A University's Stories About Teaching and Learning During SARS: The Narrative Psychology Perspective

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Seven stories about a university's coping with teaching and learning during the outbreak of SARS in Hong Kong were read and interpreted from a narrative psychology perspective. Specifically, narrative analysis of the seven stories was preceded by reviewing the background of the stories, the origin of narrative psychology, the nature of narrative research, and the typical frameworks for narrative analysis. Each story was then read and interpreted in light of its externalized problem, unique outcomes, and the dual landscapes of action and consciousness using the White-Epston narrative therapy approach. The view of reading and interpreting stories from multiple perspectives and retelling stories that are built on strengths is emphasized.

Key words: narrative analysis; SARS stories; Hong Kong

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We live in a storied world, and we readily come to appreciate the pervasiveness of storytelling in everyday interaction. Consciously or unconsciously, we interpret our actions and those of others through the stories we exchange with each other. And through stories and narrative accounts, we shape the world and ourselves.

We have collected seven stories about teaching and learning at The Chinese University of Hong Kong during the outbreak of Severe Acute Respiratory Syndrome (SARS) in March–April 2003. While the events we experienced under SARS do not survive through time, the stories that we tell about these events will. They have shaped and will continue to influence our lived experiences as we participate as narrators, authors, listeners, and readers.

We have ordered these stories in a quasi-narrative fashion so that they will tell an unfolding story, moving from the more general stories to the more specific stories. Many of the issues that emerge in these stories appear to double back on one another as the authors or narrators discuss related yet differently contextualized concerns. In inviting authors to tell their stories, our guest editor of these stories, Carmel McNaught, has also provided authors with a list of questions that authors might like to address in their narratives (see McNaught's guest editorial in this issue). Most important, authors have all reflected on their responses to coping with the SARS crisis at the personal as well as institutional level.

As all seven contributions are personal, evocative pieces, they are no more easily summarized than poems. Consequently, I choose to selectively write about what I find particularly meaningful in them from the narrative psychology perspective. However, prior to the reading of these stories, some simple introduction to the background against which these stories emerged is in order.

Severe Acute Respiratory Syndrome (SARS) in Hong Kong

The background of these stories is the outbreak of SARS in Hong Kong in

March–April 2003. During this period of fear and uncertainty, Hong Kong and the rest of the world have declared war on SARS. As students and teachers, we experienced suspending and subsequent resumption of classes, and conducting our business behind masks. Few of us could resist exchanging stories about SARS, and none of us remained totally unaffected.

In this war, we have suffered heavy casualties. Some of us have been struck by the disease, others had to struggle for their lives in Intensive Care Units, and still others had to be in quarantine and separated from their loved ones. Our health care professionals have dedicated themselves to take care of us. They risked their health and some even their lives so that we might live healthier. Notwithstanding our efforts to curb the rise of the number of infected individuals, our figure kept rising each day. Our death toll has climbed to an alarmingly high number, dwarfing figures from infected areas around the globe.

Despite our grave concerns at the time, we also had cause for optimism. Our virologists and microbiologists have successfully unveiled the elusive identity of the serial killer, shifting from chlamydia, to paramyxovirus, and finally to a new coronavirus. Our epidemiologists and ecologists have traced from Liu Jianlun, patient zero of the global outbreak, to the killer's methods of transmission, and have identified environmental health hazards and precautionary sanitary measures. Our clinicians have successively refined a more effective treatment regimen to include a combination of ribavirin, kaletra, and steroids. And an effective antiviral compound of therapeutic or prophylactic value might be under way from our teams of scientists.

In retrospect, SARS might have caught Hong Kong, our scientists, our clinicians, and our communities somewhat unprepared. We have been slow in enforcing surveillance and containment. Even if we acted fast, did we act fast enough? Such is the question raised by Dr. Julie Louise Gerberding of the Center for Disease Control and Prevention in U.S. commending on the unprecedented speed of the World Health Organization in issuing a global alert and coordinating international investigation. Throughout human history, we have records of epidemics and pandemics that swept through a

whole region, a whole continent, or even the whole world, causing the death of millions of men, women and children. The threats of meningitis, tuberculosis, malaria, and measles are still with us today. Certainly, the advent of AIDS, and frightening new agents such as Ebola and SARS raise the challenges to the highest level.

In summary, these were the conditions surrounding the emergence of our seven stories at a time when our knowledge about SARS was minimal. These stories, taken together, paint a picture of a university's responses to the SARS crisis, especially in the areas of teaching and learning. However, before recruiting readers to a view of stories through a narrative psychology perspective, I would like to invite readers to a detour for an overview of narrative psychology and narrative research. An overview of the typical frameworks of narrative analysis has also been included and is intended to make the subsequent narrative analysis of the seven stories more meaningful to readers.

Narrative Psychology and Narrative Research

Storytelling has a long tradition in human recorded history dating back perhaps to the famous epic poems, the *Iliad* and the *Odyssey* from the ninth century B.C. Naturally, the study of narrative also has a long history. In psychology, it can be traced to a number of pioneers. One of them is Wilhelm Wundt (1832–1920) who developed the approach of *Volkerpsychologie* in parallel to his experimental psychology (Farr, 1983). Another one is Sigmund Freud (1856–1939) who was interested as a clinician not only in broad social stories but also in his patients' personal stories upon the ingenious analyses of which he developed his theory of psychoanalysis (see Spence, 1982).

In subsequent years, many psychologists, including Henry Murray, Gordon Allport, Robert White, and Erik Erikson, have studied personal narratives to deepen their understanding of the human condition (see Josselson, Lieblich, & McAdams, 2003). Allport, for example, led in the 1930s a

project that examined the life histories of refugees from Nazi Germany (Allport, Bruner, & Jandorf, 1941). On this basis, he also reported on the use of personal documents in psychological research (Allport, 1942). Naturally, the study of personal lives or life stories became a major force in this early period of psychology. However, with the rise of behaviorism, this form of narrative research was soon swept aside as unscientific, and quantitative research that sought to parse human experiences into predefined variables has since then dominated the scene of psychological research (see Kazdin, 2003).

Recently, the study of narratives has been revived, in psychology, sociology, education, and other human sciences (see Howard, 1991; Nash, 1990). More importantly, narrative psychology, the psychological study of narratives, is concerned not only with issues of methods as a form of qualitative research but also with broader ontological and epistemological issues (Murray, 2003). In this connection, Bruner (1986, 1990), a leading contemporary advocate of narrative psychology, argued that there are two ways of knowing, the paradigmatic and the narrative. Paradigmatic knowing is based on the process of classifying and categorizing, and represents the world through abstract propositional knowledge. In contrast, narrative knowing is organized through the stories that people recount about their experiences. Bruner (1986, 1990) maintained that paradigmatic and narrative knowing are both essential for making sense of the world.

Unlike paradigmatic knowing and its quantitative mode of inquiry that tends to break down thoughts, language, and other human experiences into the smallest parts for investigation, narrative knowing and its qualitative mode of inquiry emphasizes the in-depth study of the whole persons in contexts and in time through the narratives of their experiences (see Josselson et al., 2003; Lieblich, Tuval-Mashiach, & Zilber, 1998). Specifically, rather than forming hypotheses as in quantitative research, the narrative researcher frames questions for exploration. In place of attempting quantitative measurement of variables, the narrative researcher listens deeply to people who construct stories from their experiences. And instead of relying on clearly

defined criteria of statistics, the narrative researcher copes with the ambiguities of thoughtful text or narrative analysis.

Narrative research represents a major shift in perspective and approach from the dominant quantitative approach in psychological research. Yet, many investigators are drawn to narrative inquiry because they are intrigued by the possibility of studying lives in a closer and more personal way. In this sense, narrative knowing is the dominant process of thinking in folk psychology. Consequently, many psychologists rightly argue that narrative is central in making sense of the world, and is central in the narrative interpretation of reality (e.g., Gergen & Gergen, 1986; Howard, 1991; Murray, 1997; Polkinghorne, 1988; Sarbin, 1986).

Narrative Structure and Social Construction

Narrative has certain distinguishing features that make it possible for us to make sense of the world. By providing a coherent causal account of events that have occurred or are expected to occur, narrative brings a sense of order and meaning to the myriad details of these events. Thus, the distinguishing features of narrative include causal and temporal dimensions as well as coherence. In this connection, Bruner (1986) proposed that narrative structure could be described by dual landscapes, the landscape of action and the landscape of consciousness. The landscape of action is constituted of events linked together in sequences across time (past, present, and future) according to specific plots. The landscape of consciousness is constituted by the interpretation of the characters in the story, which are related to desires, qualities, intentional states, and beliefs. In summary, it is the plot that gives the narrative account its structure, brings coherence to such an expansive sequence of events, and gives the story its meaning (Polkinghorne, 1988). Through weaving different episodes together to make a coherent and meaningful account, the plot also connects the beginning of the story to the end.

In considering plots as giving structure to narrative, we normally draw on the range of plot lines in our culture to shape our interpretation of events.

This recognition highlights the social nature of narrative, as we live within a web of family, community, and other stories. Apart from the broader social and cultural context, the structure of narrative also depends on many factors, including the narrator and the audience (see Murray, 1997). Indeed, the stories that we tell about lives are social constructions. Specifically, the story is co-constructed by the two or more parties to the exchange (see Mishler, 1997). One of the parties may be more influential and can shape the narrative. However, this dominant plot line may or may not accord with the experiences of the other. Thus, we are constantly engaged in a process of negotiating the connection between our personal narratives and the dominant narratives of others or society, and may even seek therapy or counseling help if the dominant narrative or our narrative repertoire does not sufficiently encompass our everyday experiences (White & Epston, 1990).

While our personal narratives are socially constructed, the telling of our personal narratives is also closely intertwined with the shaping and maintenance of our personal identity. In this regard, we also draw on cultural plot lines to construct our stories about the world and to define ourselves. Thus, in the process of negotiation, our shaping of personal narratives is closely connected with how we shape our social narratives.

An Overview of Narrative Analysis

Typically, narrative analysis indicates two major principles (Chase, 2003). First, narration is a major way for people to make sense of their experiences, construct their identities, and create and communicate meaning. Second, personal narratives are inevitably social in character. Thus, narrative analysis often combines a focus on personal narrative accounts with some form of analysis of the social character of those stories. Nonetheless, there are multiple ways of reading, interpreting, and analyzing narratives. For example, one classification scheme suggests four types of narrative analysis differentiated on the basis of two independent dimensions of "holistic versus categorical approaches" and "content versus form" (Lieblich et al.,

1998). In another scheme that emphasizes the narrative structure of personal accounts, three broad approaches, linguistic or literary narrative analysis, grounded narrative analysis, and social context narrative analysis are distinguished (Murray, 2003).

In the linguistic or literary narrative analysis, the narrative is broken down into interconnected components of abstract, orientation, complicating action, evaluation, and coda or afterword (see Labov, 1972). This approach enables the analyst to grasp the action core of the narrative account, the interpretive orientation that the narrator adopts, and the issues that the narrator chooses to emphasize or to ignore. Extensions of this approach include other techniques borrowed from literary criticism, which focus on genre or broad types of narrative (comedy, romance, tragedy, and satire; Frye, 1957), the basic plots of narrative (taking a journey, engaging in a contest, enduring suffering, pursuing consummation, and establishing a home), or the common elements in narratives (suffering that gives tension to the stories, a crisis or turning point or epiphany, and a transformation; Plummer, 1995).

The grounded narrative approach is an inductive approach derived from grounded theory (Glaser & Strauss, 1967). This approach can be summarized in a series of steps. First, the analyst prepares a summary of each life story. Second, the analyst identifies the most "startling" case and a contrast case, then other distinct cases. Third, the analyst continues reviewing cases and identifies remaining types. Finally, the analyst organizes each life history into these story categories and then begins to consider in detail the content of each. This inductive approach thus provides an excellent descriptive account of narratives. However, the theoretical assumptions that guide the analyst are not made explicit. An alternative, more interactive grounded approach is to begin by being explicit about the favored theoretical approach, and exploring how this provides additional insight into how the narrative is constructed.

In the social context narrative analysis, the analyst considers the interpersonal and social context, recognizing that all narratives are socially

constructed (Mishler, 1997). For example, the analyst will take into consideration that a suffering storyteller may like to present the narrative of strength to a particular audience in a particular interpersonal context. In addition, the analyst will interpret the personal narrative accounts by connecting them with the broader social narratives. Thus, the narrator's pain will have more meaning when connected to suffering with its transformative value in the context of beliefs in a religion. In this regard, social context narrative analysis enables the analyst to explore the wider social norms that shape our narratives.

In summary, through narrative analysis of the stories we tell ourselves as well as others about our lives, we come to understand our changing identities and our ways of interpreting the world. Narrative psychology provides us with a framework not only for understanding but also for challenging the nature of ourselves and of our world.

Deconstruction: A Framework for Narrative Analysis

Taking seriously that narrative analysis aims not only at understanding ourselves and the world around us but also at challenging ourselves for direction of positive changes, I intend to read, explore, and interpret our seven stories from a framework of narrative therapy with which I am more familiar, and which, while encompassing elements from the different frameworks I have previously introduced, goes beyond simple interpretation to charting a direction for positive change. Here I follow the work of White and Epston (1990) who innovate an approach to help clients reauthor their life stories. In explicating this narrative approach and its therapeutic method, White (1993) describes the "deconstructive method" which he claims to bear certain similarity to Derrida's (1981) work on the deconstruction of texts, and which focuses on the dual landscapes of narrative structure as proposed by Bruner (1986). The therapeutic approach is described and summarized as follows.

Briefly, in deconstructing a client's narrative, the therapist starts with engaging the client in externalizing conversations in relation to

what the client finds problematic. The client is then invited to provide an account of the effects of the problem on his or her life, including emotional states, familial and peer relationships, and social and work spheres, with special emphases on how the problem has affected his or her self-perceptions and relationships with others. In the process, the client is enabled to identify "unique outcomes," that is, hidden meanings, gaps or spaces, and evidence, which conflict or contradict the dominant and problem story. To facilitate reauthoring, the therapist asks landscape-of-action questions and landscape-of-consciousness questions, which encourage clients to situate unique outcomes in sequences of events that unfold across time according to particular plots, and to reflect on and to determine the meaning of those developments. As clients begin to articulate preferred events in these alternative landscapes of action, they are also encouraged to explicitly name the counterplot to retell their stories in their preferred direction in life.

While the above simplistic account does not do justice to the complexity of the therapeutic encounter, it does allow me to outline a framework for deconstructing the seven stories. I shall read and interpret each story in turn with respect to the externalization of problem, the identification of unique outcomes, and the trafficking between the landscape of action and the landscape of consciousness to explicate plots and counterplots. Since the seven stories were told more or less as success stories, they might also be treated as retold stories according to counterplots.

The Seven SARS Stories: A Narrative Analysis

The SARS Task Force Story

Jack Cheng started with the story of the SARS Task Force. SARS as the externalized problem was evident. There were multiple manifestations of this overwhelming problem across time. In mapping the influence of the problem on students, staff, and the Task Force, and their joint efforts against the problem, the different faces of SARS were unmasked as an unprec-

edented crisis that required immediate and appropriate action to be taken, complex problems to be solved, and hard decisions of policies and guidelines to be collectively made.

Trafficking between the landscape of action and that of consciousness, the Task Force website tracked the sequence of events marked by changes in perceptions and management. The moves from "reassurance" to "coordinated action and communication" to "living with SARS" encompassed events and responses to fear and panic, to uncertainty and a lack of information or direction for action in times of class suspension, and to risks of infection. Thus, the implied dominant story was one of disaster and inadequate coping. While not explicitly historicized, the unique outcomes as embodied in the sense of community, and the belief that the University campus is a safe place to visit, to work, and to study provided the supportive-network-building counterplot on the basis of which the final success story was eventually told with "pride and humility."

The Information Technology Services Story
Philip Leung and Christina Keing's story was one mapping the influence of SARS on the campus information technology services. While SARS could still be conceptualized as the externalized problem, the problem was the SARS-generated threatened problem of service breakdown due to overdemand or infection of the whole staff team. Amid incidents of huge demands were unique outcomes that were historicized, such as the 1997 Hong Kong handover events, NBA matches, and Olympic games, although these were by and large positive events. Putting a team in quarantine to maintain a clean team for human resources backup could be a part of resilience management.

In the landscape of action, there were multiple lines of developments, as evidenced by the selection of events in real-time teaching and in coordinated communication. The underlying motives were the maintenance of efficient and critical services. The successful plot lines of coping with SARS crisis were evident. Extending teaching and learning support using eLearning

platforms, advanced WebCT functions, and digitization of lectures could well be the future success stories of the Information Technology Services Centre.

The Physics Programme Story

Leo Lau's story represented the programme's response to teaching and learning under SARS. Viewed as the response of a department to class suspension, the story could be typical of many stories told by various departments of the University. The externalized problem was students' passive learning rather than SARS per se. The unique outcomes of conscientiousness in teaching were historicized in the departments' diverse initiatives in web-based, problem-based, and case-based approaches, and in mentoring, exchange, and research programs.

The sequence of events could be traced temporally to the emergency meeting, the implementation of the department's emergency self-learning operation plan, students' resistance and complaints, and subsequent clarifications and communications via e-mails. The plot lines reflected the dominant plot lines in the cultural narrative of passive learning and learning for performance rather than learning for understanding. Capitalizing on this experience, cognitive strategies for autonomous and self-regulated learners might be the counterplot for a new future success story.

The Stories of Real-Time Teaching and Tutoring:
Nursing and Plastic Surgery

Irene Wong's story in online teaching Midwifery in Nursing, and Andrew Burd and Enders Ng's story in online tutoring Plastic Surgery represent our move from considering the more general institutional and departmental stories to the more specific stories of teaching in specific programs. Evidently, both stories were told in response to class suspension and the need to continue real-time teaching by teachers relatively inexpert in information technology. Both stories are illustrative of the need for academic instructors who command discipline expertise and for information technology

experts who command technical know-how to join forces for enhanced teaching and learning. The fact that both stories are related to teaching to health care professionals is perhaps coincidental, but perhaps less coincidental is the urgent need for the recognition of the importance of telemedicine or telehealth facilities for teaching as well as practice.

Irene Wong historicized the programme's unique outcomes of accommodating needs of "busy students, busy teachers" and "intense professional environments" to rewrite the story of "disruption" engendered by the SARS crisis. The personal accounts connected events culminating to the real-time teaching with anxiety, excitement, interest and apprehension. While recognizing the new experience as beneficial, Irene Wong concluded on the basis of responses collected from students that she would use this method on "some occasional lectures and discussion forums outside the main teaching schedule" to minimize unexpected class disruption.

Andrew Burd and Enders Ng also historicized their module's unique outcomes in their constant search for "designing the best learning environments" for students, especially Enders Ng's previous experience with intranet or Internet teaching and MSN chat room. They moved from an interactive dialectic paradigm to one that emphasizes preparing students for Objective Structured Clinical Examination or OSCE scenarios, yielding perhaps, fortunately and unfortunately, to meeting the needs of students and to the dominant societal narrative of learning for performance or examination. The sequence of events also finally led up to the preparation for and actual real-time online tutoring, as described in the personal accounts in the form of a supportive dialogue between the two instructors. Both instructors did find the attempt encouraging and worthy of further exploration, especially when clinical teaching was disrupted. They also rightly pointed out that the challenges were not only technical, which could readily be overcome, but also pedagogical, suggesting that teachers need to make necessary adjustments different from face-to-face clinical teaching.

Nonetheless, the restorying of these narratives of real-time teaching and tutoring requires a counterplot that goes beyond coping with educa-

tional adjuncts under limited choices to extended uses of technological devices to enhance teaching and learning.

The Writing Across Curriculum Story

Derek Chan's story was a personal narrative account that emphasized more on the learning experience of the instructor. Again, the externalized problem was the SARS-generated problems of class suspension with consequent increase in writing assignments. Amplifying on the unique outcomes that focus on the endorsement of the principles of process writing, Derek Chan found that online coaching of writing promoted an unanticipated interactive and intimate exchange of ideas not afforded by previous encounters with students.

Selecting events under the storyline of exploring and using untapped resources in enhanced coaching in academic writing, Derek Chan also came to regard the oral and the written traditions as "complementary" rather than viewing one as an adjunct of the other. Trafficking from the landscape of action to that of consciousness, the change from disappointment on students' low participation to one of encouragement marked the turn in plot lines for restorying a success story.

The English Course Assessment Story

Lixian Jin's story was an account of the responses of students regarding the change of course assessment method. SARS-induced class suspension could be regarded as the externalized problem. However, teachers and students were divided as to the appropriateness of the solution of take-home exam, and the option of using electronic versions and means in transmission, which served to give structure to the ordering of events leading to the use of WebCT and to the explanation to students to gain their acceptance of the change.

Trafficking from the landscape of action to that of consciousness, Lixian Jin suggested that students' anxiety, doubts, lack of preparedness to face uncertainty, and failure to take responsibility for their own learning might be behind students' resistance to accept the change in the mode of assessment.

Somewhat puzzling however were students' concerns with plagiarism and malpractices by fellow students in take-home exam. Such concerns might simply reflect the dominant societal narrative of the competitiveness in exam-oriented education for our students. Nonetheless, to rewrite the story, Lixian Jin's vision of teaching our students for their competence, independence, autonomous learning, preparation to face uncertainty in life could all be turned into counterplots for the development of new storylines.

In summary, I have read and interpreted the seven stories from a narrative psychology or more narrowly a narrative therapy perspective, emphasizing that stories can be retold from plots or counterplots that build upon strengths. Admittedly, another narrative psychologist would inevitably do it differently, testifying that my perspective should be no more privileged than anyone else's perspective. To allow spaces for giving voices to different perspectives on these stories, my colleagues of the editorial team of this issue, Carmel McNaught and Roger Cheng have also written from their own favorite perspectives. Undoubtedly, readers will find their own different nodes of illumination within and among these stories, and possibly their own deconstruction and interpretation of these stories.

References

Allport, G. W. (1942). *The use of personal accounts in psychological research.* New York: Social Science Research Council.

Allport, G. W., Bruner, J., & Jandorf, E. (1941). Personality under social catastrophe: An analysis of 90 German refugee life histories. *Character and Personality, 10*, 1–22.

Bruner, J. (1986). *Actual minds, possible worlds.* Cambridge, MA: Harvard University Press.

Bruner, J. (1990). *Acts of meaning.* Cambridge, MA: Harvard University Press.

Chase, S. E. (2003). Learning to listen: Narrative principles in a qualitative research methods course. In R. Josselson, A. Lieblich, & D. P. McAdams (Eds.), *Up close and personal:The teaching and learning of narrative research* (pp. 79–99). Washington, DC: American Psychological Association.

Derrida, J. (1981). *Positions.* Chicago: University of Chicago Press.

Farr, R. M. (1983). Wilhelm Wundt (1832–1920) and the origins of psychology as an experimental and social science. *British Journal of Social Psychology, 22,* 289–301.

Frye, N. (1957). *Anatomy of criticism.* Princeton, NJ: Princeton University Press.

Gergen, K. J., & Gergen, M. M. (1986). Narrative form and the construction of psychological science. In T. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp. 22–44). New York: Praeger.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Mill Valley, CA: Sociology Press.

Howard, G. S. (1991). Culture tales: A narrative approach to thinking, cross-cultural psychology and psychotherapy. *American Psychologist, 46,* 187–197.

Josselson, R., Lieblich, A., & McAdams, D. P. (Eds.). (2003). *Up close and personal: The teaching and learning of narrative research.* Washington, DC: American Psychological Association.

Kazdin, A. E. (2003). *Research design in clinical psychology* (4th ed.). Boston: Allyn and Bacon.

Labov, W. (1972). The transformation of experience in narrative syntax. In W. Labov (Ed.), *Language in the inner city: Studies in the Black English vernacular.* Philadelphia: University of Pennsylvania Press.

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation.* Thousand Oaks, CA: Sage.

Mishler, E. G. (1997). Narrative accounts in clinical and research interviews. In B. -L. Gunnarsson, P. Linell, & B. Nordberg (Eds.), *The construction of professional discourse* (pp. 68–81). London: Longman.

Murray, M. (1997). A narrative approach to health psychology: Background and potential. *Journal of Health Psychology, 2,* 9–20.

Murray, M. (2003). Narrative psychology and narrative analysis. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 95–112). Washington, DC: American Psychological Association.

Nash, C. (Ed.). (1990). *Narrative in culture: The uses of storytelling in the sciences, philosophy, and literature.* London: Routledge.

Plummer, K. (1995). *Telling sexual stories: Power and change and social worlds.* London: Routledge.

Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences.* Albany, NY: SUNY Press.

Sarbin, T. (1986). The narrative as a root metaphor for psychology. In T. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp. 3–21). New York: Praeger.

Spence, D. P. (1982). *Narrative truth and historical truth: Meaning and interpretation of psychoanalysis.* New York: Norton.

White, M. (1993). Deconstruction and therapy. In S. Gilligan & R. Price (Eds.), *Therapeutic conversations* (pp. 22–61). New York: Norton.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* New York: Norton.