

# UNFINISHED STORY

Authored by  
**mohammad looti**

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## Unfinished Story Technique

**Primary Disciplinary Field(s):** Counseling Psychology, Clinical Psychology, Projective Assessment, Grief Therapy

### 1. Core Definition and Function

The **Unfinished Story Technique** (UST) is a specialized projective methodology employed primarily within clinical and counseling settings. It involves presenting involved parties, typically a single client or sometimes a family unit, with a narrative fragment--a story prompt that is intentionally incomplete or ambiguous. The core directive is for the client to bring this narrative to a conclusion, utilizing various expressive modes such as role playing, direct conversation, written transcription, or drawing. This technique operates on the foundational principle of projection, where the client inadvertently imbues the fictional characters, plots, and resolutions with their own internal psychological material, thereby unearthing critical data concerning their current concerns, unresolved conflicts, underlying anxieties, and relational dynamics. The deliberate ambiguity inherent in the initial prompt serves to minimize conscious censorship, allowing deeper, often unconscious, thoughts and emotions to surface and be examined within a safe, metaphorical context.

Unlike highly structured psychological assessments, the UST prioritizes qualitative depth and flexibility. The narratives created or completed by the client function as a window into their subjective world, revealing not only what issues they are grappling with but also how they perceive problems, allocate blame, and approach conflict resolution. For example, a story that begins with a character facing a moral dilemma may be completed in a way that reflects the client's own ethical struggles or fears regarding consequence. The ultimate function of the technique is not merely diagnostic, but profoundly therapeutic, providing a bridge between abstract emotional distress and concrete, discussable narrative content that the client and clinician can collaboratively analyze and process.

### 2. Theoretical Basis: Projective Methods

The theoretical underpinning of the **Unfinished Story Technique** resides squarely within the domain of projective testing, pioneered by early 20th-century psychological theory. Projective methods, such as the Rorschach Inkblot Test or the Thematic Apperception Test (TAT), are founded on the hypothesis that when presented with vague or neutral stimuli, individuals are compelled to structure, interpret, and complete these stimuli based on their unique inner psychological state, including repressed conflicts and unconscious needs. The UST leverages this principle by offering a highly structured ambiguity in the form of a story beginning.

While sharing a lineage with the TAT, which requires clients to generate a story from scratch based

on a set of standardized pictures, the UST focuses specifically on completion. This focus offers distinct advantages: it ensures the initial narrative is centered around a theme relevant to the therapeutic goals (e.g., abandonment, betrayal, or success), and it often requires less creative energy from the client, making it accessible even to those struggling with emotional fatigue or cognitive disorganization. The finished story becomes a tangible, symbolic representation of the client's internal working models of relationships and life scripts. Interpretation relies heavily on identifying repetitive themes, the emotional valence attached to central characters, the level of realism versus fantasy employed, and whether the client projects a resolution marked by optimism, fatalism, or avoidance, all of which provide crucial insight into the ego's coping mechanisms.

### 3. Implementation Methodology

The successful implementation of the **Unfinished Story Technique** requires careful methodological consideration, moving through phases of prompt selection, presentation, recording, and analytical interpretation. Initially, the clinician selects or crafts a story prompt that is carefully designed to contain sufficient emotional gravity to engage the client, yet remain sufficiently open-ended to allow for divergent resolutions. The prompt often introduces a central character navigating an emotionally charged situation--a relationship breach, a failure, or a sudden loss--but ceases just before the crisis point or critical decision.

The client is then instructed to complete the narrative, often being given options for delivery (written continuation, verbal narration, or even a form of puppet theater). During the completion phase, the clinician meticulously records not just the content of the story but also the client's process: hesitations, emotional shifts, nonverbal cues, and any attempts to rationalize or dismiss the fictional narrative. The interpretation phase is arguably the most critical and complex step. Clinicians analyze the finished product by focusing on several key parameters: the identity and fate of the hero (is the client identifying with this character?), the perceived obstacles (are they internal or external?), the emotional atmosphere of the conclusion, and, critically, the mechanism by which conflict is resolved. A resolution dependent on external rescuers, for instance, might suggest a passive coping style or an over-reliance on others, while a violent or nihilistic resolution might point toward unmanaged aggression or despair.

### 4. Application in Clinical Settings

Beyond its use as a diagnostic tool, the **Unfinished Story Technique** serves as a highly effective therapeutic intervention across a wide array of clinical settings, particularly where clients struggle to articulate their experiences using direct communication. In family counseling, the technique can be adapted to observe interactive dynamics, where each family member contributes to the story's completion. The resulting narrative often illuminates underlying communication breakdowns, power imbalances, and shared anxieties that are otherwise obscured by defensiveness or habitual

interaction patterns. For example, if a child consistently introduces themes of abandonment into the collaborative story, while a parent consistently introduces themes of control, the clinician gains immediate metaphorical access to their core conflict.

Furthermore, the UST is frequently employed with children and adolescents who lack the verbal or emotional maturity necessary for abstract discussion of complex feelings. By allowing them to project their fears onto fictional characters, the pressure of self-disclosure is significantly reduced. This is particularly useful in treating trauma, where direct exposure or discussion may be overwhelming. The story serves as a transitional object, allowing the client to safely externalize and manipulate their emotional burdens before integrating them back into conscious awareness. The technique facilitates emotional literacy by allowing the client to assign labels (anger, fear, sadness) to the motivations of fictional characters, paving the way for recognizing those same emotions within themselves.

## 5. Specific Application: Grief and Unfinished Business

One of the most profound and specific applications of the **Unfinished Story Technique** is in grief counseling, particularly when dealing with situations involving "unfinished business" with a deceased individual. The concept of unfinished business refers to unresolved emotional or relational issues, such as unsaid apologies, unexpressed gratitude, unresolved arguments, or goals that were mutually abandoned upon the death of a loved one. When death occurs suddenly or before reconciliation, these residual feelings can significantly impede the natural grieving process, contributing to feelings of guilt, anger, or chronic sorrow.

In this context, the UST becomes a potent form of symbolic closure and a vital coping skill. The client is encouraged to complete a story that involves a character representing the deceased and a character representing the client, providing a narrative space to "say the unsaid." Whether through writing a final letter as the story's conclusion or engaging in a role-played conversation, this therapeutic enactment grants the client the psychological permission to finalize the relationship's narrative arc. The completion of the story--even if fictional--often translates into a powerful sense of psychological relief, allowing the client to transition from rumination over the past into acceptance of the present reality of loss. This process validates the client's emotional needs while providing a structured, contained method for emotional release.

## 6. Advantages and Therapeutic Value

The **Unfinished Story Technique** offers numerous advantages over traditional self-report measures and direct interviewing. Primarily, its non-threatening nature is a significant benefit, particularly for resistant or highly defended clients. Because the client is technically discussing the actions and feelings of fictional characters, the stakes of self-disclosure feel much lower, facilitating

the rapid development of therapeutic trust and providing quicker access to sensitive material than months of standard talk therapy might allow. The highly adaptable format--which can be tailored to various age groups, cultural backgrounds, and literacy levels--also enhances its versatility.

Furthermore, the technique yields exceptionally rich qualitative data. The narratives produced are often replete with metaphorical language and symbolic imagery that provide deep insight into the client's internal world structure. This qualitative richness enables the therapist to identify complex, layered issues that simple checklists or questionnaires would miss entirely. The therapeutic value is also derived from the client's active participation; by completing the story, the client takes ownership of the narrative resolution, practicing problem-solving skills and generating new, healthier outcomes within a fictional space. This narrative restructuring is often the first step toward restructuring real-life emotional responses and behavioral patterns, fostering a sense of self-efficacy and agency.

## 7. Limitations and Ethical Considerations

Despite its significant therapeutic potential, the **Unfinished Story Technique** is not without limitations. Like all projective measures, its primary critique centers on the issue of subjectivity in scoring and interpretation. The meaning derived from a completed story is heavily dependent on the clinical acumen, theoretical orientation, and interpretive skill of the clinician. Two different therapists might draw vastly different conclusions from the same narrative, leading to reliability concerns. To mitigate this, clinicians must rely on robust training, utilize standardized scoring guidelines where available (though less common for UST than for TAT), and always corroborate findings from the story with data gathered through other assessment modalities.

Ethical considerations also demand careful attention, particularly concerning the handling of emotionally intense or potentially traumatic material that may surface unexpectedly during the completion of the narrative. Clinicians must be prepared to manage acute emotional distress if the client projects severe trauma or highly destructive urges into the story. Furthermore, the sensitive nature of the data requires that the clinician maintain strict confidentiality and utilize the information solely for the client's therapeutic benefit, avoiding the use of the narrative for judgmental or pathologizing purposes. Proper informed consent is essential, ensuring the client understands the projective nature of the technique and how the resulting narrative will be used and analyzed within the therapeutic framework.

## Further Reading

[Projective Test \(Wikipedia\)](#)

[Coping Skills \(Wikipedia\)](#)

[Psychology Dictionary: Unfinished Story](#)