The Good Story Book Review

Posted on March 22, 2019

View this essay online:
https://academic-master.com/the-good-story-book/

The Good Story: Exchanges on Truth, Fiction and Psychotherapy is a dialogue between novelist J. M. Coetzee and psychotherapist Arabella Kurtz about memory, self-narration, truth, and the stories people construct to make life intelligible. The original review treats the book as an inquiry into whether a psychologically useful story must also be factually true. That question remains the heart of the discussion. Coetzee approaches it as a writer alert to invention, unreliable narration, and the ethical danger of comforting falsehood. Kurtz approaches it as a clinician who works with memories that are incomplete, emotionally charged, and continually reinterpreted. Their exchange does not produce a simple victory for fiction or factual accuracy. It shows that a "good story" must be evaluated according to evidence, emotional honesty, responsibility, and the consequences of believing it (Coetzee & Kurtz, 2015).

Book and Authors

J. M. Coetzee is a novelist, essayist, and literary critic whose fiction frequently examines power, shame, violence, confession, and the uncertainty of moral judgment. Arabella Kurtz is a clinical psychologist and psychoanalytic psychotherapist whose work concerns trauma, memory, narrative, and therapeutic change. The book developed from an exchange of letters and conversations rather than a conventional coauthored argument. This form allows each writer to question the other's assumptions and preserve disagreement (Coetzee & Kurtz, 2015).

The pairing is especially productive because literature and psychotherapy both work through narrative while using it differently. A novelist deliberately invents characters and structures. A patient may sincerely recount a remembered life while unknowingly omitting, rearranging, or protecting parts of experience. The therapist does not simply edit the patient's story into a more attractive plot, and the novelist does not owe fictional characters the same duties owed to a vulnerable person in treatment. Their methods overlap without becoming identical (Coetzee & Kurtz, 2015).

The Central Question: What Makes a Story Good?

The title initially sounds as though a good story is one that is engaging, coherent, and emotionally satisfying. The dialogue complicates that assumption. A story can be beautifully structured while concealing responsibility. A person may narrate every failure as the result of other people's cruelty, producing a coherent account that protects self-esteem but prevents change. Another person may

remember life as meaningless and fragmented, even though the fragmentation itself reflects trauma or depression rather than the full range of experience (Coetzee & Kurtz, 2015).

A good therapeutic story is therefore not merely pleasant or persuasive. It should increase the person's capacity to face experience, recognize patterns, tolerate complexity, and act with greater freedom. Factual truth matters, but emotional and relational truth also matter. The challenge is to avoid turning emotional truth into permission to invent whatever feels useful (Coetzee & Kurtz, 2015).

Memory Is Reconstructive

One of the book's central insights is that memory is not a recording stored unchanged in the mind. Remembering reconstructs an event from fragments, later knowledge, emotion, expectations, and repeated retelling. Details can fade, shift, or become attached to the wrong time. Two people can remember the same event differently without either consciously lying (Coetzee & Kurtz, 2015; Freud, 1914).

This does not mean that all memories are equally unreliable or that historical fact cannot be established. Documents, witnesses, physical evidence, and consistency can support or challenge an account. It means that personal recollection should be approached with both respect and humility. The therapist listens for what the memory means while remaining cautious about assuming that every detail is literal (Coetzee & Kurtz, 2015).

Factual Truth and Psychological Truth

Coetzee repeatedly presses the distinction between a story that is factually accurate and one that expresses an inner truth. A person may describe a childhood home incorrectly but reveal accurately that it felt unsafe. Conversely, a precise list of events can avoid the emotional reality of fear, guilt, or longing. Psychotherapy often works in the space between these forms of truth (Coetzee & Kurtz, 2015).

The distinction is useful only when its limits are clear. Psychological truth cannot excuse false accusation or erase another person's rights. If a memory concerns abuse, crime, or professional responsibility, factual investigation may be necessary outside therapy. A therapist can validate distress without claiming certainty about an event that has not been established. Ethical care distinguishes belief in the patient's experience from uncritical endorsement of every interpretation (Coetzee & Kurtz, 2015).

Self-Narration and Identity

People understand identity partly through stories linking past, present, and future. They select turning points, explain motives, and imagine what kind of person they are. Narrative gives continuity to a life containing change. Someone may say, “I have always been the responsible one,” “People always leave me,” or “I survive because I never depend on anyone.” Such statements organize experience and influence future behavior (McAdams, 2001; Ricoeur, 1992).

Identity stories can support resilience, but they can also become prisons. The person who must always be strong may be unable to ask for help. The person who sees every relationship as abandonment may interpret ordinary distance as betrayal. Therapy can make these narratives visible and explore alternatives without pretending that the past never happened (McAdams, 2001).

The Desire for Coherence

Human beings often prefer stories with causes, turning points, and conclusions. Real life is less orderly. Chance, conflicting motives, incomplete knowledge, and structural conditions interrupt simple explanation. A coherent story can reduce anxiety by making suffering appear purposeful or inevitable. It can also oversimplify (McAdams, 2001; Ricoeur, 1992).

Coetzee’s skepticism is valuable here. The pressure to produce a neat therapeutic narrative may force experience into a shape preferred by the therapist or culture. Recovery does not always involve discovering one hidden cause. Sometimes it involves living with uncertainty, contradiction, and grief that cannot be converted into a lesson (Coetzee & Kurtz, 2015).

Psychotherapy as a Collaborative Narrative Process

Kurtz presents therapy not as a professional imposing a correct story but as a relationship in which patterns become available for examination. The patient speaks, the therapist listens, and both notice repetitions, gaps, emotions, and expectations. The interaction itself becomes evidence. A patient who fears criticism may expect the therapist to judge them; someone who feels ignored may experience silence as rejection (Coetzee & Kurtz, 2015; Freud, 1914).

Therapeutic interpretation should remain tentative. The therapist offers a possible understanding and observes whether it opens thought or closes it. Authority can be harmful when the clinician treats theory as certainty and persuades the patient to accept an explanation that does not fit. Collaboration preserves the patient’s agency (Coetzee & Kurtz, 2015).

Resistance and Defense

Psychoanalytic traditions use the concepts of resistance and defense to explain how people avoid painful knowledge. Denial, projection, rationalization, splitting, and other processes can protect the person from overwhelming emotion. These defenses are not simply dishonest behavior. They may have developed as ways to survive experiences that once could not be faced directly (Freud, 1914).

A story can function as a defense. It may place all blame outside the self, idealize a lost relationship, or insist that nothing mattered. Therapy does not remove defenses by confrontation alone. It helps the person understand what the story protects and whether the protection is still necessary. Too rapid an interpretation can reproduce harm (Coetzee & Kurtz, 2015; Freud, 1914).

Confession and Responsibility

Coetzee's literary work often examines confession, and the dialogue asks whether telling a story can become a way to avoid rather than accept responsibility. A person may confess dramatically and receive relief without repairing the harm. The narrative centers the confessor's feelings while the injured person remains absent (Coetzee & Kurtz, 2015).

A good story of wrongdoing should make responsibility more specific. It distinguishes explanation from excuse, identifies who was harmed, and considers restitution or changed behavior. Self-understanding is ethically incomplete when it improves the storyteller's comfort but leaves consequences untouched (Ricoeur, 1992; Coetzee & Kurtz, 2015).

Trauma and Fragmented Memory

Traumatic experience may be remembered through sensory fragments, bodily responses, recurring images, or gaps rather than a chronological narrative. The inability to tell a smooth story should not be interpreted as evidence that the experience is false. Trauma can disrupt attention and memory, and shame may make disclosure gradual (Coetzee & Kurtz, 2015).

At the same time, therapy should avoid assuming that every symptom proves one specific event. Trauma-informed practice creates safety, choice, and control while assessing evidence carefully. The goal is not to force a complete narrative before the person is ready. Healing may involve tolerating fragments and restoring present functioning as well as constructing meaning (Coetzee & Kurtz, 2015).

Fiction and Moral Knowledge

Literature can reveal forms of knowledge unavailable through abstract propositions. By entering a

character's perspective, readers experience uncertainty, conflict, and consequences. Fiction can expand empathy and complicate judgment. It can also manipulate emotion, stereotype groups, or make harmful behavior attractive (Coetzee & Kurtz, 2015).

Coetzee's presence prevents the book from treating fiction as automatically therapeutic. A novel can unsettle rather than heal. Its ethical value may lie in refusing consolation and making readers confront what they would prefer to simplify. Literature and therapy both use imagination, but they do not share the same responsibility to produce wellbeing (Coetzee & Kurtz, 2015).

The Unreliable Narrator

Literary criticism recognizes narrators whose accounts are limited, self-serving, mistaken, or deceptive. Personal narratives can be unreliable in comparable ways, although the person may sincerely believe them. Recognizing unreliability does not require rejecting the entire speaker. It invites attention to contradiction, omission, tone, and context (Coetzee & Kurtz, 2015).

In therapy, the concept must be handled with care because labeling a patient unreliable can repeat experiences of disbelief. The more useful approach is curiosity: What does this version make possible? What does it leave out? How does the story change across contexts? Which facts can be verified, and which meanings remain uncertain (Coetzee & Kurtz, 2015).

Dreams and Imagination

Dreams appear in psychoanalytic work as material shaped by wishes, fears, memories, and symbolic associations. They are not literal reports or universal codes. Their meaning emerges through the dreamer's own connections. Fiction resembles dreaming in its freedom to combine elements and create emotionally true scenes without factual occurrence (Coetzee & Kurtz, 2015).

The book's discussion of imagination challenges a rigid opposition between truth and invention. Imagined futures influence action, and metaphors can express experience more accurately than literal description. The ethical question is whether imagination expands awareness or replaces reality (Coetzee & Kurtz, 2015).

Good Stories and Social Power

Personal stories do not exist outside culture. Societies provide narratives about gender, success, family, race, illness, and morality. A person may interpret unemployment as personal failure even when economic conditions removed available work. Another may describe domination as normal love because that story has been culturally repeated (McAdams, 2001; Ricoeur, 1992).

Therapy focused only on individual narrative can overlook structural injustice. Rewriting a story cannot end discrimination, poverty, or violence. It can help a person understand and respond to those conditions, while social and political change remains necessary. Coetzee's moral skepticism encourages attention to the power behind accepted narratives (Coetzee & Kurtz, 2015).

Who Owns the Story?

A patient's story involves other people whose memories and privacy may differ. A novelist transforms experience into art and may draw from real relationships. The book raises questions about ownership: Who has the right to tell a family story? When does personal truth expose someone else unfairly? Can another person object to being represented (Coetzee & Kurtz, 2015).

There is no simple rule. People have the right to describe their own experience, while writers and clinicians must consider confidentiality, consent, and avoidable harm. Therapy is private, but published memoir and fiction enter public life. Changing names may not prevent recognition (Coetzee & Kurtz, 2015; Ricoeur, 1992).

The Therapist's Story

Therapists also carry theories and personal narratives. They may expect childhood conflict, attachment patterns, trauma, or family roles and notice evidence that supports the preferred model. Supervision, reflection, and openness to correction help prevent the therapist's story from taking over (Coetzee & Kurtz, 2015).

The clinical record itself is a narrative shaped by selection and institutional purpose. It can influence future care, legal decisions, and how other professionals see the patient. Notes should distinguish reported experience, observation, hypothesis, and established fact.

Change Without False Optimism

A revised life story can create hope by showing that the future is not predetermined. The person may reinterpret survival as strength, recognize choices, or understand that a painful role was learned rather than essential. This does not mean replacing a negative story with compulsory positivity (McAdams, 2001).

A good story leaves room for loss and limitation. It supports action without promising that every wound will disappear or every relationship can be repaired. Hope becomes credible when it is connected with evidence, support, and behavior (Coetzee & Kurtz, 2015).

The Form of the Book

The exchange format suits the subject because truth emerges through dialogue rather than one authoritative voice. Coetzee's questions often remain unresolved, and Kurtz responds from clinical practice without claiming that therapy possesses a complete theory of human beings. Readers witness disagreement, clarification, and return to earlier themes (Coetzee & Kurtz, 2015).

This form can feel repetitive, but the repetition reflects the problem itself. Memory and narrative are not solved by one definition. The participants circle around truth, usefulness, responsibility, and self-deception because each concept changes when viewed from literature or therapy (Coetzee & Kurtz, 2015).

Strengths of the Book

The book's principal strength is its refusal to romanticize narrative. Contemporary culture often claims that people can heal simply by "changing their story." Coetzee and Kurtz show that stories can liberate, deceive, protect, accuse, and conceal. Their dialogue respects the importance of narrative while refusing to make it magical (Coetzee & Kurtz, 2015).

Another strength is the meeting of disciplines. Literary analysis contributes sensitivity to voice and form; psychotherapy contributes knowledge of relationship, defense, and change. Neither discipline is allowed to absorb the other completely (Coetzee & Kurtz, 2015).

Limitations

The conversation is intellectually rich but not a practical guide to psychotherapy. Readers seeking step-by-step treatment methods or a comprehensive review of memory research may find it incomplete. The exchange is shaped by psychoanalytic traditions and by the interests of two highly educated writers. Different therapeutic approaches and cultural perspectives might frame the issues differently (Coetzee & Kurtz, 2015).

The book also focuses mainly on narrative and may understate material conditions, neurobiology, medication, community, and social policy. Stories matter, but not every form of suffering can be treated through interpretation alone.

Personal Evaluation

The book is most valuable when it slows the impulse to classify a story as either true or false, healthy or unhealthy. It encourages a series of better questions. Which parts are factual claims? Which

express feeling? What responsibility follows? Whose perspective is absent? Does the story permit change, or does it keep the person trapped (Coetzee & Kurtz, 2015).

I found Coetzee's skepticism demanding but necessary. Kurtz's clinical perspective shows why strict factual interrogation can fail to understand a patient, while Coetzee shows why emotional usefulness cannot be the only standard. Their tension makes the book stronger than a harmonious agreement would have been (Coetzee & Kurtz, 2015).

Conclusion

The Good Story explores how people create identity through memory and narrative and asks whether a useful story must be factually true. Coetzee emphasizes invention, unreliability, confession, and moral responsibility. Kurtz emphasizes the reconstructive nature of memory, the therapeutic relationship, defense, and the possibility of change. Together they show that a good story is not merely coherent or comforting. It should help a person face experience without erasing evidence, blaming others falsely, or avoiding responsibility. Fiction and psychotherapy both use imagination, but they have different purposes and ethical duties. The book's most important lesson is that stories shape life powerfully, which is precisely why they must be examined with compassion and skepticism at the same time (Coetzee & Kurtz, 2015; McAdams, 2001; Ricoeur, 1992).

References

Coetzee, J. M., & Kurtz, A. (2015). *The good story: Exchanges on truth, fiction and psychotherapy*. Harvill Secker.

Freud, S. (1914). Remembering, repeating and working-through. In *The standard edition of the complete psychological works of Sigmund Freud*.

McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology, 5*(2), 100–122.

Ricoeur, P. (1992). *Oneself as another*. University of Chicago Press.