

Who speaks? Who looks? Who feels?

Point of view in autobiographical narratives¹

TILMANN HABERMAS

Institute of Psychoanalysis, Department of Psychology, Johann Wolfgang Goethe Universität, Postfach 11
19 32, D-60054 Frankfurt-am-Main, Germany — psychoanalyse@psych.uni-frankfurt.de
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In this paper, the author aims to substantiate Freud's claim that neurotic illness creates gaps in autobiographical narratives in terms of the narrator's stating and inducing perspectives. He sketches out the role of narrative perspective and the joint taking of a shared perspective by analyst and patient in psychoanalytic therapy. He introduces four ways of representing perspectives in narratives. Three degrees of narrative distortion are exemplified by three excerpts from life narratives and explored in terms of narrative perspective representation. The most comprehensive perspective representation is achieved in the first example by explicitly stating the present perspective of the narrator as well as the past perspective of the story's protagonist by use of mental verbs. In the second narrative, exclusive use of linguistic forms for inducing the protagonist's perspective both overwhelms the narrator and gives the listener an incomplete picture of what happened. Inconsistent motives, denial of responsibility and omission of detail render the third narrative even more difficult to follow. The author discusses the clinical significance of this exploratory analysis of perspectives in narratives in terms of claiming responsibility for one's past action and of level of defence mechanisms, and by highlighting the emotional impact on listeners, which the author suggests is the stronger the more perspectives are left out. He discusses analogies to countertransference. The analysis of narrative perspectives offers an approach for systematic research in psychoanalytic practice.

Keywords: narrative perspective, defence mechanisms, countertransference, emotion communication, dramatic narration, perspective taking, life narratives, autobiographical memory, psychoanalytic research

Psychoanalytic research outside of the psychoanalytic dyad may have a variety of objectives, and one such line of research uses the therapeutic conversation as its research object. This study of therapy sessions is concerned with formulating and standardizing what we as clinicians do intuitively, namely, identifying patterns of relating and conflicts in prototypical scenes (e.g. Horowitz, 1991; Luborsky and Crits-Christoph, 1990). Boothe (1994), for example, analyses typical conflict and relationship patterns in the narratives of first interviews with a complex coding scheme. Similarly, Vaillant (1993) analyses defence mechanisms in clinical interviews.

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Another objective in the study of therapy sessions is to comprehend, with the help of concepts from outside the field of psychoanalysis, processes that occur below the threshold of perception. Döll et al. (2004) try to grasp processes of defending against affect in dream reports with formal means. Benecke et al. (2003) identify basic mechanisms in unconscious emotional communication through facial expression, which turns out to be different for each diagnostic grouping.

However, psychoanalysis is a talking cure, which reduces human interaction to mostly speaking, hence ignoring interaction via facial expression. At the same time, psychoanalysis endeavours to endow the unconscious with language. In transcripts of psychoanalytic consultations, Argelander (1991) has thus tried to find criteria for those situations when a psychoanalytic interpretation is made. Interpretations are made whenever motives are missing and can be meaningfully added by a psychoanalytic interpretation. This is why, in this paper, I am trying to find an answer to the question: What are the linguistic means with which conflicts are defended against to the point that narratives become fragmented and barely understandable (Freud, 1905)? As a preliminary step, I first argue the central meaning of a particular form of talking in psychoanalysis, the form of narrating, and I emphasize the significance of the perspective representation or, more colloquially, points of view in the narrative. Even though the investigation of perspectives is also applicable to narratives of dreams, phantasies and material read, I apply it here to narratives of everyday personal experiences, which for some time have been labelled 'autobiographical' (Rubin, 1986). Bollas (1994) derives the specific psychoanalytic form of autobiographical narrating from the self-analytical sources of psychoanalysis in Freud that he explains with respect to the background of literary traditions of autobiographical writing. In the second, and main, part of this paper, I analyse various forms of representing perspectives in three narratives and I refer to the different degrees of completion in the representation of points of view, as well as their effect on the listener or reader. In the third part, I elaborate on the clinical relevance of this narrative analysis.

One aim of this investigation is to explicate and objectify narrative mechanisms of defensive manipulation of the narrator and the listener, something that we as clinicians are already grasping in an intuitive way. The other aim is to prepare the grounds for a quantitative investigation of narratives that can then potentially be also used by other researchers. The analytical instrument developed here lends itself, for instance, to the investigation of spontaneously related stories in the course of individual therapies or supervisions, or it can be used for the investigation of deliberately evoked narratives, for instance, as a measure for the success of therapy, or for the differentiation of diagnostic groupings, or in order to measure the degree of working through and symbolization of traumatic experiences.

Narration and perspective taking in psychoanalytic therapy

In today's clinical practice, the *scene* (Argelander, 1977) in the sense of a rudimentary *story* is the centrally organizing entity of our understanding. Parts of the scene are drive-related desires, obligations and anxieties, as well as actions and corresponding

representations of self and other. It can appear as an unconscious phantasy, as a transference phantasy, or as an enactment. In different ways, both Schafer, based in ego-psychology, and Ferro, an adherent of Bion, believe that it is the goal of psychoanalysis to put these scenes into words, rendering them understandable and plausible. Schafer (1976) described the neurotic restrictedness in which one feels oneself to be determined by ego-dystonic drives, thoughts and feelings as the result of a defensive self-alienation. In this process, one's motives and actions are not recognized as one's own and hence no responsibility for them is taken in an effort to avoid conflicts. Hence, psychoanalysis aims for the patient to own these alienated parts of his life once more and take responsibility for them.

Therefore, psychoanalytic work consists essentially in a work on stories. Schafer can rely on Freud (1905), who prefaced his case history of Dora with a comment that neurosis apparently produces distorting gaps and breaks in autobiographical narratives. According to Schafer (1983), the analyst looks together with the patient for a better story, one which is more comprehensive and has fewer contradictions. Psychoanalytic interpretations complement the missing personal motives of the patients (Argelander, 1981). In the new story, the patient's contradicting motives function as a structural element such that the contradictory motive 'what happens to me' turns into a more consistent 'I want A and I want B, therefore I do C,' which retrospectively widens the scope of the patient, if not prospectively through generalization.

Ferro (1999a), too, understands the analytic process as one of narrating and of joint narrating of new stories. Like Schafer before him, he underlines the analyst's contribution to the narratives of patients. He, however, expects the analyst not to attribute feelings, thoughts and motives to the patient immediately and definitively. Unlike Schafer, Ferro is not committed to reclaiming disowned tendencies and actions, but primarily to symbolizing and verbalizing unconscious impulses. And he thinks that this would be easier if ideas are not at once interpreted as representing unconscious wishes of the patient, who would then have to feel responsible for them.

Ferro (2002) builds on the sequence of repeating and remembering described by Freud and on Winnicott's and Bion's models of tolerating and symbolizing of impulses (*holding, containing*) when he distinguishes four steps in the analytic process. At first, the patient and also the analyst project split-off and fragmented feelings— β -elements in Bion's nomenclature—into the bi-personal field between both which in turn influences their sensations and thoughts. In a second step, a first symbolization is produced by transforming the previous β -elements into an α -element, that is a sensation or a 'poetic image', which suddenly emerges. This can become, in a third step, the trigger for narrating a story in which the image is embedded. The story can be about the personal past, stem from everyday life, be a day-dream or the report of a film plot, or it can also be about the analytic couple. Finally, in a fourth step, the story can be jointly elaborated and related to other stories.

What is important, according to Ferro, is to make open 'unsaturated' interpretations, to maintain an atmosphere of the playful 'as-if', which is the potential space

in Winnicott's sense that permits the emergence of images and stories. Stories bind affects as they put in place a context that makes the affects meaningful, thinkable and expressible. Freud understands stories as the traces of the patient's past; Klein sees them as an expression of the patient's unconscious phantasies. For Ferro (1999b), however, stories are new formations of the analytic field between patient and analyst that they, in turn, are more or less able to describe. Thus, the protagonists in the stories told in psychoanalysis represent affects and impulses of the bi-personal field. The important factor for Ferro is the emergence of stories—coherent and comprehensible stories. He considers that it may not even be necessary to make saturated interpretations, that is to say, to identify the protagonists of the story definitively with unconscious wishes of the patient or the analyst or with other persons in the patient's life.

To Ferro, stories are figurations or Gestalts that organize unfelt impulses and images so that they can be communicated and experienced. With this emphasis, Ferro leaves more room than Schafer does in his narrative conception of psychoanalysis for anxiety-provoking, unconscious and projected emotions that have to be translated or embedded into narratives.

Schafer's and Ferro's conceptions of the analytic process have been reviewed in order to clarify the clinical and theoretical significance of narratives in psychoanalysis. As a second theoretical factor, I now turn to the *perspectives* and the *taking of perspectives*. According to Mead (1934), only the taking of the perspective of a specific or generalized other renders possible self-observation and introspection. Empathy with others and with oneself is therefore structurally identical.

Fonagy and Target (1996) label the act of taking the perspective of an other or of the self *mentalization*. It is this act which makes it possible to distinguish mental conditions such as motives, emotions and intentions from the actions which have been driven by them. Fonagy and Target call habitual mentalization *reflective functioning*. The ability of perspective taking is defensively weakened or blocked in psychopathological conditions with the consequence that the motives of neither others nor oneself are perceived (Fonagy and Target, 1997). This is accompanied by a tendency to project and act out the motives that are shut out. However, a high degree of reflective functioning allows the individual to defuse the destructive effects of parental abuse. In a similar vein, Kernberg (1975) has described how the defence mechanism of splitting, which is typical for the borderline level of personality organization, shuts out parts of the perception of self and other, thus preventing empathy with others and the self.

At the same time, perspective taking is essential for the psychoanalytic process. In classical psychoanalysis, self-observation and introspection are crucial abilities in the patient for participating in the analytic process. Therapeutic splitting of the ego (Sterba, 1940), in particular, requires a high degree of taking as well as co-ordinating perspectives, because the patient not only takes the perspective of the analyst on to himself, just as he does not only co-ordinate the analyst's perspective reciprocally with his own point of view (in the sense of 'You think that I think that you think ...'), but also engages with the analyst in constructing a shared

third-person perspective (see Selman, 1980). Britton (1998) derives this ability of taking up a position of observer, i.e. of a third person, from the resolution of the triangular oedipal conflict. In the next section, I show how perspectives are represented in narratives. I interpret Freud's notion of neurotic incompleteness of narratives as a shutting out of points of view. The more points of view are omitted, especially those of one's own motives, the less feasible and hence neurotic does one's own story become.

Perspective representation in autobiographical narratives

Narration is an essential element of psychoanalysis, because in its gaps it reveals neurosis, the workings of the unconscious. If we take this for granted, then narratives can indeed be used to objectify aspects of mental functioning and of the psychoanalytic process. Along this line of argument, I present four ways of representing perspectives, and illustrate these with the help of three sample narratives. These are not taken from psychoanalyses but from extensive life narratives, which were recorded for research purposes. The three narratives were transcribed verbatim, because the proposed analysis of perspective representation is also based on a linguistic investigation of specific formulations. The selection of narrative monologues outside of analysis does not have any theoretical but rather methodological and, most of all, practical reasons: this kind of narrative is easier to collect and analyse.

Thus, the investigation of narratives presented here is different from the psychoanalyst's understanding in the session in three significant ways. First, the narratives are taken from interviews and there is no fully developed transference of the narrators on to the young women, who interview them, and the narrators are also not in a regressed state. The narratives are part of much longer life narratives, which were not interrupted by the female interviewers. Narrator and interviewer were engaged in a short-term professional relationship but not in a private relationship. Therefore, these autobiographical narratives are comparable to narratives recounted in first interviews. But even these highly personal stories that are not related in a transference situation can activate defence mechanisms and appeal unconsciously to the listener. As in first interviews, these stories are relatively well rehearsed and not loosened up by the analytical process. For an outside observer, these narratives are easier to understand because they do not yet contain any allusions that only speaker and addressee would understand. Therefore, they are a good resource for developing narrative categories that in the future could be applied to transcripts of psychoanalytic sessions.

A second difference with respect to clinical understanding lies in the fact that individual stories were taken from longer life narratives and isolated from the dialogical context. In contrast to the method of objective hermeneutics (Oevermann, 2004), we are not analysing the content of an interaction sequentially, but rather only the form of a narrative monologue. Obviously, special allusions to addressee and situation are lost that we would otherwise use for determining transference elements in the clinical situation. However, these isolated stories permit us to

identify general narrative mechanisms that may serve the purpose of defence in a large variety of situations. Stories especially lend themselves to a decontextualized consideration, because they represent a natural monological unit of communication in which the narrator can rely on not being interrupted for longer periods than is the case in other types of conversation. Furthermore, because stories transport the listener into another time, they can be more easily understood by subsequent readers.

A third difference with respect to clinical understanding lies in the selection of transcripts as data, which abstract from the non-verbal and paralinguistic aspects of communication (Kächele et al., 1988). For one thing, transcripts can be published; for another, we are interested here in verbal methods of representing perspectives. Although prosodic features of speech modify the meaning of the text, the text does constitute a core meaning which is of interest here. Nevertheless, it is recommended that one reads aloud each of the three narratives or has them read out in order to better experience the effect that the story might have had on the listener.

There is a last but important caution. The narratives stem from persons of different ages, levels of education and sexes, and they relate events of varying degrees of severity. It is thus not clear to what degree the different perspective representations have to do with these factors or with the particular psychopathology of the narrator.

Points of view in narratives are represented in four ways. The first concerns plot, the second and third concern formal aspects of the text, and the fourth describes degrees of empathy.

Participants with motives

The plot of a story is divided among characters which take up different points of view on the initial situation. They see it and interpret and evaluate this situation in different ways. Accordingly, the characters tend to have different strategies for action which can either conflict with or complement each other. If one interprets, as we often do, the narrative as reflecting an internal drama of the narrator, then the characters stand for various impulses in narrators themselves.

In this narrative, 15 year-old Claudia is concerned about the conflicts surrounding a kiss.

- 1) ehm, yes, my first kiss, that happened on a trip with my class
- 2) and this is so important for me,
- 3) because I didn't really enjoy it
- 4) and because I actually, it was very complicated,
- 5) my best girl friend was there with me,
- 6) and the boy had first been in love with my best girl friend
- 7) and because she then did not want anything from him,
- 8) he somehow began to feel something for me
- 9) and I just responded

- 10) and then I did not really want to kiss him
- 11) and then he kissed me
- 12) and then my girl friend told me
- 13) *that I should do it.*
- 14) *that it would be something so beautiful,*
- 15) *that it would make me a bit more mature,*
- 16) and then I simply did it because of him,
- 17) I realized this only later,
- 18) because I actually did not feel like it
- 19) and afterwards I didn't enjoy it either
- 20) until about a year or so later.
- 21) I also was heavily attached to this guy,
- 22) probably it is always like that,
- 23) when it is the first kiss,
- 24) I kind of suffered for months afterwards.

The boy wants to kiss Claudia but she has no desire for it. Then the girlfriend pressures her by pleading increased status, that is to say, narcissistic motives that finally persuade Claudia to kiss him. But Claudia harbours the idea that one would only kiss someone if one 'enjoys' it, and that one is only attached to someone whom one likes to kiss. Because she apparently does not accept her narcissistic motives as valid motives, she is confronted with an action, the kiss, and feelings, the yearning, which do not fit with her acknowledged motives. With the help of further information about the female narrator, we could extract from this story typical relationship patterns with their corresponding conflicts and forms of defence, as, for instance, Luborsky and Crits-Christoph (1990) have done when they analysed central conflicts in relationships.

In personal psychoanalyses, we are consciously working with such content interpretations in stories. What are at work further below the threshold of attention are the formal aspects of a narrative, and a verbatim transcript is required to reveal them. I now turn to these aspects with reference to narratological (Bal, 1997; Genette, 1980) and psycholinguistic literature (Graumann and Kallmeyer, 2002).

Explicit statement of perspectives

Points of view are not only set up implicitly by the structure of the plot, but they can also be explicitly stated. Three different forms of perspective representation in narratives fall into that second category. The perspective of the narrator as well as that of another person or a protagonist can be explicitly stated.

The first and most explicit form of stating a perspective can be found in external evaluations (Labov and Waletzky, 1967) in which the narrator steps out of the narrated time (hence 'external') and comments, explains or evaluates. Such *comments* are to be distinguished from other statements made from outside the narrated timeline, such as descriptions (Lucius-Höne and Deppermann, 2002). Thus, after the introductory *abstract* in which she announces the topic, Claudia evaluates the story

in ll. 2–4 from her current point of view (in the present tense) in order to legitimate the telling of this story.

Another way to demonstrate the relevance and reportability of the story is to compare the past of the story with the present. In this way, narrators are talking, at least implicitly, about their development. Any remarks about the changes of one's own perspective are especially interesting (Sandig, 1996; Habermas and Paha, 2001), because most often an insight is articulated in these remarks. For example, Claudia articulates such a retrospective insight in the discrepancy between her actions and her motives in ll. 16–9.

Even a future commenting perspective can be taken, for instance, when narrators reflect how they might find a certain decision later on. Or a hypothetical perspective related to the past may be taken if one, for instance, considers how one would have felt if things had gone differently. And there is often the timeless perspective of a generalized other, as in formulations such as 'Some people could have thought that ...' or 'You could think of it ...'. We can see such a generalized other in Claudia, in ll. 21–2, when she generalizes her experience into a general rule of life, namely, that first kisses produce automatically an attachment to the one who is kissed. Sometimes the opinion of a third is also cited. Finally, an anonymous point of view sometimes fades into a naming of possible reactions of the listener. The point of view of the listener is always present in narratives anyway, at least implicitly, in so far as the narrator adjusts his story in terms of the previous knowledge, the attitudes and the possible reactions of the listener. We can see this in the kinds of background information, explanations and rationalizations the narrator deems necessary.

This is the most explicit form in which narrators express either their own view or those of others. The narrator and listener are conscious of these views; hence, reflections and insights are usually expressed in this form.

The second form of stating a perspective concerns the *mental verbs* of perceiving, sensing, knowing, thinking, judging and wanting. I would also count the naming of emotions in this category, such as 'He was afraid' or 'She was sad'. The subject has privileged access to these mental acts. Mental verbs also occur in the comments made from the present perspective of the time of narration. But here I examine those mental verbs that state the protagonist's perspective. After the introductory four lines, Claudia demonstrates a series of such internal views (underlined in the text). She even relates the views to one another at least in the sequence of actions: she arranges the sequence such that the non-desire of the girlfriend or of herself follows the desire of the boy. The listener understands the perspectives and the motives of the various protagonists with the exception of Claudia's motivation for the kiss.

The third form of stating perspectives is *indirect speech*, which is what Claudia uses in ll. 12–5 when she reports the challenge by the girlfriend to kiss the boy (italicized). Using indirect rather than direct speech, the female narrator underlines her own evaluation of what is being said. Both indirect and direct speech often serve to support the point of view of the narrator. Claudia illustrates for the listener the pressure she was under and that others at the time thought it appropriate, if not even necessary, to kiss the boy.

Inducing the protagonist's perspective

So far I have demonstrated three forms the narrator uses to state perspectives. Now I describe three means that induce or 'set' a perspective (Graumann, 1989), rather than explicitly stating it. They transpose narrator and listener temporally spatially and emotionally into the position of the story's protagonist, who is often the narrator himself. This has the effect of a kind of re-experiencing or co-experiencing with the narrator.

To a certain extent, this is, to begin with, the usual case in narratives, strictly speaking, when the sentences follow chronologically in the sequence of actions (Labov and Waletzky, 1967). Such narrative clauses relate a concrete scene, which is typically marked by a succession of sentences beginning 'and then ...'. These render the narrative vivid and tend to induce in narrator and listener the perspective of the protagonist. In contrast, 'chronicles' (Linde, 1993), which merely summarize, give a distanced view of the past.

Stronger effects than narration in the strict sense are produced by two more specialized narrative modes. In literary narratology, the narrator, who may be, but need not be, one of the characters, is distinguished from the narrative point of view, which is the position from which things are perceived [Genette (1980) talks of 'focus']. The three narrative points of view can be transferred on to autobiographical narratives without any problem. There is an *omniscient* point of view that controls the perceptions of all involved, a behavioural external point of view without any view to the inner life, or a subjective internal point of view of a single character. The adoption of a subjective point of view is marked by the limitation of the narrative to what this character can perceive or know. It becomes apparent when, later in the story, it turns out that other characters knew something that the character, whose point of view had been adopted and therefore conveyed to the listener, did not know.

Thirdly, dramatic narration pulls the speaker and listener even more strongly into the story than narrating from a subjective point of view or narrating in the strict sense would. Linguistically, there is a shift of the centre of temporal, spatial and personal deictic expressions (Fillmore, 1982), a movement from the time of narration to the narrated time. As a consequence, *here* and *now* refer to the position of the protagonist. The tense may slip into the historical present. Finally, direct speech emphasized by intonation and choice of words amplifies the impression of living the scene.

Claudia narrates in the strict sense in ll. 5–16. But she narrates from an omniscient point of view because she does not limit the information to what is exclusively available to only one character. Nor does she use any means of dramatic narration. This is different in the case of 60 year-old Mrs B:

- 1) I still see the day—
- 2) when he **comes** home and lay down,
- 3) and when he got up and said.
- 4) *he had to go back again to the office.*

- 5) I said:
- 6) *'Would you like me to come along?'*
- 7) *'No, I still have to do,*
- 8) *what I have not finished before'*
- 9) this was
- 10) I think around half past five or ...
- 11) I will never forget the image.
- 12) I looked after him
- 13) and I see him walking around the corner, with hanging shoulders ...
- 14) and that was the last,
- 15) and then it turned half past six, half past seven,
- 16) I am thinking,
- 17) *'Gee, with the car he should have really been back a long time ago.'*
- 18) It turned half past eight,
- 19) it turned half past nine,
- 20) the telephone **rings**
- 21) **it's** my brother-in-law,
- 22) who has always blamed me for it anyway,
- 23) *I should see to it,*
- 24) *that he doesn't drink any more.*
- 25) *Well, I am supposed to come to the Holy-Spirit Hospital,*
- 26) *'Hubert is there.'*
- 27) I have—never thought of,
- 28) that he would do something to himself,
- 29) at least not at that moment.
- 30) And I **arrive** at the hospital
- 31) and my brother-in-law **is standing** in the corner
- 32) and **says** not a peep
- 33) and a nurse **comes**
- 34) and said, *'The doctor won't be a minute.'*
- 35) Then the doctor **arrives** and **says**,
- 36) *'Well, we are sorry,*
- 37) *we have tried everything,*
- 38) *but we were not able to save your husband.'*
- 39) I **say**
- 40) *'Excuse me, why not—*
- 41) *what on earth has happened?'*
- 42) I did not even know,
- 43) what had happened.

The listener is pulled into Mrs B's perspective that she had at the time, because Mrs B succeeds by narrating very dramatically. She constantly falls back into the present tense (emboldened) and repeatedly inserts indirect and, most of all, direct speech (italicized). A special form of direct speech is inner monologue that Mrs B resorts to for heightening the tension in ll. 16–7. Some deictic mental verbs

(underlined) and prepositions refer to Mrs B's past perspective, as, for example, 'looked after him' and 'see him walk around the corner' (ll. 12, 13). Also the verbal utterances refer deictically to the respective speaker, as by the word '*there*' in the phrase '*Hubert is there*' (l. 26). Mrs B explicitly solicits the listener to visually adopt her point of view when she twice underlines the fact she still sees everything in front of her (ll. 1, 11). She pulls the listener into her past temporal perspective by imitating the rhythmic advancing of the clock hands: 'half past five ... then it turned half past six, half past seven ... it turned half past eight, it turned half past nine'.

Mrs B takes the perspective of the heroine, that 'I' of herself in the past. Together with the Mrs B of the past, the listener does not know what one is in for. The narrator repeatedly emphasizes her cluelessness (ll. 27–8, 39–43). The dramatic narration transports both narrator and listener into the historical situation.

Consistent understanding

A fourth way of taking the perspective of a protagonist in a narrative is to understand the protagonist, i.e. to go along with the reasons for his perceptions and the motives for his actions. The main concern of narrators is that they convince the listener of their point of view. As a rule, it is not enough to state or dramatically induce the points of view of the participants for really understanding their actions. Particularly when the listener is pulled into the limited perspective of one of the participants, additional background information and commentaries from the present point of view are necessary in order to understand the participants and what is happening. Narrators have to elaborate the special circumstances and biographical background of a person to make the central motives for their experiences and actions comprehensible. (A case in point is 12 year-old Anna's report of how a boy on a class trip had fallen over, hit his head on the ground and became 'white as a sheet', subsequent to which two good girlfriends began to tremble 'like crazy'. She then explains this bizarre behaviour by the fact that one of the two friends had escaped from Yugoslavia and that she became panicky because the event reminded her of war experiences.)

Mrs B manages to convey to the listener her increasing tension and finally her surprise. However, the manner in which she reports does not permit us to understand what may have been going on inside her, nor how these events came about. It is only in a very restricted sense that she states her own perspective at the time by means of mental verbs: twice she relates a visual perception (ll. 12, 13), once an expectation (l. 16) and once a not knowing (l. 42). Only once in the whole narrative does she state the internal point of view of another figure in indirect and direct speech (ll. 23–6). Mrs B is completely caught up in the subjective point of view she had assumed in the past and, accordingly, she mainly reports on the external world as she perceived it at the time.

In order to understand the events, the listener would need to learn more about the motives of the actions and the experiences, more about Mrs B's relationship to her husband, more about herself and about the events that preceded the suicide.

Mrs B would have to step back and represent the episode plausibly with her current knowledge.

Instead, she restricts herself in talking about herself simply as someone surprised by the events. The listener has the feeling that Mrs B leaves out information, that her narrative has obvious gaps (Freud, 1905). Perhaps she has to defend against feelings of guilt, and therefore she insists on her ignorance and her innocence in her husband's suicide. Also the cited accusation of her brother-in-law refers to the theme of guilt. In contrast, Claudia's narrative does not give the impression of being full of gaps. Though Claudia does not really understand her own motives, she nonetheless thematizes them and tries to explain them retrospectively.

Other narrators are even less able to take their own perspective without, in contrast to Claudia, becoming aware of it and without, in contrast to Mrs B, having to defend themselves against a specific accusation. The 46 year-old Mr T relates such a narrative:

- 1) Moved here from Bremen,
- 2) began a life here,
- 3) warehouse labourer,
- 4) in construction,
- 5) and started to drink.
- 6) Was a really tough time.
- 7) Then, eh, the girlfriend,
- 8) well, I made good money,
- 9) exploited,
- 10) became angry,
- 11) quite a few times lost it² with women.
- 12) Of course these things then go very quickly,
- 13) if you tell yourself,
- 14) *'You go to work,*
- 15) *and she sits at home,*
- 16) *and always people in the flat,*
- 17) *and I pay for her keep.'*
- 18) There comes a point when you lose it.
- 19) And then, eh, being betrayed right in front of my eyes,
- 20) in a pub.
- 21) I **go** to the toilet,
- 22) I **come** back,
- 23) and what **is on?**
- 24) Went to the bridge by the motorway to Rödelheim
- 25) and jumped on the motorway.
- 26) In the air still, I changed my mind,
- 27) flipped and turned,

²Translator's note: rendering of *die Hand ausgerutscht* (literally, 'the hand slipped').

- 28) landed on the feet,
 29) but the fracture was in the spine,
 30) could not change anything about it any more.

Surely Mr T's narrative moves the listener, but in a different way from the first two. Mr T narrates in the form of dramatic narration, though less than Mrs B. He uses the historic present tense (ll. 20–2) and moves the spatial deictic centre from the narrator to the protagonist in the climactic moment (ll. 19, 21–2: 'in front of my eyes', 'go', 'come') and he uses dramatic narration (ll. 14–7) in which he rationalizes his deviant behaviour when he hits his girlfriend. Mr T barely names the internal point of view of the participants; he only mentions his own two times (ll. 10, 26) and never that of another person. But, because of the dramatic features, Mr T's narrative also moves the listener.

Yet, I think that the effect of Mr T's narrative is different from Mrs B's in that it is very difficult to follow Mr T, and the listener is thus not able to feel with Mr T and identify with him. Many listeners actually became angry with him in their reaction. But why?

It is true that Mr T uses dramatic devices throughout and this should have the effect of pulling the listener in to the event; in contrast to Mrs B, he even explains his motives for hitting the girlfriend and for the suicide attempt. Thus, he uses the right formal means for taking his past perspective and for explaining it.

But this is not sufficient to make his action understandable. What is missing are the material preconditions for effective perspective taking (see Döbert and Nunner-Winkler, 1994). The furnished background, the sequence of actions and his justifications do not suffice in our shared cultural assumptions to motivate and justify the violence towards his girlfriend and towards himself.

His hitting his girlfriend contradicts the status of victim he is claiming. This status is expressed in the fact that he almost never speaks of himself as an actor (most often the subject of the sentence is missing) and does not even use mental verbs (only in ll. 10, 26). You never learn what the girlfriend actually has done at home or in the pub—Mr T does not furnish any details that could support his claims about his motives. Because of these implicit contradictions, because of the absence of the narrator in the story as in the comments, and because of the lack of detail [what Schütze (1984) calls 'narrative detailing constraints'], one has difficulty in imagining what might have gone on inside him and why he had reacted with a suicide attempt.

Clinical implications

Table 1 summarizes the results of the analyses. Claudia's narrative contains the highest frequency of explicit statements of perspectives whereas Mrs B's narrative contains the highest number of elements that induce the perspective of the protagonist. Though Mr T's narrative does contain a fair amount of linguistic means that induce past perspective, it virtually contains no statement of perspectives. In addition, the subject as well as a lot of detail are often lacking in his narratives.

Table 1 — Relative frequencies of representing points of view in three narratives

Perspective representation	Narrator		
	Claudia	Mrs B	Mr T
Length (No. lines)	24	43	30
1 Protagonist with motives	Yes	No	No
2 Stating perspectives (%)			
2.1 Comments			
a) Narrator, 3rd person-current	38	12	3
b) Narrator, 3rd person-future	—	2	—
c) Generalized other	8	—	23
d) Listener	—	—	3
2.2 Mental verbs			
a) Protagonists in the past	33	12	7
b) Narrator in the present	13	5	—
2.3 Indirect speech	17	5	—
3 Inducing the protagonist's past perspective (%)			
3.1 Narration in the strict sense	54	72	43
3.2 Narrative point of view	Omniscient	Subjective	Subjective-behavioural
3.3 Dramatic narration			
a) Dislodging the deictic centre	—	16	10
b) Historic present	—	23	10
c) Direct speech	—	37	17
4. Understanding	Yes	partial	No

I now illustrate the clinical relevance of the demonstrated possibilities of narrative perspective representation. I do this by focusing on the assumption of responsibility, the level of defence mechanisms used and of reactions evoked in the listener.

Assumption of responsibility

Schafer (1976) distinguishes narratives by noting whether the narrator represents himself as an active participant or as a passive object who neurotically hides from himself his own motives and his shared responsibility in the event. All three narratives report a loss of reasonable ability to act, of which only Claudia becomes aware. Only she tries to relate the internal perspective of all participants (by means of mental verbs). She steps back from her story and acknowledges, retrospectively, that she is herself responsible for her experience, and she reflects on what might have been her own motives for it.

Mrs B is absorbed in her past point of view. The few mental verbs describe passive activities of asking questions and having perceptions. When she does step back from the event, Mrs B cites the accusation by her brother-in-law (II. 22–4) only to then refuse any responsibility whatsoever and to disavow the precondition of any guilt which is to be aware of what is happening.

Also Mr T refuses responsibility for what happened. In contrast to Mrs B, he does relate his own actions but he represents them as inevitable implicitly by omitting the subject of the sentence ('of course these things then go very quickly') and explicitly by adding comments from his current point of view ('and there comes a point when you lose it'). The only action that is motivated explicitly, the hitting of his girlfriend, is then distorted by Mr T with great effort in order to deny his responsibility: he

either omits the subject of the sentence or the subject is a body part (the slipping hand) or simply impersonal (ll. 10–3, 18). This distortion of responsibility protects Mr T against a check from the listener; he omits essential information.

These forms of representation of narrative perspective do not suffice to describe the assumption or non-assumption of responsibility for one's own past. But they do illustrate that it is not enough for the assumption of responsibility if the narrator appears retrospectively as an actor in the scene. He or she also has to use verbs of active mental acts such as those for wanting and deciding. Responsibility can be assumed not only in the narrated time but also in the actual narrative time by commenting on the past from one's current point of view.

Levels of defence mechanism

The three narratives correspond roughly to three levels of defence mechanisms that I would like to call, in accordance with Vaillant (1993), 'mature', 'neurotic' and 'immature'. Claudia's narrative mode describes a past neurotic conflict. She has not yet understood this conflict but nonetheless notices its effects, the lacking of a feasible motive for the kiss, and she tries to interpret her behaviour. She is capable of insight into the neurotic character of not knowing her motives and capable of reflection. Her introspection is only restricted to the extent that she represses her motives. To the listener she appears as authentic, for the mature defence mechanisms do not distort the perception of others, including the relationship to the listener (Vaillant, 1993). Claudia states the perspectives and thus also the motives of all protagonists by using mental verbs and indirect speech, and she comments on and interprets the event from her current perspective. In a psychoanalytic treatment, one could think together with her about what may have motivated her to kiss the boy and why the motives might now appear embarrassing and inappropriate to her.

Mrs B's conflict, by contrast, is so present in her narrative that she cannot perceive it. She has to shut out her own motives, for instance, her anger at her husband and his drinking as a reason for not going after him that evening. Even today, she overlooks that she has shut out motives, probably to defend against feelings of guilt. This oversight is facilitated by her narrative mode, by both inducing the protagonist's perspective and by shutting out her current point of view. Both aspects of her narrative mode can be described in the terminology of neurotic defence mechanisms. Mrs B emotionalizes the story, on the one hand, so that we believe that she was terribly worried. On the other hand, she shuts out what she would have to see from her current point of view, namely, the lack of valid motives for her inaction. She denies what is probably the anger at her husband and represses feelings of guilt. The listener is pulled into the dramatic tension, maybe even has compassion even if he is not totally convinced of Mrs B's version.

The combination of inducing the protagonist's point of view and the absence of commentary from the current perspective which characterizes Mrs B's narrative is not only typical of an emotional style of narration in the sense of a hysterical cognitive style (Shapiro, 1965), but also of some of the narratives of traumatic experiences. Laub and Auerhahn (1993) distinguish eight levels of traumatic experience memory symbolization. The fifth level is assigned to 'overwhelming narratives' in

the course of which the narrator loses his distance to what is narrated and slips into the present tense as if it was a timeless, ever-present experience that won't pass. The seventh level of symbolization, which is the last step before metaphorization, is called 'witnessed narratives'. In these narratives, the current perspective of the narrator remains separate from that of the experiencing protagonist. This makes it possible to reinterpret the past. It seems that Mrs B's narrative is different from overwhelming stories of unassimilated traumatic experiences in that the omission of a current point of view is clearly defensively motivated, while in trauma narratives the unintegrated affects are too strong for a reflective stance to emerge. In a psychoanalytic treatment, the most important task would be to create a therapeutic splitting of the ego which would allow the construction of a shared perspective from which one could think about whether Mrs B was really so ignorant and why she has to represent herself as such in the here and now.

Mr T severely distorts reality, splits into good and bad, and contradicts himself. In the narrative he is lacking in empathy for himself and for others including the listener. This black-and-white account destroys any attempt at understanding what really happened and what it means to Mr T. The listener cannot form a picture of the course of events and the motives of the narrator. Mr T's desperation is expressed in the unacknowledged aggressivity of the narration that is liable to evoke in the listener a dislike for the narrator. It would be possible to see in this a projective identification defence mechanism, if the narrator had been successful in lodging his aggression in the female interviewer. The defence mechanisms in this narrative are typical of a borderline level of personality organization. In a psychoanalytic treatment of Mr T, the most urgent task would probably be, first of all, to clarify the events and then to put into words the warded-off affects, in this case, his murderous hate of the girlfriend by whom he feels exploited and betrayed.

Induced reactions of the listener

Ferro (1999a) describes the way in which the bi-personal psychoanalytic field emerges in a successful analysis to which both participants are contributing, and out of which stories begin to take shape. The characters of the story can then be interpreted as symbolizing impulses of both participants, analysand and analyst. They represent perspectives by dint of the unfolding of a plot in the sense of the first type of perspective representation.

Ferro, however, would emphasize the intersubjective character of the stories emerging in the psychoanalytic field, as they would not simply be attributable to one or other participant. The analysis of decontextualized monologues presented here has abstracted from the intersubjective character of the stories told in psychoanalyses in order to identify narrative structures. This is, however, not a flaw in principle, because transcribed psychoanalytic hours would surely lend themselves to an analysis of the mutual emergence of perspective representations.

In the monologues used here, only unilateral communicative phenomena can be studied, that is, the effect of the narrative on the reader. To provide more evidence for a typical effect, the reactions of listeners would have to be studied systematically. For instance, readers could assess their emotional reactions on a scale and, by

means of semi-projective procedures such as completing sentences, pre-conscious reactions could also be registered.

Of course, a reader's emotional reactions are different from an analyst's countertransference to a patient's narrative. Nonetheless, I maintain that the same narrative means of perspective representation, which produces emotions in readers, might also play a part in the emergence of a countertransference in the psychoanalytic situation (Heimann, 1950). If this were to be the case, then the surmised typical reactions of readers, listed in the following, will help to identify a communicative mechanism of what so far has been seen as a rather 'occult' (Deutsch, 1953) evocation of the countertransference.

The three narratives, I contend, trigger increasingly stronger and increasingly involuntary emotional reactions. Surely the relative strengths of the emotional reactions depend, for one thing, on the increasingly terrifying content of the three stories. For another, they depend on the narrative mode, the way in which perspective is represented. Thus, in Claudia, what dominates is a sympathetic reflection on the possible motives for her first kiss. Mrs B, however, utilizes every means of inducing the protagonist's perspective, thus pulling herself and the listener into the event so that they experience the feelings of the protagonist. Even Mr T's narrative induces feelings; it is qualitatively again a similar feeling to that of the protagonist, only much weaker, namely, anger. But this time the listener's emotion does not come about by being placed in the position of the protagonist, even though Mr T uses means of inducing perspective; rather, the anger emerges seemingly unmediated as an emotion *contra* the narrator. Thus, an interactional emotion takes the place of an empathic emotion. It is comparable to the countertransferectional emotion in so far as the listener cannot account for his becoming angry at the narrator, who has not done anything to him and who in actuality is telling a terribly sad story. This induction of non-empathic, interactive emotions is accomplished in this case by not clarifying background, details, internal point of view, comments or judgements, as well as by the lack of convincing motives. To the degree that the narrator does not evaluate events by naming motives and emotions, then the listener has to supplement these and is on his own in terms of an emotional reaction. Mr T does try explicitly to evoke empathic anger and indignation: in l. 23 he summons the listener to imagine the scene of betrayal that he is faced with. But in this case the anger that is triggered is not directed against the girlfriend but against the narrator, Mr T, for he comes out with self-pity and unfounded reproaches, and he reports unmotivated violent acts by his own hand. What is not mentioned in this narrative is the anger and hate for himself, and I would suggest that it is this missing anger that is supplied by the listener. Some preliminary measures of emotional reactions to the three narratives are given in the Appendix.

Conclusion

The reader might ask how the metaphor of narrative perspective might help to gain a better understanding of patients. Why don't traditional concepts serve one better in tracing the unconscious meaning of narratives? And where are the drives and the body as the basis of resistance and conflict?

Indeed, the analysis of perspective representations does not introduce new components of psychoanalytic theory and it does not replace any old ones. It also does not promote the understanding of the patient in the psychoanalytic situation, for then it would be necessary to pay attention to the emotions in the psychoanalytic field and not to the means by which they are communicated. Instead, my investigation attempts to objectify, linguistically, forms of defence by pointing out the lack of perspective representation or the exclusive emphasis on certain points of view in narratives, as well as to connect them with a typical effect on the listener. This facilitates the description of what happens typically in psychoanalyses, the result of which, the warding off and inducing of emotions, is central to therapeutic work and to psychoanalytic theory. Body and drives appear here primarily in their absence, as it is usually the case in psychoanalytic theory and method. Their effect has to be inferred by what is excluded, here by the missing perspective representation. The narrative approach presented here, however, does not claim to be a theory of drives or of typical conflicts, but claims to make a contribution to a language-based theory of defence against conflicts and threatening perceptions. It articulates what we normally intuit clinically, which is where in a narrative there is something essentially missing that might have to be supplemented by an interpretation.

The investigation of representations of perspectives in narratives differs from other psychoanalytic attempts to grasp perspective taking. Fonagy and Target's (1996) concept of reflective functioning conceptualizes degrees of perspective taking in autobiographical narratives. However, they determine the adoption of point of view via the content, not the form, of narratives. Ogden's (1998) use of the concept of *voice* is closer to language and refers to the style of speaking. The Adult Attachment Interview provides a useful tool for systematic research into the linguistic characteristics of autobiographical narratives and for categorizing a person in one of four attachment categories. What is furthermore considered, among other things, is whether somebody states the point of view of the protagonist (see Gullestad, 2003, p. 659). The closest comparison of my investigation can be made with the work of Gianpaolo Lai. He starts from the linguistic character of psychoanalysis and analyses transcripts of initial interviews. Lai (1993) searches for the linguistic form of neurotic unfreedom which he believes can be found most strikingly in verbs of behaviour, less so in mental verbs, and least so in words which open up the realm of possibility, such as 'believe', 'imagine', 'as if', and in verbs in the subjunctive or conditional form. Although Lai's (1995) attempt at quantifying defensive unfreedom does not ultimately convince me, my approach, nonetheless, is based on his idea that linguistic form is a means of interpersonally effective defence and that the manifest stimulus of our clinical impressions, ideas and speculations can be objectified linguistically, at least in part in the form of the patient's narrative.

The metaphor of narrative perspectives provides a bridge between our clinical thinking and the microanalysis of narratives in the psychoanalytic situation, as well as in systematic research. My theory of narrative defence developed in three examples by way of categorizing points of view ought to be developed further in two directions. For one, the theoretical connections to psychoanalytic theories, only hinted at here, need to be worked out. Suitable candidates are

ego-psychological approaches such as those of Schafer, Vaillant, Fonagy and Target, as well as Kleinian and Bionian theories of projective identification, not to forget theories of the emergence of perspectives in the transitional space. For another, the theses can be tested by non-psychoanalytic means, which require a systematic study of typical reactions in listeners and readers to the various perspective representations. Also, the hypothesized relationship between forms of representations of perspectives and maturity of defence needs to be examined in autobiographical narratives by patient groups with differing degrees of psychopathology. And, as a final point, the clinical relevance of the model can only be demonstrated by applying them to transcripts of treatment sessions.

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Translations of summary

Wer spricht, wer sieht, wer hört? Perspektiven in autobiographischen Erzählungen. Die Idee Freuds, dass die Neurose Lücken und Brüche in lebensgeschichtlichen Erzählungen produziert, wird sprachlich mittels der Untersuchung des Benennens und Induzierens von Perspektiven in Erzählungen rekonstruiert und objektiviert. Einleitend wird die Rolle des Erzählens und der Einnahme einer gemeinsamen Perspektive durch Analysand und Analytiker in der Psychoanalyse skizziert. Vier Formen der Perspektivendarstellung in Erzählungen werden eingeführt und dienen dazu, drei Grade von Verzerrung an drei Auszügen aus Lebenserzählungen zu analysieren. Die umfassendste Darstellung der Perspektiven von Erzähler und Protagonisten gelingt in der ersten Beispielerzählung durch deren explizite Benennung mittels mentaler Verben. Wenn Perspektiven hingegen lediglich induziert werden wie in der zweiten Erzählung, kann das den Erzähler überwältigen und dem Zuhörer ein sehr partielles Bild liefern. Inkonsistente Motive, Verleugnung von Verantwortung und Auslassen von Details machen es schließlich schwer, der dritten Erzählung überhaupt zu folgen. Die klinische Bedeutung dieser explorativen Untersuchung dreier Erzählungen wird abschließend dadurch belegt, dass die drei Grade von Verzerrung auf Niveaus von Abwehrmechanismen, auf Grade der Verleugnung von Verantwortung sowie auf emotionale Reaktionen des Zuhörers bezogen werden, die umso stärker sind, je weniger Perspektiven konsistent benannt werden. Parallelen zu Gegenübertragungsreaktionen werden erörtert. Die Identifizierung von Perspektiven bietet einen Weg, autobiographische Erzählungen im Alltag, in der Forschung und in der Psychoanalyse zu untersuchen und Abwehrprozesse zu objektivieren.

¿Quién habla? ¿Quién mira? ¿Quién siente? El punto de vista en las narraciones autobiográficas. La finalidad de este artículo es corroborar la afirmación de Freud según la cual la neurosis causaría lagunas en las narraciones autobiográficas mediante el análisis lingüístico de como el narrador formule o sugiera determinados puntos de vista. En primer lugar, se describe el papel de la narración y de la asunción de una perspectiva compartida por el analista y el paciente en el tratamiento psicoanalítico. A continuación se introducen cuatro formas de representación de la perspectiva en las narraciones que sirven para explorar tres grados diferentes de distorsión en tres narraciones autobiográficas. La representación más completa se logra en el primer ejemplo, en el cual la perspectiva actual del narrador y la perspectiva anterior del protagonista de la historia se establecen por el uso de verbos relacionados con la actividad mental. En la segunda narración el uso exclusivo de determinadas formas lingüísticas destinadas a sugerir la perspectiva del protagonista corre el riesgo de desbordar al narrador y de ofrecer al oyente una visión incompleta de lo que ha ocurrido. Por último, las motivaciones inconsistentes, la negación de la responsabilidad y la omisión de detalles convierten la tercera narración en aún más difícil de seguir. Se discute además la importancia clínica de este análisis exploratorio de perspectivas narrativas con referencia a los conceptos de mecanismos de defensa, de asunción de responsabilidades por las propias acciones pasadas y por las reacciones emocionales evocadas por el oyente. Estas últimas resultan ser tan intensas como incoherentes son los elementos narrados y se establecen analogías con las reacciones contratransferenciales. El análisis de perspectivas narrativas ofrece un enfoque para la investigación sistemática en la práctica psicoanalítica.

Qui parle ? Qui regarde ? Qui sent ? Le point de vue dans les narrations autobiographiques. Cet article a pour but de corroborer l'affirmation de Freud selon laquelle la maladie névrotique crée des lacunes dans les narrations autobiographiques en ce qui concerne le positionnement du narrateur et les perspectives choisies. Le rôle de la perspective narrative et la mise en place concomitante d'une perspective partagée entre analyste et patient dans la thérapie analytique sont décrits. Quatre modes de représentation de la perspective sont introduits. Trois degrés de distorsion narrative sont donnés en exemple avec trois extraits de récits de vie, et explorés en termes de représentation de la perspective narrative. La représentation de perspectives la plus complète est réalisée dans le premier exemple, où l'utilisation de verbes relatifs à l'activité mentale situe explicitement aussi bien la perspective actuelle du narrateur que la perspective antérieure du protagoniste de l'histoire. Dans le second récit, l'utilisation exclusive de formes linguistiques destinées à suggérer la perspective du protagoniste, à la fois déborde le narrateur et donne à l'interlocuteur une vision incomplète de ce qui s'est passé. Des motivations inconsistantes, le déni de la responsabilité, l'omission de détails rendent le troisième récit encore plus difficile à suivre. La signification clinique de cette analyse exploratoire des perspectives narratives est discutée en termes de responsabilité revendiquée pour les actions passées du sujet, en termes de niveau des mécanismes de défense, et en soulignant l'impact émotionnel du récit sur les interlocuteurs ; ce dernier est considéré comme d'autant plus intense que des perspectives sont omises. Des analogies avec les réactions contre-transférentielles sont discutées. L'analyse des perspectives de narration représente une possibilité pour la recherche systématique en pratique analytique.

Chi parla, chi vede, chi prova emozioni? Prospettive nelle narrazioni autobiografiche. Scopo del presente articolo è comprovare l'asserzione di Freud secondo cui la nevrosi causerebbe delle lacune nelle narrazioni autobiografiche, mediante l'analisi linguistica di come il narratore espliciti oppure suggerisca implicitamente dei punti di vista. Viene dapprima delineato il ruolo della narrazione e dell'assunzione di una prospettiva comune da parte dell'analista e del paziente nella cura psicoanalitica. Successivamente vengono introdotte quattro forme di rappresentazione prospettica delle narrazioni, che servono ad esplorare tre diversi gradi di distorsione in tre narrazioni autobiografiche. La rappresentazione più esauriente viene conseguita nel primo esempio in cui la prospettiva presente del narratore e quella passata del protagonista della storia vengono fornite mediante l'uso di verbi mentali. Nella seconda delle narrazioni, l'uso esclusivo di determinate forme linguistiche che suggeriscono impercettibilmente il punto di vista del protagonista rischia di sopraffare il narratore e di dare un quadro incompleto di quanto è avvenuto a chi ascolta. Infine, la scarsa plausibilità delle motivazioni, la negazione di responsabilità e la mancanza di dettagli rendono la terza narrazione particolarmente difficile da seguire. Viene inoltre discussa la rilevanza clinica di questa analisi esplorativa di prospettive narrative con riferimento ai concetti di meccanismi di difesa, di assunzione di responsabilità per le proprie azioni passate e di reazioni emotive evocate nell'ascoltatore. Queste ultime risultano essere tanto più intense quanto più incoerenti sono gli eventi narrati e vengono parallelamente esplorate in termini di controtrasferimento. L'analisi di prospettive narrative viene proposta come valido strumento per la ricerca sistematica nella prassi psicanalitica.

References

- Argelander H (1977). *Initial interview in psychotherapy* [Das Erstinterview in der Psychotherapie, 1970]. New York, NY: Human Sciences Press. 112 p.
- Argelander H (1981). Was ist eine Deutung? [What is an interpretation?]. *Psyche—Z Psychoanal* 35:999–1005.
- Argelander H (1991). *Der Text und seine Verknüpfungen: Studien zur psychoanalytischen Methode* [The text and its links: Studies on the psychoanalytic method]. Heidelberg: Springer. 276 p.
- Bal M (1997). *Narratology: Introduction to the theory of narrative*, van Boheemen C, translator of 2nd Dutch edition. Toronto: U Toronto Press. 164 p.
- Benecke C, Krause R, Dammann G (2003). Affektdynamiken bei Panikerkrankungen und Borderline-Persönlichkeitsstörungen [Affect dynamics in panic disorder and borderline personality disorder]. *Persönlichkeitsstörungen* 7:235–44.
- Bollas C (1994). The place of the analyst. In: Ammaniti M, Stern D, editors. *Psychoanalysis and development: Representations and narratives*, p. 149–64. New York, NY: New York UP. 304 p.
- Boothe B (1994). *Der Patient als Erzähler in der Psychotherapie* [The patient as narrator in psychotherapy]. Göttingen: Vandenhoeck & Rupprecht. 224 p.

- Britton R (1998). *Belief and imagination: Explorations in psychoanalysis*. London: Routledge. 226 p.
- Deutsch H (1953). Occult processes occurring during psychoanalysis, Devereux G, translator. In: Devereux G, editor. *Psychoanalysis and the occult*, p. 133–46. New York, NY: International UP. [(1926). Okkulte Vorgänge während der Psychoanalyse. *Imago* 12:418–33.]
- Döbert R, Nunner-Winkler G (1994). Commonsense understandings about suicide as a resource for coping with suicidal impulse. In: Noam GG, Borst S, editors. *Children, youth, and suicide: Developmental perspectives*, p. 23–38. San Francisco, CA: Jossey-Bass. (*New directions for child development*, No. 64.)
- Döll S, Deserno H, Hau S, Leuzinger-Bohleber M (2004). Die Veränderung von Träumen in Psychoanalysen [How dreams change during psychoanalyses]. In: Leuzinger-Bohleber M, Deserno H, Hau S, editors. *Psychoanalyse als Profession und Wissenschaft: Die psychoanalytische Methode in Zeiten wissenschaftlicher Pluralität* [Psychoanalysis as a profession and a science: Psychoanalytical methods in times of scientific pluralism], p. 87–112. Stuttgart: Kohlhammer.
- Ferro A (1999a). *The bi-personal field: Experiences in child analysis*. London: Routledge. 210 p.
- Ferro A (1999b). *La psicanalisi come letteratura e terapia* [Psychoanalysis as literature and as therapy]. Milan: Cortina. 165 p.
- Ferro A (2002). Some implications of Bion's thought. *Int J Psychoanal* 83:597–608.
- Fillmore CJ (1982). Towards a descriptive framework for spatial deixis. In: Jarvella RJ, Klein W, editors. *Speech, place and action*, p. 31–59. Chichester: Wiley.
- Fonagy P, Target M (1996). Playing with reality: I. Theory of mind and the normal development of psychic reality. *Int J Psychoanal* 77:217–33.
- Fonagy P, Target M (1997). Attachment and reflective function: Their role in self-organization. *Dev Psychopathol* 9:679–700.
- Freud S (1905). Fragment of an analysis of a case of hysteria. *SE* 7, p. 7–122.
- Genette G (1980). *Narrative discourse*, Lewin JE, translator. Ithaca, NY: Cornell UP. 285 p.
- Graumann CF (1989). Perspective setting and taking in verbal interaction. In: Dietrich R, Graumann CF, editors. *Language processing in social context*, p. 95–121. Amsterdam: North Holland.
- Graumann CF, Kallmeyer W, editors (2002). *Perspective and perspectivation in discourse*. Amsterdam: Benjamins. 400 p. (*Human cognitive processing*, Vol. 9.)
- Gullestad SE (2003). The Adult Attachment Interview and psychoanalytic outcome studies. *Int J Psychoanal* 84:651–68.
- Habermas T, Paha C (2001). The development of coherence in adolescents' life narratives. *Narrative Inq* 11:35–54.
- Heimann P (1950). On counter-transference. *Int J Psychoanal* 31:81–4.
- Horowitz MJ, editor (1991). *Person schemas and maladaptive interpersonal patterns*. Chicago, IL: U Chicago Press. 433 p.
- Kächele H, Thomä H, Ruberg W, Grünzig HJ (1988). Audio-recordings of the psychoanalytic dialogue: scientific, clinical, and ethical problems. In: Dahl H, Kächele H, Thomä H, editors. *Psychoanalytic process research strategies: 8th Workshop on empirical research in psychoanalysis: Revised papers*, p. 179–94. Heidelberg: Springer.
- Kernberg OF (1975). Borderline conditions and pathological narcissism. New York, NY: Aronson. 361 p.
- Labov W, Waletzky J (1967). Narrative analysis: Oral versions of personal experience. In: Helm I, editor. *Essays on the verbal and visual arts: Proceedings of the 1966 Annual Spring Meeting of the American Ethnological Society*, p. 12–44. Seattle, WA: UWA Press.
- Lai G (1993). *Conversazionalismo: Le straordinarie avventure del soggetto grammaticale* [Conversationalism: The extraordinary adventure of the grammatical subject]. Turin: Bollati Boringhieri. 268 p.
- Lai G (1995). *La conversazione immateriale* [The immaterial conversation]. Turin: Bollati Boringhieri. 286 p.
- Laub D, Auerhahn NC (1993). Knowing and not knowing massive psychic trauma: Forms of traumatic memory. *Int J Psychoanal* 74:287–302.

- Linde C (1993). *Life stories: The creation of coherence*. Oxford: Oxford UP. 242 p.
- Luborsky L, Crits-Christoph P (1990). *Understanding transference*. New York, NY: Basic Books. 313 p.
- Lucius-Höne G, Deppermann A (2002). *Rekonstruktion narrativer Identität: Ein Arbeitsbuch zur Analyse narrativer Interviews* [Reconstruction of narrative identity: A workbook on the analysis of narrative interviews]. Opladen: Leske & Budrich.
- Mead GH (1934). *Mind, self, and society from the standpoint of a social behaviorist*. Chicago, IL: U Chicago Press. 400 p.
- Oevermann U (2004). Sozialisation als Prozess der Krisenbewältigung [Socialization as a process of coping with crises]. In: Geulen D, Veith H, editors. *Sozialisationstheorie interdisziplinär* [Interdisciplinary socialization theory], p. 155–81. Stuttgart: Lucius & Lucius.
- Ogden TH (1998). A question of voice in poetry and psychoanalysis. *Psychoanal Q* 67:426–48.
- Rubin DC, editor (1986). *Autobiographical memory*. Cambridge, UK: Cambridge UP. 298 p.
- Sandig B (1996). Sprachliche Perspektivierung und perspektivierende Stile [Linguistic perspectivation and perspectiving styles]. *Z Literaturwiss Linguist* 102:36–63.
- Schafer R (1976). *A new language for psychoanalysis*. New Haven, CT: Yale UP. 394 p.
- Schafer R (1983). *Analytic attitude*. New York, NY: Basic Books. 316 p.
- Schütze F (1984). Kognitive Figuren des autobiographischen Stegreiferzählens [Cognitive figures of improvised narratives]. In: Kohli M, Robert R, editors. *Biographie und soziale Wirklichkeit* [Biography and social reality], p. 78–118. Stuttgart: Metzler.
- Selman RL (1980). *The growth of interpersonal understanding: Developmental and clinical analyses*. New York, NY: Academic Press. 343 p.
- Shapiro DS (1965). *Neurotic styles*. New York, NY: Basic Books. 207 p. (*Austen Riggs Center monograph series*, No. 5.)
- Sterba RF (1940). The dynamics of the dissolution of the transference resistance. *Psychoanal Q* 9:363–79. [(1929). Zur Dynamik der Bewältigung des Übertragungswiderstands. *Int Z Psychoanal* 15:456–70.]
- Vaillant GE (1993). *The wisdom of the ego*. Cambridge, MA: Harvard UP. 314 p.

Appendix

As preliminary evidence, Table 2 lists the ratings of answers to questions recording typical emotional reactions when the three narratives were read out in the order presented below in a lecture. Mrs B's story was on average assessed as that evoking most sadness and anxiety, followed by Mr T. Mr T's story by far triggered the most anger. Mrs B evoked the most sympathy, followed by Claudia.

Table 2 — Measures of emotional reactions to three narratives

Questions: 'The story makes me ...'	Mean (SD) of responses from 193 students on a scale of 0–4 for emotions evoked		
	Claudia	Mrs B	Mr T
Sad	0.61 (0.73)	2.11 (1.14)	1.46 (1.08)
Anxious	0.20 (0.59)	1.41 (1.08)	1.07 (1.10)
Angry	0.63 (0.75)	1.02 (1.08)	1.90 (1.21)
Sympathetic	1.53 (0.91)	1.92 (1.00)	1.15 (1.11)