OUKA
The University of Osaka
Institutional Knowledge Archive

Title	The client's narrative and pluralism in psychotherapy
Author(s)	Nomura, Haruo
Citation	Osaka Human Sciences. 2019, 5, p. 71-86
Version Type	VoR
URL	https://doi.org/10.18910/71747
rights	
Note	

The University of Osaka Institutional Knowledge Archive : OUKA

https://ir.library.osaka-u.ac.jp/

The University of Osaka

Osaka Human Sciences, **5**, 71-86
March 2019

THE CLIENT'S NARRATIVE AND PLURALISM IN PSYCHOTHERAPY

Haruo Nomura*

Abstract

This article explored the possibilities of psychotherapy with respect to clients' narratives and pluralistic approaches. The narrative approach has produced some innovative psychotherapy theories like narrative therapy (e.g., White & Epston, 1990). It has also proposed ideas for integrating existing multiple theories as a meta-theory. One of those ideas is the distinction between two modes of thought and cognition—narrative mode and paradigmatic mode (Bruner, 1986). In this article, narrative mode was introduced in order to explore effective usages of clients' narratives. From the viewpoint of narrative mode, psychotherapy is a dialogue between a client and a therapist, mediated by each one's narrative structure. Therapists' narratives are structured by psychotherapy theories and their personal experiences and beliefs. Although clients' narratives are also structured by their personal experiences and beliefs, these narratives are not equally respected in the course of the therapeutic process as compared with therapists' narratives. Therefore, it is necessary to respect clients' narratives such as preferences for psychotherapy theories and clients' folk theory of human change. A pluralistic approach in psychotherapy (Cooper & McLeod, 2011) is considered to be effective for putting those propositions into practice. However, a pluralistic approach could result in therapists being confused with multiple contradictory psychotherapy theories.

Key words: narrative; pluralism; psychotherapy

This article is the English translation of the original one "Nomura, H (2016). The client's narrative and pluralism in psychotherapy. Bulletin of Graduate School of Human Sciences Osaka University, 42; 255–272 (in Japanese) " The publication of its English translation has been permitted by Graduate School of Human Sciences Osaka University.
* Graduate School of Human Sciences, Osaka University, 1-2, Yamadaoka, Suita, Osaka 565-0871, Japan.

1. Reasons for talking about oneself and psychotherapy

In psychotherapy, the act of an individual with a mental problem visiting a specialist is seldom thought to be particularly strange. However, on occasion, you will find a case of a person arriving at therapy after various choices and by chance, as only one of many possibilities. An example is someone who visited a psychotherapist at a psychiatric clinic after their mental and physical condition deteriorated due to friction in interpersonal relationships in the workplace about which they had previously visited a specialist in legal or labor issues. If the specialist they visited had been able to resolve their problem, they likely would not have visited a psychotherapist, or, as an alternative scenario, if they had visited a consultation office for workplace harassment, they likely would not have visited a psychotherapist afterward. Alternatively, if this were a different culture or era, this type of problem may have been considered a problem of faith and the individual may have been sent to a religious leader, or perhaps it would have been seen as a community problem and entrusted to official community procedure. If we take an extensive look at cultural and historic background, it is easy to think of the act of visiting a person known as a "specialist" due to a problem related to some conception of the "mind" as a phenomenon unique to a certain cultural sphere or time. A deep interest in the mind and the thriving search for coping methods and explanations of the various phenomena considered its cardinal points are prominent characteristics of modern Japan, as well as some developed countries in the West. Taking this into consideration, we can now focus attention on the obvious fact that asking for help from an unknown specialist after categorizing a problem (or perhaps something akin to a faint discomfort that does not even seem like a problem or worry) as a problem of one's mind is actually just one of many reasons to talk about and restore oneself. Even if we suppose that one's reason for visiting a psychotherapist is "a problem of the mind," that "mind" may be diverse, including one's personality, ways of thinking and feeling, childhood experiences, and illness.

In what way do these diverse reasons that people depend upon to talk about themselves influence the development of individual cases in psychotherapy? Suppose, focusing on their role in understanding and solving problems, we call these reasons a type—albeit a simple one—of theory. Compared to psychotherapy theories, which can be considered the reasons professionals depend on, these reasons likely have not garnered sufficient attention in the past. It goes without saying that the various psychotherapy theories referenced by psychotherapists to understand the client and assist with their chief complaints require a great deal of commitment to develop and refine. Nonetheless, there is room left to explore effective psychotherapy in the theories held by the client, another actor influencing the development of individual cases in psychotherapy, and their interaction with the various psychotherapy theories. Accordingly, in this paper, I aim to explore ways to utilize the client's story and the reasons behind it—in other words, the client's narrative—based on its interaction with the various psychotherapy theories. In this pursuit, I would like to make the narrative a key concept. Considering the narrative as an abstract concept

which links events together allows us to simultaneously view the client's literal self-talk, the method of cognition stipulating this talk, and the psychotherapy theories used as reasoning.

The purpose of this paper is to comprehend the meaning of diversity in psychotherapy in Japan from a big-picture perspective. As the categorization of empirically supported psychotherapy advances in the U.K. and the U.S., the integration of psychotherapy practice into specific theories and methods is also advancing. Opposite of this trend, and inspired by the issues raised in unifying theories and methods, a pluralistic approach, directed at maintaining and restoring diversity, has been proposed (e.g., Cooper & McLeod, 2011). I do not doubt the results brought about by efforts to identify effective psychotherapy theories and methods for specific problem and disease groups. Nonetheless, depending on the social climate, this may result in unintentionally eliminating the opportunity for the client to connect with diverse psychotherapies. As such, in this paper, I would like to collectively investigate the significance of pluralism in psychotherapy in accordance with the client narrative.

Below, after first outlining methods of narrative cognition, I summarize the setting of psychotherapy based on those methods of cognition and investigate the narrative structures regulating the talk of both the client and the therapist. Then, I explore the path to the practical use of psychotherapy theories based on the client's narrative and consider the significance of a pluralistic approach on that path.

2. The narrative mode as a method of cognition

As the word "narrative" is equivocal, it possesses a richness which allows it to be used in various fields in diverse ways. On the other hand, it also possesses an ambiguousness allowing it to be used with differing meanings, not only between fields as one would expect, but even within the same field. As such, though the expectation that there will be multiple meanings increases given the extensive span of practice and research with narratives as a key concept in psychotherapy, it is not unusual to be bewildered when attempting to utilize them in practice. For example, focusing just within the field of psychotherapy, the word "narrative" is used in different ways in psychoanalytic therapy, cognitive therapy, and family therapy (Nomura, 2002). In other words, due to the ambiguity of the word "narrative," it has been bestowed various meanings in the various existing psychotherapy theories and it is, therefore, difficult to grasp a cohesive entity as "narrative therapy." Nonetheless, the narrative therapy of White and Epston et al. (1990/1992) and the collaborative approach of Anderson and Goolishian (1992/1997), which was introduced similarly in Japan as part of narrative therapy, are both forms of psychotherapy which place narratives above all else. These methods propose the technique of "externalizing problems" and the attitude of a "not-knowing position," which have had a considerable effect on the practice of psychotherapy. However, although psychotherapists—who tend to pursue concrete suggestions for practice—have focused attention on the novelty of

these proposals, one wonders if the way of thinking behind these ideas has been sufficiently appreciated.

In the practice of psychotherapy, it is reasonable to demand concrete methods directly connected to daily clinical practice. Nonetheless, the latent potential of narratives as a specific method would likely be overlooked if this concept were simply presented on the same level as other psychotherapy methods and consumed by the psychotherapy market. The concept of the "narrative" has not only given rise to specific psychotherapy theories, such as narrative therapy, but also to methods of contact and perspectives which inspire various practices and studies, including psychotherapies such as the narrative approach and narrative perspective. These lead to the foundations of practice. That is to say, the narratives are seen as methods of perception and thinking. The narrative as a method of cognition conceptualizes the meta-theory prerequisite to other theories (Narabayashi, 1999) and plays a role which does not stop at devising novel psychotherapy methods, but instead seeks to "restructure the entirety of clinical psychology in an integrated manner transcending differences between schools of thought" (Shimoyama, 2000).

Bruner's (1986/1998, 1990/1999) proposal, marking the dawn of narratives as a method of cognition, became one theoretical mainstay of research and practice with narratives as a key concept. According to this conception, the narrative mode is a method of perceiving and thinking that rivals the paradigmatic or logical-scientific mode. The narrative mode encourages focus on the act of ascribing meaning to experiences, something that has not been given sufficient consideration in traditional psychology (Bruner, 1990/1999). While the paradigmatic mode aims to discover universal mathematical truths through logical proof, the narrative mode aims to create truthful meaning through magnificent stories. Further, this narrative mode as a method of cognition exists under the influence of society and culture; individuals ascribe reasons and meaning to each experience while utilizing, or under the constraints of, the narrative as a discourse popularized in that society or culture.

Bruner did not necessarily develop the theory with psychotherapy in mind, but the concept of the narrative mode has a high affinity with psychotherapy. For example, according to Kawai (2003, p. 220), who has been actively advocating for the close relationship between psychotherapy and narratives since early on, "to make their experiences their own and to settle them within their heart, it is necessary for humans to skillfully integrate those experiences within their view of the world and their view of life. That action, in other words, is to make a narrative which brings one to accepting that experience into oneself and to discover reasons that lead to there." Further, the emphasis on narrative truth compared to historical truth in psychoanalytic therapy (Spence, 1982) perhaps represents the attitude of psychotherapy as a whole of actively considering the subjective reality in which individuals believe more so than objective facts accepted by society. As described above, the "narrative bringing one to acceptance" and the narrative truth that psychotherapy aims for are thought to be supported by the narrative mode

proposed by Bruner as methods by which people perceive the world. What does the narrative mode as a method of cognition bring to psychotherapy, aside from the proposal of new methods of practice? In order to more extensively explore its latent potential, I first attempt to summarize the dialogue in psychotherapy from the perspective of the narrative mode as a method of cognition.

3. Psychotherapy from the perspective of the narrative mode

Consider the dialogue between the client and the therapist in psychotherapy from the perspective of the narrative mode (Figure 1). In the figure, the narrative content—what one talks about—is referred to as the "story," while the way of speaking—how one talks—is referred to as the narrative structure. It is hypothesized that, even when what a person talks about differs greatly, that person's tendencies—in other words the structure—can be detected as a certain regularity in how they talk.

The narrative mode emphasizes the meaning people give to experiences and focuses attention on generating a high-quality story that is highly credible to the individual. For example, in one case managed by the author, the story generation process in psychotherapy can be described as follows (Nomura, 2006). A mother undergoing treatment for mental illness arrived for consultation with a chief complaint of abusive language and violence from her elementary-aged son. At her first visit, this client discussed these events in the form of a list; links between events were scarce and she was constantly bewildered by the inexplicable events caused by her son. In the end, the client began to discuss her son's behaviors in order along with their impetus and

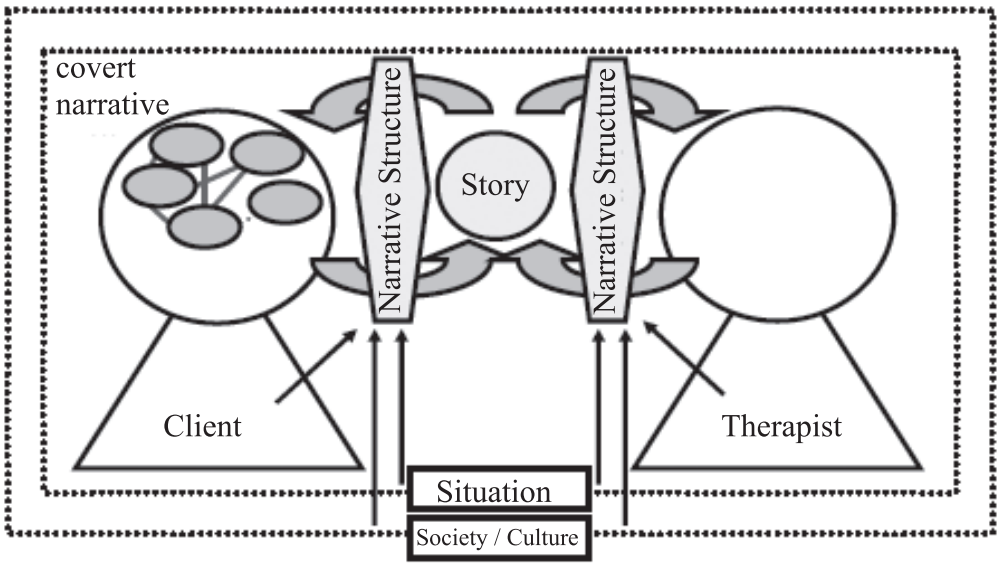

Figure 1. Psychotgehrapy from the perspective of the narrative

consequences, rather than as a fragmentary list—for example, connecting her relentless reprimands of her son and the anger these caused in him to his abusive language and violence. Meanwhile, she also began to explore and discuss causes and past processes that could not be overlooked regardless of her son's problems, such as her own "nervous personality," her work experience as a school teacher, and her history of being raised by parents who were also school teachers. Perhaps the client referenced the interview setting and the relationship with the therapist in that setting and thus became able to make connections to her daily life and interpersonal relationships and discuss them. As the case developed, the client logically reasoned and came to understandings by giving a narrative structure to various events. The client deepened her understanding of the impetus, reasoning, and background of her son's problematic behavior, at the same time deepening her understanding of her son. She was also able to change her actual way of dealing with her son, and positive changes were seen in his original problematic behaviors.

As shown in the diagram in Figure 1, it is thought that the narrative structure (i.e., logical reasoning) is involved when the client presents their internal representation, or the "covert narrative," as the story in this process. When the "covert narrative" is represented as the "overt narrative," the process of putting the events into words and, further, revealing them to another person, has a recursive effect on the "covert narrative" (Nomura, 2014a). The narrative is under the influence of individual circumstances in the sense that the narrative structure works precisely because one is speaking to a specific "other" in the form of a therapist in the setting of psychotherapy, which differs from daily life. Further, narrative structure is influenced by society and culture in the sense that individual stories utilize ways of speaking about events circulating in their society and culture or are restricted by those ways of speaking.

Of course, the story of the therapist is not unrelated to the story of a client following the above course. From the perspective of the narrative mode, the simple act of listening to a story has a participatory effect on that story. For example, the client's story is modified according to various factors inherent to the therapist and the relationship between the two parties, such as ease of acceptance and ease of understanding for the listener. This says nothing of the fact that most therapists in the specific setting of psychotherapy will listen while striving for client transformation under the influence of psychotherapy theories. In the above-mentioned case, the therapist's encouragement, bearing in mind the parental training of behavioral therapy, which focuses primarily on a stimulus/response diagram, likely mediated the process in which the client put in order the impetus and consequences of her son's problematic behaviors, which she had previously discussed in a fragmentary manner. Further, the therapist's encouragement referencing psychoanalytic thinking was likely involved in the process in which the client mentioned her life history beginning with her childhood family circumstances as a remote cause of her son's problems or in which she connected her relationship with the therapist and her interpersonal relationships to people she deemed important. The various psychotherapy theories are equipped with reasons which explain and predict the series of processes from the occurrence of a problem

or illness to its solution or recovery. Accordingly, the questions and responses raised by the therapist while listening to the client's story take on different structures according to these psychotherapy theories. In other words, therapists attempt to focus attention on some areas of the client's story over others and to revise certain areas in a specific direction. This kind of weighing or selection has an effect on the client's story.

As discussed above, when one references the narrative mode and understands dialogue in psychotherapy as the generation of a narrative that the client can understand, both parties give reason to the events according to the narrative structure and delineate the way in which the client's daily life will transform along with its development. What supports the narrative structure of the client and the therapist? We will look at each of these next.

4. The client's narrative structure

How do people come to visit a psychotherapist's office and talk about themselves? Perhaps it is difficult to continue harboring the discomfort occurring in their daily lives in its present form. People "abhors a vacuum of meaning," such as an indescribable discomfort (Frank & Frank, 1991, p.24), and find it difficult to endure. "One of the most demoralizing aspects of the apologia is frequently the lack of a coherent plot that explains why the experiences occurred" (ibid, p. 71). Accordingly, people seek to resolve their discomfort by understanding its cause and course. In understanding the causes and course of discomfort, some kind of reasoning is applied. This reasoning would, for example, be the causal relationships or temporal order of events. We provide reasons such as a causal relationship or temporal order because, first, people often possess and reference these stories themselves, and further, behind these are reasons provided by society and culture, including science or religion. People may seek lawsuits, medical care, or faith due in some way to that reasoning in order to resolve their discomfort. Further, various reasons can be integrated through the media in the modern age, and this also puts pressure on the reasons. When a reason based on the mind is selected, the choice then becomes to visit a psychotherapist.

In the process of becoming a psychotherapy client, it is necessary to categorize discomfort occurring in the self or others as a problem of oneself or of one's "mind." If discomfort is not categorized as one's own problem but someone else's, or if it is a problem of oneself but not a problem of one's "mind," that person will at the very least not voluntarily become a psychotherapy client, but rather will likely use a different type of service.

Suppose a female working in a managerial position is exhausted after receiving severe harassment from her subordinates and coworkers and visits a psychotherapist at a psychiatric clinic. She is given psychotherapy precisely because her problem is categorized as a "mental" problem. But what would have happened if she had initially visited a labor standards inspection office, women's center, or harassment consultation office rather than a psychiatric clinic?

It likely would have been categorized as a labor problem, a gender problem, or harassment, and it would have been treated accordingly. In this event, the aim would not have been changes in the patient herself, as in psychotherapy at a psychiatric department, but instead changes in others, such as those involved in the office, or even more widely, a revolution of the social system. What can be seen from this hypothetical case is that the way in which one initially categorizes discomfort may change the development thereafter.

Even when there are various plausible reasons, in some developed countries, the prevalence of reasons based on the "mind" is increasing. Through the permeation of "habits of the heart," "therapy is gradually attempting to become a paradigm for all human relationships" (Bellah et al., 1985/1991, p. 147) and there is a trend in which "a therapeutic way of thinking takes over for morality" (ibid, p. 156). That is to say, as a method for recognizing one's various experiences and shaping the self, psychotherapy is not limited to the therapist's office. Rather, its presence is expanding into society and culture (Cushman, 1995; Shimazono, 2002). In fact, it has been demonstrated that an affinity for reasons focused on the mind is involved in the success or failure of psychotherapy among psychotherapy clients. For example, psychological mindedness (Piper et al., 1998) indicates a tendency to understand psychologically, by connecting various problems to the mind, and the higher this tendency is in a client, the more likely psychotherapy will be effective.

The existence of narrative structures that clients are already likely to depend on also suggests methods for resolving discomfort. These are theories for solving problems that suit the person and the person's "theory of change" (e.g., Coleman et al., 2004; Robinson, 2009; Knight et al., 2012). While a therapist's theories are formal theories, these are informal theories (Held, 1991). Even though these are called informal, their influence is not inferior; rather, informal theories —which are difficult to objectify and are ingrained in the individual—may have a strong influence on the individual as folk theories.

5. The therapist's narrative structure

Next, we will also outline the therapist's narrative structure. As in the abovementioned case, therapists listen and reply to clients' narratives while referencing formal, professional psychotherapy theories. If psychotherapy theories are considered to be an accumulation of knowledge regarding how therapists listen and reply, we could say that the therapist's narrative structure is stipulated by existing psychotherapy theories.

However, from the perspective of the narrative mode, even these psychotherapy theories on which therapists depend do not have a privileged position and have come to be considered one of many types of narrative. Particularly, the collaborative approach by Anderson and Goolishian (1992/1997)—which is thought to faithfully embody social constructionism—indicates that the psychotherapy theories on which therapists usually depend risk narrowing the

breadth of the client's free narrative and recommends that the therapist take on a position called "not-knowing," asking questions based on curiosity. However, to ensure the position of not-knowing, it is essential that the therapist be aware of the knowledge they already possess (Nomura, 2014b). Advocating a position of not-knowing without that awareness could instead lead to one being tacitly influenced by subconscious knowledge. Like psychotherapy theories and unlike intentionally acquired knowledge, knowledge unconsciously acquired in daily life and in job activities outside of psychotherapy is difficult to recognize and on its own can have a strong influence on psychotherapy practice. Even if one establishes a goal of not-knowing, one must be aware of the knowledge they possess, including knowledge of psychotherapy, at least during the process of arriving at that goal.

In this way, the therapist's narrative structure contains the structure personally adopted by the therapist before including psychotherapy theories. Therefore, training for therapists has begun attempting strategies for this awareness. For example, the personal approach to counselor training by McLeod (2004) incorporates work aiming to make one aware of things like reflection on developmental history, including previous employment, as "things being brought into the counseling room" and implicit assumptions about human change as "experiences that changed one's own behavior." Alternatively, the experiment by Komori, Noguchi, and Nomura (2003), in which one "introduces one book that influenced them and writes about how it has affected their practice using actual cases," also draws attention to the therapist's narrative. In this experiment, reporting on cases that the therapist was responsible for is bound together with "the narrative of the clinician themselves"—in other words, the therapist's personal history, which is hidden by cases and specialized theories and is often difficult to express. It can be said that these strategies strive for awareness not only of psychotherapy theories, but also of the narrative structures that therapists tend to depend upon.

6. How to utilize the client's narrative

In recent years, the tendency to attempt to come as near as possible to the client's point of view has been promoted as a key to understanding the success or failure of psychotherapy (Nomura, 2013). This study explores methods of utilizing the client's narrative with reference to this trend.. First, how are psychotherapy theories seen through the client's eyes? Theories of psychotherapy are seen as a type of story (Richert, 2006), more like a myth than science (Frank & Frank, 1991/2007). This story represents how smoothly one's daily life is lived, its function and dysfunction. Accordingly, from the client's point of view, theories of psychology may be seen as stories that explain their discomfort and disorder and present a path toward recovery. It is knowledge of the client's preferences that presents those things. Like the therapist, the client also has a preferred theory of psychotherapy. If one attempts to grasp those preferences according to the "contents" of the theory, rather than the "cover," the four aspects shown in

Table 1.
Various aspects of client preferences (Berg, Sandahl, & Clinton, 2008)

Outward Orientation
It is important to help me define concrete goals.
Good treatment would teach me to behave in a different way.
I would be helped by homework that focuses on applying practical problem solving.
I need a therapist who can take initiative and give me good advice when it is needed.
Inward Orientation
I need to reflect on painful experiences from earlier in my life.
I want to understand my relationships with others better.
I want to be able to reflect on my dreams together with my therapist.
I want to have help putting my feelings into words.
Support
I need a therapist who can offer support.
I need help from someone who can encourage me.
A good therapist is warm and friendly.
The most important thing is that my therapist likes me.
Catharsis
I need help to become more spontaneous.
It is important for me to express strong feelings in treatment.
A basic requirement for successful treatment is being able to 'blow off steam.'
I need to express feelings that have been suppressed.

Table 1 emerge (Berg et al., 2008). It was found that the various theories of psychotherapy, which can be divided into categories from the therapist's point of view, are understood by the client from the aspects of "outward orientation" (emphasizing actual behavior), "inward orientation" (emphasizing introspection), "support" from the therapist, and "catharsis" (expressing emotions). Thus, considering the client's preferences may enhance the effects of psychotherapy (e.g., Swift & Callahan, 2009).

We also know that effective psychotherapy differs depending on the client's own way of reasoning regarding the cause of their illness. The reasoning that it is a problem of the mind can be subdivided into problems of personality, the unconscious, cognition, and emotion, so the reasoning regarding the cause of depression varies from client to client. According to Addis and Jacobson (1996), clients' reasoning regarding the cause of depression included childhood reasons, interpersonal conflict, personal characteristics, and existential reasons. Among these, the effects of cognitive therapy were highest for clients reasoning existentially. Effective psychotherapy also differs depending on what one considers to be influencing the results of their behaviors—in other words, their locus of control. While directive psychotherapy was effective for an external locus of control (other people, luck, etc.), non-directive psychotherapy was effective for an internal locus of control (ability, effort, etc.) (Foon, 1987). In addition, compatibility between the stories known as psychotherapy theories and the stories the client tells

about their life is being explored while orienting towards the integration and eclecticism of psychotherapy. For example, Richert (2006) believes that the similarity between the life story the client tells and the stories of human functionality included in psychotherapy theories strengthen the alliance between client and therapist, bringing about the effects of psychotherapy. Accordingly, classification of clients' life stories and the stories of psychotherapy theories respectively is being attempted.

As shown above, like the therapist, clients are also compatible with certain preferences and theories. Therefore, when practicing psychotherapy, it is significant to focus attention on the client's narrative and its structure, beginning with the client's preferred theory, in the sense of focusing on reasoning which allows the client to easily understand and explain various events. Of course, it is also possible for narrative structures supported by academic knowledge represented by psychopathology and abnormal psychology to become the structure in which the client talks about themselves. However, what those engaged in psychotherapy want to be careful of here is that this is but one possible structure. There are certainly times when, to the client, the structure of discussing oneself in accordance with the results of diagnosis and assessment is seen as the only structure. Nonetheless, the therapist opening up the possibility of narrative structures in which the self is discussed according to not one but various stories (perhaps embodying the "not-knowing position" discussed above) likely has a considerable effect on the client's narrative and the development of psychotherapy.

Regarding this way of utilizing the client's narrative, the trend of using the narrative approach in medical care is evocative. On the topic of narrative-based medicine (NBM), Saito (2012, p. 79) notes that "NBM considers all of the multiple theories and ideas in medicine as 'another narrative' and respects pluralism." A lot can be learned from the direction of NBM, which sets aside whether psychotherapy can be considered in the same category as the "theories and ideas" of medicine that have been exposed to strict, evidence-based screening, and instead emphasizes consensus building between the client's narrative and expert knowledge. Thus, the pluralism so respected in NBM has started to garner attention in psychotherapy as well.

7. Pluralism in psychotherapy

Pluralism of psychotherapy theories is needed if one seeks to match a theory to a narrative structure that makes it easy for the client to talk about themselves, rather than seeking to match the client to a narrative structure in the form of a theory on which the therapist depends. There are two general methods considered as ways to embrace pluralism in psychotherapy. First, if individual therapists remain experts in a single theory, but each therapist depends on a different theory, this would lead to pluralization of theories for the group of therapists as a whole. This is a method for therapists to realize pluralism not as individuals, but as a group. This method assumes that there are therapists depending on various psychotherapy theories and requires an

environment in which therapists bear in mind the limitations of their own theory, and further, refer the client to a therapist depending on a different, more suitable theory in cases that exceed those limitations. However, among actual settings of psychotherapy practice in Japan, there are few in which the theory and approach the therapist depends on are explicitly stated to the client or other therapists. As such, to adopt this method, it would be necessary for each therapist to share information, explicitly stating which psychotherapy theory they depend on or from which approach they carry out psychotherapy to clients and other therapists.

The second method for realizing pluralism would be for each individual therapist to reference various psychotherapy theories. The individual therapist must be flexible if we cannot realize an environment in which therapists explicitly state the psychotherapy theories they depend on to the client and the client can choose the type of psychotherapy or the therapist as is prerequisite to the first method. Thus, the second method consists of an individual therapist who is familiar with several psychotherapy theories and who selectively references and applies these psychotherapy theories in accordance with the characteristics of the case. In other words, in this method, pluralism is realized by each individual therapist. Compared to the first method, which requires modifying the social environment surrounding psychotherapy, the second method is within the scope of an individual therapist's efforts and is likely nearer to the actual state of affairs in Japan.

Regarding the realization of pluralism in this way, in the U.K., which is exploring a dialogue and mutual utilization of narrative-based and evidence-based approaches, Cooper and McLeod (2011) propose a pluralistic approach. Recently, person-centered therapy was removed from the guidelines for the treatment of depression in Scotland. Cooper and McLeod are aware of the risks of monism in psychotherapy that this kind of change represents. An assumption of the pluralistic approach is that "different things are likely to help different people at different points in time" (Cooper & McLeod, 2011, p. 6). Accordingly, it is considered fruitless to explore the superiority of one psychotherapy relative to others. In recommending this approach, they carefully chose the phrase "pluralistic perspective." A perspective is a way of understanding things, a point of view. For example, in practice, if one has chosen one particular psychotherapy but is open to the possibility that a different psychotherapy may be more effective as a way of understanding, one's perspective is pluralistic. Meanwhile, if one selectively applies several psychotherapies in practice, but considers one among them to be the only correct way of understanding, one's perspective is not pluralistic, but monistic.

In the pluralistic approach Cooper and McLeod propose, one strives to actively incorporate the client narrative into the practice of psychotherapy and reconcile it with psychotherapy theories. Accordingly, they recommend using a questionnaire like that shown in Table 2 for various aspects of case development. Although there may be an inclination to hesitate in executing a questionnaire like this in the current state of psychotherapy in Japan, to say the least, it could provide a clue for incorporating the client's point of view into daily clinical practice.

Table 2.
Therapy personalization questionnaire

I would like my therapist to:		
Use more techniques and exercises	----------	Use less techniques and exercises
Take more of a lead in the therapy	----------	Allow me to take more of a lead in the therapy
Focus more on my past	----------	Focus more on my future
Give me more advice	----------	Give me less advice
Focus on specific goals	----------	Just be with me in the therapeutic relationship
Focus more on my feelings	----------	Focus more on my thoughts and cognitions
Focus more on my strengths and abilities	----------	Focus more on my problems and difficulties
Focus on my current issues	----------	Focus more on deeper, underlying issues
Tell me more about themselves as a person	----------	Tell me less about themselves as a person

Note. Excerpt from Cooper and McLeod (2011) Appendix B "Therapy Personalisation Form". Assessed on an 11-point Likert scale between both extremes.

8. Problems with pluralism in psychotherapy

In exploring the path of utilizing the psychotherapy client's narrative while referencing the therapist's narrative and psychotherapy theories and with narrative cognition methods as a clue, the significance of the pluralistic approach has been explored as one guidepost along the way. If one believes that actual psychotherapy in Japan is largely eclectic, and that a more skilled therapist is one who is flexible, without becoming caught up in theories, it is difficult to say that a particularly new theory was developed. Once in a while, in my office, I will have a seat in the chair usually reserved for clients and take a different look at the office from there. The endeavor of this paper—to take off the colored glasses of psychotherapy theories and take a different look at theories with the naked eye—is similar to this. In the narrative approach, following from narrative cognition methods, the client's point of view is emphasized as expressed by Cooper and McLeod: "If we want to know what is best for clients, we should start by asking them" (2011, p. 13). This is done by lending an ear to the explanatory model of the concerned party and emphasizing the world they experience (Morioka, 2015), and more widely, taking back the sovereignty of the individual receiving care in society (Ueno, 2011).

However, some problems remain in the pursuit and preservation of pluralism in psychotherapy. First is the flooding in of psychotherapy theories. While it has conventionally been argued that the usefulness of certain psychotherapies for certain illnesses or problems can be ascertained, the equivalence of the effects of various psychotherapies has also been claimed. The latter argument is likened to the "Dodo Bird Verdict" (summarized in Duncan, 2010), a side story from *Alice in Wonderland* in which all participants in a war become victors, and has led to the standpoint that no major superiority or inferiority between psychotherapy theories has been shown. Nonetheless, even if it is necessary for the preservation of pluralism, this is not to say

that a chaotic influx of psychotherapies is desirable. At the very least, if we say that all psychotherapies bring about the same results, it is not unlikely that this would seem irresponsible from the standpoint of the psychotherapy consumer. Rather, in light of probability theory, there likely is significance to exploring the superiority of the various types of psychotherapy. Indeed, it is necessary to have some form of brake to avoid anarchy. The ideological foundation for this brake is pragmatism with a concrete method in the form of research. Hereafter, efforts to ascertain a useful psychotherapy suitable for the client, without falling into relativistic nihilism, remain necessary. As difficult as it may be, even if the usefulness of a certain psychotherapy has been temporarily shown, I would like therapists to be aware that that usefulness is based on the specific client or the specific sociocultural/temporal background. Pluralistic psychotherapy must take on the difficulty of walking the narrow road between falling into relativism and being content with absolute knowledge.

The second challenge is the significance of adherence to a specific theory. Acknowledging pluralism is difficult to reconcile with adherence to a specific theory. However, as "the adherence of therapist and patient to the same therapeutic myth creates a powerful bond between them" (Frank & Frank, 1991, p. 44), the act of both the client and the therapist adhering to the same specific psychotherapy theory may be responsible for part of its effect. Bearing in mind that "at least part of the efficacy of psychotherapeutic methods lies in the shared belief of the participants that these methods work" (ibid., p. 3), it is necessary to have a plan so that the result of the pursuit and preservation of pluralism does not become frivolous psychotherapy. As a matter of course, there are some psychotherapy theories which are idealistically or technically incompatible, and it is inevitable that a single therapist attempting to pluralistically utilize multiple theories will be faced with a contradiction. Regarding these problems, I would like to discuss this manuscript again with reference to information related to theoretical integration and eclecticism.

Looking back on history, subjects of clinical psychology in the present day have grown from a limited minority of clients, to an extensive majority. While clinical psychology is being "socialized," it is likely necessary that it be a "commodity," suitable for the average client, but we must also demand efforts to explore "specialty," suitable for each individual client.

References

Addis, M.E., & Jacobson, N.S. (1996), Reasons for depression and the process and outcome of cognitive-behavioral psychotherapies. *Journal of Consulting and Clinical Psychology*, 64, 1417–1424.

Anderson, H., & Goolishian, H. (1992), The client is the expert: A not-knowing approach to therapy. In S. McNamee & K.J. Gergen (Eds.), *Therapy as Social Construction*. Sage Publications. Noguchi, Y., & Nomura, H. (Trans.) (1997), The client is the expert: A not-knowing approach to therapy. *Narrative Therapy: Therapy as Social Construction*. Kongo Shuppan, p. 59–88.

Bellah, R.N., Madsen, R., Sullivan, W.M., Swidler, A., & Tipton, S.M. (1985), *Habits of the Heart: Individualism and Commitment in American Life*. University of California Press. Shimazono, S., & Nakamura, K. (Trans.) (1991), *Habits of the Heart: Individualism and Commitment in American Life.* Misuzu Shobo.

Berg, A.L., Sandah, C., & Clinton, D. (2008), The relationship of treatment preferences and experiences to outcome in generalized anxiety disorder (GAD). *Psychology and Psychotherapy; Theory, Research and Practice*, 81, 257–259.

Bruner, J.S. (1986), *Actual Minds, Possible Worlds*. Harvard University Press. Tanaka, K. (Trans.) (1998), *Actual Minds, Possible Worlds.* Misuzu Shobo.

Bruner, J.S. (1990), *Acts of Meaning*. Harvard University Press. Okamoto, N. et al. (Trans.) (1999), *Acts of Meaning*. Minerva Shobo.

Coleman, S., Kelledy, L., & Kopp, S. (2004), The client's theory of change: Integrating approaches one client at a time. In B.L. Duncan, S.D. Miller, & J.A. Sparks (Eds.) *The Heroic Client: A Revolutionary Way to Improve Effectiveness Through Client-Directed, Outcome-Informed Therapy*. Jossey-Bass, p. 119–146.

Cooper, M., & McLeod, J. (2011), *Pluralistic Counselling and Psychotherapy*. Sage Publications.

Cushman, P. (1995), *Constructing the Self, Constructing America: A Cultural History of Psychotherapy*. Da Capo Press.

Duncan, B.L. (2010), Prologue: Saul Rosenzweig: The founder of the common factors. In B.L. Duncan, S.C. Miller, B.E. Wampold, & M.A. Hubble (Eds.) *The Heart & Soul of Change: Delivering What Works in Therapy*. 2nd ed. American Psychological Association, pp. 3–22.

Foon, A.E. (1987), Locus of control as a predictor of outcome of psychotherapy. *British Journal of Medical Psychology*, 60, 99–107.

Frank, J.D., & Frank, J.B. (1991), *Persuasion and Healing*. 3rd ed. The Johns Hopkins University Press. Sugihara, Y. (2007), *Persuasion and Healing: A Comparative Study of Psychotherapy.* Kongo Shuppan.

Held, B.S. (1991), The process/content distinction in psychotherapy revisited. *Psychotherapy: Theory, Research, Practice, Training*, 28, 207–217.

Kawai, H. (2003), *People and Narratives: The Collected Works of Kawai Hayao*. Iwanami Shoten.

Knight, T.A., Richert, A.J., & Brownfield, C.R. (2012), Conceiving change: Lay accounts of the human change process. *Journal of Psychotherapy Integration*, 22, 229–254.

Komori, Y., Noguchi, Y., & Nomura, N. (2003), *Narratives by Therapists/Therapists in Narratives*. Nippon Hyoronsha.

McLeod, J. (2004), *The Counsellor's Workbook: Developing a Personal Approach*. Open University Press.

Morioka, M. (2015), *Clinical Narrative Approach*. Minerva Shobo.

Narabayashi, R. (1999), Narratives of youths who repeatedly act out and their families. Komori, Y., Noguchi, Y., & Nomura, N. (Eds.) *Narrative Therapy World*. Nippon Hyoronsha, p. 220–237.

Nomura, H. (2002), Critical review of narrative approach in psychotherapy: Application and operation of the concept "narrative". *The University of Tokyo Graduate School of Education Research Bulletin*, 42, 245–255.

Nomura, H. (2006), Narrative structure told by a client: Discussion of narrative process based on a clinical case. *Journal of Japanese Clinical Psychology*, 24, 347–357.

Nomura, H. (2013), The significance of the narrative approach in psychotherapy process research: The researcher's way of representing "I" and approaching the client's point of view. *N: Narratives and Care*, 4, 9–15.

Nomura, H. (2014a), Covert narratives after life-history interviews: Investigation on involuntary memory recall among the middle-aged and the elderly. *Journal of Japanese Clinical Psychology*, 32(3), 336–346.

Nomura, H. (2014b), Subjectivity and objectivity in clinical practice of psychology from the viewpoint of narrative approach: Pathway and possibility to share the co-constructed narratives. *The Japanese Journal of Humanistic Psychology*, 32, 79–86.

Piper, W.E., Joyce, A.S., McCallum, M., & Azim, H.F. (1998), Interpretive and supportive forms of psychotherapy and patient personality variables. *Journal of Consulting and Clinical Psychology*, 66, 558–567.

Richert, A.J. (2006), Narrative psychology and psychotherapy integration. *Journal of Psychotherapy Integration*, 16, 84–110.

Robinson, B. (2009), When therapist variables and the client's theory of change meet. *Psychotherapy in Australia*, 15, 60–65.

Saito, S. (2012), *Narratives and Evidence in Medicine: From Conflict to Harmony*. Tomi Shobo.

Shimazaono, S. (2002), The status of therapy culture. Tanabe, S., & Shimazono, S. (Eds.) *Healing Amidst Connection: The Development of Therapy Culture*. Senshu University Press, p. 1–33.

Shimoyama, H. (2000), *The Clinical Basis of Psychology 1: Clinical Ideas and Practices in Psychology.* Iwanami Shoten.

Spence, D.P. (1982), *Narrative Truth and Historical Truth: Meaning and Interpretation in Psychoanalysis*. Norton.

Swift, J.K., & Callahan, J.L. (2009), The impact of client treatment preferences on outcome: A meta-analysis. *Journal of Clinical Psychology*, 65, 368–381.

Ueno, C. (2011), *Sociology of Care: To a Society of Welfare for the Concerned Party's Sovereignty*. Ohta Publishing.

White, M., & Epston, D. (1990), *Narrative Means to Therapeutic Ends*. Dulwich Centre Publications. Komori, Y. (Trans.) (1992), *Narrative Means to Therapeutic Ends*. Kongo Shuppan.