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## Client narrative change in psychotherapy: A narrative processes approach

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### ABSTRACT

The purposes for this article are twofold. First, a typology of narrative in psychotherapy will be identified as focusing on one of three perspectives: a) micro-narratives, b) macro-narratives, and c) narrative processes as modes of experiential and cognitive engagement in therapy sessions. Second, the rationale for the development of the Narrative Processes and Coding System will be addressed. With this model and rating system, therapy sessions transcripts are sequenced according to thematic content shifts that are in turn coded in terms of one of three narrative process modes – external storytelling, internal emotional differentiation, and/or reflexive meaning-making sequences. Process research applications for the Narrative Processes Coding System (NPCS) will be discussed and a summary of research findings provided. Finally, future directions for understanding client narrative change in psychotherapy will be addressed.

*Key words:* Psychotherapy, Narrative, Therapeutic process.

### Introduction

Representing a wide range of specialty areas within psychology (Bruner, 1990; Howard, 1991; Polkinghorne, 2004; Russell & Bryant, 2004; Sarbin, 1986), clinicians and researchers alike have increasingly drawn on the concept of narrative to conceptualize the processes entailed in generating explanations of everyday events and organizing these experiences into a coherent self-identity or life story. While a wide ranging theoretical debate is taking place about the roles that narrative plays in the process of meaning construction in psychotherapy (Angus & McLeod, 2004; Schafer, 1992; Spence, 1982; White, 2004), few empirical studies (Angus, Levitt, & Hardtke, 1999; Angus & Bouffard, 2004; Angus, Lewin, Bouffard, & Rotondi-Trevisan 2004; Luborsky, Barber, & Diguier, 1992; McLeod & Balamoutsou, 2000) have attempted to

address these concerns within the context of the psychotherapy discourse itself. A major stumbling block for psychotherapy researchers has been the absence of a shared understanding of what the term «narrative» refers to, and therefore means, in the context of the spoken dialogical interchange of the therapy session.

The purposes for this article are twofold. Firstly, a typology of narrative in psychotherapy will be identified in which previous studies will be characterized as focusing on one of three perspectives: a) micro-narratives as individual personal stories or autobiographical memory narratives that clients disclose to therapists during sessions, b) macro-narrative as the life story or self-narrative that emerges from the coherent integration of individual personal stories, and c) narrative processes as modes of experiential and cognitive engagement which contribute to story construction and reconstruction – «story repair»

(Howard, 1991)– in therapy sessions.

Secondly, in order to understand how clients' stories change in psychotherapy, the rationale for the development of the narrative processes model (Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2004) and coding system (Angus, Hardtke, & Levitt, 1996) will be addressed. With this model and rating system therapy sessions transcripts are sequenced according to thematic content shifts –termed topic segments–, that are, in turn, coded in terms of one of three narrative process modes (external storytelling, internal emotional differentiation and/or reflexive meaning-making sequences). This coding system is designed to allow researchers to unitize sessions according to key issues and narrative process mode type, irrespective of therapeutic modality. Additionally, both the frequency of narrative process modes as well as their patterns of occurrence within and across sessions can be assessed. The predominance of processing modes in different therapy approaches and outcome groups can also be evaluated. Process research applications for the Narrative Processes Coding System (NPCS) will be discussed and a summary of research findings will be provided. Finally, future directions for understanding client narrative change in psychotherapy will be addressed.

### **Narrative and psychotherapy**

Strupp and Binder (1984) suggest that the central model of psychological activity, structure and organization for psychotherapeutic purposes is the construction of stories or narratives. In the narratives, experiences and actions become sequentially organized into more or less stable patterns of situational feeling, perceiving, wishing, anticipating, construing and acting. White (2004) states that the problems which lead people to seek therapy can be conceptualized in the following way: a) the discrete or personal stories that encapsulate

experiences of events, which are storied by others, do not sufficiently represent the lived experiences of actual events (Spence, 1982), and b) in these circumstances, there will be significant and vital aspects of their lived experiences that contradict and are not reflected in the dominant narrative. From this vantage point, psychotherapy is construed as an interactive dialogical process in which clients and therapists both contribute to the description and elaboration of stories or narratives. Consequently, narrative in the context of a psychotherapy session will be, by definition, an interactional unit of analysis which can contain dialogue spoken by both client and therapist.

Based on a critical review of the relevant clinical research literature, it appears that there are three primary ways in which narrative has been conceptualized as being central to the psychotherapeutic enterprise. Furthermore, each perspective selects a different level of analysis as representative of narrative in psychotherapy session transcripts. In order to clarify the meaning of narrative in psychotherapy, the following definitions of terms will be adopted: a) the term «micro-narratives» (Baumeister & Newman, 1994) will refer to the personal stories and autobiographical memory descriptions of discrete events that have happened in a client's life, b) the term «macro-narratives» (Baumeister & Newman, 1994) will refer to the client's self-narrative that weaves together the individual micro-narratives into a coherent, integrated and meaningful life story, and c) the term «narrative processes» (Angus & Hardtke, 1994) will be used to describe the modes of inquiry or cognitive/affective processes which contribute to the emergence of new perspectives on self in relation to others and micro-narrative and macro-narrative change.

### **Client micro-narrative change: Telling stories**

Lester Luborsky uses the terms «narratives» and «role relationship episodes» inter-

changeably, to refer to the description of individual stories or events in therapy sessions (Luborsky & Crits-Christoph, 1990). The core conflictual relationship theme method can, in turn, be viewed as a systematic method for content analyzing recurrent themes in narratives/event descriptions. Focusing on the intensive analysis of psychodynamic therapy sessions, Luborsky and his team have identified key changes in relational themes contextualized within narratives that correlate with significant gains in psychotherapy. Additionally, Luborsky, Barber and Diguier (1993) have conducted an intensive analysis of brief psychodynamic therapy session transcripts and established that, on average, client's disclosed six micro-narratives per session. Additionally, recent problematic events were the primary focus of these personal stories.

In a similar vein, Rennie (1994) has used the term «narrative» in conjunction with his interest in exploring the intentions of clients when telling personal stories to their therapists during therapy psychotherapy sessions. More recently Levitt and Rennie (2004), drawing from studies using grounded theory methodology to analyze interpersonal processes, recalled interviews with clients and identified two primary intentions of client narration. The first pertains to emotional exploration and expressive symbolization prompted by the clients' desire to understand self experiences more fully. The second intention concerns the management of anxiety that may emerge from intra-personal exploration and interpersonal interaction, and is evidenced in defensive activities such as belief management, disengagement and deference. Levitt and Rennie conclude that these activities, usually carried out covertly, are purposeful. As such, they are either carried out deliberately and are conscious, or they are automatic in the moment but accessible to awareness when reflected upon.

Russell and Bryant (2004) have compared linguistic markers of human intentionality evidenced in therapists' retelling of stories to

children in therapy sessions. As compared with a control group of non-professional adults, the implicit and predominant helping strategy of the therapist was to explicitly stress the perspectivism of self agency, and the primacy of viewpoint or voice in valuations of action.

Dimaggio and Semerari (2004) have developed independent measures to assess the alterations in meta-cognitive and meta-representative skills in client personal stories. From these studies they have identified two key strategies therapists undertake to facilitate client narrative competencies in therapy. The first type of action is aimed at having clients acquire a higher degree of meta-cognitive skills, in order to supply organization to clients' experience of emotional chaos –enhance a sense of self-coherence– without changing the multiplicity of their narrative. With this action, patients are able to experience their chaos in a less threatening way and communicate in a more comprehensible fashion with their therapist. By starting with a sharing of narratives that locate problems, patient and therapist are facilitated in identifying the dominant life themes, the characters that represent them and the way to build more adaptive life narratives.

The second type of action is aimed at helping the client to recover the ability to distinguish between fantasy and reality in the context of the stories told in sessions. The goal is not to immediately change the contents of the narratives, but to allow the patient to acknowledge that an imaginary narrative is taking the place of the world of actions with others, with pernicious results.

All of the studies cited above share a focus on client individual story-telling (micro-narratives) in psychotherapy sessions and on the impact that specific therapist strategies may have, for the facilitation of more coherent, differentiated and agentic client narration of personal experiences. At this level of analysis it remains unclear as to how micro-narratives are integrated across sessions and the contributions, if any, of

client stories contribute to the construction of a coherent sense of self and self-identity.

### **Client macro-narrative change: From individual stories to self-identity**

Accordingly, the term «self-narrative» or «macro-narrative» (Baumeister & Newman, 1994) has been used by personality researchers and clinicians to refer to the individual's development of an overall perspective or view of self(ves) and personal identity, in which discrete events are placed in a temporal sequence and are meaningfully organized along a set of intra-personal and interpersonal themes (Angus, Levitt, & Hardtke, 1999; Baumeister & Newman, 1994; Bruner, 1986; Gergen & Gergen, 1983; Howard, 1991; McAdams & Janis, 2004; McLeod & Balamoutsou, 2000; Polkinghorne, 2004; Sarbin, 1986; Singer & Blagov, 2004; Spence, 1982; White, 2004). The term «self-narrative» or «macro-narrative» (Angus, Levitt, & Hardtke, 1999) has been used to refer to the overall «story» which meaningfully organizes or schematizes, in a temporal sequence, the events of one's life (White 2004).

For the developmental psychologist Jerome Bruner (2004), the sense of self originates in the embodied act of storying our lived experiences of the world. Furthermore, it is the integration of emotionally salient lived stories, that is the foundation for personal identity and enables a sense of self-coherence and continuity over time. Once organized and externalized as a story, our subjective world of emotions, beliefs and intentions can be shared with others, a storied «past» can be returned to for further self-understanding, and the hopes and dreams for an imagined future can be articulated. Although research has been undertaken to explore the development of individual self-narratives –in the context of a shared family story–, Bruner has not extended his inquiry to the realm of client self-story change in psychotherapy.

Similarly, McAdams and Janis (2004) have argued that personality itself consists of three levels of individuality: dispositional traits (e.g., depression, neuroticism, extraversion), characteristic adaptations (e.g., motives and goals, coping strategies, defenses) and integrative life narratives (e.g., identity). For McAdams, identity itself takes the form of an inner story, complete with setting, scenes, character, plot, and themes. He suggests that in late adolescence and young adulthood people living in modern societies begin to reconstruct the personal past, perceive the present and anticipate the future in terms of an internalized and evolving self-story, an integrative narrative of self that provides modern life with some modicum of psychosocial unity and purpose.

In terms of psychotherapy, McAdams and Janis suggest that no form of psychotherapy is likely to have a big impact on basic temperament traits, but clients' specific strategies and adaptations and their internalized life narratives have as much impact on behavior as do dispositional traits. In changing people goals and strategies and in providing new stories to use in making sense of their lives, they argue that therapists are impacting the personalities of individuals as much as they are changing the dynamics in families and other social relationships. While McAdams has developed a structured life history interview to track developments of self-identity in adolescents and adults, his research program has yet to be applied to self-narrative change in psychotherapy.

In light of the work of Bruner (2004) and McAdams & Janis (2004), Hardtke and Angus (2004) became intrigued with the question of whether or not clients see themselves differently after they have experienced significant gains in therapy. Correspondingly, they wondered to what degree is that change mirrored in the stories they generate to describe themselves post-therapy. In order to empirically address this question, they developed a brief semi-structured

interview protocol, designed to be completed after the initial therapy session, at post-therapy, and, subsequently, during periods of follow-up. The data collection procedure consists of a three stage process, which entails the completion and audio-taping of a semi-structured interview in stage one, the generation of a written summary sheet of the pre-therapy interview in stage two and the completion of a post-therapy interview including client reflection on the pre-treatment narrative interview summary sheet in stage three. The open-ended format of the interview is intended to promote the exploration of the client's view of aspects of self in narrative form, without imposing the constraints of, for example, adjective checklists.

The Narrative Assessment Interview (NAI) was developed for implementation in the York II Clinical Treatment trial for depression (Greenberg & Angus, 1998) conducted at the York Psychotherapy Clinic and Research Centre at York University in Toronto, Ontario, Canada. In this study, supported by the Ontario Mental Health Foundation, participants were interviewed at pre-treatment, post-treatment and again 6 months after treatment termination, in order to investigate the impact of brief client-centred and process experiential therapy on clients' sense of self, their stories and the aspects of self they indicated they wanted to change before entering therapy.

Preliminary analyses of the Narrative Assessment Interview (NAI) protocols conducted as part of an ongoing treatment trial for depression appear to indicate that those clients who were able to generate stories from their current lived experience to illustrate their shifting views of self seemed less likely to indicate a relapse at follow-up – perhaps suggesting they have consolidated these shifts and have grounded them in their personal narrative, regaining a congruency of their sense of self with their current lived experience. It will remain for further analyses of the NAI protocols to substantiate if these early findings can be

generalized beyond the York II Depression Study sample.

In summary, the empirical analysis of client self identity or macro-narrative change has been rarely addressed in psychotherapy research. Both Bruner (2004) and McAdams (2004) have focused on the assessment of life story change in normative populations. Hardtke & Angus (2004) have developed a method for the assessment of client self-narrative change in psychotherapy undergoing treatment for depression, with promising preliminary results (Hardtke & Angus, 2004). The assessment of client life story change and therapeutic effectiveness is clearly a ripe area for future narrative research efforts.

### **Narrative process modes: The narrative processes model and coding system**

In order to more fully understand how client personal stories undergo narrative change in psychotherapy and contribute to the construction of a self identity narrative, my students and I have undertaken an extended inquiry into patterns of change evidenced in narrative process modes across therapy sessions. In contrast to researchers who take individual stories as the unit for intensive analysis, we are centrally interested in identifying within session processes that contribute to the narrative reconstruction of personal stories (i.e., micro-narratives) and incept client self-narrative change. Specifically, the narrative processes theory of therapy (Angus & Hardtke, 1994) is predicated on the assumption that all forms of successful psychotherapy entail the articulation, elaboration and transformation of the client's self-told life story, which is reflected in the emergence of macro-narrative themes which predominate across therapy sessions.

The Narrative Process Model (Angus, Levitt, & Hardtke, 1999) views narrative expression as arising out of a dialectical interplay of autobiographical memory, emotion and reflexive

meaning-making processes. While personally significant narratives are marked by the expression and evocation of emotions, the significance of emotions can only be understood when organized within a narrative framework that identifies what is felt about whom, in relation to what need or issue. The Narrative Process Model is in agreement with a dialectical constructivist view of experiential therapeutic change. Core assumptions underlying this model include: a) client agency, b) human reflexivity and meaning making, c) the importance of emotion schemes and emotion processing for the facilitation of second order or identity change, and d) the co-constructive nature of the client-therapist dialogue. We are in agreement with the basic tenets of the dialectical-constructivist model (Greenberg & Angus, 2004), which views emotional processing and emergent meaning-making processes as central to the inception of change in psychotherapy. However, we also believe that narrative expression and the disclosure of salient personal memories is also foundational to the inception of change experiences in experiential therapy.

According to the Narrative Process Model of self-change, all forms of successful psychotherapy involve the articulation, elaboration and transformation of the client's life story (Angus & Hardtke, 1994; Angus et al., 1996, 1999). Personal identity is construed as the coherent integration of emotionally salient personal narratives which, either explicitly or implicitly, represent core beliefs about self and others. The emotional tone of the narrative—anger, sadness, joy or fear—appears to be one of the primary ways in which personal memories and narratives are linked to one another. Accordingly, implicit emotion themes, and the personal memories they contain, become the lens through which we classify, story and make meaning of our new interpersonal experiences with others in the world.

In the Narrative Process Model therapeutic change is viewed as entailing a process of

dialectical shifts between narrative storytelling (external narrative mode), emotional differentiation (internal narrative mode) and reflexive meaning-making modes of inquiry.

#### *External narrative mode*

In psychotherapy it is crucial that clients remember emotionally salient and recent events, in order to fill in the gaps in the narrative that may have been forgotten or never fully acknowledged and, therefore, understood (Angus et al., 1999). This therapeutic process is represented by the external narrative mode of the Narrative Process Model, which addresses the question of "what happened?" (Angus & Hardtke, 1994). The external narrative mode may entail a description of either a specific event, a general description of many repeated similar events or a composite of many specific events (Angus et al., 1996). The disclosure of autobiographical memory narratives in the context of the external narrative mode provides the client with the chance to engage in storytelling, to create a visually rich picture for the therapist, by means of verbally descriptive and specific details of life experiences and events (Angus et al., 1999). In fact, the description of "what happened" might also entail non autobiographical information or chronicles of factual information or events. Recent research findings have established that 75% of all external sequences—extracted from 180 experiential therapy sessions—contained an autobiographical memory.

In terms of the functions of spoken narratives, we argue that in the external sequences the narrator or client attempts to verbally show the therapist—by means of descriptive, specific details—the scene, setting and actions entailed in an event. The more detailed and specific the description provided by the client, the greater opportunity the therapist has to develop an imagistic rendering of the event and to empathically adopt the internal frame of the client. Additionally, a number of investigators (Salovey & Singer, 1994; Borkovec, Roemer, &

Kinyon, 1995; Bucci, 1995) argue that the articulation of a detailed description of an episodic memory may provide the client with an opportunity to more fully access emotions and thoughts experienced in the context of a past event. Accordingly, therapists intentionally shift clients into an external narrative sequence by asking them to give a detailed concrete example or life event in order to exemplify a general concern or issue, and to facilitate a re-experiencing as opposed to a retelling of past memories and significant events.

A growing number of developmental (Stern, 1989) and personality researchers (Epstein, 1984; Janoff-Bulman, 1992; Salovey & Singer, 1994) are suggesting that key episodic memories may function as schemes or templates in the context of the development of the individual's self-theory, or what we term «the client's macro-narrative». Epstein (1984) points out that a person's theory of self and the world, or macro-narrative, is a preconscious experiential and conceptual system that automatically structures experiences and directs actions. A key therapeutic strategy to access core components of clients' macro-narratives is to ask them to describe significant memories present in conscious awareness and to encourage the articulation of important but «forgotten» past experiences and events in the context of external narrative sequences. The generation of new experiential and conceptual meanings in the context of the external narrative sequences emerges from the engagement in both internal and reflexive narrative process sequences.

#### *Internal narrative mode*

Clients also need to be fully engaged in the lived experience of an event, in order to bring to awareness and fully articulate tacit feelings and emotions. This is achieved by both the therapist and client engaging in the detailed unfolding and exploration of associated sensations and emotions, which can emerge in the re-telling of an autobiographical memory. The internal

narrative process mode is associated with this process and entails the description and elaboration of subjective feelings, reactions and emotions connected with an event, addressing the question of «what was felt?» during the event. In addition, the internal narrative mode addresses what was felt in relation to the event during the therapy session.

The function of the internal mode of inquiry for the client is to share with the therapist his/her re-experienced feelings and emotions that are associated with the retelling of a particular event (external mode) or to articulate newly emerging feelings and emotions occurring during the therapy hour (Angus et al., 1999). Research supports the notion that emotional disclosure regarding traumatic events can result in positive immunological and psychological effects for survivors (Harber & Pennebaker, 1992; Pennebaker & Seagal, 1999). In the context of dealing with physical and psychological trauma Harber and Pennebaker (1992) have provided compelling research findings, which demonstrate that emotional disclosure in the context of trauma narratives is predictive of positive immune system response in survivors.

In a similar vein, Borkovec, Roemer and Kinyon (1995) argue that obsessive worrying in distressed client's functions to suppress the key psychological change processes of imagery recall, affect and emotional processing in the context of the experienced traumatic events. For Borkovec, the articulation and processing of distressing emotions is a key therapeutic task when working with chronically anxious clients. While a growing consensus of psychotherapy researchers (Greenberg, Rice, & Elliot, 1993; Greenberg & Safran, 1989; Mahoney, 1991; Pennebaker, 1995) are recognizing the importance of emotional disclosure as a basis for the generation of new meanings of self and others and macro-narrative change, psychotherapy approaches differ to the extent in which they prioritise the description of what was experienced in the past versus focusing on the



processing of emotion schemes emerging in the session. The more evocative and descriptive the client can be regarding his or her experiencing in the session, the greater the opportunity the therapist has to empathically resonate with and attune to the client's feeling state (Angus, 1990). We have found the use of individual metaphor phrases (Angus, 1996) to be particularly productive within the context of internal narrative sequences.

### *Reflexive narrative mode*

The final goal of productive therapy involves the reflexive analysis of articulated experiences, which often leads to the construction of new meanings and perspectives on situations and can result in a reconstructed narrative. It is in the context of the reflexive narrative mode that clients explore personal expectations, needs, motivations, anticipations and beliefs of both the self and other, in the context of their personal stories, and attempt to make meaning of those experiences. It is in the context of reflexively processing current and past experiences that the client and therapist begin to co-construct a meaningful framework of understanding –or macro-narrative theme reformulation–, which coherently organizes and provides an understanding of the client's current and past experiences in the world.

In terms of within session patterns, reflexive narrative sequences ideally follow upon a depth of engagement in either external or internal narrative sequences in the therapy session, such that both the client and therapist engage in a process of shared meaning-making in relation to the client's understanding of self and others in the world. Greenberg and Angus (2004), citing findings from Pennebaker's (1995) work with trauma survivors, argue that reflexive elaboration and meaning creation can be an important therapeutic consequence of client emotional expression, if the therapist actively facilitates the clients focusing on the creation of new meaning (i.e., reflexive narrative sequence) from the

aroused emotional material (i.e., internal narrative sequence).

Reflexive narrative processing which does not emerge from the detailed description of events and emotional expression may be a client marker of shallow, automated processing (Borkovec, Roemer, & Kinyon, 1995), in which the client appears to be retelling a well rehearsed script. By asking the client for a specific example of the problem or concern, and hence shifting the client to describing and showing a specific instance (external narrative sequence), the therapist may help him/her to engage in a kind of depth of internal and reflexive narrative processing, such that deeply painful and at times disturbing feelings and beliefs about the self can be articulated and understood in ways that engender new meanings and perspectives on self and others. This reconstructed narrative may either support or challenge the implicit beliefs about self and others which contribute to the client's life story, or macro-narrative (Angus & Bouffard, 2004). The reflexive narrative mode represents this therapeutic process and is characterized as the reflexive analyses of events and subjective feelings. Therefore, this narrative process mode addresses the question of «what does it mean?» in relation to what happened or what was felt during an event.

Each of the narrative process modes of inquiry has a corresponding therapeutic goal:

- 1) To help clients to fill in the gaps of what has been forgotten or never fully acknowledged, and, hence, understood.

- 2) To help clients to «re-live» the event and to better articulate and understand it, perhaps for the first time.

- 3) To aid the clients in forming new understandings about the self and others.

Together, the three narrative modes of inquiry and their accompanying therapeutic goals are vital and contribute to the development of more coherent, emotionally differentiated personal narratives, which provide individuals with a greater understanding of themselves and

their interactions with others. The narrative process modes are viewed as essential components of a distinctive mode of human meaning-making, which constructs, maintains and, when needed, revises our sense of self in the world.

### **Conceptualizing client narrative process mode change**

The developmental psychologist Jerome Bruner (1986, 1990, 1992) points out that narrative organizes and integrates actions, emotions and meanings within the context of an unfolding sequential timeline. He suggests that coherent personal narratives entail the articulation and integration of the dual landscapes of narrative action (e.g., describing the scene, setting and actions of the actors) and consciousness (e.g., articulating the emotions, beliefs, intentions, goals, purposes of self and others) from the situated perspective of the narrator. From a Narrative Process Model (Angus, Levitt, & Hardtke, 1999) perspective, accessing and articulating the client's world of emotions, beliefs, expectations, intentions and goals –what Bruner (1990) has termed «the landscape of consciousness»– is critical for the emergence of new ways of seeing and experiencing longstanding relationship problems and coming to terms with significant personal loss. The reflexive de-centering from and then re-engagement with distressing life experiences from different relational vantage points facilitates the articulation of new understandings about the self in relation to others. It is the reflexive processing of emotions, beliefs, hopes, needs, motives, intentions and goals (landscape of consciousness), and their inclusion in the events of the problem stories or narratives (landscape of action), which enables the experience to be fully understood and accepted as part of the life story. In essence, it is the integration of the landscape of action (a description of the sequential, linear

unfolding of an event which answers the question of «what happened?») with the landscape of consciousness (the internal responses of self and others which addresses the question of «what was felt?» and «what does it mean?») that enables the construction of a coherent and meaning-filled narrative account of our interpersonal experiences with others in the world.

From a narrative process perspective, client unfinished business (Greenberg, 2002) represents the definitive «broken story» (Angus & Bouffard, 2004) in which the client's thoughts and feelings about a distressing or traumatic event have remained fragmented, disconnected and «not understood». It is in this manner that emotional memories of loss, shame and humiliation resist assimilation to pre-existing views of self and others in the world. Alternatively, client insight into longstanding relationship conflicts will be facilitated by therapist activities that lead to two different forms of client story change:

First, by establishing a safe and trusting therapeutic alliance, therapists will support and encourage the disclosure of previously untold stories of shame, humiliation and/or fear that are connected to the inception of longstanding past relationship conflicts. This type of story change will be evidenced by the disclosure of emotionally salient autobiographical memory narratives in key therapy sessions. Importantly, the disclosure and sharing of the emotionally traumatic memory will externalize the «lived story» into a «told story» (Stern, 2004), that can then be shared with others and/or reflexively looked back upon, for further understanding and meaning-making. Moreover, the narrative organization of emotional experience supplies a temporal, sequential timeframe that helps to identify a beginning, middle and end of the story, such that causal connections between actions and emotions can be identified. This type of story change addresses what Bruner terms «the narrative landscape of action» and will

be evidenced in external narrative sequences.

Secondly, once externalized as an organized story, the client can reflexively «look back upon» the trauma experience and begin to access new ways of seeing, experiencing and understanding «what happened». Elliott, Shapiro, Firth-Cozens, Stiles, Hardy, Llewelyn and Margison (1987), as cited in Hill and O'Brien (1999), suggest that seeing oneself in a new light and making connections or understanding patterns, links, reasons, causes, categorizations or parallels are both key markers of a typical insight event. Accordingly, from a Narrative Process Model perspective, a significant insight event will most likely emerge in the context of a client's reflexive exploration of his/her experiential world of emotions, feelings, expectations and beliefs that are connected to the actions unfolding in the told story. In particular, this form of narrative change will be evidenced in the client's fuller differentiation of the narrative landscape of consciousness, such that new links between emotions, intentions and actions of self and others are identified and more fully understood (Angus & Bouffard, 2004; Angus & McLeod, 2004). This form of narrative change will be evidenced as meaning-making (reflexive narrative mode) and emotional differentiation (internal narrative mode) sequences occurring in the therapy hour.

### **Assessing narrative process mode change in experiential psychotherapy sessions**

In order to conduct an empirical investigation of narrative processes in psychotherapy, a systematic method for the identification of therapy-discourse parameters associated with narrative-processing modes was developed (Angus & Hardtke, 1994; Angus, Levitt, & Hardtke, 1999). The Narrative Processes Coding System (NPCS) and revised manual (Angus, Hardtke, & Levitt, 1996) has evolved from the Narrative Process Model and was designed for

application to psychotherapy transcripts. The Narrative Processes Coding System (NPCS) provides researchers with a rational, systematic method of unitizing therapy transcripts, regardless of therapeutic modality.

The Narrative Processes Coding System (NPCS) entails a two-step process that enables the researcher to: 1) reliably subdivide and characterize therapy session transcripts into topic segments according to content shifts in verbal dialogue, and 2) further subdivide and characterize these topic segments in terms of one of three narrative-process mode types: a) external narrative process sequences, that include description of events (past, present and/or future, actual or imagined), b) internal narrative process sequences, that include a subjective/experiential description of experience, and c) reflexive narrative process sequences, that entail recursive questioning and meaning making processes in relation to beliefs, actions and emotions represented in current, past and/or future events. The NPCS provides an empirical method for the identification of the occurrence of the three narrative process modes, as well as the dialectical shifts between modes, occurring over time across sessions. Accordingly, the Narrative Process Model and coding system can be used as a heuristic to explore the interplay of the dual landscapes of action and consciousness in the context of psychotherapy sessions.

The Narrative Processes Coding System has demonstrated construct validity and good levels of inter-rater agreement in a series of recent psychotherapy process studies (Gonçalves, Machado, Korman, & Angus, 2002; Angus & Bouffard, 2002; Hardtke, Levitt, & Angus, 2003; Levitt, Korman, & Angus, 2000; Gonçalves, Korman, & Angus, 2000; Levitt & Angus, 2000; Angus, Levitt, & Hardtke, 1999; Levitt, Korman, Angus, & Hardtke, 1997; Angus & Hardtke, 1994).

Over the past five years we have had the opportunity to intensively investigate narrative process modes and shifts in the context of 12 full

case analyses of clients undergoing brief process experiential therapy treatment for depression (Angus, Hardtke, & Levitt, 1999) and unfinished business (Angus & Bouffard, 2002). The findings emerging from this extended inquiry into narrative, emotion and meaning-making processes will now be presented.

Process experiential psychotherapy is a distinctive emotion-focused constructivist therapy rooted in an integration of both Gestalt (Perls, 1973) and client centered (Rogers, 1951) psychotherapy approaches. As such, it shares a common faith in humanity's innate capacity for self-reflective awareness and push toward positive growth and self-development (Greenberg, Rice, & Elliott, 1993). While the Gestalt approach provides a set of interventions designed to evoke problematic thoughts, feelings and behaviours, the client-centered approach is anchored in an empathic, prizing and genuine attunement to the client's emotionally salient experiences.

In order to build a strong therapeutic alliance, process experiential therapists first establish a secure empathic relationship with their clients. Client disclosure of emotionally salient micro-narratives is foundational to the creation of shared understandings, identifying goals and implementing effective interventions in therapy sessions. Returns from an intensive analysis of over 18 therapy dyads and 200 therapy sessions drawn from process experiential therapy clients undergoing treatment for depression (Greenberg & Angus, 1995) and unfinished business (Greenberg, 1991) makes it clear that clients specialize in the narration and disclosure of salient personal memories in their therapy sessions. Rotondi-Trevisan (2002) found that 74% of the external narrative sequences –or 668 external sequences– met the criteria for personal autobiographical memory narrative (Singer & Moffitt, 1992). Stated another way, clients disclosed 6 autobiographical memories, on average, to their therapists in the context of process experiential treatment sessions. These

findings support the notion that it is through the telling of personal stories that we show ourselves to others and construct shared understandings with engaged listeners. Additionally, the returns from our intensive narrative process analyses indicate that therapists' attunement to clients autobiographical memory narratives serves a key functions in successful experiential therapy relationship: the evocation and differentiation of emotion processes for the articulation of new meanings and perspectives on self.

Greenberg (2002) states that a central task for experiential psychotherapists is the facilitation of client emotional processes so that primary adaptive emotional responses can be accessed, articulated and meaningfully understood. From a Narrative Process Model perspective, it is the client's narrative description of emotionally salient autobiographical memory narratives –external narrative sequences– which provides the essential experiential starting point for reflexive processing of evoked emotions and the subsequent articulation of related personal meanings. It is our view that emergent personal meanings, arising from the processing of adaptive emotions, exist within a tacit narrative schema in which a new story emerges to account for what was felt in relation to whom and about what need or concern. Moreover, when emotions shift, clients are impelled to articulate and story the new emotional landscape they find themselves inhabiting. New views of self and others, in terms of probable intentions, beliefs and goals, also shift and change in the quest to create an emotionally coherent story which integrates the dual narrative landscapes of action and consciousness.

One of the unique insights generated by the NPCS to date has been the discovery that the transition from story-telling to emotional differentiation was most successful when it was first preceded by the clients' active exploration of their own experiential responses to the narrative in the context of a reflexive inquiry mode. Specifically, process experiential therapists invite

clients to shift from external to reflexive and internal narrative modes, in order to elaborate the landscape of consciousness and facilitate emotional meaning-making and new perspectives on self and others in the world. In turn, the differentiation and narrative organization of painful emotion enables the client to reflexively explore and symbolize emergent meanings of distress, trauma and loss.

In her intensive case analysis of three good outcome and three poor outcome process experiential therapy dyads, Lewin (2001) found that reflexive to internal mode shifts comprised almost a third (30%) of all narrative process mode shifts undertaken by therapists engaged in the good outcome therapy relationships. In contrast, poor outcome therapists initiated significantly fewer reflexive to internal mode shifts (16.75%) than their good outcome counterparts. In essence, it appeared as if the therapist's specific focus on emotional meanings, in the context of the client's self reflections, helped the client to enter more fully into a sustained elaboration of his/her own internal world of felt emotions as experienced in the therapy session. The client's exploration of intense feelings of vulnerability and emotional pain were also sustained by a sense of safety and trust in the person of the therapist.

A primary goal of process experiential task interventions –such as two chair and empty chair tasks– is the heightening of client emotional arousal, in order to facilitate shifts in client emotional processes. Emotion shifts can be in the form of movement from maladaptive secondary emotions to more primary adaptive emotional responses or the accessing of new adaptive emotional responses in the context of personal memory narratives. Experiencing new –and sometimes contradictory– emotional responses in the context of past life events can lead to significant shifts in the intentions, hopes, beliefs, wishes and feelings which we attribute to the actions of self and others. At these moments we see ourselves and others in a new light and

are impelled to construct a new, emotionally coherent narrative, which accounts for what happened and why did it occur, what was felt, in relation to whom, about what need or issue. It is our contention that emotions are «understood» –and have personal meaning– when organized within a narrative framework that identifies what is felt, about whom, in relation to what need or issue.

In contrast to the therapists engaged in good outcome process experiential therapy, Lewin (2001) found that poor outcome therapists were twice as likely to try and initiate shifts to internal emotion-focused modes directly from external narrative sequences. Similarly, poor outcome clients initiated more internal to external narrative shifts than good outcome clients. Lewin suggests that the two findings may be related. Poor outcome clients may have initiated more shifts from internal narrative modes back to external storytelling modes when resisting their therapist's attempts to have them focus on and differentiate distressing and painful emotions. In the context of intensively analyzing the following poor outcome process experiential therapy dyad, Lewin found that most of the clients' emotional experiences either: (a) involved the therapist doing the majority of the emotional processing or (b) focused more on the clients' bodily sensations rather than their inner psychological state. The clients also appeared to play a more passive role than good outcome clients when exploring their feelings and preferred to focus on bodily sensations rather than on discussing their emotions.

## **Discussion**

In conclusion, it appears that clients' disclosures of personal stories, and the subsequent elaboration of the dual landscapes of narrative action and consciousness, are fundamental to the facilitation of significant shifts and personal change in process experiential

psychotherapy. Findings emerging from the intensive empirical analyses of productive process experiential sessions indicate that therapists explicitly focus on strategies that enable clients to dwell in and articulate more fully key components of the narrative landscape of consciousness. These components included the differentiation of adaptive emotions, implicit beliefs, hopes, intentions and expectations of self and others caught up in the unfolding events of the narrative landscape of action.

Less evident in the process experiential model, but clearly present in good outcome therapy sessions, was therapists' active facilitation of clients' disclosures of emotionally salient personal memories, for the purpose of meaning-making and emotional differentiation. Additionally, the disclosure of personal stories seems to be the fundamental means by which clients disclose to therapists «who they are» and the key to the establishment of a sense of shared understanding and trust in the therapy relationship. Process experiential therapists, in turn, invite their clients to reflexively explore and affectively engage these vivid memories in the therapy sessions. New meanings which emerge from the experiential exploration of emotion schemes are then concretized by clients in the context of telling new stories, which represent new ways of seeing, experiencing and interacting with others in the world.

In conclusion, in the context of intensively exploring the interplay of narrative, emotion and meaning-making modes in productive therapy sessions, a more differentiated understanding of the essential contributions of both emotion and narrative processes for self-change has emerged. These findings would appear to have important implications for both the theory and practice of experiential psychotherapy, and we are looking forward to participating in the ongoing evolution of experiential therapy practice and research in the future.

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