced by the therapist as cues for the construction of different emotions. For instance, the previous

stimulus situation can now be introduced: "You arrive 30 minutes late and your boss confronts you." However, this time to improvise and construct his/her emotional dimension of the narrative, the client goes through a process of emotional work similar to the one advanced by Greenberg and Safran (1987a, 1987b; Safran & Greenberg, 1988). First, the therapist asks the client to activate emotional schemes using two sets of cues:

- (1) Imagery cues (e.g., Please, go back to what we have done in the objectifying phase, and try to bring to the here and now all the sensorial dimensions of the experience, in present tense and in the here and now);
- (2) Motor cues (e.g., Please notice, repeat, and develop any gestures, movements, or facial expressions as you are describing your images—the client is instructed to repeat and exaggerate the motor dimensions of experience that he or she is aware of).

Second, the therapist initiates the focusing process using two types of cues:

- (1) Intensifying cues (e.g., Now try to intensify your experience through more elaboration of the sensorial images and an increased expression of your motor reactions);
- (2) Refocusing cues (e.g., Focus this time only on the inner side of your experience in the here and now, don't worry at this moment about words to describe what you are experiencing, allow yourself to be only aware of what you are experiencing now).

The third and final phase of emotional construction is the symbolizing process, which is accomplished through two additional cues:

- (1) Symbolizing cues (e.g., Stay with the experience and try now to identify a word or symbol that reflects more appropriately what you are experiencing at this point);
- (2) Resymbolizing cues (e.g., Try now to go back to the experience and match your symbol with what you are experiencing to see if this is a good symbol to make meaning out of your experience ... adjust the symbol to better fit your experience).

As in previous phases, homework assignments are used to consolidate the construction of emotional narratives—emotional subjectifying of daily narratives. The client is instructed to identify for every day of the following week a given event and to follow this three-stage process of activation, focusing, and symbolizing.

Another aspect of the subjectifying phase consists of the construction of cognitive narratives. Here the therapist attempts to make the client aware of the internal, but this time cognitive, side of his/her experience (i.e., thoughts, inner dialogue, cognitions). The cognitive work is introduced with exercises in

cognitive subjectifying. Again, the same situations used in the emotional work are the cues for the construction of the client's cognitions. A sequence of two types of cues is here used by the therapist following what is traditionally done in cognitive psychotherapy (Gonçalves, 1993):

- (1) Thought-listing cues (e.g., As you go back to the situation and reexperience the situation, try to share all the thoughts and internal dialogues that come to your mind);
- (2) Peeling the onion or downward-arrowing cues (e.g., Try now to pick one of your thoughts and uncover the thought that is behind it until you reach what seems to be your most basic thought).

Again, the process is completed with homework assignments in cognitive subjectifying daily narratives. The client is instructed to identify daily events and to follow the cues discussed above for the construction of the cognitive side of his/her narratives.

After having completed the work on the development of a subjectifying attitude, both emotional and cognitive, the therapist directs the client in the use of these instruments for the emotional and cognitive construction of the selected prototype narrative. In the session, the therapist goes over each of the emotional and cognitive cues discussed above for every relevant event of the narrative. This is what I refer to as the in-session exercises with subjectifying cues for the prototype narrative (both emotional and cognitive).

As a follow-up for work done in the therapeutic session, the client is asked to elaborate, between sessions, on the internal side of the narrative—detailed emotional and cognitive subjectifying for the prototype narrative.

Let us now illustrate briefly with examples from Fernando's process:

• Emotional Construction

Activating emotions—As I see the professor coming to me, I am feeling high tension in my back ... my shoulders are uptight and my hands freezing ... I feel my heart pumping in my throat ...

Focusing—(Therapist: Please try to elaborate more on those sensations) ... My back ... my back is becoming heavier and heavier and I cannot move, my head is moving down due to the weight of my back ... As the shoulders get increasingly uptight ... I feel shrinking ... My throat is blocked and I can hardly speak ...

Symbolizing—I am feeling scared ... absolutely scared and panic ... yes what I am feeling is terror and panic ...

• Cognitive Work

Thought Listing and Peeling the Onion—I am going to freeze ... He's going to make fun of my freezing ... Everybody is going to see me freezing

... Everybody is going to see that I am absolutely ridiculous, childish, and cowardly ... If everybody sees me as ridiculous, childish, and cowardly I must be an absolute piece of shit ... Pieces of shit are useless and do not deserve to pollute the world ... As a piece of shit I do not deserve to live ...

Metaphorizing Narratives

Once the client has accomplished all the prescribed tasks of the recalling, objectifying, and subjectifying narratives, the therapist introduces the work of the metaphorizing phase. Here, again, two objectives are considered central to the work of the therapist: (1) to help the client with the development of a metaphorizing attitude; and (2) to identify the root metaphor of the selected prototype narrative.

Lakoff and Johnson (1980) have aptly reminded us that "Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature" (p. 3). According to these authors, all knowledge processes imply an objectivation of the known and thus require the development of metaphors. Three groups of metaphors are prevalent in our constructions of self and reality: (1) structural metaphors—in which one concept is metaphorically structured in terms of another (e.g., conceptualizing "love relationships" as wars); (2) orientation metaphors—a whole system of concepts is organized in a spatial relationship to one another (e.g., Happy is up; Sad is down); (3) physical metaphors—understanding our experience in terms of physical objects (including our bodies) and substances (e.g., conceptualizing people as food) (Lakoff & Johnson, 1980).

The clients' narratives reveal the structural, orientation, and physical metaphors characteristic of their representational systems (Gonçalves & Craine, 1990). What we attempt to first develop in this phase of therapy is a metaphoric attitude, "a mode of communication where the form or structure of a message is isomorphic with the content of the message" (Haskell, 1987, p. 253)—a way of finding a symbolic structural representation of the client's construct system. In other words, the objective of this phase is to help the client in the construction of meanings out of her/his experience. This is accomplished by training the client in the development of structural, orientation, and physical metaphors of different narratives.

The process begins with modeling the metaphorizing attitude. The modeling process is accomplished through the confrontation with different models exhibiting the attitude of metaphorizing. A good way of illustrating for the client what is meant by metaphorizing is the presentation of short tales or chronicles. After reading a given tale or chronicle, the client discusses the possible core meanings of the written material and how they are condensed in

the metaphorical title chosen by the author. A similar process can take place with movies, theater, and even dance and music, depending on specific interests of the client.

Next, the therapist conducts in-session exercises of metaphorizing. Instrumental in this process is the use of narratives that were developed by the client in the context of in-session and homework training for the development of an objectifying and subjectifying attitude. For instance, the therapist can go on reviewing with the client the objectifying and subjectifying narrative that the client developed for the stimulus situation, "You arrive 30 minutes late and your boss confronts you." However, this time, four new types of cues are used to promote the development of a metaphorizing attitude:

- (1) Structural cue (e.g., if you were to find a concept that symbolizes, in a metaphoric way, your experience in this situation, what would that be?);
- (2) Orientation cue (e.g., If you were to find a spatial relationship metaphor that symbolizes your experience in this situation, what would that be?);
- (3) Physical cue (e.g., If you were to find an object or substance that symbolizes, in a metaphoric way, your experience, what would that be?);
- (4) Summarizing cue (e.g., From all the metaphors that you have just developed, which one or which combination would better symbolize your experience?).

Similar to the process taken place in previous phases, the therapeutic work is consolidated with homework assignments that instruct the client to follow up with brainstorming of different metaphors of daily situations (metaphorizing daily narratives).

When the client has developed the capacity to metaphorize his/her experiences, the therapist instructs the client to go through this stage process to construct the root metaphor for the selected prototype narrative. The structural, orientation, physical, and summarizing cues are used to facilitate the client's construction of the most appropriate metaphors.

Finally, once the metaphor construction is appropriately tuned, a process of historical analysis of the root metaphor takes place. First, in session, the therapist instructs the client to trace similar situations of his/her current life where this metaphor was operating. Second, the client is invited to go through several stages of his/her life (i.e., infancy, childhood, adolescence, adulthood)—a life review project (Mahoney, 1991)—identifying situations that illustrate the operation of the selected metaphor. This process is usually followed by intensive homework assignments where for each life stage the client finds an illustrative narrative and develops this narrative according to the requirements of the objectifying and subjectifying work.

At this point in therapy, the client is supposed to have constructed a good awareness of the core symbolic constructs that have been ruling her/his life as well as to be able to apply this metaphorizing attitude to current and forthcoming life events.

Ideally, also at this point in therapy, a prototype narrative is now constructed with the details of the sensorial objectivity and the richness of emotional and cognitive subjectivity. Additionally, a root metaphor is identified as the central meaning of the narrative. Finally, a network of additional narratives subsumed under the same metaphor provides the necessary historical and contextual background.

Again I will illustrate with the case of Fernando. Responding to the stimuli cues, Fernando came up with three central metaphors: (1) structural metaphor—"Lousy actor"; (2) orientation metaphor—"Outsider"; (2) physical metaphor—"Snake." Responding to the summarizing cues, he came up with the following metaphor, according to him "the ideal title for his narrative": "A creeping avoiding actor." After the identification of the metaphor, the therapist introduces the following guided imagery process intended to confirm the construction of the root metaphor.

Therapist (instructions for guided imagery): The professor is standing up on the stage with an aggressive attitude, with a dark outfit, walking from one side to the other, looking as if the room was empty ... There is a heavy silence in the room only broken by the sound of heavy steps of the professor in his lonely march ... Your mouth is completely dry ... A mixture of smells coming from different perfumes and groups of students ... the smell of a recent paint on the walls ... the smell of your own sweat...

Your heart beating fast ... tension in your back and neck ... hands humid ... As you see the professor coming to you, you are feeling high tension in your back ... your shoulders are uptight and the hands freezing ... You're feeling your heart pumping in your throat ... your back is becoming heavier and heavier and you cannot move, your head is moving down due to the weight of your back ... As your shoulders get increasingly uptight you feel shrinking ... Your throat is blocked and you can hardly speak ...

You are feeling scared ... You think, "I am going to freeze ... He is going to make fun of my freezing ... Everybody is going to see me freezing ... Everybody is going to see that I am absolutely ridiculous, childish, and cowardly ... If everybody sees me as ridiculous, childish, and cowardly I must be an absolute piece of shit ... Pieces of shit are useless and do not deserve to pollute the world ... As a piece of shit I do not deserve to live ..." As you have these thoughts you get more and more scared, absolute scared and panic ... yes what you are feeling is terror and panic ...

As you go through to narrative, bring back the image of a creeping avoiding actor and try to match it with what you are experiencing right now ... try to tune the metaphor as you feel appropriate ...

Client: I don't need, that's exactly the image of a creeping avoiding actor, a slippery grounded fake ... an actor that exits the scene creeping and crawling ... a creeping avoiding actor ...

Therapist (introducing historical analysis): Let's now move on and try to identify other life narratives where this metaphor seems prevalent ...

Client: Everything ... this metaphor is the story of my life ... my script ...

Therapist: O.K., but nevertheless let's try to particularize with the construction of other narratives from your life ...

Projecting Narratives

We come now to the closing phase of narrative cognitive psychotherapy. This final stage tries to accomplish two main objectives: (1) the development of a projecting attitude; and (2) applying the projecting attitude to the development of alternative metaphors and scripts.

The development of a projective attitude parallels what Hazel Markus has described as possible selves (Markus & Nurius, 1986). Possible selves represent alternative path developments for the client; "how one thinks about one's potential and one's future ... images of the individual as he would like to be, and fantasizes about or dreads being" (Wurf & Markus, 1991, p. 40).

A projective attitude is the capacity of the client to provide alternative meanings for his/her narratives by the construction of alternative metaphors and the validation of those metaphors by projecting new narratives.

The objective of every therapy should be to orient the client into new life narratives, bringing with it a sense of acting and authorship. That is, the client is invited through the projecting attitude to develop new alternative characters (i.e., alternative metaphors). These alternatives, in turn, contribute to the definition of a new author, bringing back to the client an alternative sense of identity and authorship (Lehrer, 1988). As aptly noted by Crites (1986) (reminding us of Kierkegaard), while we understand backwards we always live forwards, and it is the development of a more flexible dialectic between constructing and deconstructing the narrative towards which therapy should be aimed. The venture into the unknown, the world of possibility, is indeed the final objective of therapy.

The final stage of therapy is the modeling of the projecting attitude. This phase begins with inviting clients to inspect how change processes are introduced through the development of a projective attitude. Examples from literature, movies, theater, or known persons are used to illustrate and discuss with clients the different aspects involved in the projecting attitude. Likewise, a useful modeling strategy at this point in therapy is to use other change situations experienced by the client as a self-modeling process.

In-session exercises in the construction of alternative meanings initiate the client in the exploration and construction of alternative metaphors. Again, the therapist goes through the stimuli situations introduced at other therapeutic stages and assists clients in the development of alternative metaphors and scripts. This is accomplished by using a set of three strategies for a given stimulus situation (e.g., You are 30 minutes late and your boss confronts you). These strategies consist of the application of what was previously learned, but this time in the context of the development of alternative narratives.

- (1) Constructing the alternative metaphor—The client is instructed to construct new and alternative root metaphors following a process similar to the one used for constructing the root metaphor.

- (2) Objectifying the alternative metaphor—Based on the alternative root metaphor, the client is invited to objectify an alternative narrative based on the new metaphor.
- (3) Subjectifying the alternative metaphor—Finally, what was learned during the subjectifying phase is now used to project the subjective experience of the alternative metaphor. Again, this is done both for the emotional and the cognitive dimensions of the narrative.

The routine of homework assignments is again used to consolidate the therapeutic work through the process of projecting daily life narratives. Clients are instructed to select alternative metaphors for certain events of the following week. The following process is suggested:

- (1) Construction of an alternative metaphor for an anticipated life event—For example, the client decides that in a dinner that he is going to have with his ex-wife, he is going to explore the metaphor of a master Buddhist.
- (2) Objectifying the alternative metaphor—The client is instructed to carefully objectify the scenario; the client writes the scenario for the dinner: how he is dressed, the details of the restaurant, the colors and flavors of food, the cologne he is going to wear, etc.
- (3) Subjectifying the alternative metaphor—Likewise he anticipates the inner scenario by constructing proactively the emotional and cognitive processes of a master Buddhist.
- (4) Implementing the alternative metaphor—When all the script is developed, the client is encouraged to implement the metaphor to the best of his/her ability, feeling free to improvise within the role that he/she decided to explore.
- (5) Evaluating the alternative metaphor—Once the scene is completed, the client is instructed to objectify and subjectify a narrative report of the situation.

Once clients are familiar with this process, the therapist introduces the process of constructing alternative root metaphors. The alternative root metaphor is conceived as a set of new meaning lens with which to explore and make sense of a reality contrasting with the first one.

Similarly to what took place in the metaphorizing phase, the therapist introduces metaphorizing cues to help the client with the construction of an alternative metaphor:

- (1) Structural cue

Therapist: If you were to find a concept that symbolizes an alternative metaphor to your current way of meaning making (root metaphor), what would that be?

- (2) Orientation cue

Therapist: If you were to find a spatial relationship metaphor that symbol-

izes an alternative metaphor to your current way of meaning making (root metaphor), what would that be?

- (3) Physical cue

Therapist: If you were to find an object or substance that symbolizes an alternative metaphor to your current way of meaning making (root metaphor), what would that be?

- (4) Summarizing cue

Therapist: From all the metaphors that you have just developed, which one or which combination would better symbolize an alternative metaphor to your current way of meaning making (root metaphor)?

Every alternative metaphor needs to be grounded in the clients' experiences. No metaphor can be used without an historical foundation in the clients' life experiences. In this way, clients are instructed to conduct an historical analysis of the alternative metaphor in order to find narrative episodes where they were at least in part operating under this alternative metaphor.

First, in the clinical situation, the therapist asks clients to identify past situations across the life span (i.e., infancy, childhood, adolescence, adulthood) where they were operating with this metaphor. Second, clients conduct intensive homework activities using narratives of the alternative metaphor.

As clients come to own, through historical analysis, their alternative metaphors (i.e., possible self), the projecting of alternative narratives, are introduced through several fixed role experiences (Kelly, 1955). The following steps are followed in this process.

- (1) Selection of stimuli situations—Several stimuli situations are selected with clients. These are situation scenarios relevant for the clients' lives.
- (2) Objectifying and subjectifying the narrative—For these situations, clients are invited to construct a narrative based on the alternative root metaphor, with both the objectifying and subjectifying dimensions. This work is usually completed at home with additional details.
- (3) Rehearsing the narrative—The script developed is rehearsed in the context of the therapeutic situation. The therapist provides detailed feedback on behavioral, cognitive, and emotional dimensions of clients' performance. Both the script and clients' performances are adapted accordingly.

Finally, once the scripts are developed and rehearsed, the therapist initiates the process of evaluating alternative narratives by inviting clients to implement a test of the viability of these narratives with in vivo experiences. They are advised to follow, at this moment, the attitude of an actor and, for the planned situation, to implement the narrative that was constructed and rehearsed in therapy.

Additionally, clients are instructed to maintain an accurate monitoring of the implementation phase, following the same narrative procedures developed across therapy. That is, a detailed objectifying and subjectifying of the situation is brought for discussion with the therapist. Depending on the results of these evaluations, new scripts are planned based on the alternative metaphor or on new metaphors that may be constructed.

The process has no ending. Quite the contrary, the objective is for the client to be able to apply this narrative attitude to develop a continuous sense of actorship and authorship in his/her life. The client should allow opportunity for the construction and deconstruction of a never-ending set of narratives. When both therapist and client agree that this objective is in process, the scenario and experience of the therapeutic relationship become themselves history. "Becoming is a process that may never be completed; however, the process is not even started until the person attempts to validate the desired possible self, however tentatively" (Wurf & Markus, 1991, p. 54).

With Fernando, the final phase of therapy was a stimulating experience. It took some time before he familiarized himself with the challenges and possibilities of a projecting attitude. Feeling stuck across his history with the "creeping avoiding actor" metaphor, it took a long effort to help him in the creative development of alternative metaphors. Step by step he became excited with the idea of constructing new possibilities for himself in different and sometimes trivial situations. It was during this phase of therapy that spontaneously he began to introduce a considerable amount of change in his daily life. While we were doing the training of alternative metaphors, he came with a new haircut, a new style of dressing, and even an exercise program. Somehow tacitly, Fernando was assuming for himself the most central objective of narrative cognitive psychotherapy. When the time came for the construction of an alternative metaphor of his prototype narrative, he came up with an interesting structural metaphor, Private Investigator. In fact his hypersensitivity to social cues had allowed him to construct good observing and decentering skills. Sherlock Holmes was indeed one of his favorite characters in his past readings. Needless to say, Fernando was invited to go again back to his readings and to find points of contact between his and Holmes' narratives. We constructed and implemented several episodic narratives where he applied the distancing, observing, and creative skills of a P.I.

As we were enjoying the progression of these micronarratives, Fernando was drawing privately some implications at the macro level. Close to the end of the therapy process, he arrived at the decision of shifting his major to psychology. When I asked what meaning he made out of this decision, he answered with the arrogant attitude of Sherlock Holmes:

—"Elementary my Dear Watson, it does not take much to go from a Private Investigator to an Investigator of the Private!"

CONCLUSION

As we approach the close of this narrative, let me summarize some of the core ideas here presented.

First, it was argued that cognitive psychology has found increasing evidence that humans can be seen as storytellers and that their basic cognitive representations are structured in terms of narratives (Polkinghorne, 1988). Second, cognitive therapists should approach clients' representational systems more as narratives and metaphorical processes than as prepositional logical algorithms (Gonçalves, in press). Finally, the therapeutic process of recalling, objectifying, subjectifying, metaphorizing, and projecting narratives may contribute to the development of a cognitive therapy that overcomes the mechanist conception of correcting information processing in favor of the core human experience of meaning construction (Bruner, 1990).

In sum, narrative cognitive therapy is part of a constructivist effort attempting, by constructing new root metaphors of human knowledge (i.e., narrative), to provide alternative and creative paths for cognitive therapy (Guidano, 1991; Joyce-Moniz, 1989). The viability of these methodologies should be tested in the realm of the therapeutic scenario requiring the creative use of new hermeneutic methodologies currently being developed (Angus & Hardtke, 1992; Angus & Rennie, 1989).

We are still a long way from an acceptable understanding of the effective ingredients of our clinical practices. I believe though, as remarked by Donald Polkinghorne, that there is some promising ground in the exploration of the common ventures of psychotherapy and narrative:

Psychotherapy and narrative have in common the construction of a meaningful human existence. When they come to the therapeutic situation, clients already have life narratives, of which they are both the protagonist and author. The life narrative is open-ended: future actions and occurrences will have to be incorporated into the present plot (1988, p. 182).

NOTE

¹In order to avoid the possible identification of the client, the present clinical description results from a combination of features of various therapeutic processes that have been treated in our clinic for the past 2 years.

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