

Narrative Persuasion

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Once upon a time in a far-off country in the dim and distant past, a warrior was returning home after years of trouble and anguish. The wind was fair, his boat sound, and his helmsman a master at catching the right wave at the right moment and surfing across the last miles that lay between boat and home. Each day brought him closer; each night the stars became more familiar. The journey was almost done.

If you watch yourself begin to listen and begin to put yourself in the hands of a storyteller, I think you will become aware of a host of familiar feelings. I am offering to take you by the hand and lead you through the twists and turns of a familiar tale, some of which you remember well and others of which you have probably forgotten. As I speak, some parts will come back with a shock of recognition and familiarity while others will seem altogether new. If I were a true storyteller, I could keep you interested for a thousand and one nights. What gives me that power?

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I want to argue that narrative appeal and narrative persuasion lie deep in all of us; that we are all the time constructing narratives about our past and our future; and that the core of our identity is really a narrative thread that gives meaning to our life, provided—and this is the big if—that it is never broken. Break the thread and you will see the opposite side of the story. Talk to patients in a fugue state, to patients with Korsakoff's syndrome or Alzheimer's disease, and you will sense the terror that lies behind not knowing who you are, what happened yesterday, and what will happen tomorrow. Part of my sense of self depends on my being able to go backward and forward in time and weave a story about who I am, how I got that way, and where I am going, a story that is continuously nourishing and self-sustaining. Take that away from me and I am significantly less. In the final analysis, living only for the moment, I am not a person at all.

What I want to claim is that the narrative experience is deeply rooted in our sense of what life is about. (Chatman [1980] has argued that the narrative is a deep structure, independent of medium.) Our pleasure in listening to a good story reflects this; our admiration for certain writers reflects this because a writer, after all, is the person who can turn the random bits and pieces of existence into a connected story that carries us along as long as he wants to tell it. You may remember that people used to stand on the end of the pier in New York City during Victorian times waiting for the English packet to bring back the latest installment of *David Copperfield*. It would be snatched off the boat and sold out within a matter of hours. Why? Because the power of a persuasive narrative can hardly be exaggerated, and its reality, at times, is greater than the reality of our ordinary existence. No wonder that people would gladly trade the one for the other. We no longer have quite the same excitement reading Dickens—times have changed—but imagine living a hundred years ago when someone was speaking with your voice, telling stories about your times and about people you knew or might have known, and you can begin to see

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what can happen. Or switch, if you like, from Dickens to Tolstoy. They say that part of Tolstoy's appeal lies in the fact that he is able to actualize the natural rhythm of life—to represent, in other words, the narrative force of a life being lived, to represent in words the succession of expected and unexpected details that make up an average day and, in this manner, give us the feeling that we are “there.”

Let me turn now to some significant features of the narrative form (once again, I am making reference to Chatman [1980] and his comparison of novels and films). One of its key attributes is double-time structuring, which refers to the fact that the order of events in a narrative is always different from their order in real life. The relation of the first to the second has much to do with the impact of the narrative. By now we are all familiar (particularly in films) with such devices as flashback, synopsis, and other attempts to alter the focus of the “real-time” sequence. It is helpful to distinguish between the *fabula*—the raw material of the narrative—and the *sujet*—the finished story. As a general rule, we can say that the closer the correspondence between *fabula* and *sujet*, the less interesting the narrative. The extreme example of this might be the *cinéma vérité* documentaries in which a camera is set up in the living room and life is filmed as it unfolds. If you have watched any of these attempts, you know that they are apt to be tedious, repetitive, and likely to lose their audience within the first ten minutes. And, paradoxically, the same problem appears when the *fabula* and *sujet* are too far apart. The difference between a five-hundred-word summary of *War and Peace* and the novel itself is like the difference, as Mark Twain would say, between lightning and a lightning bug.

The slippage between *fabula* and *sujet*—the idea that every telling is also a retelling of something else—helps to make clear the central error in Freud's description of free association. As you know, he liked to compare the patient with a passenger on a train whose only job was to report everything he sees through the window to his companion, the analyst. The patient simply

registers and passes on the information—he is the original Camera Eye, antedating Isherwood and the Berlin Stories. But, of course, he is doing much more than looking out the train window and passively describing the passing scene—he is actively (although not always wittingly) constructing a narrative of pieces of his life (external and internal). From this point of view, psychoanalysis can be described as the uncovering of these narratives, and analysts can be described as “people who listen to the narratives of analysands and help them to transform these narrations into others that are more complete, coherent, convincing, and adaptively useful than those they have been accustomed to constructing” (Schafer, 1980, p. 63).

Not only is the patient producing one or more narratives of his life; we are also becoming aware of the ways in which the analyst, in bringing a certain story to light, may also be imposing his own structure on the analytic “conversation” (see Spence, 1982, Chaps. 4 and 5). Freud liked to compare the analyst to a telephone receiver that simply translates electrical impulses (the patient’s associations) into sound waves (their underlying unconscious thoughts); now we are beginning to think of the analyst as more of a creative artist who is always choosing what to use from the patient’s productions and, what is more, choosing the language in which they should be expressed. We are beginning to see that the associations of a patient have no one-to-one correspondence with his memories and dreams, much less with his unconscious thoughts; that the relation between the patient’s conscious and unconscious experience and his associations is not necessarily reversible (as the telephone analogy would imply); and that the analyst, listening with evenly hovering attention, is not necessarily in a position to recover the original “message.” Far from assuming that a single narrative is waiting to be discovered (compare Michelangelo and his claim that all he did to carve a statue was to simply chip away the excess marble), some analysts now believe that any number of narratives are waiting to be created and that the analyst functions more as a pattern-maker than as a pattern-finder.

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This account contains both good news and bad. It suggests that the many different theories of psychotherapy may each have a claim on the truth and that there is no necessary contradiction in the fact that we can find Jungian, Freudian, *and* Kleinian symbols in the same dream. On the other hand, it suggests that discovery is never conclusive because for any narrative selected, there may be many others which could be found. The one we choose to present to the patient must have more to recommend it than the fact that it was simply "there." Which brings us to the issue of narrative persuasion.

II

What are the grounds for narrative persuasion? Much depends on what has gone before. If I can explain something that has never been explained before, my story—no matter how arbitrary or unbelievable—will have a good chance of being accepted. For the first time I have supplied a narrative link that fills the gap between cause and effect; gap-filling of this kind is apparently a basic human requirement. The technical term for this kind of explanation is argument from exclusion, and any explanation in a context of no explanation always takes on an appealing glow (think of UFO's and the number of sightings in the sixties). But as Quine and Ullian (1970) point out, because almost any explanation will do, the argument from exclusion "often inspires more confidence than it deserves" (p. 120).

A second criterion for narrative persuasion is what might be called the scope of explanation. If I can show that your life can be reduced to a limited number of significant themes, variously repeated and transformed, then it follows that this account will tend to be more persuasive than a formulation which must invent a new reason for each new piece of behavior. The rule of limited reasons (extended scope) draws some of its appeal from a mistaken analogy with the natural sciences. It is as if I have found a basic law that can be applied to a wide range of situations. Aside from this dubious comparison, however,

there is the undoubted aesthetic satisfaction in finding that one theme continues to appear and reappear in a person's life; this kind of dramatic parsimony is the basis for great literature and one of the appeals of famous autobiographies. But reduction can also be carried too far; certain stories are almost too predictable, and autobiographies that are dominated by a single metaphor lose interest as a result (see Olney, 1972). There seems to be an important middle ground between too few themes and too many.

A third contribution to narrative persuasion may be called the principle of frequency and familiarity (I lump these elements together because one complements the other). A known theme is usually more compelling than a new discovery, and a known theme that has been invoked many times before is particularly persuasive because it seems to be validated in the repetition. Some of the appeal of an explanation based on primal-scene exposure, for example, seems to come from the fact that this explanation (or choice of narrative) has been used many times in the past; that it was first discovered by Freud and appears in what is probably his most famous case (the Wolf Man); and that it continues to be cited at a fairly steady rate. Frequency leads to familiarity—but, once again, we may be making a mistaken analogy to natural science. Just as the law of gravitation is repeatedly confirmed each time it is observed, so an explanatory theme may gain support by virtue of repetition, quite apart from its evidential value. Each time it is invoked (whether or not the use is justified), it seems to acquire additional plausibility.

Fourth, is the principle of here-and-now fit. A given narrative account that meshes with the current experience of the patient in the transference (what might be called its "real time" component) will tend to be more compelling than an alternative that does not. If the patient is experiencing (and is aware of) angry feelings toward the analyst, he is likely to be more persuaded by an account of his past organized around similar feelings than by a similar account in a period of positive transference.

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Under conditions of positive feeling, the angry narrative may be intellectually understood but only superficially experienced and, moreover, may run a substantial risk of being forgotten. Under conditions of negative feeling, it not only meshes more exactly with the patient's ongoing experience; it may also bring into awareness pieces of the past which support the narrative and which have remained out of awareness until that moment. But one must be cautious—recollection under the sway of such an experience may produce little more than constructions that are called into being by the need to please the analyst or by an aesthetic need to enhance the provisional narrative.

How are these principles brought into the analytic session? By the tactic of pattern-matching. Basic to any conviction is the match between the productions of the patient and the narrative that is being constructed.

It happens frequently in the beginning of the analysis [writes Loewenstein (1951)] that a patient describes a number of events which strike the analyst as having certain similarities. The analyst's task is then to show the patient that all these events in his life have some elements in common. The next step is to point out that the patient behaved in a similar way in all these situations. This third step may be to demonstrate that this behavior was manifested in circumstances which all involved competitive elements and where rivalry might have been expected. . . . The interpretation extends in installments throughout the analysis, and only in later stages of treatment does an interpretation become complete, encompassing the origin both of ego elements and id derivatives [p. 4].

Freud was fond of comparing this activity to the discoveries of an archaeologist; we are now becoming more and more skeptical of this analogy as we come to realize the richness of the patient's productions. "We are always dealing [I quote here from an earlier paper] with essentially ambiguous pieces of

behavior, rich in meaning, the meanings often overlapping and not hierarchically arranged. . . . We approach these ambiguous specimens with our own framework of beliefs and ideas, in the context of our own immediate experience, and from our private perspective of recent and distant happenings" (Spence, 1976, p. 369). Because of the richness of the patient's productions, the chances of finding a reasonable pattern match are much higher than we usually assume; because the base line is high, the significance of finding a match is correspondingly low.

In only rare cases, then, are we finding meaningful matches; in only rare cases does the analogy with art history or archeology have any direct application. Instead of finding a true instance of structural correspondence, we are often generating a similarity by a clever application of language to a pair of random events; given the flexibility of language, we can almost always succeed. Once we begin to see, on the other hand, that pattern matches are inclined to be arbitrary, we can begin to understand why discovering a match says very little about possible cause and effect. Finding the similarity may be, as Loewenstein suggests, the first step toward making an interpretation, but it does not necessarily follow, as he claims, that similar events necessarily have something in common" [Spence, 1982, p. 157].

Pattern-matching, in other words, becomes our way of generating a possible narrative rather than a way of finding a final explanation. But the quality of the pattern-match obviously contributes to its impact on the patient. And the same principles apply. If the same pattern is found to be repeating itself in a patient's life (as in Loewenstein's example), it calls attention to itself much more than would a single pattern, observed only once. Narratives that are assembled from repeated patterns are apparently more persuasive than narratives assembled from apparently random events, and one of our skills as analysts lies in our ability to show how the same pattern can assume many forms.

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To the extent that a narrative is persuasive and compelling, it acquires features of what might be called *narrative truth*. Goodness of fit seems particularly significant in bringing about this change.

A particular clinical event—an association, for example, or a partly-recovered memory—may seem to clarify the unfolding account of the patient's life history so precisely that both patient and analyst come to the conclusion that it *must* be true . . . under these conditions, narrative fit is usually taken to be conclusive, and if a piece of the past completes the unfinished clinical picture in just the right way . . . then it acquires its own truth value and no further checking is necessary. Many of Freud's constructions seem to have followed this path. What was originally hypothetical and problematic, possessing no known truth value, turns out to bring together pieces of the patient's life story which, up to that point, had seemed disconnected and even contradictory. The construction that began as a contribution to the coherence of the narrative . . . gradually comes to acquire truth value in its own right and is assumed to satisfy the criteria of accuracy. . . . As soon as that step is taken, the *construction* becomes a *reconstruction*—a piece of the past that is taken to be as real as the name of the patient's father or the date of his birth [Spence, 1982, p. 181].

The more important characteristics of narrative truth can be highlighted by looking at the nature of autobiography. Gusdorf (1980) tells us that "in autobiography the truth of facts is subordinate to the truth of the man, for it is first of all the man who is in question. . . . The significance of autobiography should therefore be sought beyond truth or falsity, as these are conceived by simple common sense. It is unquestionably a document about a life, and the historian has a perfect right to check

out its testimony and verify its accuracy. But it is also a work of art. . . . The literary, artistic function is thus of greater importance than the historic and objective function in spite of the claim made by positivist criticism both previously and today" (p. 43). To put the point another way, a simple record of the facts does not constitute an autobiography. We expect something more, and the something more consists, at least in part, in a unity and a thematic coherence that turn the different parts of a life into a structured whole. This narrative is often supplied retrospectively from the vantage point of the grown author; he is weaving his early memories into a pattern that may have appeared only much later in life. This pattern may not represent a historical truth, but it represents a certain kind of experienced truth; the author cannot help but see his past in the way he has come to describe it.

In similar fashion, an interpretation—that is to say, a particular narrative understanding—may be grounded primarily in the plausibility it contributes to a certain sequence of events. Certain kinds of interpretations—perhaps the majority—can never be validated because they represent a certain view of the patient's life which has no confirmable referent in reality. But to the extent that they become convincing and seem to explain a piece of the patient's life, they become true. This process of becoming true, to which Viderman has contributed several papers (see Viderman, 1979, in particular), is an important element in narrative truth. If the narrative fills a long-standing gap in the story the patient tells about himself which continues to mesh with new pieces of experience, it acquires narrative truth. For this to happen, the story must not only be persuasive—it must also be open to continuous validation.

Now, the skeptic might ask, how much truth is contained in this kind of validation? Isn't it true that there are many ways of viewing a piece of behavior, all equally adequate; by supplying one interpretation, haven't you simply trained the patient to see the world in a particular way? Granted all that, we can still claim that a significant piece of narrative truth has been

achieved and that an explanation which becomes part of the patient's view of the world is functionally different from the nearest reasonable alternative.

Part of the difference lies in seeing the narrative as a kind of utterance called a pragmatic statement. It can be defined as follows: "When someone makes a statement, which he wants to induce himself or others to believe, but which he does not at the time know to be true, in order to bring about its truth, I shall say that he is using language pragmatically, and that the statement in question is a pragmatic statement" (Singer, 1971, p. 27). Singer gives the example of the politician who wants to win the next election and who, in support of that claim, makes the statement that he *will* win the election. He has no grounds for knowing whether that statement is true or false; rather, he makes it in the hope that it will acquire narrative truth and thereby influence the outcome of the election. By making the statement, he hopes to influence its truth value.

If it is true that many interpretations function as pragmatic statements, it becomes clear that whatever truth value they possess lies more in the future than the past. By making an interpretation, the analyst hopes to make the patient aware of a new view of his life; if the interpretation is accepted, then it may bring about a reformulation of certain fixed conceptions, allowing the patient to see them more accurately and respond more perceptively; as a result, he will behave differently and experience his world in a rather different manner. To the extent that it brings about a successful experience of this kind, the interpretation becomes true; yet as we have seen, its truth value could not necessarily be predicted from its initial utterance, nor could it necessarily be validated by reference to the past.

The difference between narrative truth and historical truth can be highlighted by one additional example from Gusdorf. He tells of an autobiographical poem by Lamartine, a French poet, which describes the house where he was born with the woodbine growing against the wall. "An historian has discov-

ered that there was no vine growing against the house in Milly during the poet's childhood; only much later, after the poem was written and in order to reconcile poetry and truth did Madame de Lamartine have a climbing vine planted" (Gusdorf, 1980, pp. 42-43). The poet's wife, by confusing the two kinds of truth, is evidently assuming that the status of the poem is somehow strengthened by grounding it more securely in experienced reality. In fact, of course, the artistic quality of the poem is transcendent and remains untouched by issues of brute fact.

We now can begin to understand what Freud had in mind when he said that if an interpretation is not clearly grounded in fact it does not matter all that much; what matters is that it might have happened (Freud, 1937). His remark can be restated by saying that the narrative truth of an interpretation remains largely independent of its factual basis (its historical truth); as a result, whether or not it is supported by hard fact does not affect the way it functions in the analysis and the way it can influence the patient. The standing of an interpretation depends much more on its position in what Viderman calls the "analytic space" than on its reference to the outside world, in very much the way that Lamartine's poem depends more on its evocative and literary appeal than on its correspondence to reality.

A misunderstanding of the distinction between narrative truth and historical truth may lie at the bottom of a recent critique by Grünbaum of the epistemological standing of psychoanalytic theory. He starts from the premise that during a typical analysis, the "analyst accumulates a vast number of variegated data from each patient that are evidentially relevant to Freud's theory of personality. . . . This superior investigative value of the analyst's clinical techniques is thus held to make the psychoanalytic interview at once the prime testing ground and the heuristic inspiration for Freud's theory of personality as well as for his therapy" (Grünbaum, 1980, pp. 308-309). Throughout his discussion, Grünbaum refers to the way in

which the analytic situation brings about historical verification. "The success of an analysis [he writes] is emphatically held to require that the patient's principal conscious acts, thoughts, and feelings be traced to their *actual* unconscious determinants, both genetic and dynamic. Hence, if successful, an analysis is claimed to comprise a *veridical reconstruction* of the causally relevant events in the patient's early and current life" (p. 315; author's emphasis). Grünbaum is clearly referring to the historical truth of the events in question and tacitly accepting Freud's model of the analyst as archaeologist who is forever searching for traces of the past. Evidence that the past is not necessarily available or that free association is not necessarily a privileged path to the unconscious causes Grünbaum to call these assumptions into question. But if we turn from historical truth to narrative truth, the criticism loses much of its force. If interpretations depend on being compelling, persuasive, and possibly predictive, they can be effective without necessarily being historically true; and, indeed, the main thrust of our argument has been to show that their historical truth may be their least significant dimension.

From this it does not follow, as Eagle (1980) has recently argued, that analysts simply go around making up stories. To argue for narrative truth is not to claim that analyzing is mere storytelling, or that the analyst is somehow dishonestly claiming for the patient something that he knows in fact is false. Eagle seems to believe that if the truth were known it would be disregarded in favor of the more elegant narrative; on the contrary, we are suggesting that because the truth is *never* known, the analyst makes as convincing a story as possible with the facts at his disposal and with his best guesses about what the facts might have been like, drawing heavily on clues that come to light in the transference. The effectiveness of this construction, however, would seem to depend much more on its narrative truth—that is, on its mixture of form and content—than on the number of brute facts it happens to include.

Nor does it follow that "any coherent 'meaning scheme' is

necessarily therapeutic" or that "veridicality is essentially irrelevant" (Eagle, 1980, p. 413). Eagle is once again swinging to the opposite extreme. To argue for a creative interpretation which maximizes narrative truth is not to argue that just any interpretation will do; and to admit that historical truth is sometimes out of reach is not to argue that hard facts should be disregarded. Underlying Eagle's position is the implicit assumption that a person's life corresponds to a single narrative which is grounded in verifiable facts and that if the analyst cannot recover this narrative he must be unconcerned about veridicality and feel free to try out any story that suits his fancy.

We are making quite a different statement. We start with the observation that historical truth is quite often out of reach; that what is reported by the patient by way of evidence is often artifact and belongs more to the present than to the past; that what is "heard" by the analyst is a complicated mixture of the patient's assumptions and the analyst's conceptualizations; and that as a result of these and other sources of error, the analytic field of observation is far from pure.

Despite these obstacles, certain regularities begin to appear, and these are used as the basis for constructing one or more narratives about the patient's life. How can we characterize these narratives? To begin with, they must incorporate the known and partly known facts of the patient's life (the historical truth). Not a surprising statement—but it is worth pointing out that sheer veridicality is not sufficient; the analytic narrative is not the same as the patient's college transcript or his baby book. The facts are always inserted into a larger context, and this context must be supplied—it does not simply grow out of the evidence.

Here is where the distinction between historical and narrative truth can be seen more clearly. The facts, no matter how simple, never "speak for themselves." The facts, even if well-known and fully documented, always give no more than a partial view. An enabling narrative must also be provided because "narrative stands proxy for experience" (Louch, 1969, p. 56).

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varieties begin to appear, constructing one or more narratives. How can we characterize a narrative? We must incorporate the events of the patient's life (the historical truth) and it is worth pointing out that the analytic narrative is not a transcript or his baby book. It is a larger context, and this narrative simply grow out of the

between historical and narrative facts, no matter how they are presented. The facts, even if well-known, are no more than a part of the whole to be provided because of the narrative (Louch, 1969, p. 56).

"Smoothness of passage is one paradigm of what it is to understand or become clear about something" (p. 59). Although Louch was writing about the functioning of narrative in history, a similar claim can be made about psychoanalysis. The analyst explains through interpretation, and an interpretation typically takes the form of introducing some well-known event or feeling into a newly discovered context. The appeal and effectiveness of this interpretation are measures of its narrative truth.

Thus we see that even when all the "facts" are known, an interpretation does not automatically follow; many narratives might be constructed around the same basic events. Hence it follows that historical truth is only a partial guide to an interpretation and that narrative truth—the measure of something more—will always be the more relevant index. The same principle applies even more forcefully when only a few of the "facts" are known—the more usual situation. It is the nature of the narrative that is determinate.

It now becomes more apparent why psychoanalytic narratives are multiple and why no single "truth" is ever discovered. The same event can be given multiple explanations, depending on the scope of the argument. Take the male patient who refused to wear glasses even though very nearsighted. (I am using an example that is discussed more fully in Spence, 1982, p. 290). The bare facts are familiar, even banal, and in the patient's story to himself as he was growing up, they were embedded in an account that focused on his fears of being found different. As the events of his high-school years were remembered in more detail and—more important—as his feelings about these facts came into sharper focus, it became clear that the use of glasses carried overtones of being found feminine, girlish, and (at a deeper level) castrated; thus to avoid the glasses was to emphasize his masculinity. Not long after this narrative began to unfold, the patient began to remember that he had heard stories that wearing glasses might actually weaken his eyes (another reference to castration); thus the avoidance of glasses might actually improve his vision over the long run. As the wish

behind this belief was explored, the patient remembered that one of his goals during high school was to enlist in the air force and become a pilot; thus the avoidance of glasses became one way of preparing to become a war hero. Other contributing factors included the fact that neither parent wore glasses; thus a matter of identification was involved. To avoid glasses was to become more like his father (and at times, his mother).

Which narrative is true? Each story shares a piece of the truth—but not necessarily the historical truth. The skeptical historian, in all likelihood, could only validate the fact that the patient was nearsighted and did not wear glasses, and that his parents had normal vision; data confirming any one of the explanatory narratives listed above are probably out of reach. What, then, is the truth of these explanations? Pieces of each story may have emerged now and then in the patient's awareness during that time, but the final form of each story probably never appeared until the analysis was underway. But the latent structure of each narrative might well have served as an organizing scheme during specific periods in the patient's life, guiding his behavior, just as a knowledge of grammar guides our use of words.

Suppose there was some evidence from the past which supported one of these narratives—a diary, for example, or a semi-autobiographical short story—does its historical truth have a bearing on its standing in the analysis? Probably not very much, because of the fact that the patient is always speaking in the present—if not always in the present tense (see Schafer, 1980, pp. 79-82). As noted above, part of the force of the narrative being constructed comes from its here-and-now fit; the story newly told, amplified perhaps by current associations to such themes as masculinity and mastery, will always be more compelling than an earlier "draft" which was, after all, written by a somewhat different person. Thus once again we find that narrative truth cannot be reduced to historical truth.

It may be helpful at this point to introduce the distinction between *plain* and *significant* narrative, which was first proposed

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by Walsh (1958). The former is a "description of the facts restricted to a straightforward statement of what occurred." The latter is an account of the facts "which brought out their connections" (p. 480). The *plain* narrative is clearly dependent on historical truth, and the *significant* represents narrative truth.

Walsh makes clear that the validity of a *significant* narrative (its narrative truth) cannot be checked by making an appeal to the known facts because "the connections between events are not open to inspection in the way the events themselves are. . . . Causal language is of a different logical order from observation language; the former presupposes the latter, and is not just an extension of it" (p. 483). This way of putting the difference captures very nicely the case of the nearsighted patient. Many of the significant narratives left no trace in the past because the "connections between events" were both outwardly invisible (inside the head of the growing patient) and inwardly disconnected, appearing and disappearing in bits and pieces but never fully in awareness as a completely rounded narrative. Once again, we see that narrative truth cannot be validated by appeal to historical fact. On the contrary, it speaks to a different domain, a domain that only comes alive within the analytic situation.

But if there is no appeal to historical fact, how can we test narrative truth? This is the question that seems to trouble Grünbaum and Eagle. They fail to find a middle ground between hard fact, on the one hand, and creative make-believe, on the other. It could be argued that the practice of psychoanalysis can be represented as a search for this middle ground.

IV

Before closing, I should like to pay some attention to what might be called the other side of narrative persuasion. By the other side, I am referring to the perils of narrative smoothing which tempt us all to read order and convention into randomness and to try and explain what is essentially haphazard and

chaotic. Faced with an unexpected piece of behavior—an accident, for example, or a suicide—we are quick off the mark in trying to find it anticipated in something the victim said or did during the preceding twenty-four or forty-eight hours. For the very reasons I mentioned at the start of the paper, we feel helpless in the face of randomness and put our creativity immediately to work in trying to weave a convincing fabric out of the pieces left by the victim. But of course, the fabric is often no more than a fabrication, designed to make us feel better over the short haul but having no truth value in the long run.

The need to make orderly what is haphazard has been called by Gusdorf (1980) the “original sin of autobiography.” Because of the need for narrative smoothing, the remembered account can never be as unevenly experienced as life itself. “Lived existence unfolds from day to day in the present and according to the demands of the moment, which the individual copes with the best he can using all the reserves at his disposal. . . . This constant tension, this charge of the unknown, which corresponds to the very arrow of lived time, cannot exist in a narrative of memories composed after the event by someone who knows the end of the story. . . . The narrative is conscious, and since the narrator’s consciousness directs the narrative, it seems to him incontestable that it has also directed life” (pp. 40-41).

Something very similar happens when we try our hand at a reconstruction and try to give the patient a sense of what might have happened at a certain time and place in his life to account for later behavior, later symptoms, and perhaps even for his memory of the time in question. There are two obvious dangers. If the reconstruction is introduced too early in the treatment before all the data have been gathered, then it can easily shape the way subsequent details are remembered; it may even shape the way an early memory is retold at some later time in the analysis. Earlier analysts may have felt that changes of this kind were evidence for the correctness of the reconstruction; now we are somewhat more suspicious in light of

recent experiments by Loftus (1979) on eyewitness testimony which show that memory of a car accident can be significantly affected by questions asked right after the accident. These and similar dangers are a product of our persistent impulse to make the trees suit the forest. They reflect our universal helplessness in the face of randomness and the unexpected. Sometimes it takes the greatest courage to say, of such and such a piece of behavior, that we may never know why it happened.

What I have called the perils of narrative smoothing become a serious handicap when we turn to constructing theory. Several factors contribute to this problem. In the first place, we are faced on all sides by the lack of good data, reinforced by the lack of what might be called a tradition of accountability. I must take details from your case on faith because I have no way of ever seeing the complete account, and in the process of telling me about your patient, you must inevitably reduce the infinitude of facts to a finite number of standard prototypes. Here comes the first piece of narrative smoothing, and I am in no position to correct you because, first, you know more about the case than I and, by tradition, you speak with the authority of the treating analyst which gives enormous significance to your statements.

Suppose that you have described a piece of recent behavior and summarized it as an example of "splitting." Suppose that I have never been sure what this concept is meant to convey; hearing your clinical account, I build up a picture of what you must have in mind and make this into your summary. But because your account is necessarily incomplete—for reasons of confidentiality, arbitrary selection of detail, and perhaps plain narrative ineptitude—I am tempted to flesh out your story with details from my own clinical experience. We think we're communicating but we're not; we may be using the same words, but the referent for you is quite different from what it is for me. But the bulk of the differences remain invisible, and those that do surface are probably ignored in the interests of continuing an amicable conversation.

I have spoken elsewhere (see Spence, 1982, Chap. 8) of how each of us is always constructing a private narrative out of recent and outstanding details of our clinical experience and weaving these details into a private theory which best accounts for our recent successes and failures. In building this narrative, we are always bending the concept to fit the facts, bending the earlier account to fit some later retelling, and wherever possible, smoothing and polishing the story to give it the greatest coherence and the best gestalt. But private narrative does not grow naturally into public theory; on the contrary, the two constructions come from quite different domains. Private narrative thrives on minimizing the surprise and the unexpected; it is essentially conservative and quite content to stay with old and outmoded concepts; and it has no patience with a first-time event or an unexplained symptom. Public theory, on the other hand, thrives on the unexpected because it is only from what cannot be explained that we have grounds for forming new constructs and getting on with our theoretical work.

Thus it could be argued that the practicing clinician is the greatest enemy of innovative theory because he wants to make the best sense he can out of what he has experienced. He has a vested interest in understanding *this* piece of behavior as *splitting*, *that* piece as the result of *early object loss*, and to be told that these concepts are ambiguous and probably meaningless leaves him with a head full of observations and no way to understand them. He also resists the full disclosure necessary to give the outside reader a faithful account of what is taking place inside the hour, and we can understand this resistance on two counts—first, because it may violate the tradition of confidentiality, and second, because a proper unpacking of an hour must be done almost as soon as the hour is over and necessarily puts a severe demand on his time.

So I want to leave you with this caution: beware the plausible account whether you find it in a published case history, hear it from your patient, or read it as a piece of theory. We simply do not have enough general knowledge to explain more

than perhaps twenty percent of our patients' behavior, and the rush to explanation, usually couched in a certain kind of dogmatic certainty, speaks more to our need to explain than to the strength and scope of our theory. Be doubly doubtful if the paper you are reading (and this is true of most) presents only anecdotal information in no systematic order, forcing you to accept the author's decision as a matter of faith. Be triply skeptical if standard theory is used as explanation in a rather perfunctory manner, because we are beginning to see that we have very few general laws and those that matter are almost always hedged about by conditional circumstances.

I am speaking about a serious and deep-lying conflict of interest. The need for a comprehensive private narrative to make sense out of each day's happenings must necessarily run head on into the need for questioning of familiar dogma. At the same time, it is becoming more and more clear that new theory needs to be written. As we jettison what remains of our metapsychology, we find ourselves seeing the clinical theory for what it is—and we start looking at the underlying evidence. Not very reassuring. In a very basic way, clinical theory rests on an archive of badly collected and mistakenly reported anecdotes that can never be checked because they were never written down. Thus our clinical archive is partly fictitious—it exists as a private narrative in the minds of all analysts. Remember, however, that different analysts have different narratives, and even though all (or nearly all) are under the illusion that my narrative reads the same as yours, a quick check would almost certainly show significant differences.

Clinical theory is not only largely anecdotal but it is flawed by its heavy dependence on a small number of cases—and this number may be even smaller than we had realized. We are just beginning to learn that a certain number of the case examples in the *Standard Edition* are merely disguised versions of Freud himself—the most recent candidate being the man in "The Psychopathology of Everyday Life" who misquoted Virgil. In other instances, the interpretation offered to a clearly different pa-

tient may be inspired by events in Freud's own life—in other words, it may represent a piece of countertransference, as in the case of the Wolf Man (see Spence, 1982, Chap. 5). With the publication of more of the Freud correspondence, other pseudo-patients may be discovered. Quite aside from their revelations about Freud the man, these discoveries begin to make clear that our data base is even more restricted than we had once realized. We begin to realize, in other words, that a good part of our received theory may be built on almost unique events.

After almost one hundred years of accepting the conventional wisdom practically without question, we may see the dawn of a new era. The time has come to partition the corpus of received theory into (a) generalizations that rest on Freud himself or clearly documented alter egos, and (b) generalizations that rest on other patients. Within the second subset, we need to separate argument by anecdote and appeal to authority—usually Freud's—from argument that rests on more substantial documentation and that can be checked by other judges. Generalizations based on Freud alone may have to be treated somewhat more skeptically when we find that they are not supported by other patients: the appeal to authority, a significant part of the conventional wisdom, may slowly give way to the demands of modern sampling theory. Argument by example and appeal to common sense may slowly give way to argument from the evidence as the clinical records become less privileged, more completely unpacked, and more accessible to outside investigators. As we begin to accumulate honest archives that are complete, cross-indexed, and therefore generally usable, we can begin to build our theory on a range of cases rather than just one and get away at last from the traditional dilemma of having to choose between Freud's writings—which were incomplete and presented in the support of certain theories—and the clinical events of our colleagues which were not evenly accessible.

Ultimately, we have to answer the question, how can the

narrative appeal of a particular interpretation be generalized into a piece of theoretical truth? Freud tended to minimize the distinction and make far-reaching claims from unique events. Until recently, his authority was such that his claims were taken as final, and not much thought was given to the exceptional cases which did not seem to fit the rule, or to the conditions under which a given generalization seemed to hold true. Now that we are becoming more sophisticated about sampling theory and the standards of evidence, we are starting to feel the need for a broader data base. This new aspiration has been further accelerated by a new awareness of Freud's personal foibles and the way in which they influenced his theorizing.

But the demand for a broader data base cannot be met simply by putting a tape recorder into each and every consulting room. No sooner was the resistance to this move dissolved than it was discovered that the analyst-patient conversation did not do justice to the analytic process. The transcript needs to be amplified in two directions. On the one hand, it needs to be naturalized by the treating analyst so that all meanings are unpacked and made available to the outside reader with only normative competence; several analysts are beginning to take this step, but it is not exactly a popular move. The second thing that needs to be done to the transcript is to look inward and discover the microstructures that are nested within the larger patient-analyst conversation. I am referring here to the work of Dahl, Teller, and their colleagues (Dahl, Teller, Moss, and Trujillo, 1978) who have discovered repeating patterns within the hour and pieces of the hour which seem to represent a kind of structural lawfulness which is probably not evident to the listening analyst but which give us another way of finding regularity in our material and making it more generally accessible. Dahl's centripetal, inward search may, in the long run, link up with the centrifugal unpacking by the treating analyst.

It is becoming more and more apparent that the clinical enterprise is drowning in its detail. We have to find some way back to the pure abstractions of metapsychology if we are to

protect ourselves against the multiplicity and fascination of everyday life. I have written elsewhere (Spence, 1981) about the way in which a dream can be formally described and reduced to its central propositions, which can then be used in turn to test the adequacy of one or more interpretations. The scheme has the advantages of mapping the dream, with all of its clinical detail, onto an invariant structure that presumably applies to all dreams. By following this or some similar procedure, all dreams can be compared on the same scale and we can move beyond the fascination of the particular.

We need to approach the analytic hour in the same fashion. We need to ignore the surface structure, with all of its clinical fascination, and move on to an understanding of what might be called its deep structure; or, to change the metaphor, move from the ocean of detail that is always threatening to swallow us up to a careful study of the subterranean currents that now and then surface and whose direction, velocity, and temperature can be reliably studied. The discipline of such an endeavor and the methodologies of unpacking and microstructure analysis will not only lead to useful theory; they may be our only defense against the perils of narrative persuasion.

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