Tone as a Measure of the Relationship in Psychotherapy and Other Co-Narrative Experiences

Daniel Goldin, M.A.

This paper applies concepts from literary theory and neuroscience to examine how the tone of a client’s narrative reflects the tenor of the relationship between therapist and client. I consider how autobiographical memory is co-constructed first by child and caregiver and later within other significant telling relationships, such as that between therapist and client. I explore how the implicit, relational aspects of telling emerge in these narratives as tone, and I offer a case history illustrating how changes in the tone of a client’s narrative measure interpersonal (and intra-psychic) change.

Therapy involves a client constructing narratives with an active listener. Whether the therapist interprets, co-constructs stories, or simply listens empathically, his or her role is to be a kind of intimate audience. I intend to show how the tone of a client’s narrative reveals the essence of this telling–listening relationship.

In literary theory, tone is defined as the author’s attitude toward his subject matter as co-determined by his audience (Abrams, 1981; Cuddon, 1991). It is a kind of feeling one extracts from the experience of reading; a gestalt put together out of such intangibles as word choice, syntax, and context. One speaks of an author conveying an ironic tone, a sincere tone, an angry tone, and even an objective tone. Tone exists apart from the story or

Daniel Goldin, M.A., is a psychotherapist in private practice in Encino, California.
the content. It represents the subjective, persuasive part of telling—how the author connects to his or her audience.

In the clinical situation, clients also tell their stories in a variety of tones, although this difficult-to-define aspect of therapy is rarely noted in the literature. I believe that tone in therapy often originates in early important telling relationships, particularly those between child and caregiver, and reemerges as a kind of transference. In such cases, the client conveys an attitude toward the material of his or her life that does not seem to take into account the person sitting opposite him or her. Rather, his or her story seems designed for a different—perhaps even hostile—mental medium. In a case study, I hope to demonstrate how changes in the tone of a client’s narrative can represent a working through of old relationships within a new listening relationship.

In the first two parts of this paper, I consider narrative as an extended form of consciousness that allows humans to understand change. Next, I consider how this capacity develops through collaborative co-narrative experiences with important others, and I examine how the relationship between teller and listener drives and shapes these experiences. I then look closely at what goes into these co-narrative encounters and consider how the relationship shows up in a narrative as tone. Finally, I offer a case study of a teenage girl who adopted a sarcastic tone in the early telling of her experiences to a traumatizing mother, a tone that persisted into adolescence, and I consider how changes in the tone of her narrative reflect a new relationship in therapy.

A Macro View of Narrative

All narratives, from autobiographical vignettes to Greek myths to movie blockbusters, have in common that they contain a person or anthropomorphous being (at least one) who experiences change. A story or narrative can be conceptualized as how humans represent the personal experience of change. We accomplish this representation by dividing experience into three parts. At a minimum, a story requires a beginning, a middle, and an end.

The beginning establishes a status quo, a period of automatic functioning. One way to conceptualize the beginning is that it describes a period prior to the story proper. In Romeo and Juliet, for example, we are shown a town divided by a pair of feuding families, the Montagues and the Capulets,
who have been fighting as long as anyone can remember. This is the status quo, the initial period.

The second part of the story takes off when something new happens. An event disrupts the homeostasis. Some literary theorists refer to this event as the “inciting incident” (McKee, 1997). Daniel Stern (2004), in his analysis of micro-incidents in psychotherapy, calls it simply “trouble.” Romeo meets Juliet and falls instantly in love with her. Following the inciting incident is the difficult middle part of the story. This is a highly conscious period of uncertain outcome, what Stern (2004) calls a “now” period. This period is marked by disorganization, anxiety, and a call to action. Something must be done.

The end brings resolution to the story and points to the future. Romeo and Juliet unite their warring families through mutual suicide.

A story considers the past, the present, and the future retrospectively, locating even the present and the future in the past. It does not seem possible to consider temporal movement except as it falls into this tripartite structure.

**A Micro View of Narrative**

In micro-dissecting films of mother–infant interactions, Tronick and others (Tronick, 1986) have found that mothers frequently fail in being accurately attuned to their infants. Under optimal circumstances, the infant’s response to these ruptures produces a corrective response from the mother, from which follows a new realignment of mental states in the dyad. Tronick argues that psychopathology arises not from misattunements *per se* but from maternal failure to provide the corrective response that results in realignment. In other words, the story is left in its chaotic present-tense period without resolution. This is in line with the thinking of Kohut (1984), who argued that in the clinical situation the repair of inevitable empathic ruptures between therapist and patient lead to the “transmuting internalizations” he associated with psychological growth.

If we look closely at Tronick’s (1986) micro-interactions and Kohut’s (1984) notion of transmuting internalizations, we see the same principle at work that informs great cultural narratives such as *Romeo and Juliet*. We begin with a status quo or initial period, in the case of the micro-interactions a period of attuned communication between mother and infant. An inciting incident or trouble comes in the form of a misattunement or rupture. We are now in the middle, present-tense period of the story, Stern’s (2004)
“now” period—a time of disorientation, anxiety, and uncertainty of outcome. Resolution comes in the form of the maternal corrective response, which points to the future period of the story, a realignment of mental states.

Just as the child generalizes these interactions into models of how to be with another, she also abstracts their structure as a template for future verbal narratives. Attunement-rupture-repair cycles can be conceptualized as proto-narrative experiences that lay down the early foundations of telling to another. These are examples of what Stern (2004) calls “lived stories,” experiences that are “narratively formatted in the mind but not verbalized or told” (p. 55) It seems that before the mind can consider a past, a present, and a future retrospectively, it must experience the structure in the present.

Markedness is another example of how infants absorb the structure of narrative before the emergence of explicit memory and language. The word describes the process wherein a caregiver comforts a baby by speaking the baby’s emotions out loud in a way that makes them seem okay (Fonagy et al., 2002). “Aww, you must be soo tired and sad,” a mother might say, putting quotation marks around the baby’s feelings. In part, markedness enables the baby to develop secondary representations of primary emotional states by seeing her own fragmented feelings reflected coherently in her mother’s behavior. But, markedness serves a regulatory function as well. The mother supplies an implied narrative, a sense that the baby was not always tired and that she will not be tired forever. A recalled past and an anticipated future are the hidden Lynchpins of markedness, a scaffolding that protects the preverbal infant from experiencing her present agony as existing in perpetuity.

It is not a giant leap to suppose that a kind of working model of narration might emerge out of these proto-narrative interactions and shape expectations in future memory talk with caregivers.

**Autobiographical Memory**

It is interesting to note that a sense of having a self that experiences and acts in time is a late development in species evolution as well as in the growth of individual humans. The memory systems in mammals and the first memory systems that arise in infants are thought to be implicit, where past events affect future functioning outside of awareness (Siegel, 1999). Implicit memory allows an infant or a mammal to respond self-protectively
to cues based on an earlier event without explicitly “remembering” that event. Our mental models, such as those that arise in infants in respect to attachment, are a result of the generalizing tendency of implicit memory. The growth of the hippocampus at 16 months or so seems to enable noetic (knowing) consciousness, an abstracting tendency or fact memory. For instance, a child can know that a dog’s tongue is wet without recalling explicitly an incident of being licked by the particular dog that gave rise to this fact knowledge. Late in the game, between 2 and 6 years old, the child begins to develop full autonoetic (autobiographical) consciousness, Tulving’s (2002) “mental time-travel,” which entails being able to recall explicitly the experience of being licked at a specific time by a particular dog. One is used to thinking of our ability to generalize and abstract as emerging from awareness of particular experiences (we generalize about a group of experiences or abstract from an experience), but the opposite appears to be true. We learn backwards, generalizing and abstracting first; then, as a kind of frill, peculiar to humans alone of all animals, evolution endows us with the capacity to represent in narrative form the process by which we generalize and abstract.

Our ability to represent implicit processes in the form of a narrative seems to confer on us the ability to override their imperatives. We go from being reactive beings, responding non-consciously to cues from the past, to being deliberate humans, able to modify our own automatic impulses. A creature with only implicit memory (a mammal, a newborn) lives locked in what the neuroscientist Gerald Edelman (2004) refers to as the “remembered present,” a perpetual now whose events generate feelings from the past outside of awareness. A rustle in the bushes might cause such a creature to flee, if a rustle in the past had preceded an attack by a tiger, without the creature explicitly recalling the previous tiger attack. It is easy to see how this capacity adds survival value to a species. An implicit memory system is “smarter” and more discriminating than an instinct. But, it is still rather crude. By contrast, a human with autobiographical memory confronted with the same rustling bush might also feel an internal pressure to run based on a previous tiger attack, but the human might explicitly recall the earlier tiger attack in the form of a story. He might remember that the previous tiger leaped out from a particular bush under particular circumstances, and he might decide that this new rustle has a different meaning. The human would be able to override the implicit command and choose from a greater range of responses.

It is one of the great paradoxes of human nature that this ability to override our implicit commands and take deliberate, conscious action, an
ability therapists tend to see as synonymous with having independent agency, begins in talk, with our telling our stories and collaborating with others on our own lives.

Autobiographical memory depends on order and context and appears to construct its sequences out of parts. It could be conceived as placing fact memories into a pattern and playing them back like a flipbook or a movie, the mind’s tendency toward forming a gestalt producing a unitary temporal experience. This makes autobiographical memory inherently creative and subject to elaboration by others. In addition, autobiographical or higher order consciousness “in its most developed form, requires linguistic ability, that is, the mastery of a whole system of symbols and a language” (Edelman, 2004, p. 9). The inherently constructive nature of autobiographical memory and its linguistic underpinnings suggest that it would be strongly influenced in its origins by early verbal communications with caregivers, if not dependent on them altogether.

Indeed, during the preschool years, the caregiver not only provides structure to the narrative of her child in memory talk but elaborates on the content as well. Fivush and Reese (2002) found that “parents at the high elaborative end of the continuum ask a greater number of questions containing new information about an event. They also confirm and expand upon their children’s responses more often” (p. 5). These highly elaborative parents tend to produce children who are more securely attached than those of less elaborative parents (Nelson & Fivush, 2004). Perhaps co-narrative experiences are a way to extend the “secure base” of the family domain into the wider world, allowing a parent to watch over his or her child and the child to feel watched over after the fact. One could say that the child connects to his caregiver not only through conventional attachment experiences, real-time episodes of emotional regulation, but through the mutual reconstruction of these and other experiences into memories. As Fivush and Reese put it:

Reminiscing emerges from and contributes to a need for connection with other ... Although it is obviously true that parents are more mnemonically skilled in these early reminiscing conversations, both parents and children are contributing to constructing a history in which their lives are intertwined [p. 4].

There is little doubt that the autobiographical recall of preschool children is greatly strengthened by parental scaffolding (Pipe et al., 1996). In
fact, younger toddlers in the early stages of memory development seem to require parental participation in their narratives for future recall. Tessler and Nelson (1994) found that 3-year-olds questioned 1 week after a narrated incident recalled only those aspects of the event jointly referenced by mother and child. Of particular interest is the finding by Miller et al. (1990) that 2- to 3-year-old children make no distinction between their own memories and the memories of others. Autobiographical memory is composed of parts. It really does not matter who supplies the parts. What matters is how well it plays back. In many ways it plays back more meaningfully—connecting us to others in the process—when the composition is a joint composition. Perhaps the child knows what the adult forgets: Memory is narration, collaborative not only in its origins but in its purpose.

It is fascinating to consider that the word mean extended the base men- “think” into the Old Saxon menian “to tell; make known” (Oxford English Dictionary, 1988). If we consider the word from an etymological standpoint, we might say that meaning arises out of the mutual consideration of a mental experience through communication. This perspective helps explain why the 3-year-olds in Miller et al.’s (1990) study recalled only those aspects of an event jointly referenced by self and caregiver: These were the areas of overlap between two minds, the robust shareable parts of the experience, which served to unite child and caregiver. They were meaningful (read: tellable) and, therefore, memorable.

The more of one’s life one tells, the more one’s life has meaning. It is through telling, either to an internal presence or to a real other, that our actions become lasting and develop weight. We begin to live in anticipation of recollection—in a kind of “narrated present,” as opposed to the “remembered present” of implicit memory. Action ceases to be reaction but an expression of the self. What we do and who we are become one in the telling.

A Closer Look at Telling

Psychology has long considered two dimensions of communication in verbal exchanges between people. One dimension has sometimes been called the content, meaning what gets exchanged; the other the process, meaning how this content gets exchanged. In discussing the clinical situation, Daniel Stern (2004) describes two agendas operating simultaneously. One he calls the explicit agenda, whose business is the co-constructing of a narrative. The other he calls the implicit agenda, which concerns regulating the relationship between therapist and client. He adds, “Any implicit knowing
about the relationship will influence the explicit agenda and vice versa. Neither one can be considered independent from the other” (p. 121). This fugue between the implicit (relational) agenda and the explicit (narrative) agenda has long been known to dramatists under the terms “text” and “subtext.” The following is an example from Robert Towne’s (1974) Chinatown. Briefly, Chinatown tells the story of private detective Jake Gittes’s involvement with Evelyn Mulwray, the daughter of a Los Angeles power broker who committed incest with her and produced a daughter. The following excerpt takes place during a quiet moment in Jake Gittes’s apartment:

He takes hold of her and pulls her closer.

EVELYN
(momentarily freezing)
— What’s wrong?

GITTES
Your eye.

EVELYN
What about it?

GITTES
(staring intently)
There’s something black in the green part of your eye.

EVELYN
(not moving)
Oh that … It’s a flaw in the iris …

GITTES
… A flaw …

EVELYN
(she almost shivers)
… Yes, sort of a birthmark …
Gittes kisses her lightly, gradually rises until he’s standing holding her. She hesitates, then wraps her arms around him [p. 83].

Gittes’s explicit agenda is to learn why Evelyn’s iris has a black speck in it. His implicit agenda—the subtext—is his attraction to Evelyn, revealed by his attending to a minute aspect of her physical being. Evelyn’s explicit agenda is to describe the cause of the speck in her iris. Her implicit agenda is to warn Gittes away from her by explaining via metaphor that her uniqueness is due to a flaw. This confession only inflames Gittes further, and the explicit and the implicit unite for an instant in a kiss.

We understand this little scene without having to parse it because we split communication between these two channels whenever we talk to anyone. It is the human way. One can conceive of the implicit and the explicit agendas as arising naturally out of brain asymmetry. The implicit agenda reveals itself in prosody, body gesture, facial expression, and gist or context, all of which are thought to emanate out of activity of the right hemisphere, whereas the explicit agenda arises out of the logical, linguistic activity of the left hemisphere. It is important to keep in mind that neither channel is “true.” Each serves a communicative function that modifies the other.

Stern (2004) explains that although the implicit agenda is non-conscious, it is not unconscious in the traditional psychodynamic sense of the word, meaning repressed.

In fact, the sharing of implicit elements in talk lifts them into an almost-explicit realm, where they can be “known” interpersonally, although not consciously. This relational knowing organizes the explicit narrative from which it emerges. In the scene from Chinatown, Evelyn describes the fleck in her eye as “a flaw” in response to her implicit perception that Gittes wants to know her intimately. This flaw, this “kind of birthmark,” now becomes an explicit fact between Gittes and Evelyn, which excites Gittes and motivates him to kiss Evelyn. We divide the verbal exchanges that produce narratives into content and process, text and subtext, and explicit and implicit agendas, but in truth the two dimensions are a single, circularly causal system. Narratives emerge when people “relate” to one another—with both meanings of the word simultaneously operational. It is useful to hold onto this double meaning of “relate” because it helps bring home the single-but-double experience of telling to another. We put together the past by making a connection in the present.

The ability to recollect specific episodes containing a past, present and a future seems to emerge out of narrative collaborations between child
and caretaker. An implicit, relational agenda is at the heart of these experiences. At stake is the child’s sense of having a communicable self that moves through the story of his life, expresses itself in meaningful action, and deliberately responds to novel events.

In a securely attached dyad, one might expect the caregiver’s implicit agenda to involve an attempt to provide empathic attunement and to resonate with the child’s mental state. The attuned caregiver bends toward the child—scaffolding rather than appropriating the child’s experience. But, what kinds of implicit agendas influence the co-narrative experiences of children with avoidant, ambivalent, or disorganized attachments styles; and how do these infiltrate autobiographical memory and consciousness?

The collaborative reminiscing of a child and a mother preoccupied with a divorce, for example, might be influenced by the child’s desire to snap her mother out of it and by the mother’s struggle to find her daughter through the fog of depression. The story to emerge out of one of these encounters might be an alarming incident of injury to the daughter, designed to attract a preoccupied mother’s attention. Such a mother might see in her daughter’s pain a comforting match to her own pain, and she might non-consciously amplify the experience. The story might then get consolidated in the daughter’s long-term memory with the relational context dropping out like a husk. More significantly, repeated experiences in relating to such a mother might create an engrained pattern of relating to others. The child’s narratives might develop a self-pitying tone.

**Tone**

Again, in literary theory, tone is defined as the author’s attitude toward his or her subject matter as co-determined by his audience (Abrahms, 1981; Cuddon, 1991). It is a kind of feeling or gestalt one extracts from the experience of reading. Rarely will it show up in a single word choice or even in the syntax of a single line. Rather, it permeates the text, depending on repetition and context. For example, in a scientific text, a preference for the passive tense, conventional syntax and Latinate words convey dispassion toward the material. This dispassion derives at least in part from the author’s perception of what his or her audience wants and expects. An “objective” tone can be said to ensue from an attitude of restraint toward the audience that makes itself felt over time. By contrast, let us consider this excerpt from Robert Frost’s (1969), *The Line Gang*:
Here come the line-gang pioneering by.
They throw a forest down less cut than broken ... [p. 141].

The carelessness of the syntax, the favoring of crude Anglo-Saxon derived words, and such vernacular locutions as “Here come” gives the poem a casual conversational tone, putting the relationship foremost, as though the author were chatting with an old friend. Again, this “friendly” tone ensues from an attitude toward the material based on a relationship with the audience and makes itself known through context and over time.

In the clinical situation, tone in the narrative emerges not just in word choice, syntax, and context, but also out of such present moment intangibles as prosody, gesture, tone of voice, and eye contact—aspects of telling associated with the right hemisphere and the implicit agenda. It has to do with the relational, procedural aspects of a narrative, how the implicit agenda influences the content.

Our definition of tone—the author’s attitude toward his material as co-determined by her audience—takes on added meaning when the material is the teller’s own experience and the listener is a therapist. The question becomes this: Does the tone emerge from the present relationship or is it a holdover from previous narrating experiences?

Two opposing concepts come into play here. The first is the contemporary notion of the “present-remembering context” (Stern, 2004). Here, memory is viewed as being assembled from fragments on an ad hoc basis to serve the imperatives of the present moment. In other words, no two memories are the same, as they get put together each time in a slightly different way for a slightly different purpose. We might postulate that the relationship between teller and listener is a most powerful organizing element of the present-remembering context.

Against this notion of the present-remembering context is the traditional psychoanalytical concept of transference. Shane, Shane, and Gales (1997) define transference narrowly as “traumatic patterns stemming from the patient’s past and re-experienced in the treatment” (p. 87). Whereas the present-remembering context means reorganizing the past according to the present, transference means reorganizing the present according to the past.

Let us consider for a moment a child who assembles his formative memories and generalizes a style of remembering by co-narrating abusive experiences with an abusive caretaker. How might such experiences affect future “relating” experiences? Traumatic ways of relating seem to persist
across time and show up in the clinical situation as transference phenomena. In light of the present-remembering context, we could say that transference happens when the client reorganizes the past in the present according to past ways of reorganizing the past. What gets transferred into the current co-narrative relationship is an old implicit agenda, and it reveals itself in the tone of the narrative.

Let us say a client presents sequences from his life in the dispassionate, “objective” tone of a scientific text. One might look to an early avoidant attachment style in childhood and to emotionally impoverished co-narrative experiences. Such a toneless tone might reflect the devaluation of anything relational in early memory talk with a dismissive caretaker.

By providing a new, positive present-remembering context, an attuned, empathic, generally optimistic listening stance, the therapist can help free the client from a constricting tone born of previous asymmetric co-narrative experiences and enable deliberate, flexible action in the moment. Changes in tone can indicate a “working through” of past traumatic co-narrative experiences in the present.

Clinical Vignette

Rachel was a 17-year-old girl referred to treatment by her father to deal with the sudden death of her mother from a cocaine-induced heart attack. Rachel was a pretty girl with a big smile and a disheveled manner—messy hair, torn jeans—that seemed more artfully careless than neglectful. She had an overstated way of tossing her hair over her face to obscure her features. The gesture seemed to say, notice how I do not want to be noticed.

In our first few sessions, Rachel told a story of shocking neglect and abuse at the hands of her psychotic, drug-addled mother, who had taken care of her after divorcing her father when Rachel was 5 years old. Rachel’s life with her mother seemed to alternate between periods of relative calm when Rachel’s mother detoxed from cocaine, fell into a depressed state and simply neglected her, and periods of cocaine binging, marked by bizarre violent outbursts and mania. One such outburst involved the mother chasing 12-year-old Rachel through the house, shooting at her with an air-soft gun. Other punishments included rageful beatings, marathon house-cleaning sessions, and the silent treatment.

Rachel adopted a sarcastic tone in telling about her early life. She frequently referred to her mother as “my charming ma mere.” Her face beamed in parody of childlike happiness when she described how she learned an im-
important lesson from her mother’s beatings: “Stay away from authority figures on cocaine.” Rachel spoke sarcastically in accounts of more recent incidents too. She defined a bout of stomach flu as “a viral weight-loss program.” In telling how a cop arrested her for breaking curfew, she beamed about getting “to hear her Miranda rights—like on TV. Cool!”

It emerged gradually that Rachel’s mother enjoyed talking to Rachel when she was on a manic, cocaine high. Rachel described these experiences as terrifying. A wrong word might cause her mother to feel attacked and lash out in defensive rage. Although Rachel never discovered a pattern behind her mother’s rages, she did learn that she was least safe when her narratives revealed “arrogance,” “snottiness,” or “sneakiness”—in other words, any personal agency at all. The stories Rachel told to her mother, and to me in the early days of therapy, tended to be stories of helplessness with comically inconclusive endings. For instance, she relished telling me how she flubbed a math test and never bothered to find out her grade. Rachel seemed determined to keep her narratives in that middle, “now” period and herself in a state of anxiety and irresolution. The what of her stories frequently involved Rachel as foolish victim of her own indecisiveness. The how was sarcastic, especially when the subject turned to her mother’s abusive behavior toward Rachel. Rachel recalled a conversation around 7 years ago that she believed typified many earlier exchanges with her mother. Her mother had trashed her room in a rage, destroying her computer and her social studies project. Later, Rachel sarcastically told her mother that this was the best thing that could have happened to her, because if she failed social studies and had to repeat fifth grade, she would no longer be the smallest kid in her class.

The Cambridge Advanced Learner’s Dictionary (2005) defines sarcasm as “the use of remarks which clearly mean the opposite of what they say … .” I began to wonder how meaning the opposite of what one says might become an engrained self-protective strategy. In cases of child abuse by a parent, the source of protection for the child is also his source of greatest fear. Interactions between child and caregiver are marked by a “paradoxical injunction” (“come here and go away”). The infant tends to rely on dissociative or paradoxical responses to the abusive parent’s return in the strange situation experiment, engaging in freezing or trance-like behavior or in contradictory behavior, such as walking backwards or alternately approaching and than backing away from the parent (Siegel, 1999). It might be proposed that in narrative experiences with such a parent, where narrative is not prohibited altogether, the child also encounters a paradoxical in-
junction ("tell and don’t tell") and responds similarly, either by dissociating or by engaging in the kinds of paradoxical verbalizations we know as irony or sarcasm.

I once heard an abused 5-year-old remark, "Isn't it great? Mommy spanked me!" Here the explicit agenda and the implicit agenda are in total disagreement and produce a new meaning which is a tension between the two. Words enable an approach–avoidance solution to the paradoxical injunction that almost works. By adopting a sarcastic tone, one can literally be of two minds—one’s own and one’s perpetrator.

In her daily life, Rachel had a great deal of trouble controlling her impulses and making plans. She got into fights with friends and walked out on jobs. Although she considered astrology to be a waste of time, she often made big decisions—what classes to take, where to go on vacation—based on chat messages from a company that provided online astrological predictions. It is likely that Rachel’s early disorganized attachment style and disturbed proto-narrative experiences with an abusive mother adversely affected her ability to regulate herself in the moment. From a purely narrative standpoint, she had generalized a model of being with others where action produced unpredictable consequences or stories lacked resolution altogether. As Rachel grew more verbal, her irresolution probably emerged as a self-protective strategy unto itself, a way to stay in connection with a paranoid mother ready to interpret any display of agency from her daughter as a threat to her. But, we can also speculate that the sarcastic tone she adopted in these co-narrative experiences, also a self-protective strategy, prevented autobiographical memory from serving its adaptive function of overriding automatic, stereotyped behavior.

Sarcasm can be understood as a bifurcation of left and right hemispheric processing. Neither hemisphere goes off line. The two modules simply send concurrent contradictory communications. In the case of the spanked child discussed earlier, the context-dependent, non-verbal right hemisphere says, “that was awful,” whereas the language-dependent left hemisphere says, “wasn’t that great?” The child is able to negotiate the contradictory demands of the moment—but at a cost. Where the explicit, verbal channel usually modifies the implicit, here it is employed as a kind of sleight of hand and loses its adaptive function. In fact, internally, sarcasm helps maintain a bias toward the implicit. In the moment of telling, the implicit agenda is where truth seems to lie, the explicit serving only to provide cover. In the moment of action, one’s reactive impulses are felt to be truer than their modification. Deliberate behavior becomes less an expression of
the self than a threat to the self, an act of capitulation. Every moment of deci-
sion is thus fraught with ambivalence.

Effective therapy seems to involve taking an empathic, elaborative lis-
tening stance, not unlike that of the mothers of securely attached children
in the memory-talk experiments. With Rachel, I have found honest
self-disclosure to be the most meaningful and the least manipulative way to
elaborate on her experience. Rather than implant interpretations from on
high, I told parallel stories and openly speculated about myself, partly as a
way to reflect Rachel’s experience by way of interpersonal metaphor, and
partly to model telling a similar story in a different tone.

Rachel’s sarcasm can be said to have arisen out of massively discrep-
ant perspectives between teller and listener, which produced a correspond-
ing dissociation between the implicit and explicit channels of communica-
tion. As therapy progressed and Rachel grew to know me as someone
interested in aligning with her, our explorations of her inner reality grew in-
creasingly collaborative.

One day, Rachel sank into her chair and stated cheerfully, “I don’t care
about people.” I was struck by a change of tone. Her cheerfulness seemed to
me a wan attempt to provide a counterpoint to the gloomy content of her
statement, but it fell short of sarcasm. She was not saying, “I love people; it’s
fun watching them do stupid, mean things to each other,” which would have
been her usual sarcastic approach. Instead, she described accurately an inter-
nal predicament. Her implicit agenda, as I interpreted it, involved a very ten-
tative testing of the growing intimacy between us by offering for our consid-
eration a real problem; not an immediate thought or a feeling—she was not
ready for that yet—but a summary of a problem. I told her I had the impres-
sion it bothered her not to care about people. My explicit agenda involved
wanting to understand more about her experience of not caring. My implicit
agenda, as I understand it now, had to do with expressing caring myself. In-
stead of questioning her—my usual way—I made a guess about how she felt,
which implied some additional investment of empathy on my part. Rachel
agreed that not caring bothered her and added that she felt jealous of people
who cared. “Everybody cares. It’s like I’m cut off from the human race.” Ra-
chel’s explicit agenda here concerned describing the alienating effects of not
caring. But, her implicit agenda seemed to me an attempt to repay my labor of
empathy with a more effortful personal disclosure. I do not think she felt cut
off from the human race as she spoke those words.

Rachel’s sarcastic tone, adopted in childhood co-narrative experi-
ences with an abusive mother, was designed to keep the explicit and im-
licit lines of communication apart so neither could influence the other. We can conceptualize her sarcasm as a desperate maneuver to preserve the integrity of her experience from an invalidating other. In the current exchange, Rachel allowed the two opposing lines of communication to intertwine and affect one another. Her consciousness of feeling split off from the human race in the past by not caring came in contrast to the present moment, where her implicit perception was of being cared for and in connection to another, and her new insight probably arose out of an acute sense of this difference.

In the weeks that followed, the tone of Rachel’s narrative remained frequently sarcastic, especially around prohibited subjects such as her early experiences of parental abuse; but, at times and increasingly, she was able to speak about her life in a way that was empathic towards herself and others—a tone that might be described as sincere.

In one session, she described returning to her mother’s house with her family to sift through her mother’s possessions—and not feeling anything—a theme that permeated many of our sessions together. As we elaborated on the incident, Rachel described an awful sensation of “losing time.” One moment she was looking at wedding photographs and the next she was in the living room sitting on a couch watching TV, as though she had been transported into the next room without transition. We discussed dissociation as a symptom of trauma and some of the temporal distortions that go with these symptoms. Rachel recalled her grandfather sitting on the couch next to her with his mouth agape, unable to talk, just nodding his head repetitively, and wondered if he too was dissociating.

What was different about this description lay not so much in the content, which involved the same absence of feeling that pervaded most of Rachel’s narratives, but in a new, questing, empathic tone. Rachel seemed to have feelings in the moment toward herself in the past. This new attitude toward the material of her life allowed for a deeper exploration of her own state of mind and the state of mind of others: The content expanded with the changed tone.

I believe this change came about, at least in part, from Rachel having a new, positive, collaborative experience in telling to another, not based on old traumatogenic co-narrative experiences with an abusive caregiver. The earlier co-narrative experiences can be conceptualized as dissociative, first in the relationship by establishing a rift between teller and listener, and second in the narrative by obscuring if not sequestering aspects of experience from explicit memory. In contrast, the experience in therapy was associa-
tive, first in the relationship by connecting teller and listener through a sharing of intimate states of mind, and second in the narrative by extending the range and depth of the explicit experience. The movement in therapy from an old transference-based relational configuration to a new relational configuration expressed itself most clearly in dynamic shifts of tone, with sarcasm predominating in the first configuration and a more expansive, empathic tone predominating in the second.

One day, Rachel told me a story about how she and a co-worker in the coffee shop where she worked confronted the new manager. The previous manager had been a generous boss who valued the input of the servers, even letting them decorate an upstairs wall. The new manager cultivated an autocratic style and gave mostly negative feedback. Rachel described how she and a friend told this new manager that her critical attitude made them feel more apathetic toward work than before. Rachel’s voice trembled and she avoided meeting my eyes as she told this forbidden tale of taking action. She quickly assured me that no change came out of their confrontation with this manager. In a later session, Rachel described her boss as being in a period of “faking being nice—before she fires me.” A week or so later, Rachel admitted that her boss had changed for the better. She had even asked Rachel—who had artistic talent—to supply a new sketch for the wall upstairs. For the first time since I had started seeing her, Rachel told a well-structured story about herself with a resolution coming out of an act of her own. One had the sense of a self no longer held in abeyance by a need for a certain kind of presentation. I believe that a movement toward a more empathic tone in relating opened up new narrative possibilities for this client, both in the telling and in the moment of action.

**Conclusion**

It is a tenet of this paper that humans understand the experience of change by telling stories to one another and to themselves. The mental processes involved in representing the experience of change are shaped in co-narrative experiences with important others. The relationship between teller and listener strongly influences these experiences and reveals itself in the tone of the teller’s narrative. In the clinical situation, changes in tone can point to deeper, lasting changes in how the client experiences herself moving through time, her sense of self-cohesion, and how she expresses herself through meaningful action in the moment.
References


Daniel Goldin, M.A.
674 E. Villa Street
Pasadena, CA 91101
818–468–4211
danielgoldin@gmail.com
Translations of Abstract

Este artículo utiliza conceptos provenientes de la teoría literaria y de la neurociencia para examinar como el tono de la narrativa del cliente refleja el tipo de relación entre terapeuta y cliente. Considero que la memoria autobiográfica es co-construida primero por el niño y su cuidador y más adelante dentro de otras relaciones significativas, como la relación cliente-terapeuta. Exploro como los aspectos implícitos relacionales del hablar emergen en estas narrativas a través del tono, y presento un caso que ilustra como los cambios en el tono de la narrativa del cliente es un indicador del cambio interpersonal (e intrapsíquico).

Cet article applique des concepts de la théorie littéraire et de neuroscience dans l'examen de comment la tonalité de la narration du client reflète le cours de la relation entre le thérapeute et le client. J'offre des considérations sur comment la mémoire autobiographique est co-construite, d’abord par l’enfant et la personne soignante, et plus tard dans les autres relations significatives de narration, comme celle entre un thérapeute et un client. J'explore comment les aspects implicites, relationnels du récit émergent dans ces narratifs comme la tonalité, et j’offre une histoire de cas pour illustrer comment les changements dans la tonalité de la narration du client mesurent le changement interpersonnel (et intrapsychique).

Questo articolo applica i concetti della teoria letteraria e delle neuroscienze per esaminare il tono della narrazione di un cliente che riflette il tenore della relazione fra terapeuta e cliente. Considero come il ricordo autobiografico sia co-costruito prima dal bambino e dall’agente delle cure e successivamente in altre relazioni significative, come quella fra paziente e terapeuta. Esploro come gli aspetti impliciti e relazionali del raccontare emergano in queste narrazioni sotto forma di tono, e presento la storia di un caso che illustra come i cambiamenti nel tono della narrazione di un cliente diano la misura del cambiamento interpersonale (e intrapsichico).