THERAPIST AS READER, 
CLIENT AS AUTHOR: 
A NEW MODEL - A THERAPEUTIC 
RELATIONSHIP

Ana Voichita TEBEANU1, Ovidiu GAVRILOVICI2, George Florian MACARIE3

Abstract

Chronic suffering plays an important role in the current concerns of health professionals. The recent narrative medicine trend indicates the relevance of a new rapport between providers of services and the persons and the families involved. We investigate a possible analogy between models of relationship, as described by fictional texts analyzed by Umberto Eco in his “Six Walks in the Fictional Woods“, and stories developed by the narrative therapist and the person whose story is in the center. The analogy applies to the relationship therapist-person in narrative therapy and the relationship author - reader in a fictional text. We indicate a metaphoric presentation of this relationship, as it is depicted in the science fiction novel “Roadside Picnic” by brothers Arkady and Boris Strugatski. The resulting thematic categories are: speed and completeness of the unfolding story, examples of metaphors in the story: the guide and the means of transportation, the audience of the story, the relationship between outside (packaging) and inside (core) of the story, the search for a particular meaning for each listener/reader, the usage of story, the story final destination, etc. The analogy underlines aspects of the narrative competence required for the mental health professional or caretaker, so that he or she can create a space of story enrichment and meaning-making in cooperation with the patient.

Keywords: therapy; therapeutic relationship; narrative medicine; narrative competence; mental health professional.

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Introduction

This essay is written on the margins of the new narrative medicine trend (Rita Charon, 2006; 2008), which underlines the relevance of a new rapport between providers of services and the persons and the families involved. This is an effort to support the deconstruction of the narrative practitioner’s position in delimiting it to reader’s position in relationship to a literary text. The reader we have in mind is a social or health practitioner – a social worker, psychologist, physician or nurse, for example.

We propose possible relationships between: (1) the relationship developed by the narrative therapist and the person whose story is in the centre, in a narrative encounter; (2) the relationship models as described by fictional texts analysed by Umberto Eco in his literary analysis work “Six Walks in the Fictional Woods”, underlining the author-reader relationship metaphor; (3) the “stalker” (guide) - clients’ relationship, as it is depicted in the science fiction novel “Roadside Picnic” written by the brothers Arkady and Boris Strugatski. The professional relational narrative model is compared with the relational models, as described in a literary analysis work and in a fictional text. The actual narrative medicine trend is built on a “literature and medicine” or “literary medicine” tradition. The result of this comparative exercise is the proposal for multiple avenues for understanding narrative relationships – in regular clinical encounters or in systematic narrative medicine programs. The analitic work was hosted by the Narrative Reflection Group in Iasi, Romania. A core of 8 of 15 members (from which the authors are part of) meet regularly (once or twice a month) in Iasi for presenting, reflecting, and sharing some of the narrative experiences in their work.

Narrative therapy

Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives (Morgan, 2000). In this author’s opinion, two principles are significant: always maintaining a stance of curiosity, and always asking questions to which you genuinely do not know the answers. The person consulting the therapist plays a significant part in mapping the direction of the journey. Narrative conversations are interactive and always in collaboration with the people consulting the therapist. The therapist seeks to understand what is of interest to the people consulting them and how the journey is suiting their preferences (Morgan, 2000). In fact, narrative therapy is about involving ‘re-authoring’ or ‘re-storying’ conversations. As these descriptions suggest, stories are

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central to an understanding of narrative ways of working. This is why this therapeutic approach has so many similarities with the critical analysis of fictional texts.

The process of analysis

The whole approach started with the exploration of the model described by Umberto Eco in his introductory chapter “How we enter in the forest” as the means to describe the position of the author (the author’s position) relative to the reader of a text. This group reflection was hosted by one of the narrative reflection meetings and the purpose of the presentation of Eco’s book chapter and his metaphor was to identify possible analogies with the relationship practitioner – person for the author-reader relationship. One basic observation we started from is the fact that people always are active in creating new meanings and change the existing meanings in relationships. Since the beginning of language and history, perhaps, people go through experiences of creating, developing, completing different types of relationships, then starting new others, again and again. What we arrive at is, using the analogy, a picture of similarities and differences between these three types of relationships described above, having as central point of comparison the relation therapist-client (or doctor-patient).

Stories develop through verbal accounts or written texts. If the oral form of the story is spontaneous, sparkling, new and provisory, the text, in a given story, is something that is proposed to the potential reader, it is final and it will be subject of reading in any other context and by any other reader who comes into this game. There is an analogy between text and life story, there are reports being created. The similarity between narrative fiction and story co-construction in therapy (narratively oriented) is that both build a world, with its characters and events, and of this world one cannot say everything. About it “it is speaking in passing, and for the rest it asks the reader to collaborate by filling a series of empty spaces (...) Every text is a lazy machine which asks the reader to do some of its work “ (U. Eco, 2006). A world fully described by “a-story-that-tells-everything” is a semantic Faraday cage, impossible to conceive and to express. The analogy with a Faraday cage started from the fact that this an enclosure formed by conducting material or by a mesh of such material. Such an enclosure blocks external static and non-static electric fields, as physics is informing us. This metallic barrier shields the interior cavity from external electromagnetic waves; the reception or the transmission of radio waves to or from an antenna within a Faraday cage are heavily attenuated or blocked by it. Eco is proposing this electric metaphor to describe literary texts – Faraday cage -: in the complete universe of a literary texts, they are somehow isolated from external „world” influences. This „isolation” is built from the internal limitations of the reader – bound by the workings of its own text decoding and interpreting system, which is not always predicted by, nor working as intended by the author. No text, this metaphor sustains, cannot be fully described (and understood).
Methodology

To explore in a systematic way the analogies between the three models described previously we worked under an Interpretative Phenomenological Analysis framework (IPA). The purpose of this qualitative research method is to explore in detail the manner in which persons attribute and construct meaning to their personal and social life. The overall strategy is phenomenological, involving a thorough examination of the “life horizon” of the participant whose life is at the center of the analysis. This approach is taking into account the personal experience of someone and is interested in the personal individual perception and the rapport between that person and objects, events, and facts; this is opposing other analytical traditions of crafting an objective statement, regarding an object or of a life event “in itself” (Smith, Flowers & Larkin, 2009). The access to somebody’s personal world depends and, we may say, it is “complicated” by the researcher’s own frames of reference, which are nonetheless necessary as a foundation to arrive at the meaning of that “other” persons’ world, via an interpretative process. We took this pathway, as researchers.

As our comparative analysis of the three models proceeds, we identify a series of codes which we group in themes, and propose a set of concepts that define the relationships we are underlying. We arrived at 7 thematic categories that organize our results. The resulting thematic categories are neither final nor exhaustive and they are not excluding each other.

The resulting themes are: (1) the speed and completeness of the unfolding story; (2) the guide (author/therapist/stalker) and the means of transportation (in relationship with the person’s experience); (3) the audience of the story; (4) the relationship between outside (packaging) and inside (core) of the story; (5) the search for a particular meaning for each listener/reader; (6) the “usage” of a story vs. “usefulness” of storying, and (7) the story’s final destination. For each theme that we describe in more detail in what follows, the central reference is always the therapeutic relationship – therapist client, in narrative therapy (NT) - We maintain this central position, also by positioning it in the middle column in the reporting tables that follow.
### Table 1. *Speed and completeness of the unfolding story*

<table>
<thead>
<tr>
<th>The fictional text author (director) - reader (spectator) relationship (U. Eco metaphor in literary analysis work)</th>
<th>Therapeutic relationship (therapist-client) in NT</th>
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<tr>
<td>Any narrative fiction is, by necessity, and fatally, fast. It speaks bypassing, and for the rest it asks the reader to collaborate by filling some empty spaces (…) [… every text is a lazy machine that asks the reader to do some of its work. ]</td>
<td>The dialogical narration is a process in development, “it takes longer”. No story can say everything or “all”; it takes that unique shape due to the sense-making interaction between person and therapist.</td>
<td>The novel is short (is has about 170 pages) and is narrated in a rapid pace, with nerve; the events are not exhaustively presented, instead they “skip” passages (every few years); the reader is left to &quot;fill&quot; the &quot;alveoli&quot; of time and space created.</td>
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### Table 2. *The guide (author/therapist/stalker) and the means of transportation (in relationship with the person’s experience)*

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<tr>
<td>Where is the story leading me? I need a carriage driver (guide) and a carriage (means of transportation)</td>
<td>The therapist is the carriage driver and the scaffolding is the carriage. The therapist is the structural engineer, he is the guide. The therapist has a stance of curiosity, and always is asking questions to which you genuinely do not know the answers.</td>
<td>The guide is a STALKER (the definition itself has to be detailed, there are multiple interpretations; the stalker is controversial)(^5). The transportation mode is illegal and dangerous. You’ll never know where is your final destin ation, and if you get back. The journey itself is a parable of searching your inner self by extending your limits.</td>
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\(^5\)A stalker is a person who hunts, or (synonyms): chaser, huntsman, pursuant, pursuer (Thesaurus Dictionary online). We are keen to the meaning from therapy: 1. To pursue by tracking stealthily. 2. To follow or observe (a person) persistently. In the novel, stalkers were those who sneaked in *the Zone* to take alien artifacts left over after a visit of an extraterrestrial life form. The artifacts were traded on the black market.
At this point the reflections of Horia Garbea from *The Shaman and the games* (2012) bring some illumination: “*The novel is written (by someone), it is not simply written.* By setting the framework of the action, the characters and the epic streams (storylines), the author is the prisoner (speaking also about the prisoner’s dilemma…) of a complex cobweb that cannot escape. Like Theseus, the Ariadna thread gives him an often unequivocal way out. If he doesn’t follow it, he’s lost (…)"

You cannot be non-influential as a therapist, by contrary, it is the therapist’s mission to be the promoter of change, but, as Michael White (2007) underlined, a narrative therapist is *influential but decentred*, that is, not taking the scene but leaving it for the person who is seeking help in therapy. And for Eco “... The *Model Author* ... remains, in his perfection, like God in creation, within, or behind, or beyond his work, occupying himself with nail care... But the Model Author is a voice that speaks in an affectionate way (or imperatively, or cunningly) with us and wants us aside with him, and this voice manifests itself like a narrative strategy, as a set of instructions which are being distributed to us at each step and to which we have to listen when we decide to behave like Model readers” (p. 23).

Table 3. *The audience of the story*

<table>
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<tr>
<th>The fictional text author (director) - reader (spectator) relationship (U. Eco - literary analysis work)</th>
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<tr>
<td>The Model Reader of one particular story is not the Empirical Reader.</td>
<td>There's only <em>The Person</em>, who is unique, every time, different from others and himself differently in another context.</td>
<td>The guided client is a neophyte eager for thrill sensations.</td>
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<tr>
<td>The Empirical Reader is us, them, me, you, anyone else, when we read a text.</td>
<td>The person is considered to have many skills, competencies, beliefs, values, commitments and abilities that will assist him to change his relationship with the problems in his life and to help him to become an agent to relate more fully with hopes, dreams, and horizons of his life.</td>
<td>The client embraces the adventure without knowing that his way of understanding life will be completely changed.</td>
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<td>The reader during the reading is co-author.</td>
<td>The author (or re-author) of the story is the person (“client”) who enters into a particular context, the therapeutic one, creating possible, alternative stories, which are written, re-written, re-re-rewritten, being consecutively enriched.</td>
<td>The client has a limited vision. “For them the important thing is to find the name” (p.28) that is, to label that it was not understood, in order to master it</td>
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Illuminating for this theme is also Alice Morgan (2000) who claims that “as humans, we are interpreting beings. We all have daily experiences of events that we seek to make meaningful. The stories we have about our lives are created through linking certain events together in a particular sequence across a time period, and finding a way of explaining or making sense of them. This meaning forms the plot of the story. We give meanings to our experiences constantly as we live our lives. A narrative is like a thread that weaves the events together, forming a story.” (p. 4) “We all have many stories about our lives and relationships, occurring simultaneously. For example, we have stories about ourselves, our abilities, our struggles, our competencies, our actions, our desires, our relationships, our work, our interests, our conquests, our achievements, our failures. The way we have developed these stories is determined by how we have linked certain events together in a sequence and by the meaning we have attributed to them” (p. 5).

Table 4. The relationship between outside (packaging) and inside (core) of the story

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<td>Text as a package for the author’s passions</td>
<td>Narration is a core that makes sense; words and context are the packaging. We interpret experiences and assign them a meaning, in a back and forth movement between the events, and our convictions, beliefs and values.</td>
<td>The text is simply packed, but the core is dense. Narration is a &quot;full baby bottle&quot; (a “full-empty” in the novel). Meaning cannot be clearly achieved, but only tentatively, hypothetically inferred. Story &quot;looks&quot; better, inside is a &quot;black hole&quot; of meanings.</td>
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Table 5. *The search for a particular meaning for each listener/reader*

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<td>“In the forest (the metaphor for a narrative text) there is one particular thing that was in the reader’s private memory ... but the forest (the text) was designed for all potential readers”</td>
<td>We can have similar storylines, but the relevance is given by the personal experience interaction with the storyline itself which unfolds in the meaning making process.</td>
<td>Naming the artefacts as a “working definition” for events, things or properties that are not related to personal experience. Labelling as “simulating” knowledge (temporary knowledge)</td>
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Table 6. *The “usage” of a story vs. the “usefulness” of storying*

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<td>(...) I don’t interpret a text, I am using it. It is not forbidden to use a text to daydream - and sometimes we all do that.</td>
<td>I live my narrative from within, and it makes me act in a certain way, even possibly to daydream. “There are many cross-roads, intersections, paths and tracks to choose from. With every step, a new and different cross road or intersection emerges”</td>
<td>(this is implicitly left to the reader to understand and clarify)</td>
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Table 7. The story's final destination

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<td>The text is meant for an audience, the text is like a capsule multiplied by each empirical reader.</td>
<td>A personal story may interact with other's stories. It stays ultimately personal, but it may also go “public”. The therapist is the first “audience” for a person’s story, but the storyline alternatives affirm the person’s freedom to choose from them aligned with cherished values.</td>
<td>The text is for personal use. We decipher what each tier wants (political, social, philosophical, religious ...). The Zone does not ask: “are you bad, are you good?”(p.22)</td>
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Conclusions

The final conclusions of this comparative exercise is reaching the connections between “text and relationship”, “text and life story”, and the “differences between the Model Reader and the Model Client”.

*Text and relationship.* All these analogies underline the narrative competence required for the professional, so that he can create a space of story enrichment and meaning-making in cooperation with the patient. The text is a documented interaction. The text, in a given story, is something that is proposed to the potential reader, it is final and it will be subject of reading in any other context and by any other reader who comes into this game. The analysis of roles and textual metaphors (U. Eco - literary criticism, Arkady and Boris Strugatsky - science fiction) is beneficial and provocative, refining the intra-professional development of the clinical or therapeutic relationship. In narrative therapy, the therapist focuses upon narrative in the therapy. The narrative therapist is a collaborator with the client in the process of developing richer (or “thicker”) narratives (White, 2007). Thus, questions are asked to generate experientially vivid descriptions of life events that are not currently included in the plot of the problematic story. The author (or re-author) of the text is the person (client) who enters into a particular context, the therapeutic one, creating possible, alternative stories, which are re-re-rewritten, until arrival at a preferable (“livable”) description of life and self. The construction pattern of narrative in the narrative labor is a metaphor of text for the story or stories in development. Similarly with the construction of a literary text - introduction, intrigue, action in development, the apex, and the ending -, we can describe the development of the relationship between a social or health care
provider and his or her client. More, the physician works intensively with texts – scientific handbooks, reports, and journals, etc. – which, directly or indirectly are proposed or guide the interaction with the client/patient. The textual metaphors proposed in this essay can help in refining the understanding of the complexities of the becoming patient-physician relationship.

Text and life story. There is an analogy between text and life story, there are rapports being unveiled and described. The similarity between narrative fiction and story construction in therapy is that both build a world, with its characters and events. For example, Rita Charon (2008) mention that so often physicians try to simplify the oppositions or dilemmas: “We try to depict the oppositions so that we can at least see what challenges us, but such simplifying formulations as art versus science or nice doctor versus good doctor or illness versus disease do not convey the fundamentality of the conflicting forces.” The literary texts indicate that simple formulated oppositions, in dualist or continuum formats (good/bad) rather hide and maintain hidden a variety of ideas and relationships often considered „implicit”. Literary texts and the respective metaphors can help professionals in social and healthcare to deconstruct some of the rigidly perceived and practiced relationships in the real life.

Differences between the Model Reader and the... Model Client. The difference between the two types of relationships it would be that in relation to fictional text, a director or an author is thinking of a certain type of audience that is willing to smile and to follow a web of facts which doesn’t involve him directly. This type of spectator (or reader of a book) is called by Eco a “Model Reader”- a standard reader that the text not only provides it as a collaborator, but which seeks to create it; and, of course, in therapy the Model Person doesn’t exist and it is not meant to be created.

In conclusion, there is no “model”, no “ideal” person who comes to therapy; there is only a “local” person, with his or her own richness of stories and experiences. And this is an ultimate professional dilemma, since regulated and sometimes manualized practices arrive at imposing “one-size-fits-all” therapeutic strategies. Narrative therapy underlines that each person is unique, with unique experiences of life and with a unique experiencing of his or her life, crafting distinct meanings out of the web of life and life relationships, in time. Persons, situations, contexts and features, can seem to be identical, but the meaning that it is arrived at in interactions, are always various and sometimes surprising. In contrast with the idea of “model reader/model client”, we can rely on the “empirical reader/the unique client” who “can read in many ways, and there is no rule to impose him or her how exactly he or she should read” (Eco, 2006, p.15)

A social or healthcare practitioner navigating in a narrative trend could easily discern between the pressure to relate to “ideal patients” and the professional ethical responsibility to opt for “non-ideal” patients who are recognized and accepted as “the known/knowable, the unknown/unknowable, the universal, the particular, the body, and the self” (Charon R., 2008). This would rather define a narrative practitioner or a reflective practice competent professional.
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