Universidade de Aveiro Departamento de Educação
Ano 2014

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MUDANÇA NARRATIVA EM PSICOTERAPIA

NARRATIVE CHANGE IN PSYCHOTHERAPY

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Tese apresentada à Universidade de Aveiro para cumprimento dos requisitos necessários à obtenção do grau de Doutor em Psicologia, realizada sob a orientação científica do Doutor Pedro Nobre, Professor Associado da Faculdade de Psicologia e Ciências da Educação da Universidade do Porto e do Doutor João Salgado, Professor Auxiliar do Departamento de Ciências Sociais e do Comportamento do Instituto Superior da Maia

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palavras-chave narrativa; psicoterapia; investigação do processo de mudança

resumo

Esta tese centra-se nos processos de mudança narrativa em psicoterapia. As anteriores revisões da literatura sobre os processos de mudança narrativa em psicoterapia concluíram que é necessária uma teoria geral que detalhe os conceitos apropriados para compreender os processos de mudança narrativa em psicoterapia, explique os processos dinâmicos que se estabelecem entre narrativas, e como eles se relacionam com resultados terapêuticos positivos. Esta tese aborda esta questão sugerindo um modelo de organização da narrativa que especifica três níveis: um nível micro de inovações narrativas que alteram a maneira habitual de os clientes construírem significado (momentos de inovação), um nível meso que integra essas inovações narrativas em *scripts* narrativos que consolidam o seu potencial transformador (proto-narrativas) e, por fim, uma camada de macro-história de vida dos clientes (narrativa identitária). Globalmente, as observações resultantes dos estudos empíricos apoiam a plausibilidade conceptual deste modelo e as hipóteses específicas que estão na sua base. Estas observações complementam a investigação anterior, que sublinha os processos de integração e coerência temática, ao enfatizar o papel da dinâmica de diferenciação de conteúdos e processos narrativos ao longo da psicoterapia. Além disso, elas também contribuem para expandir as abordagens anteriores à inovação narrativa na psicoterapia ao revelar os processos que caracterizam o desenvolvimento de diferentes níveis de inovação narrativa ao longo do processo de mudança. Estes estudos também enfatizam o papel das metodologias quantitativas no estudo dos processos narrativos de mudança em psicoterapia e a forma como eles nos permitem acomodar a complexidade e as propriedades dinâmicas destes processos narrativos.

keywords narrative; psychotherapy; process research

abstract

This thesis focuses on the processes of narrative change in psychotherapy. Previous reviews of the processes of narrative change in psychotherapy concluded that a general theory that details narrative concepts appropriate to understand psychotherapy processes, explains the dynamic processes between narratives, and how they relate to positive outcomes is needed. This thesis addresses this issue by suggesting a multi-layered model that accounts for transformations in different layers of narrative organization. Accordingly, a model was specified that considers three layers of narrative organization: a micro-layer of narrative innovations that disrupt the clients' usual way of construct meaning from life situations (innovative moments), a meso-layer of narrative scripts that integrate these narrative innovations in narrative scripts that consolidate its transformative potential (protonarratives), and, finally, a macro-layer of clients' life story (self-narrative). Globally, the empirical studies provided support for the conceptual plausibility of this model and to the specific hypothesis that were formulated on its basis. Our observations complement previous research that had underlined the integrative processes either by emphasizing thematic coherence or integration, by emphasizing the role of dynamicity and differentiation of narrative contents and processes. Additionally, they also contribute to expand previous accounts of narrative innovation through insights on the processes that characterize narrative innovation development across psychotherapy. These studies also emphasize the role of quantitative procedures in the study of narrative processes of change as they allow us to accommodate the complexity and dynamic properties of narrative processes.

Reader, whosoever or wheresoever you be, and whatsoever be your station - whether that of a member of the higher rank of society or that of a member of the plainer walks of life - I beg of you, if God shall have given you any skills in letters, and my book shall fall into your hands, to extend to me your assistance. [...] for anything and for everything in the way of criticism I should be thankful. [...] One thing in particular would I ask of any reader who may be willing to give me the benefit of his advice. That is to say, I would beg of him to suppose, while recording his remarks, that it is for the benefit of a man in no way his equal in education, or similar to him in tastes and ideas, or capable of apprehending criticisms without full explanation appended, that he is doing so. Rather would I ask such a reader to suppose that before him there stands a man of incomparably inferior enlightenment and schooling - a rude country bumpkin whose life, throughout, has been passed in retirement - a bumpkin to whom it is necessary to explain each circumstance in detail, while never forgetting to be as simple of speech as though he were a child, and at every step there were a danger of employing terms beyond his understanding. Should these precautions be kept constantly in view by any reader undertaking to annotate my book, that reader's remarks will exceed in weight and interest even his own expectations, and will bring me very real advantage.
(Gogol, Dead Souls, 1846)

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INTRODUCTION

Narrative Regulation and Transformation in Psychotherapy: The Role of Narrative Innovation.

"What has gone missing from psychology in the second half of the twentieth century is the study of psychological processes."
(Jaan Valsiner, 2007)

In the past decades psychotherapy research has consistently focused on exploring the processes that characterize psychotherapeutic change within and across psychotherapy sessions. The rapidly accumulating research oriented towards such aim has consolidated psychotherapy process research as an independent and growing field (see Ablon & Marci, 2004; Goldfried, 1980; Greenberg, 1986; Hayes, Laurenceau, Feldman, Strauss, & Cardaciotto, 2007; Laurenceau, Hayes, & Feldman, 2007; Pachankis & Goldfried, 2007; Salvatore & Tschacher, 2012). Within this field, narrative approaches have played a significant role in providing generative conceptual tools to understand the psychopathological states revealed by clients at the beginning of therapy and its transformation into healthier and more adaptive states by its end (see Angus & McLeod, 2004; Avdi & Georgaca, 2007, 2009; Meier, 2002 for reviews). This narrative orientation to the processes of change in psychotherapy constitutes the general context of this thesis which focuses specifically on the processes of emergence of narrative innovation and

their developmental organization into general adaptive narrative frameworks that guide clients' ways of thinking, feeling and behaving across psychotherapy and come to replace previous maladaptive narrative frameworks in successful therapies.

This introduction therefore reviews the previous literature on narrative processes in psychotherapy that supports the general framework underlying this thesis and gives a brief overview of the empirical studies that are presented in the following chapters (Chapters 1 to 4). These chapters are presented as independent papers because they were previously submitted as independent manuscripts for publication in diverse psychotherapy journals.

1. Levels of Narratological Analysis in Psychotherapy

To date, the narrative approaches to the process of change in psychotherapy have generally focused on two distinct levels that correspond to what Michael Bamberg (2006a, 2006b; Bamberg & Georgakopoulou, 2008) called "big stories" and "small stories". These may be considered distinct levels of narratological analysis as they postulate different narrative structures that refer to more or less inclusive forms or narrative organization and also address diverse narrative processes (see e.g. Bamberg, 2006a, for a thorough discussion of these aspects).

1.1. "Big stories": Macrolevel Narrative Structures

"Big stories" refer to the processes that underlie the narrative construction of one's sense of identity, self-maintenance and self-continuity; they constitute life stories (McAdams, 1985; Habermas & Bluck, 2000) that are built upon one's autobiographical memories (Fivush & Nelson, 2004). In this sense, they are

considered to emerge from our cultural-linguistic engagement with the world and our own experiences (Bruner, 2001) and therefore sometimes implied to have an ontological function in the constitution of our psychological domain (see Bamberg, 2006a).

Within this framework, psychotherapy literature has taken these “big stories” to be self-narratives which are “overarching cognitive-affective-behavioral structures that organize the ‘micronarratives’ of everyday life into a ‘macronarrative’ that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world” (Neimeyer, 2004, pp. 53-54). As implied by Neimeyer’s definition, self-narratives lead us to consider clients’ narratives of their experiences in terms of their coherence and explanatory possibilities (see Journal of Constructivist Psychology, 2006, for a special issue on self-narrative coherence). This means that self-narratives generate an integrated sense of self and convincing causal explanations to the persons behaviors, affective and cognitive states (McAdams, 2006). They provide a blueprint or narrative script that enables clients’ to interpret events in the world and their personal experiences in an integrated manner consistent with his/hers sense of self. It has been suggested that such integration is achieved through self-narratives’ coherence in terms of time, causal explanations and themes (Habermas & Bluck, 2000). In this sense, self-narratives integrate the diversity of personal experiences by providing meaningful frameworks, or general themes, to make sense of them in a chronologically organized sequence.

As it is elaborated below, such conception of self-narratives provided a generative framework to understand clients’ conditions at the beginning and end of psychotherapy (e.g. White & Epston, 1990) but it leaves open for consideration the characteristics and processes underlying the ‘micronarratives’ (to use Neimeyer’s term) that are integrated within self-narratives.

1.2. "Small stories": Microlevel Narrative Structures

'Micronarratives' may be considered "small stories": fugacious stories that emerge in the act of telling, which do not possess the constraints of self-narratives in terms of time, explanation or thematic coherence (see Bamberg & Georgakopoulou, 2008). The small thoughts, feelings, behaviors or life episodes that are constructed within the therapeutic dialogue between clients and therapist across psychotherapy therefore constitute examples of these micronarratives.

Psychotherapy research has studied the role of micronarratives in a variety of ways. A line of inquiry created by Angus has distinguished different modes of micronarratives, namely: an external narrative mode, based on descriptions of external events; an internal mode, in which narratives entail subjective and emotional descriptions of personal experiences; and a reflexive mode, in which the client assumes an interpretative stance towards one's activities of meaning-making (Angus & Hardtke, 1994; Angus, Levitt, & Hardtke, 1999; Levitt & Angus, 1999). Previous studies have revealed that the frequency of these modes differs both in relation to the outcome of psychotherapy (Angus & Hardtke, 1994) and in relation to the therapeutic model (Angus, Levitt, & Hardtke, 1999). Specifically, in good outcome cases the level of reflexive micronarratives increases across therapy and is globally higher than in poor outcome cases. This contrasts with internal micronarratives, which previous observations suggest that are higher in poor outcome cases. However, as different global patterns were observed to characterize different therapeutic models, the interaction between the effects of therapeutic outcome and model remains an important question.

Simultaneously, micronarratives were also characterized in terms of their level of assimilation of problematic experiences (Stiles, Honos-Webb, & Lani, 1999), their innovative potential (Gonçalves, Matos, & Santos, 2009), or the dialogical dynamics of their interactions across psychotherapy (Hermans, 2006). All these 3 lines of study produced results that seem to be less dependent on the specific

therapeutic model involved than the narrative modes distinguished in Angus' studies. Globally, previous research in different therapeutic models has shown that, across good outcome cases, problematic experiences that may be completely excluded from clients' narratives at the beginning of therapy are gradually acknowledged and further integrated in their narratives as therapy unfolds (see Stiles, 2002 for a review). In good outcome cases, this general trend in the process of assimilation seems to occur alongside an increase in the quantity and complexity of innovative micronarratives that express feelings, thoughts, and behaviors that contrast with the ones that constitute the clients' self-narrative at the beginning of therapy (see Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011 for a review). It has been suggested that both the assimilation of problematic experiences (Stiles, Osatuke, Glick, & Mackay, 2004; Stiles et al., 2006) and the increase in the complexity of innovative micronarratives (Gonçalves & Ribeiro, 2012) are associated with the increasing dialogical dynamics that emerges from the interactions between micronarratives (see Hermans, 2006).

In sum, when comparing good and poor outcome cases, the results indicate a contrast in the development of different micronarrative features throughout the therapeutic process. In other words, specific micronarrative features and their development along the process are associated with outcome. Complementarily, previous results also suggest that the processes that characterize micronarratives are highly dynamic and complex and that the developmental trajectory of their complex properties has an important impact in their integration within macrolevel narratives as diverse trajectories characterize good and poor outcome cases.

2. Hierarchical Integration of Narrative Structures

Despite the recent success that psychotherapy research has achieved in the description of both macro and microlevel narrative structures, the interaction between levels of narrative organization remains an unexplored question.

Specifically, it remains to be studied if micronarrative features that differentiate good and poor outcome have also an impact in the macro self-narratives, and vice-versa. In other words, the hierarchical integration of micronarrative and macronarrative change in psychotherapy is a problem in the need of further study. The hierarchical integration of narrative structures in psychotherapy process research is often implied but seldom problematized. The suggestion that microlevel narrative structures are integrated into generalized macrolevel self-narratives has been implied both from theme-focused perspectives (e.g. Meier, Boivin, & Meier 2008), which have studied the thematic integration of the diverse contents of clients' narratives, and from dialogically-oriented perspectives, which have highlighted the dynamic inter-relations that are established between the different microlevel narratives (or, metaphorically, between the different "voices" of the client) (e.g. Hermans, 2006; Dimaggio, Salvatore, Azzara, Catania, Semerari, & Hermans, 2003; Lysaker & Lysaker, 2012). Significantly, these different research trends uncover two distinct global pathways through which micro and macrolevel narrative structures interact, and how they are associated with clinical problems, as well as with clinical change. On the one hand, a global process of upward regulation is implied by the suggestion that different patterns of inter-relation between micronarratives (or "voices") generate distinct organizations of clients' self-narratives (e.g., overarching themes) (Dimaggio & Semerari, 2001; Lysaker & Lysaker, 2003). For example, it has been suggested that the paucity and lack of diversity of micronarratives is associated with maladaptive self-narratives (Dimaggio & Semerari, 2001; Lysaker & Lysaker, 2003) and that the emergence and development of innovative micronarratives contributes to the emergence of new self-narratives at the end of therapy (Ribeiro, Bento, Salgado, Mendes, Gonçalves, & Stiles, 2011). On the other hand, a global process of downward regulation is suggested by observations that higher level narrative themes operate in order to meaningfully integrate and impose limits on the clients' way of feeling, thinking, and behaving (Meier & Boivin, 2008; Salvatore, Gennaro, Auletta, Tonti, & Nitti, 2012). Taken together, the observations from previous authors reveal how impairments in upward and downward regulatory mechanisms generate maladaptive hierarchical organizations of clients' narratives or impose

rigid constraints on those narratives but also how changes in those mechanisms transform clients' narratives over the course of therapy. In face of our previous observations pertaining the characteristics of micronarratives, it is reasonable to suggest that these regulatory processes are important in explaining both the success and failure of narrative processes like innovation to participate in the transformation of clients' self-narratives.

For example, the emergence of meaning bridges that bring problematic and non-problematic experiences together under a shared narrative framework was observed to promote assimilation of problematic experiences (Honos-Webb, Surko, Stiles, & Greenberg, 1999). By connecting disparate experiences, meaning bridges may restore the ability for the construction of adaptive hierarchical organization of narrative structures. Similarly, as new experiences are assimilated into the clients' narratives through the emergence of meaning bridges, it may also be possible for maladaptive hierarchies to be destabilized and transformed. In this sense, meaning bridges constitute microlevel processes that through the introduction of new experiences into the clients' narratives restore upward and downward narrative regulatory mechanisms. Another example of the usefulness of these regulatory mechanisms in explaining the interactions between the micro and macrolevels of narrative organization comes from the process of narrative innovation across psychotherapy. Santos and Gonçalves (2009) have suggested that narrative innovations that emerge across psychotherapy promote changes in the clients' self-narratives by allowing the problematic and painful meanings in those narratives to be circumvented and weakened and by lending themselves to be constituted as anchor meanings that may consolidate and expand a network of alternative meanings that may constitute an alternative self-narrative.

On this basis, an imbalance of macrolevel narrative structures' coherence and stability and microlevel narrative structures' dynamicity was suggested to be associated with the kind of psychopathological self-narratives clients' narrate at the beginning of psychotherapy (Dimaggio & Semerari, 2004).

3. Psychopathological Self-narratives

Preliminary evidence suggests that psychopathological self-narratives are usually impoverished, monothematic and lack references to inner states or to others points of view (Dimaggio, Salvatore, Azzara, Catania, Semerari, & Hermans, 2003). In other cases, psychopathological self-narratives may be fragmented, lacking proper integration of the different self-aspects or of the multiple life experiences (Dimaggio & Semerari, 2001; Hermans, 1997). Narrative contents are poorly related or elaborated which makes these self-narratives diffuse and fragmented (Salvatore, Conti, Fiore, Carcione, Dimaggio, & Semerari, 2006). Therefore, psychopathological self-narratives become rigid as a consequence of the paucity of narrative texture and dynamics that they include and of the inability to create meaningful relations between the diverse micronarratives that emerge in everyday life. Along these same dimensions, the diverse characteristics of impoverished self-narratives were further detailed (Lysaker & Lysaker, 2002; Lysaker & Lysaker, 2006; Lysaker & Lysaker, 2012). Paul and John Lysaker (2002, 2006, 2012) suggested that these self-narratives may be: barren and empty, internally cacophonic, or rigid. These are considered to be different psychopathological narrative forms that result from imbalances in the internal dynamics between microlevel narratives. Accordingly, in barren self-narratives the dynamicity of the inter-relations between micronarratives is reduced to a bare minimum resulting in an incapacity for a hierarchical organization of micronarratives to emerge. In the same direction, the complete absence of a hierarchical organization of self-narratives results in a disorganized, incoherent and cacophonic form of psychopathological self-narrative. Finally, an inflexible hierarchical organization of micronarratives originates a rigid self-narrative resistant to transformations.

Complementarily with the transformations in self-narratives organization, previous research has also observed that psychopathological self-narratives also tend to include non-assimilated difficult and problematic experiences (e.g. Stiles, Elliott,

Llewelyn, Firth-Cozens, Margison, Shapiro, & Hardy, 1990; Honos-Webb, Surko, Stiles, & Greenberg, 1999) and to be thematically differentiated in relation to the underlying psychological disorder (Henriques, Machado, & Gonçalves, 2002; Gonçalves & Machado, 1999).

4. Self-narrative Transformations in Psychotherapy

Over the course of successful psychotherapies, these psychopathological self-narratives are transformed and clients are able to construct new self-narratives that integrate and balance old problematic contents and themes with new and alternative ones (Stiles, Elliott, Llewelyn, Firth-Cozens, Margison, Shapiro, & Hardy, 1990; Ribeiro, Bento, Salgado, Stiles, & Gonçalves, 2011). These new self-narratives also provide a meaningful context to accommodate and relate different and frequently opposed parts of the self (Lysaker & Lysaker, 2006; Hermans, 1999). At the end of therapy, clients report that storytelling, in the context of their therapy sessions, helped them gain some distance towards their problematic, difficult experiences, opened the possibility for processing those experiences and helped them gain emotional relief (Rennie, 1994).

Adding to this evidence focused on the changes in self-narratives over the course of therapy, differences have also been found between psychotherapeutic models and good- and poor-outcome cases both in terms of narrative contents (e.g. Crits-Christoph, Connolly, Shappel, Elkin, Krupnick, & Sotsky, 1999) and narrative processes (e.g. Mendes, Ribeiro, Angus, Greenberg, Sousa, & Gonçalves, 2010; Angus & Hardtke, 1994; Angus, Levitt, & Hardtke, 1999). While the former make it clear that the themes present in self-narratives change along therapy, the later suggest that at the end of therapy, clients produce more narrative sequences which are also more focused on the meaning of events and internal states (e.g. Angus & Hardtk, 1994). Additionally, at the end of therapy clients' narratives are increasingly focused on the changes that have been occurring and on the

processes that made them possible (e.g. Mendes, Ribeiro, Angus, Greenberg, Sousa, & Gonçalves, 2010).

Over the course of therapy the problematic self-narratives are replaced by more flexible and rich alternative self-narratives. These alternative self-narratives are more open to different micronarratives and also more coherent, as well as based on an increased sense of personal agency and authorship (Singer & Rexhaj, 2006). Narrative flexibility and coherence are related with self-narratives capacity to represent diverse meanings and with the meaningful organization of such meanings in integrative narrative frameworks that account for the self-continuity and self-understanding functions of self-narratives.

As we are seeing, previous research suggested that an imbalance in the equilibrium between macro self-narratives coherence and micronarratives flexibility generates a psychopathological narrative organization and that therapeutic change is associated with transformations in this narrative organization. However, reviews of the processes of narrative change in psychotherapy have concluded that “narrative approaches currently lack a theory that explains adequately how the reworking of narratives bring about changes and how a client’s various narratives are integrated” (Meier, 2002, from abstract).

5. The Role of Narrative Innovation in Self-narrative Transformation

In this context, narrative innovation emerged in recent research as potential pivotal process in the transformation of clients’ narratives. Therefore, it may significantly contribute to a general theory about the processes of integration of the new narratives emerging across successful psychotherapies.

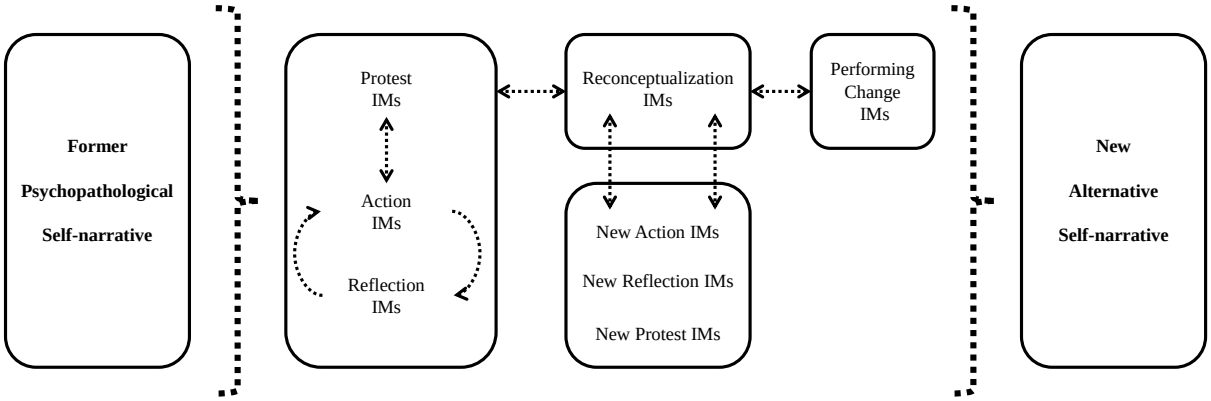
5.1. Innovative Moments (IMs)

Recently, strong empirical support was obtained for the proposal that microlevel processes of narrative innovation are involved in the transformation of psychopathological self-narratives into alternative, adaptive self-narratives in successful psychotherapies. Narrative innovation has been defined as novel behaviors, thoughts and feelings that contrast with the ones that characterize the psychopathological self-narrative (Gonçalves, Matos, & Santos, 2009). When these novel ways of behaving, feeling and thinking are narrated in the context of therapeutic dialogue, they constitute innovative moments (IMs henceforth) in the clients' narrative processes. Five types of IM have been validly and reliably distinguished using the Innovative Moments Coding System (see Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011 for an extended discussion on the coding, validity and reliability procedures): protest, action, reflection, reconceptualization, and performing change. The first two IM types refer mainly to alternative behaviors or actions (action IMs; e.g. "For the first time I was able to talk a little bit about what I was feeling without keeping it bottled up."); and cognitive or affective states inconsistent with problematic self-narrative (reflection IMs; e.g. "I'm feeling better about myself since last time I was here. I'm feeling more in control."). Protest IMs express the active refusal to accept problematic self-narrative assumptions or people that may support them (e.g. "My feelings count and they are legitimate and there's nothing wrong with it, sometimes they might be foolish but that's ok, there's nothing wrong with that either"). Reconceptualization IMs are considered more complex IMs since they integrate and balance previous problematic internal states and behaviors with new, more satisfactory ones and include conscious recognition of the process that made this transition possible (e.g. "I always had to do things to please people because I thought, you know, if I didn't please them then they won't like me or love me... Know I'm starting to like myself a lot more so that's not that important anymore. I'm not saying that it's not that important that people like me but I don't feel I have to buy it... so I think he's looking at me through different eyes"). Performing change

IMs express persons' desires and ambitions for the future that are made possible by the transformations that occurred in therapy (e.g. "I'm even getting back my sense of humor back. I can sort of laugh at myself and so I feel more comfortable with my co-workers. I'm even planning going out with them") (further details on the types of IMs are given in the studies presented in the next chapters).

These five types of IMs were reliably identified across diverse therapeutic models, namely: client-centered (Gonçalves, Mendes, Cruz, Ribeiro, Sousa, Angus, & Greenberg, 2012), emotion-focused (Mendes, Ribeiro, Angus, Greenberg, & Gonçalves, 2010), narrative (Matos, Santos, Gonçalves, & Martins, 2009), cognitive (Pinheiro, Gonçalves, & Caro-Gabalda, 2009), and constructivist (Alves, Mendes, Gonçalves, & Neimeyer, 2012) therapies. They were also observed in different clinical problems: major depression (Gonçalves, Mendes, Cruz, Ribeiro, Sousa, Angus, & Greenberg, 2012; Mendes, Ribeiro, Angus, Greenberg, & Gonçalves, 2010), generalized anxiety (Pinheiro, Gonçalves, & Caro-Gabalda, 2009), adaptation disorder (Ribeiro, Gonçalves, & Ribeiro, 2009), complicated grief (Alves, Mendes, Gonçalves, & Neimeyer, 2012), and victims of intimate violence (Matos, Santos, Gonçalves, & Martins, 2009). Across these studies, it was consistently observed that good outcome cases reveal a higher overall salience (measured as the percentage of time in the therapy devoted to IMs) of IMs than poor outcome cases. It was also observed that in poor outcome cases the salience of protest, action, and reflection IMs remains relatively stable across the therapy and that reconceptualization and performing change IMs are completely absent or have residual presence. Inversely, in good outcome cases, the salience of protest, action and reflection tends to increase from the initial to the working phase of therapy and decreases in the final phase. Simultaneously, in these cases, the salience of reconceptualization and performing change IMs increases across the entire therapeutic process. On this basis, a heuristic model was proposed that elaborates the participation of the types of IMs in the transformation of psychopathological self-narrative into an adaptive self-narrative at the end of therapy (see Figure 1).

Figure 1. IMs heuristic model of change in psychotherapy.



Note: Adapted with permission from Gonçalves and collaborators (2012).

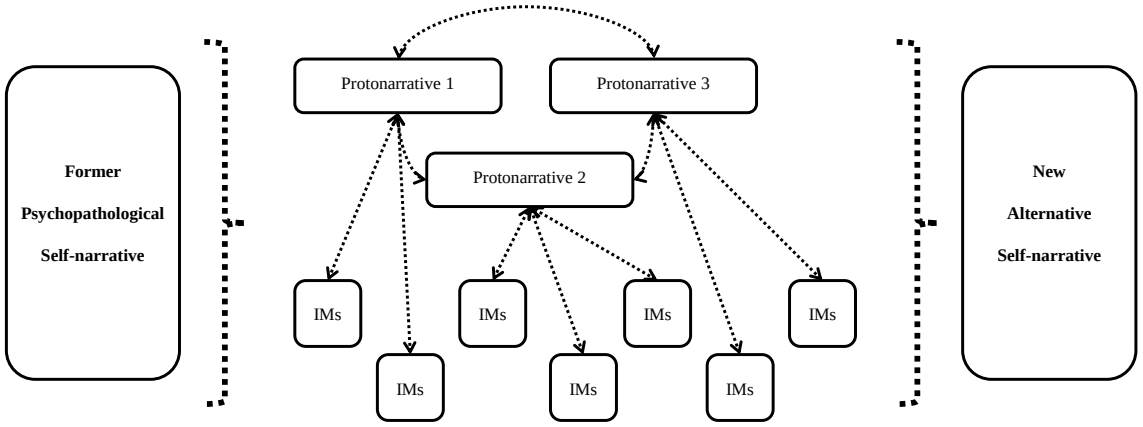
In this heuristic model, action and reflection IMs emerge early in therapy and are considered elementary forms of narrative innovation that signal to the clients that novel ways of behaving, thinking, and feeling do take place in their lives. As action and reflection IMs emerge repeatedly indicating to the clients the oppressive consequences of psychopathological self-narratives and that alternative ways are possible, they empower clients to react against problem saturated situations and experiences. This is expressed in the emergence of protest IMs. As the evolution of IMs in poor outcome cases (e.g., Santos, Gonçalves, & Matos, 2010) suggests, these elementary types of IMs are insufficient to stabilize and consolidate viable alternative self-narratives. As these types of IMs emerge early in therapy they frequently are involved in patterns of interaction with the problematic narrative contents that generate a dynamic stability between problematic and innovative narrative contents that block the possibility for further development of an alternative self-narrative (Gonçalves, Ribeiro, Stiles, Conde, Matos, Martins, & Santos, 2011). As the pattern of evolution of IMs found in good outcome cases (e.g., Santos, Gonçalves, Matos, & Salvatore, 2009) reveals, reconceptualization IMs seem to play an important role in promoting further transformation in face of those blocking processes between problematic and innovative contents (see Gonçalves & Ribeiro, 2012). They constitute a more complex form of narrative innovation, which brings together past painful states, the recognition of present

changes, and also the process through which those changes were achieved. As such, they meaningfully and coherently integrate the other types of narrative innovation providing them a narrative structure, which serves as basis for the meaningful recognition and interpretation of the new IMs that emerge in therapy. In this sense, reconceptualization IMs in providing a coherent narrative structure to the narrative innovation that emerges in therapy, they foster the consolidation of an alternative self-narrative (Gonçalves, & Ribeiro, 2012). This consolidation is observed in the emergence of performing change IMs that express the elaboration of future plans and the engagement in new projects. As IMs emerge in therapy and are integrated through reconceptualization IMs, the network of narrative novelties is enlarged and given a consistent core that provides a new and alternative self-narrative at the end of therapy.

5.2. Levels of Narrative Innovation: IMs and Protonarratives

In a previous paper (Ribeiro, Bento, Salgado, & Gonçalves, 2010), I have suggested that narrative innovation contributes to the transformation of the problematic self-narratives through its organization in hierarchically differentiated narrative structures. According to that proposal the expansion of the network of IMs generates an alternative self-narrative because it provides the aggregation of IMs in intermediate level narrative threads called protonarratives. These protonarratives, as we will explore in detail in the next chapters, provide higher order anchor points for the new IMs that emerge in therapy. They are important because they provide relatively stable narrative attractors that stabilize the emergence of the diverse IMs around a few thematic threads therefore fostering the emergence of a general self-narrative (Figure 2).

Figure 2. IMs and protonarratives.



A previous case study (Ribeiro, Bento, Salgado, Stiles, & Gonçalves, 2011) provided preliminary evidence in support of the role that protonarratives play in the development of IMs into an alternative self-narrative. Protonarratives, in this case study, revealed a developmental trajectory of increasing integration of IMs around more complex narrative threads as therapy unfolded. It could also be observed that this increasing complexity was accompanied by increasing flexibility in the organization of the network of IMs. Previous research therefore supports the heuristic use of the concept of protonarratives and suggests that increasing complexity of the global structure of narrative innovations across psychotherapy is a crucial process in the emergence of an alternative self-narrative towards the end of therapy.

In the following chapters I explore further the processes that contribute to and characterize the developmental pathways towards such complexity of the structure of narrative innovation and link them with the emergence of an alternative self-narrative in order to contribute to an empirically based global model of self-narrative transformation across psychotherapy.

6. The Following Studies

Taken together, previous observations suggest that the processes through which the psychopathological self-narratives clients narrate at the beginning of psychotherapy are transformed into more adaptive self-narratives in successful psychotherapies remain poorly understood (see Meyer, 2002). Simultaneously, as I have explored throughout this introduction, change in psychotherapy should be conceived in the context of a global model of hierarchically integrated levels of narrative organization (see also Salvatore, Dimaggio, & Semerari, 2004; Singer, Blagov, Berry, Oost, 2013). On the basis of previous evidence strongly suggesting narrative innovations as processes accounting for systemic wide transformation of the clients' self-narratives within psychotherapy, a global model is explored in the following chapters linking microlevel IMs with transformations in clients' macrolevels self-narratives through their integration in intermediate narrative structures called protonarratives. As we have seen, up to this point, the exploration of the evolution of IMs throughout psychotherapy has focused mainly on the micro-dynamics that is established between the different types of IMs. It therefore remains unknown how such micro dynamic activity is developmentally elaborated across the different levels of complexity that constitute the clients' narrative architecture. As it has been suggested, the absence of empirically based models that connect microlevel narrative dynamics with the global transformations of macrolevel self-narratives impairs our ability to understand how such transformations occur and, in the particular case of narrative innovation, how it operates in order for those system wide transformations to occur.

In the studies that follow, I explore the developmental organization of IMs across psychotherapy through the multi-layered operation of the diverse narrative structures, pursuing a general depiction of the transformation of the psychopathological self-narratives into the adaptive self-narratives. Specifically, different qualities (like flexibility and integration for example) of the process of integration of IMs into protonarratives are measured and their evolution across

psychotherapy is tracked. This allows for the interactions between those qualities to be depicted and models of their contribution for significant transformations to be empirically built.

In Chapter I, a narrative model of psychotherapeutic change is proposed that integrates IMs, protonarratives, and self-narratives. IMs are suggested to include a process dimension associated with the type of narrative novelty, and a content dimension associated with the theme that is expressed by each IM. It is proposed that these two dimensions interact to generate both a high dynamicity in lower levels of narrative organization and the aggregation of IMs in increasingly complex narrative structures, or protonarratives, which are expanded across therapy and generate an alternative self-narrative (see also Ribeiro, Bento, Salgado, Stiles, & Gonçalves, 2011). It is hypothesized that the interpenetration of these two dimensions has different characteristics in poor and good outcome cases. Poor outcome cases reveal a limited diversity of IMs types. As mentioned, previous research has consistently revealed that they tend to be characterized exclusively by action, protest, and reflection IMs (e.g. Santos, Gonçalves, & Matos, 2010) and that these IMs are more focused on problematic contents and less complex than the same types of IMs in good outcome cases (Mendes, Ribeiro, Angus, Greenberg, Sousa, & Gonçalves, 2011). Due to the low dynamicity of narrative innovation that poor outcome cases reveal, they are hypothesized to generate less diversified and more rigid protonarratives, which impairs their ability to further expand to generate a viable alternative self-narrative. The hypotheses that result from the model of narrative change are explored by measuring the evolution of two central features of narrative organization: flexibility and integration, in two in-depth systematic case studies.

In Chapter II, the observations from the previous study are further detailed. The initial study reveals that different dimensions of narrative flexibility constitute good indicators of narrative change across therapy and allow distinguishing between good and poor outcome therapies. On this basis, the interactions between the salience of narrative innovation and the flexibility of the narrative innovation

structures (IMs and protonarratives) are depicted. This study explores whether narrative flexibility follows from the salience of narrative innovation or originates further narrative innovation. A quantitative technique of intraindividual modeling of the structural relations between salience and flexibility of narrative innovation across psychotherapy – dynamic factor analysis (Molenaar, 1985; Wood & Brown, 1994) – is applied to three good and three poor outcome cases.

Building on the insights from the previous studies into the structure of interaction between salience and flexibility of narrative innovation structures, in Chapter III, the role of specific types of IMs and instability in the overall organization of narrative innovation in promoting significant transformations in clients' self-narrative are explored. Previous research has shown that good outcome therapies reveal higher levels of reconceptualization IMs (e.g. Mendes, Ribeiro, Angus, Greenberg, Sousa, & Gonçalves, 2010) and general flexibility than poor outcome therapies. On this basis, it was proposed that reconceptualization IMs play a crucial role in fostering the transformation of the psychopathological self-narratives into the adaptive self-narratives (e.g. Matos, Santos, Gonçalves, & Martins, 2009). This kind of major structural transformations in diverse psychological processes within psychotherapy were shown to be associated with periods of critical instability or disorganization (Gumz, Küsther, Geyer, Wutzler, Villman, Brähler, 2010; Schiepek, Tominschek, Karch, Lutz, Mulert, Meindi, & Pogureli, 2009; Walter, Schiepek, Schneider, Strunk, Kaimer, & Merghentaler, 2010). Together, previous research therefore suggests that self-narrative transformations in therapy may also be preceded by increased instability in its narrative structure. This processes are explored in this study and related with a central assumption of IMs heuristic model, namely that reconceptualization IMs have a central role in self-narrative transformation (see e.g. Gonçalves, & Ribeiro, 2012).

Across these chapters the diverse narrative innovation processes and structures that are concurrently involved in the transformation of the psychopathological self-narratives clients narrate at the beginning of psychotherapy into the adaptive and healthier self-narratives they reveal at the end of therapy are explored and the

intricacies of their interactions further detailed. However, the interactions and impact that narrative innovation processes and structures and general features of clients' self-narratives have on each other remain unknown. The relative absence of empirical work that explores these two inter-related processes (narrative innovations and discursive characteristics of clients' self-narratives) makes it unclear whether the emergence of narrative innovation is promoted by changes in the more general discursive characteristics of self-narratives; or if the transformations in their discursive dynamics are promoted by the emergence of innovative narratives. Therefore, in Chapter IV, these questions are addressed by exploring the structural relations between narrative innovation and the discursive characteristics of clients' self-narratives.

I.7. References

Ablon, J., & Marci, C. (2004). Psychotherapy process: The missing link: Commentary on Westen, Novotny, and Thompson-Brenner (2004). *Psychological Bulletin, 130,* 664-668.

Alves, D., Mendes, I., Gonçalves, M., & Neimeyer, R. A. (2012). Innovative moments in grief therapy: Reconstructing meaning following perinatal death. *Death Studies, 36,* 795-818.

Angus, L., & Hardtke, K. (1994). Narrative processes in psychotherapy. *Canadian Psychology, 35*, 190-203.

Angus, L., Levitt, H., & Hardtke, K. (1999). The Narrative Processes Coding System: Research applications and implications for psychotherapy practice. *Journal of Clinical Psychology, 55*, 1255-1270.

Angus, L., & McLeod, J. (Eds.). (2004). *The handbook of narrative and psychotherapy: Practice, theory and research*. Thousand Oaks: Sage Publications.

Avdi, E., & Georgaca, E. (2007). Narrative research in psychotherapy: A critical review. *Psychology and Psychotherapy: Theory, Research, and Practice, 80*, 407-419.

Avdi, E., & Georgaca, E. (2009). Narrative and discursive approaches to the analysis of subjectivity in psychotherapy. *Social and Personality Psychology Compass, 3,* 654-670.

Bamberg, M. (2006). Biographic-narrative research, Quo Vadis? A critical review of 'big stories' from the perspective of 'small stories'. In K. Milnes, C. Horrocks, N. Kelly, B. Roberts, & D. Robinson (Eds.), *Narrative, memory & knowledge: Representations, aesthetics, contexts* (pp. 63-79). Huddersfield: University of Huddersfield Press.

Bamberg, M. (2007). Stories: Big or small – Why do we care? In M. Bamberg (Ed.), *Narrative – State of the art* (pp. 1-5). Amsterdam: John Benjamins.

Bamberg, M., & Georgakopoulou, A. (2008). Small stories as a new perspective in narrative and identity analysis. *Text & Talk, 28*, 377-396.

Bruner, J. (2001). Self-making and world-making. In J. Brockmeier & D. Carbaugh (Eds.), *Narrative and identity* (pp. 25-37). Amsterdam: John Benjamins.

Cris-Christoph, P., Connolly, M., Shappell, S., Elkin, I., Krupnick, J., & Sotsky, S. (1999). Interpersonal narratives in cognitive and interpersonal psychotherapies. *Psychotherapy Research, 9*, 22-35.

Dimaggio, G. (2006). (Ed.). Disorganized narratives in clinical practice. [Special Issue] *Journal of Constructivist Psychology, 19(2)*.

Dimaggio, G., & Semerari, A. (2001). Psychopathological narrative forms. *Journal of Constructivist Psychology, 14*, 1-23.

Dimaggio, G., Salvatore, G., Azzara, C., Catania, D., Semerari, A., & Hermans, H. (2003). Dialogical relationships in impoverished narratives: From theory to clinical practice. *Psychology and Psychotherapy: Theory, Research and Practice, 76*, 385-409.

Fivush, R., & Nelson, K. (2004). Culture and language in the emergence of autobiographical memory. *Psychological Science, 15,* 573-577.

Georgaca, E., & Avdi, E. (2009). Evaluating the talking cure: The contribution of narrative, discourse, and conversation analysis to psychotherapy assessment. *Qualitative Research in Psychology, 6*, 233-247.

Gonçalves, M., Maia, A., Alves, A., Soares, I., Duarte, Z., & Henriques, M. (1996). Narrativas protótipo e psicopatologia. *Psicologia: Teoria, Investigação e Prática, 1*, 307-317.

Gonçalves, M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of 'innovative moments' in the construction of change. *Journal of Constructivist Psychology, 22*, 1-23.

Gonçalves, M., Mendes, I., Cruz, G., Ribeiro, A., Sousa, I., Angus, L., & Greenberg, L. (2012). Innovative moments and change in client-centered therapy. *Psychotherapy Research, 22*, 389-401.

Gonçalves, M., & Ribeiro, A. (2012). Therapeutic change, innovative moments, and the reconceptualization of the self: A dialogical account. *International Journal for Dialogical Science, 6*, 81-98.

Gonçalves, M., Ribeiro, A., Mendes, I., Matos, M., & Santos, A. (2011). Tracking novelties in psychotherapy research process: The Innovative Moments Coding System. *Psychotherapy Research, 21,* 497-509.

Gonçalves, M., Ribeiro, A., Stiles, W., Conde, W., Matos, M., Martins, C., & Santos, A. (2011). The role of mutual in-feeding in maintaining problematic self-narratives: Exploring one path to therapeutic failure. *Psychotherapy Research, 21*, 27-40.

Goldfried, M. (1980). Toward the delineation of therapeutic change principles. *American Psychologist, 35,* 991-999.

Greenberg, L. (1986). Change process research. *Journal of Consulting and Clinical Psychology, 54*, 4-9.

Gumz, A., Küsther, D., Geyer, M., Wutzler, U., Villman, T., & Brähler, E. (2010). Instability and discontinuous change in the experience of therapeutic interaction: An extended single-case study of psychodynamic therapy process. *Psychotherapy Research, 20,* 398-412.

Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin, 126*, 748-769.

Hayes, A., Laurenceau, J.-P., Feldman, G., Strauss, J., & Cardaciotto, L. (2007). Change is not always linear: The study of nonlinear and discontinuous patterns of change in psychotherapy. *Clinical Psychology Review, 27,* 715-723.

Henriques, M., Machado, P., Gonçalves, O. (2002). Anorexia nervosa: A validação divergente de uma narrativa protótipo. *Revista Internacional de Psicologia Clínica y de la Salud, 2,* 91-109.

Hermans, H. (1996). Opposites in a dialogical self: Constructs as characters. *Journal of Constructivist Psychologist, 9*, 1-26.

Hermans, H. (1999). Self-narrative as meaning construction: The dynamics of self-investigation. *Journal of Clinical Psychology, 55,* 1193-1211.

Hermans, H. (2006). The self as theater of voices: Disorganization and reorganization of a position repertoire. *Journal of Constructivist Psychology, 19*, 147-169.

Honos-Webb, L., Surko, M., Stiles, W., & Greenberg, L. (1999). Assimilation of voices in psychotherapy: The case of Jan. *Journal of Counseling Psychology, 46*, 448-460.

Laurenceau, J.-P., Hayes, A., & Feldman, G. (2007). Some methodological and statistical issues in the study of change processes in psychotherapy. *Clinical Psychology Review, 27,* 682-695.

Levitt, H., & Angus, L. (1999). Psychotherapy process measure research and the evaluation of psychotherapy orientation: A narrative analysis. *Journal of Psychotherapy Integration, 9*, 279-300.

Lysaker, P., & Lysaker, J. (2002). Narrative structure in psychosis: Schizophrenia and disruptions in the dialogical self. *Theory & Psychology, 12*, 207-220.

Lysaker, P., & Lysaker, J. (2006). A typology of narrative impoverishment in schizophrenia: Implications for understanding the process of establishing and sustaining dialogue in individual psychotherapy. *Counseling Psychology Quarterly, 19*, 57-68.

Lysaker, P., Buck, B., & Lysaker, J. (2012). Schizophrenia and alterations in the experience of self and agency: Comparisons of dialogical and phenomenological views. *Theory & Psychology, 22,* 738-755.

Matos, M., Santos, A., Gonçalves, M., & Martins, C. (2009). Innovative moments and change in narrative therapy. *Psychotherapy Research, 19,* 68-80.

McAdams, D. (1985). *Power, intimacy, and the life story: Personological inquiries into identity.* New York: Guilford.

McAdams, D: (1993). *The stories we live by: Personal myths and the making of the self*. New York: Morrow.

Meier, A. (2002). Narrative in psychotherapy theory, practice, and research: A critical review. *Counseling and Psychotherapy Research, 2*, 239-251.

Meier, A., Boivin, M., & Meier, M. (2008). Theme-analysis: Procedures and application for psychotherapy research. *Qualitative Research in Psychology, 5,* 289-310.

Mendes, I., Ribeiro, A., Angus, L., Greenberg, L., Sousa, I., & Gonçalves, M. (2010). Narrative change in emotion-focused therapy: How is change

constructed through the lens of the innovative moments coding system? *Psychotherapy Research, 20*, 692-701.

Mendes, I., Ribeiro, A., Angus, L., Greenberg, L., Sousa, & Gonçalves, M. (2011). Narrative change in emotion-focused psychotherapy: A study on the evolution of reflection and protest innovative moments. *Psychotherapy Research, 21*, 304-315.

Molenaar, P. (1985). A dynamic factor model for the analysis of multivariate time series. *Psychometrika, 50*, 181-202.

Neimeyer, R. (2004). Fostering posttraumatic growth: A narrative contribution. *Psychological Inquiry, 15,* 53-59.

Pachankis, J., & Goldfried, M. (2007). On the next generation of process research. *Clinical Psychology Review, 27,* 760-768.

Pinheiro, P., Gonçalves, M., & Caro-Gabalda, I. (2009). *Assimilation of problematic experiences and innovative moments: A case study using the linguistic therapy of evaluation*. 40th SPR International Meeting. June 24-27, Santiago del Chile, Chile.

Rennie, D. (1994). Storytelling in psychotherapy: The client's subjective experience. *Psychotherapy, 31,* 234-243.

Ribeiro, A., Bento, T., Gonçalves, M., & Salgado, J. (2010). Self-narrative reconstruction in psychotherapy: Looking at different levels of narrative development. *Culture and Psychology, 16,* 195-212.

Ribeiro, A., Bento, T., Salgado, J., Stiles, W., & Gonçalves, M. (2011). A dynamic look at narrative change in psychotherapy: A case study tracking innovative moments and protonarratives using state space grids. *Psychotherapy Research, 21,* 54-69.

Ribeiro, A., Gonçalves, M., & Ribeiro, E. (2009). Processos narrativos de mudança em psicoterapia: Estudo de um caso de sucesso de psicoterapia constructivista. *Psychologica, 50,* 181-203.

Salvatore, G., Conti, L., Fiore, D., Carcione, A., Dimaggio, G., & Semerari, A. (2006). Disorganized narratives: Problems in treatment and therapist intervention hierarchy. *Journal of Constructivist Psychology, 19,*191-207.

Salvatore, G., Dimaggio, G., & Semerari, A. (2004). A model of narrative development: Implications for understanding psychopathology and guiding therapy. *Psychology and Psychotherapy: Theory, Research, and Practice, 77*, 231-254.

Salvatore, S., Gennaro, A., Auletta, A., Grassi, R., & Rocco, D. (2012). Dynamic mapping of the structures of content in clinical settings (DMSC): A new coding system for analyzing the patient's narratives. *Psychology and Psychotherapy: Theory, Research and Practice, 85,* 391-423.

Salvatore, S., & Tschacher, W. (2012). Time dependency of psychotherapeutic exchanges: The contribution of the Theory of Dynamic Systems in analyzing process. *Frontiers in Psychology, 3*, article 253. DOI: 10.3389\fpsyg.2012.00253.

Santos, A., & Gonçalves, M. (2009). Innovative moments and change processes in psychotherapy: An exercise in a new methodology. In J. Valsiner, P. Molenaar, M. Lyra, & N. Chaudary (Eds.), *Dynamic processes methodology in the social and developmental sciences* (pp. 493-526). New York: Springer.

Santos, A., Gonçalves, M., & Matos, M. (2011). Innovative moments and poor outcome in narrative therapy. *Counseling and Psychotherapy Research, 11*, 129-139.

Santos, A., Gonçalves, M., Matos, M., & Salvatore, S. (2009). Innovative moments and change pathways: A good outcome case of narrative therapy. *Psychology and Psychotherapy: Theory, Research and Practice, 82*, 449-466.

Schiepek, G., Tominschek, I., Karch, S., Lutz, J., Mulert, C., Meindi, T., & Pogureli, O. (2009). A controlled single case study with repeated fMRI measurements during the treatment of a patient with obsessive-compulsive disorder: Testing the nonlinear dynamics approach to psychotherapy. *World Journal of Biological Psychiatry, 10*, 658-668.

Singer, J., Blagov, P., Berry, M., & Oost, K. (2012). Self-defining memories, scripts, and the life story: Narrative identity in personality and

psychotherapy. *Journal of Personality.* DOI: 10.1111/jopy.12005 [Epub ahead of print]

Singer, J., & Rexhaj, B. (2006). Narrative coherence and psychotherapy: A commentary. *Journal of Constructivist Psychology, 19*, 209-217.

Stiles, W. (2002). Assimilation of problematic experiences. In J. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 357-365). New York: Oxford University Press.

Stiles, W., Elliott, R., Llewelyn, S., Firth-Cozens, J., Margison, F., Shapiro, D., & Hardy, G. (1990). Assimilation of problematic experiences by clients in psychotherapy. *Psychotherapy, 27,* 411-420.

Stiles, W., Honos-Webb, L., & Lani, J. (1999). Some functions of narrative in the assimilation of problematic experiences. *Journal of Clinical Psychology, 55*, 1213-1226.

Stiles, W., Osatuke, K., Glick, M. J., & Mackay, H. C. (2004). Encounters between internal voices generate emotion: An elaboration of the assimilation model. In H. H. Hermans & G. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 91–107). New York: Brunner-Routledge.

Stiles, W., Leiman, M., Shapiro, D., Hardy, G., Barkham, M., Detert, N., & Llewelyn, S. (2006). What does the first exchange tell? Dialogical sequence analysis and assimilation in very brief therapy. *Psychotherapy Research, 14*, 408-421.

Walter, S., Schiepek, G., Schneider, S., Strunk, G., Kaimer, P., & Mergenthaler, E. (2010). The synchronization of plan activations and emotion-abstraction patterns in the psychotherapeutic process: A single-case study. *Psychotherapy Research, 20,* 214-223.

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

Wood, P., & Brown, D. (1994). The study of intraindividual differences by means of dynamic factor models: Rationale, implementation, and interpretation. *Psychological Bulletin, 116,* 166-186.

CHAPTER I[1]

The Narrative Model of Therapeutic Change: An Exploratory Study Tracking Innovative Moments and Protonarratives Using State Space Grids.

I.1. Abstract

Despite the popularity of narrative approaches to the change in psychotherapy, a better understanding of how narrative transformation facilitates therapeutic change is needed. Research on innovative moments (IMs) has explored how IMs in psychotherapy evolve over time. We expand upon past studies by exploring how IMs become aggregated in narrative threads, termed protonarratives, which come to constitute an alternative self-narrative at the conclusion of therapy. The results suggest that the good outcome case had a different pattern of IM integration within protonarratives, revealing greater flexibility than the poor outcome case. These results support the heuristic value of the concept of the protonarrative.

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I.2. Introduction

Despite the growing popularity of narrative approaches to psychotherapy (Gonçalves & Stiles, 2011), one review concluded that "narrative approaches lack a theory that explains adequately how the reworking of narratives brings about changes and how a client's various narratives are integrated" (Meier, 2002, from abstract). In fact, although the characteristics of initial problematic self-narratives have been explored (Dimaggio & Semerari, 2001; Dimaggio et al., 2003; Lysaker & Lysaker, 2006), the processes by which rigid self-narratives present at the beginning of therapy are replaced by more flexible, enriching self-narratives towards the end of therapy have remained largely unexplored. In this paper we consider self-narratives to be overarching life stories that integrate meanings persons' attribute to their everyday life situations and provide them with a sense of self-identity (McAdams, 1996; Neimeyer, 2004) and we study their transformation across psychotherapy.

I.3. The Narrative Model of Therapeutic Change

One possibility that has received increasing empirical support is that the emergence and expansion of narrative innovations (termed innovative moments, or IMs; Gonçalves, Matos, & Santos, 2009) are at the centre of the process of transformation of clients' self-narratives in psychotherapy. IMs refer to microlevel autobiographical memories (see Singer, Blagov, Berry, & Oost, 2012) of particular thoughts, feelings, and actions that are narrated within psychotherapy and are different from the ones that characterise the problematic self-narratives. The key idea is that therapeutic conversation attributes meaning to the IMs, expanding them and facilitating their aggregation in alternative narrative threads. In this process, IMs become self-defining memories (Singer, et al., 2012) in the sense that they become constitutive of clients' sense of self-identity. Several studies

have shown that IMs occur in different models of brief psychotherapy (Gonçalves, 2012; Gonçalves et al., 2012; Matos, Santos, Gonçalves, & Martins, 2009; Mendes et al., 2010; Ribeiro, Gonçalves, Ribeiro, 2009). These studies have also demonstrated that five categories of IMs can be reliably identified in the context of psychotherapy by means of the Innovative Moments Coding System (IMCS; Gonçalves, Ribeiro, Matos, Mendes, & Santos, 2011) as follows: action, reflection, protest, reconceptualization and performing change. The definitions and examples of these IMs are presented in Table I.1. Studies that have identified IMs and tracked their development in therapy have consistently concluded that action, reflection and protest IMs emerge in both good and poor outcome cases in the initial phase of therapy and remain present throughout therapy. Reconceptualization and performing change IMs tend to appear in good outcome cases during the working phase of therapy and become increasingly frequent in the final phase. These last IMs are very infrequent, or even absent, in poor outcome cases.

Table I.1. IMs contents and examples.

Contents	Examples
Action IMs	
• New coping behaviours facing anticipated or existent obstacles • Effective resolution of unsolved problem(s) • Active exploration of solutions • Restoring autonomy and self-control • Searching for information about the problem(s)	C: Yesterday, I went to the cinema for the first time in months!
Reflection IMs	
Creating distance from the problem(s) • Comprehension: reconsidering causes of problem(s) and/or awareness of effects • New problem formulations • Adaptive self-instructions and thoughts • Intention to fight demands of problem(s), references of self-worth, and/or feelings of well-being	C: I realise that what I was doing was just not humanly possible because I was pushing myself and I never allowed myself any free time, uh, to myself . . . and it's more natural and more healthy to let some of these extra activities go. . .

Centred on the change • Therapeutic process: reflecting about the therapeutic process • Change process: considering process and strategies; implemented to overcome problem(s); references of self-worth and/or feelings of well-being (as consequences of change) • New positions: references to new/emergent identity versions in face of the problem(s)	C: I believe that our talks, our sessions, have proven fruitful, I felt like going back a bit to old times, it was good, I felt it was worth it.
Protest IMs	
Criticising the problem(s) • Repositioning oneself toward the problem(s)	C: What am I becoming after all? Is this where I'll be getting to? Am I going to stagnate here!?
Emergence of new positions • Positions of assertiveness and empowerment	C: I am an adult and I am responsible for my life, and, and, I want to acknowledge these feelings and I'm going to let them out! I want to experience life, I want to grow and it feels good to be in charge of my own life.
Reconceptualization IMs	
• Reconceptualization always involves two dimensions: o Description of the shift between two positions (past and present) o The process underlying this transformation	C: You know . . . when I was there at the museum, I thought to myself, ''You really are different . . .A year ago you wouldn't be able to go to the supermarket!'' Ever since I started going out, I started feeling less depressed . . . It is also related to our conversations and changing jobs . . . T: How did you have this idea of going to the museum? C: I called my Dad and told him, ''We're going out today!'' T: This is new, isn't it? C: Yes, it's like I tell you . . . I sense that I'm different . . .
Performing Change IMs	
• Generalisation into the future and other life dimensions of good outcomes • Problematic experience as a resource to new situations • Investment in new projects as a result of change process • Investment in new relationships as a result of change process • Performance of change: new skills • Re-emergence of neglected or forgotten self versions	T: You seem to have so many projects for the future now! C: Yes, you're right. I want to do all the things that were impossible for me to do while I was dominated by depression. I want to work again and to have the time to enjoy my life with my children. I want to have friends again. The loss of all the friendships of the past is something that still hurts me really deeply. I want to have friends again, to have people to talk to, to share experiences, and to feel the complicity in my life again.

Note. From ''The Innovative Moments Coding System: A new coding procedure for tracking changes in psychotherapy,'' by M. Gonçalves et al., 2011. Adapted with permission.

Although these studies highlight that IMs are present in therapy regardless of the therapeutic model, it remains to be explored how IMs are sustained and expanded upon, allowing a transformation of the previously dominant problematic self-narrative into an alternative narrative in successful therapy. In a previous study, it was suggested that IMs organise themselves according to their thematic content in provisional narrative plots termed "protonarratives" (Ribeiro, Bento, Salgado, & Gonçalves, 2010; Ribeiro, Bento, Salgado, Stiles, & Gonçalves, 2011).

Protonarratives are defined as recurrent themes that aggregate IMs of several types (e.g., action, reconceptualization) in narrative threads that are not yet fully developed self-narratives (see Ribeiro et al., 2010). In this sense, they integrate the self-defining memories expressed in IMs in narrative scripts (Singer, et al., 2012) that express new potential narrative frameworks for behaving, thinking and feeling that contrast with the problematic macrolevel self-narratives. As they are addressed in therapeutic dialogues, these protonarratives may be abandoned or instead evolve into more complex narrative plots that eventually become alternative self-narratives. For instance, consider a client's problematic self-narrative focused on lack of self-worth. At the beginning of therapy this client may express difficulties in accepting his or her own limitations and narrate life episodes that reflect excessive perfectionism in work-related tasks and frequent worries concerning other people's thoughts about his/her performance in social roles (the problematic self-narrative). As a consequence of successful treatment, this client may start narrating thoughts that express self-acceptance and recognition of his/her own competencies (reflection IMs), protesting other peoples' lack of recognition of his/her needs (protest IMs) and expressing assertive behaviours towards others (action IMs). Taken together, these IMs reflect a protonarrative that is focused on a renewed sense of *'self-worth and affirmation of one's own identity',* which is in contrast to the assumptions of the problematic self-narrative. Simultaneously, this client may also narrate an increased comprehension of other peoples' behavior towards him/her and show forgiveness (reflection IMs). As a consequence, the client may try to reconcile and reconnect with specific people by

inviting them to spend time together and adjusting his/her own behaviour in the relationships (action IMs). These IMs together express a protonarrative that we could globally term *'reconciliation'*. These two protonarratives contain narrative elements that may come to constitute an alternative self-narrative because they comprise a new set of assumptions that are different from those of the problematic self-narrative. Thus, the alternative self-narrative at the end of therapy can be one or the other, or even a combination of both. In sum, IMs would be the microlevel of narrative organization; protonarratives, as thematic organization of IMs that potentially lead to new self-narratives, the meso-level; and the self-narrative (problematic or alternative) the macrolevel.

Therefore, we propose that we can conceptualise each IM as having two related dimensions: process (e.g., action, protest) and content (i.e., the theme that emerges), which allow us to infer a given protonarrative. As protonarratives successfully develop in therapy, they will become more diversified in their content and in the IMs that they contain. Moreover, previous research (Ribeiro et al., 2011) suggests that the protonarratives that emerge during treatment may interact. Our preliminary studies (Ribeiro et al., 2011) suggest that in successful therapy, one of the protonarratives that occur during treatment will become increasingly central: it will occupy more time in sessions and will also show more diverse types of IMs.

I.4. Research Focus

Two main features of narrative change appear to be critical and will be targeted in this study. On the one hand, the development of narrative flexibility (versus rigidity) is associated with adaptive narrative building and, therefore, is thought to be a key process in therapeutic change (Hermans, 2006; Lysaker & Lysaker, 2006). On the other hand, narrative integration or coherence (versus fragmentation) is considered a fundamental feature of adaptive self-narratives, and thus, therapeutic change must also involve this process (Neimeyer, 2004; Singer & Rexhaj, 2006).

In this study, by analysing how flexibility and integration evolve on a session-by-session basis, we aim to explore the process of constructing alternative self-narratives throughout treatment.

I.5. Method

I.5.1. Clients

Clients participated in the York I Depression Study (Greenberg & Watson, 1998). This study was originally focused on major depressive disorder, and the clients were randomly assigned to one of two different treatments: emotion-focused therapy (EFT) or client-centred therapy (CCT). Here, we analyse two cases (one good outcome and one poor outcome) randomly chosen from the EFT sample previously analysed with the IMCS (Mendes et al., 2010).

The clients were classified with the Reliable Change Index (RCI; see Jacobson & Truax, 1991; McGlinchey, Atkins, & Jacobson, 2002) analysis of the Beck Depression Inventory (BDI; Beck, Steer, & Garbin, 1988) for pre- and post-test change scores. According to this analysis, one client was classified as meeting the criteria for being recovered (i.e., passed both a BDI cut-off score of 11.08 and RCI criteria) and the other client was classified as unchanged (i.e., has not passed both the BDI cut-off score of 11.08 and the RCI criteria) at treatment termination. More specifically, the pre-post BDI scores for the good outcome case were 25 and 3 whereas for the poor outcome case, the BDI scores were 24 and 18.

I.5.1.1. Good Outcome: Lisa

Lisa (see Angus, Goldman, & Mergenthaler, 2008, for the analysis of the same case from different perspectives; see also Gonçalves, Mendes, Ribeiro, Angus, & Greenberg, 2010) was a 27-year-old married woman who had two school-aged children at the time of her participation in the York I Depression Study (Greenberg & Watson, 1998). She described herself as being from a working-class background, and she was not employed at the beginning of treatment. However, she had secured part-time employment by the end of treatment. Lisa met the criteria for inclusion in the York I Depression Study on the basis of her diagnosis of major depressive disorder, as assessed by the Structural Clinical Interview for the *DSM-III-R* (Spitzer, Williams, Gibbons, & First, 1989). Lisa was randomly assigned to EFT and was seen for 15 sessions. Lisa reported feelings of sadness, guilt and resentment toward her family and was unable to articulate the roots of her depressed feelings prior to entering therapy.

I.5.1.2. Poor Outcome: Ralph

Ralph was a 43-year-old married man with a bachelor's degree who was employed at the time of his participation in the York I Depression Study (Greenberg & Watson, 1998). Ralph met the criteria for inclusion in the York I Depression Study on the basis of his diagnosis of major depressive disorder, as assessed using the Structural Clinical Interview for the *DSM-III-R* (Spitzer et al., 1989). Ralph was randomly assigned to EFT and was seen for 17 sessions. He reported feelings of despair, hopelessness and resentment mainly related to his unemployment and to his wife’s criticism. He also reported feeling confused and guilty about having these feelings, because from his perspective, he had a good life compared to other people.

I.5.2. Therapists

Therapists in the York I Depression Study were advanced doctoral candidates or PhD-level clinical psychologists. They had at least two years of specific training and an average of 5.5 years of therapy experience prior to the beginning of the project. They received an additional 24 weeks of training for the study. The therapists also received weekly supervision during the study, and all demonstrated good adherence to treatment manuals (Greenberg, Rice, & Elliott, 1993; see Greenberg & Watson, 1998, for details).

I.5.3. Therapy

Emotion-focused therapists assume client-centred relational conditions and use experiential and gestalt interventions to facilitate the resolution of maladaptive affective-cognitive processing. These interventions include focusing (Gendlin, 1981) on a marker of an unclear felt sense, systematic evocative unfolding for problematic reactions, two-chair dialogue for self-evaluative and self-interruptive conflict splits and empty-chair dialogue for unfinished business with a significant other (Greenberg, et al., 1993).

I.5.4. Procedure

The initial step in the analysis involved the identification of IMs types (e.g., action, reflection). This step was done as part of a previous study (Mendes et al., 2010). In the present study, two additional steps were taken. First, protonarratives expressed by the IMs were identified, and second, the joint development of IMs and protonarratives throughout therapy was depicted and explored.

I.5.4.1. Identifying IMs: Coding Procedures and Reliability

Here, we briefly summarise the procedures used in the Mendes et al. (2010) study. The IMCS (Gonçalves et al., 2011) was used to identify IMs in a sample of EFT therapies in the previous study (Mendes et al., 2010). Two judges who were unaware of the outcome status of the therapies performed this analysis. Judge 1 (4th author) coded the entire sample (6 cases; 105 sessions), and judge 2 (2nd author) independently coded 50% of the sessions. Three steps were carried out in the process of coding IMs: (1) a definition of the problems agreed upon by the two raters, (2) identification of each IM, defining its beginning and end, and (3) categorisation of previously identified IMs according to their type and the definition of their salience (that is, the proportion of the extension of the IMs compared to the rest of the session; see Mendes et al., 2010 for details). As mentioned, IMCS (Gonçalves, et al., 2011) discriminates five types of IMs. Table 1 summarises the characteristics of each type of IM.

Inter-judge agreement on the salience of the IMs was calculated as the overlapping extension of the transcript identified by both judges, divided by the total extension of the transcript identified by either judge (or equivalently, twice the agreed extension spent on IMs divided by the sum of the IM salience independently identified by the two judges). Mendes et al. (2010) reported an overall agreement percentage in IM salience of 88.7% and a reliability for IM type of .86, as assessed by Cohen's kappa, indicating strong agreement between judges (Hill & Lambert, 2004). Because of the high inter-judge reliability, all analyses were based on the coding by judge 1.

I.5.4.2. Identifying Protonarratives: Coding Procedures and Reliability

We analysed each IM sequentially and described the protonarrative involved. This step was guided by the question: “What is the potential framework of behaving (acts, thoughts, emotions) present in this IM content?” Please note that we assume that problematic self-narratives can be described by implicit rules (e.g., value others’ needs and ignore one's own) and, as such, protonarratives may also be described by their implicit organising rules (e.g., you have the right to your feelings). Following the *method of constant comparison*, rooted in grounded theory analysis (Fassinger, 2005), the protonarrative identified in each IM was compared to the protonarratives previously described to identify convergences and divergences. Whenever strong convergences were found, the new IM was understood to share the previously described protonarrative. When strong divergences were found, a new protonarrative had been formulated. This process ceased when the emergent protonarratives were dense and complex enough to capture all of the variations in the participant’s IMs (Fassinger, 2005).

Coding protonarratives in each case involved a discussion between two judges. All judges were doctoral students in clinical psychology. Coding was coupled with an auditing process (Hill et al., 2005) in the following sequence: during meetings, judges discussed the interpretation of the data. Whenever divergences were found, the judges discussed the strengths of each others' interpretations and the criteria used to achieve the interpretations. After the meetings, the judges returned to independent work. Through this interactive procedure, the strengths of each judge were integrated and a consensus was built (Morrow, 2005; Schielke, Fishman, Osatuke, & Stiles, 2009).

The second and last authors served as external auditors. The auditors were a doctoral student in clinical psychology and an experienced researcher in clinical psychology, both original authors of the IMCS. Their role was one of “questioning

and critiquing" (Hill et al., 2005, p. 201) by checking the conceptual sense of the categories and looking for possible better alternatives before delivering this feedback to the judges. This process stopped when the auditors were satisfied with the solutions created by the judges.

I.5.4.3. Analysis of IMs and Protonarrative Development

State space grids (SSGs) were used as a method for the analysis of the IMs and protonarrative development across therapy in both cases. SSGs are a method developed by Marc Lewis and collaborators (Lewis, et al., 1999, 2004) for the graphical representation and the quantitative and qualitative analysis of two synchronised categorical time series across time. SSGs have been used in the context of developmental and clinical psychology (see Hollenstein, 2007, for a review). More recently, SSGs have also been applied to the study of narrative innovation in psychotherapy (Ribeiro, et al., 2011).

In this study, we took the types of IMs and protonarratives as our basic variables, and a grid was constructed for each therapy session to depict their joint development in both poor outcome and good outcome cases. GridWare software (Lewis, Hollenstein, Lewis, & Granic, 2004) was used for the construction of the grids. As can be seen in Figure 1, in each grid three variables were plotted: the two categorical variables mentioned above (IMs types and protonarratives), on the *x* and *y* axes, respectively, and the salience of the IMs was one continuous variable represented by the size of the circles. Each circle in the grid represents a narrative innovation event in the session that is defined both by an IM type and the protonarrative with which it is associated. Lines and arrows in the grids represent the transitions from one IM to the next and the direction of those transitions. The hollow circles represent the first IM of the session. Each row on the grid corresponds to one protonarrative (see Figure I.1 for illustrative grids of the cases analysed here).

The longitudinal analysis of each case is given by the analysis of the sequential grids that represent each session of treatment. Three measures were computed for each session in a total of 32 sessions (15 sessions from the good outcome case; 17 sessions from the poor outcome case): salience, dispersion and transitions. Healthy self-narratives are thought to be characterised by a balance between narrative content integration and their flexibility (e.g., Singer & Rexhaj, 2006). Self-narrative integration has typically been associated with the existence of some central and dominant content. Inversely, self-narrative flexibility is associated with the multiplicity of the experiences of which it is composed. This multiplicity relates both to the ability to accommodate diverse and often opposing narrative content and to the ability to make frequent transitions between different contents to enable a person to adaptively face changing demands and situations in everyday life. The three measures that were computed in this study are consistent with these two characteristics of healthy self-narratives: the integrative force of some dominant content (salience) and the flexibility of the available content (dispersion and transitions).

Thus, protonarrative salience was considered to be a measure of dominance and was measured on the basis of the salience of each IM in which it emerged (each dot in each row of the grid). On the basis of SSGs, the relative protonarrative salience for each session was then computed by dividing the extension of each protonarrative (each row) by the total extension of protonarratives in each session (entire SSG) and averaged to obtain the average relative protonarrative salience at the end of therapy.

Dispersion has been considered a reliable indicator of flexibility across the time interval depicted in the grid (Granic, O'Hara, Pepler, & Lewis, 2007; Hollenstein, & Lewis, 2006). Dispersion is calculated by GridWare according to the formula: 1 - [(nΣ (di/D)2) – 1] / n -1. In the grids, *di* is the salience in cell *i*, *D* is the total salience of the visited cells, and *n* is the number of the cells visited. Dispersion varies from 0 to 1 and low values express concentration in a few types of IMs,

whereas high values suggest that protonarratives are distributed throughout several types of IMs. Therefore, dispersion is a composite measure that combines the salience and diversity of IMs and protonarratives; it measures flexibility as a function of the distribution of salience through the different IMs types and protonarratives present during each session. Dispersion was calculated both for the entire grid (overall session dispersion) and for each protonarrative (protonarrative dispersion).

Finally, transitions - defined as the amount of interaction between protonarratives and between types of IMs within each protonarrative - were also calculated from the grids. In this sense, the number of transitions between the different IMs and protonarratives gives an index of the ability to flexibly narrate different types of innovative content. Transitions between protonarratives were calculated by counting the number of times an IM in one protonarrative (in one row of the grid) was followed by an IM in another protonarrative (in another row of the grid). Transitions within protonarratives were calculated by counting the number of times an IM in one protonarrative was followed by an IM in the same protonarrative (in the same row) but of a different type (in a different cell). The total number of transitions for each session was computed as the sum of both types of transitions at each session. The average number of transitions was also computed for each case. Both dispersion and the number of transitions between states represented in the SSGs has been shown to be a reliable indices of system flexibility (Granic, et al., 2007; Hollenstein, et al., 2004; Hollenstein & Lewis, 2006).

I.5.4.4. Analysis of IM and protonarrative salience, dispersion and transition

Simulation Modelling Analysis Software (SMA; Borckardt, 2006; Borckardt et al., 2008) was used to quantitatively analyse the evolution of salience, dispersion and transitions across the cases. SMA was developed to deal with the statistical

problems generated by case-based time series studies by controlling for autocorrelation and a limited number of observations using a bootstrap sampling method (see Borckardt et al., 2008 for technical details). On this basis, changes in the levels of salience, dispersion and transitions were analysed across the initial, working and final therapy phases. Initial and final phases were defined as the first 5 and last 5 sessions, respectively. The working phase was considered to be the remaining sessions between the initial and final phases. Spearman *rho* correlations, computed on the basis of the SMA bootstrap sampling method (Borckardt, 2006; Borckardt et al., 2008), were used.

I.6. Results

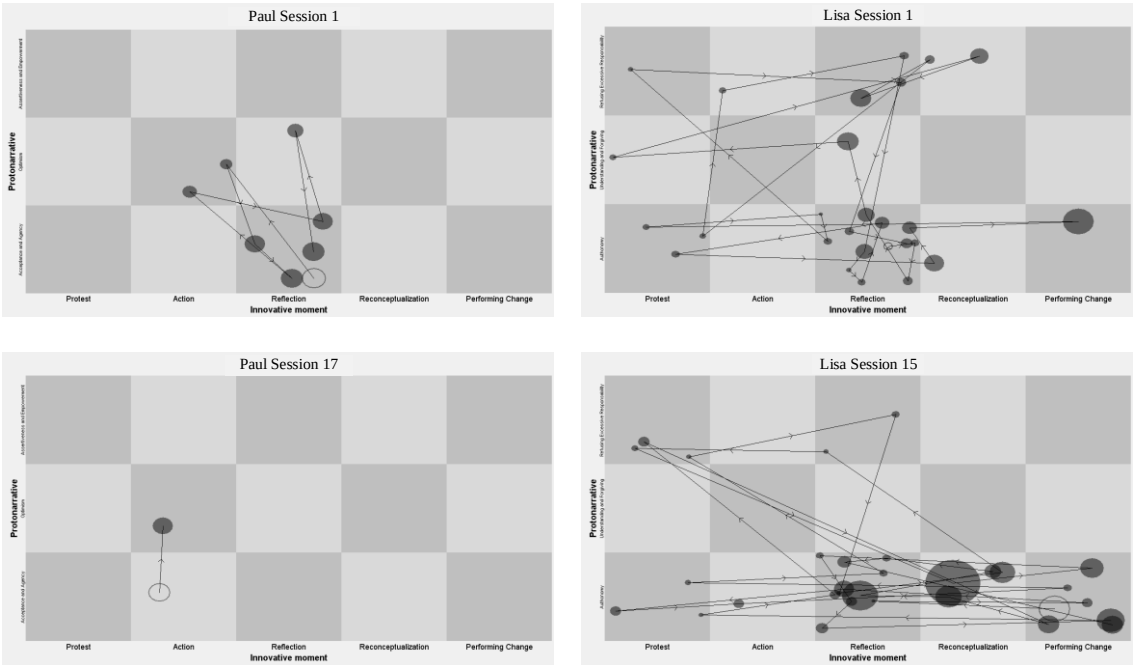
I.6.1. How Does Narrative Integration of IMs and Protonarratives Occur Throughout Therapy?

Both cases revealed the same number of protonarratives, as summarised in Table I.2. Figure I.1 presents illustrative grids from the initial and final sessions that represent IM and protonarrative evolution across Lisa's and Ralph's treatments, respectively.

Table I.2. Protonarratives in Lisa's and Ralph's therapies.

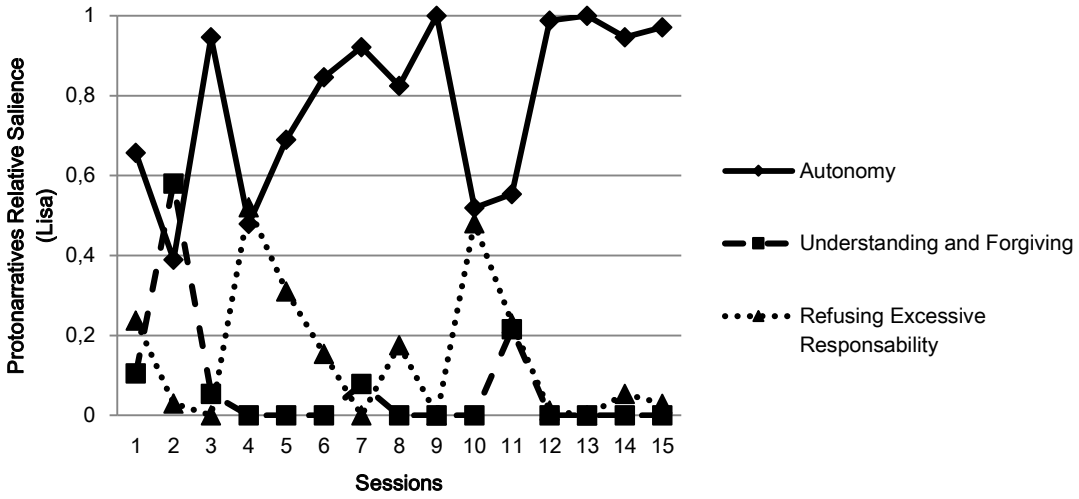
Therapy	Protonarrative	Contents	Average Relative Salience M (SD)	Average Dispersion M (SD)
Lisa	Autonomy	• Expresses and defends her autonomy.	.78 (.21)	.66 (.16)
	Understanding and Forgiving	• Understands the behaviour of others and forgives. • Makes a positive synthesis between positive and negative feelings.	.07 (.15)	.05 (.09)
	Refusing Excessive Responsibilities	• Stops assuming responsibility for the behaviour of others.	.15 (.17)	.47 (.19)
	(Total Dispersion)	----------	------	**.71 (.09)**
Ralph	Acceptance and agency	• Understands the problem and acts in accordance.	.36 (.29)	.12 (.21)
	Optimism	• Optimism and hopefulness.	.24 (.24)	.23 (.30)
	Assertiveness and empowerment	• Assertiveness and self-confidence. • Refusal of wife's criticism.	.28 (.28)	.15 (.19)
	(Total Dispersion)	----------	------	**.54 (.22)**

Figure I.1. SSGs from Lisa's and Ralph's initial and final sessions.



The two cases are distinct regarding the protonarratives' salience: while Lisa had one protonarrative that was more salient that the others (*Autonomy*), in Ralph's case, the difference between protonarratives was not as accentuated (see Table I.2). As can be seen in Figure I.2 (see also Table I.2), in Lisa's case, *Autonomy* was the most salient protonarrative throughout therapy and was also consistently present in every session of treatment. *Understanding and Forgiving* revealed a residual presence (these were only present in 5 sessions) and low salience across sessions. *Refusing Excessive Responsibility* had an intermediate salience and presence (it appeared in 11 sessions). *Autonomy* relative salience showed a significant increase from the initial (M = .63, SD = .19) to the working (M = .82, SD = .16) phases (*rho* = .45, p = .05). The relative salience of the other two protonarratives (*Refusing Excessive Responsibilities* and *Understanding and Forgiving*) revealed no significant change throughout therapy phases.

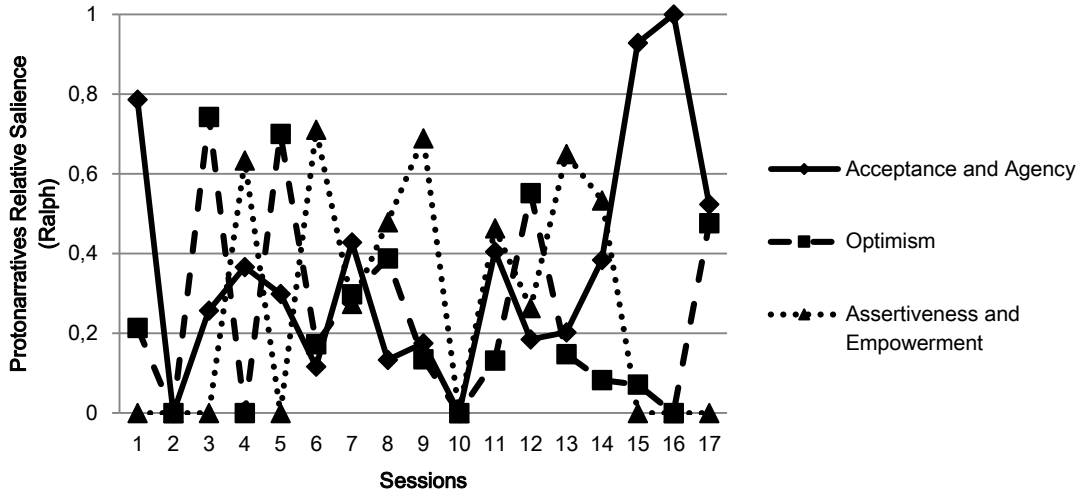
Figure I.2. The relative salience of Lisa's protonarratives.



This contrasts with the observed development of protonarratives across Ralph's treatment, in which the protonarratives were not as differentiated as Lisa's, either in terms of average relative salience (see Table I.2) or in terms of frequency of occurrences in different sessions (*Acceptance and Agency* was present in 15

sessions, *Optimism* in 13 sessions, and *Assertiveness and Empowerment* in 9 sessions). The analysis of Figure I.3 revealed that the relative saliences of *Acceptance and Agency* significantly increased from the working (*M* = .21, *SD* = .14) to the final phases (*M* = .61, *SD* = 31; *rho* = .66, *p* = .03). The relative salience of *Optimism* revealed no significant changes across therapy. The relative salience of *Assertiveness and Empowerment* revealed a significant increase from the initial sessions (*M* = .13, *SD* = .25) to the working sessions (*M* = .41, *SD* = .23; *rho* = .53, *p* = .01).

Figure I.3. The relative salience of Ralph's protonarratives.



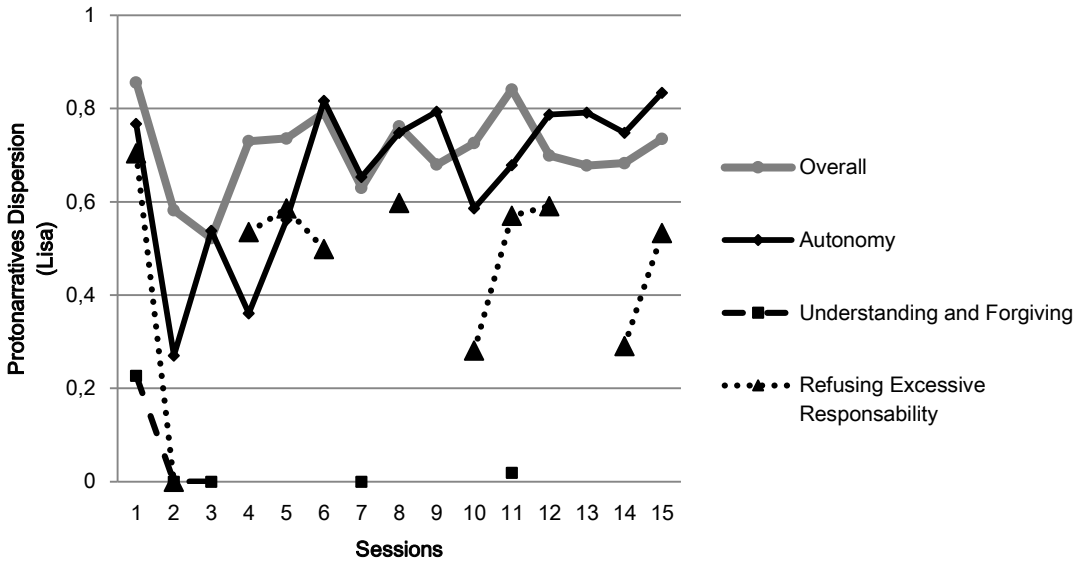
Overall, the analysis of Table I.2 and Figures I.2 and I.3 reveals that in Lisa's therapy, all protonarratives were present from the first session. The most salient protonarrative at that session was also the one that showed higher salience at the end of therapy. In Ralph's therapy, the protonarratives were not all present from the first session, but the most salient protonarrative at session one had high salience at the end of therapy.

I.6.2. How Does the Flexibility of IMs and Protonarratives Evolve Throughout Therapy?

I.6.2.1. Protonarrative Dispersion

Overall dispersion was lower in Ralph's than in Lisa's therapy. Lisa's *Autonomy* protonarrative was the most dispersed, followed by *Refusing Excessive Responsibility* and *Understanding and Forgiving* (see Table I.2). The evolution of protonarrative dispersion across treatment is depicted in Figure I.4.

Figure I.4. The dispersion of Lisa's protonarratives.

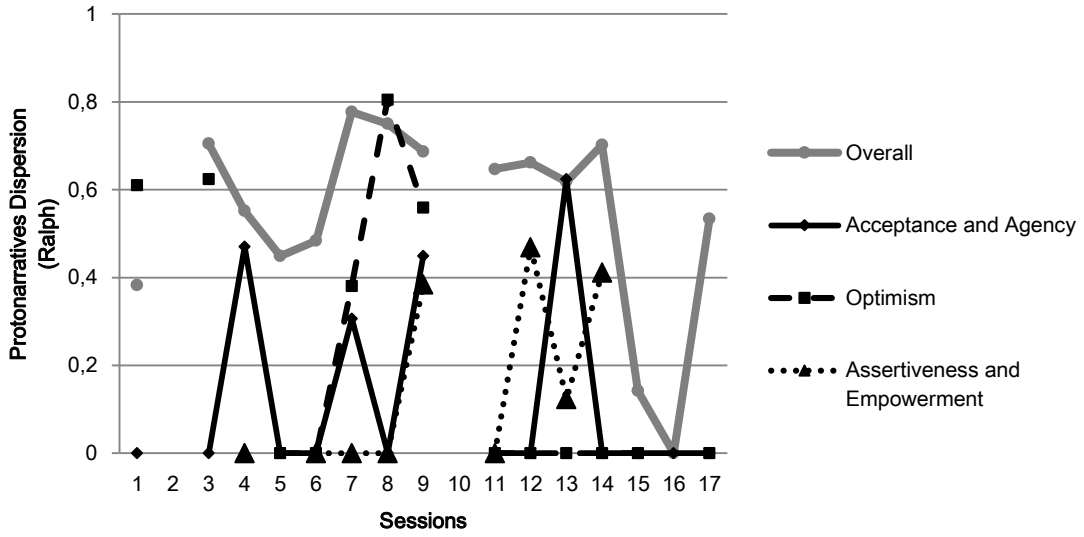


Lisa's overall dispersion revealed moderate values across the initial, working and final sessions (see Table I.2) without significant changes across these phases. In relation to the dispersion of *Autonomy*, a significant increase was observed from the initial sessions (M = .5, SD = .17) to the working sessions (M = .72, SD = .09; *rho* = .66, p = .01). The evolution of dispersion for the other protonarratives was

not analysed due to the reduced number of sessions in which dispersion was computed (note that dispersion is impossible to compute in sessions in which protonarrative salience is 0).

Ralph's most dispersed protonarrative was *Optimism* followed by *Assertiveness and Empowerment* and *Acceptance and Agency* (see Table I.2). The evolution of dispersion for these protonarratives across therapy is depicted in Figure I.5. Ralph's overall dispersion revealed a significant increase from the initial (M = .42, SD = .24) to the working (M = .57, SD = .25) phase (rho = .66, p = .01). Analysis of the evolution of the different protonarratives was not pursued due to the low number of sessions in which dispersion was computed.

Figure I.5. The dispersion of Ralph's protonarratives.



I.6.2.2. Protonarrative Transitions

Table I.3 presents the number of transitions within and between protonarratives in both cases. Compared to Ralph, Lisa had more frequent transitions between and within protonarratives as well as a greater total number of transitions. Moreover,

Lisa showed a higher number of transitions within protonarratives than between protonarratives. The opposite pattern was observed in Ralph's therapy.

Table I.3. Lisa's and Ralph's transitions.

Therapy	Measure	Therapy Phases			
		Initial M (SD)	**Working M (SD)**	**Final M (SD)**	**Overall M (SD)**
Lisa	Transitions within protonarratives	7 (3.9)	9.8 (3.49)	12 (6.48)	**9.6 (5.23)**
	Transitions between protonarratives	5.2 (1.94)	4.2 (2.64)	5 (2.97)	**4.8 (2.59)**
	Total number of transitions	12.2 (4.3)	14 (5.02)	17 (6.96)	**14.4 (5.89)**
Ralph	Transitions within protonarratives	.4 (.49)	1.57 (2.19)	.4 (.49)	**.88 (1.57)**
	Transitions between protonarratives	3 (2)	4 (2.07)	2.2 (1.47)	**3.18 (2.04)**
	Total number of transitions	3.4 (2.15)	5.57 (3.66)	2.6 (1.85)	**4.06 (3.1)**

The evolution of the number of transitions between and within protonarratives in Lisa's and Ralph's therapies is depicted in Figures I.6 and I.7, respectively. In both cases, the total number of transitions and the number of transitions between and within protonarratives did not change significantly throughout treatment.

Figure I.6. Lisa's transitions between and within protonarratives.

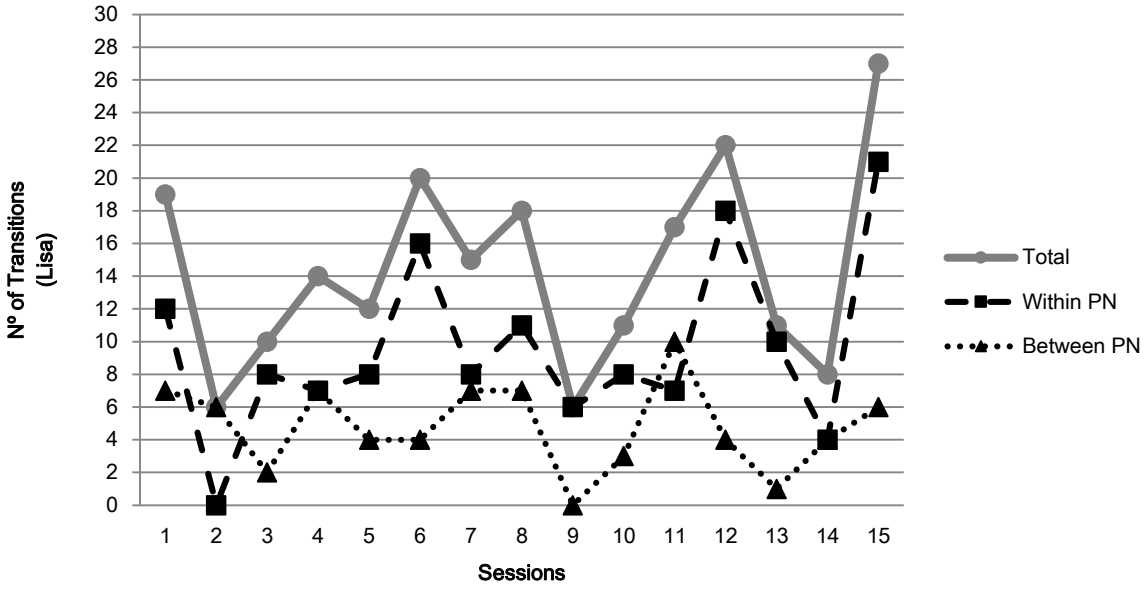
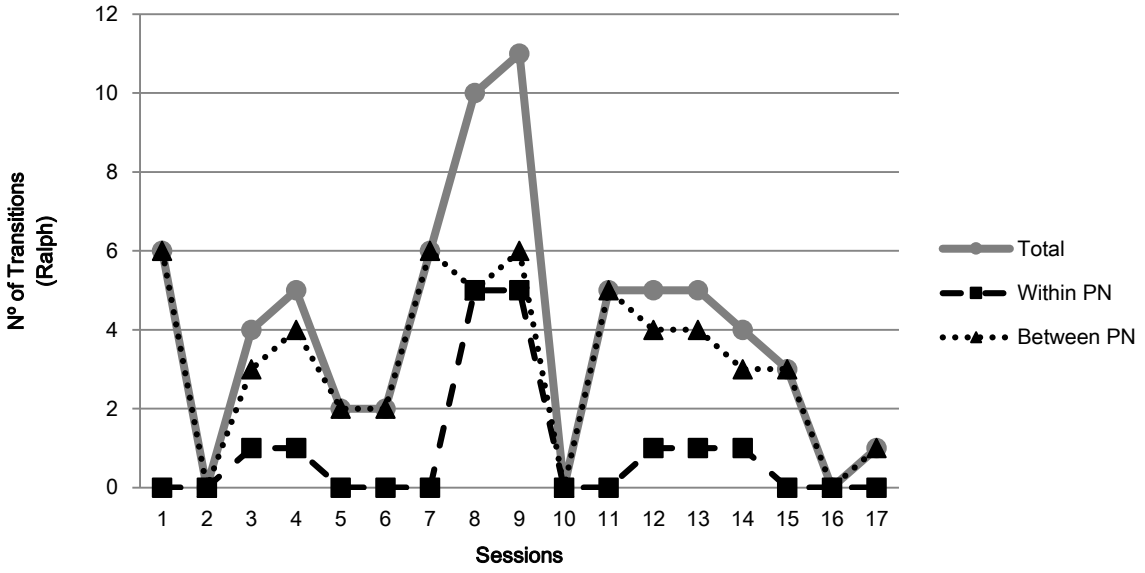


Figure I.7. Ralph's transitions between and within protonarratives.



I.7. Discussion

Despite having the same number of protonarratives, important differences in the development of each of the cases across treatment were observed. It was found that in the good outcome case, there is a higher degree of dispersion of the different IM types and protonarratives than in the poor outcome case. An increased ability to make frequent transitions between the different components of narrative innovation is also present in the good outcome compared to the poor outcome case. Taken together, these two results suggest that the process of narrative innovation is more flexible in the good than in the poor outcome case. Moreover, in the good outcome case, one of the protonarratives is dominant throughout the therapeutic process, and this seemed to be more accentuated in the working and final phases of therapy. Globally, this dominant protonarrative reveals not only higher salience, but also higher dispersion than the other protonarratives. Moreover, the salience and dispersion of this dominant protonarrative increase significantly from the initial to the working phases, and these higher values are maintained in the final sessions. These results seem consistent with a process of development and consolidation around one central protonarrative that organises the alternative self-narrative and around which further IMs become aggregated. In fact, in the good outcome case, this dominant protonarrative is elaborated for significant periods of time. As observed, in the good outcome case, the number of transitions between IMs within this protonarrative is consistently more frequent than the number of transitions between protonarratives. We hypothesise that this process of recurrently focusing on the same innovative content (protonarrative) while varying the processes of narrative innovation (IMs) may help explain the expansion and the increase in complexity, diversity and dominance of one protonarrative. Thus, globally, the good outcome case reveals a pattern of high flexibility associated with the dominance of one protonarrative. This pattern is consistent with what was suggested to be the features of adaptive self-narratives as described by Singer

and Rexhaj (2006) and also by McAdams (2006). In fact, these researchers equate narrative adaptation both with coherence and flexibility.

This pattern seems to contrast with the pattern that was observed in the poor outcome case, in which the therapeutic dialogue is scattered around different protonarratives without any assuming clear dominance. The different protonarratives have similar average salience and dispersion, suggesting that this lack of dominance is important. Additionally, significant changes in the relative salience of the protonarratives occurred from one phase of the therapy to the next, with different protonarratives dominating in different phases. This is associated with a consistent tendency for the number of transitions between protonarratives to be more frequent than the number of transitions within protonarratives. Furthermore, the development of protonarratives, in terms of salience, is not followed by an increase in their flexibility. In fact, protonarratives with higher salience appear to be associated with lower dispersion. Globally, constant changes between protonarratives that are associated with relative rigidity seem to have prevented a dominant protonarrative from emerging as a central organising framework for the alternative self-narrative. Thus, we suggest that in the poor outcome case, the instability of the protonarratives may have contributed to blocking further change.

One interesting result is that in the good outcome case, all of the protonarratives were present from the first session. This contrasts with a previous case study (Ribeiro et al., 2011) in which a good outcome case revealed a more progressive development of protonarratives characterised by the emergence of more complex protonarratives over the course of therapy. This observation suggests that it could be important to further explore the possibility that protonarrative development in good outcome cases may follow different patterns. Future research should also explore the contribution of clients' characteristics and therapeutic strategies for such differences.

The observations from the poor outcome case suggest that in such cases, the dominant protonarrative may be unable to organise the alternative narrative in a consistent manner. This is consistent with previous results that show that poor outcomes are associated with low frequency and salience of IMs (Gonçalves et al., 2012, Matos et al., 2009; Mendes et al., 2010), which poses obstacles for the development of salient and flexible protonarratives.

Although the processes that contribute to the underdevelopment of the potentially organising protonarrative are unclear, it seems reasonable to hypothesise that the relative inconsistency of thematic content of IMs may contribute to this outcome. Two observations are congruent with this hypothesis: the accentuated oscillations in the protonarrative salience from session to session, and the fact that there are consistently fewer transitions within protonarratives than between protonarratives in the poor outcome case. As discussed above, thematic content appears and disappears from the therapeutic dialogue, as clients frequently change between protonarratives and seldom remain focused on the same theme.

These were only two intensive case studies and, naturally, further efforts should be made to support these hypotheses and explore new ones related to the narrative model of therapeutic change. It remains unclear whether the developmental patterns displayed by these two cases are generalizable. The measurement of the properties of self-narratives that were focused on in this study should also be pursued with alternative methods. Although the measures of narrative flexibility that were used here are independent from the theoretical framework of the study, to some extent there may be interdependence between them. Additionally, studying the evolution of these measures by comparing therapy phases may have masked the more detailed variations and fluctuations of these measures. Therefore, not only alternate measurement techniques are advisable but also the exploration of other characteristics of the evolution of flexibility across therapy is advised. Despite these limitations, this study agrees with our general assumptions related to the process by which meaning rigidity of problematic self-

narratives is first destabilised and next replaced by an alternative, more diversified and more complex system of meanings.

Clinically, this study adds to the increasing amount of research that suggests the need for therapists to be alert to the potentially innovative meanings and actions that contrast with the influence of problematic self-narratives and their ways of thinking, feeling and behaving, in the context of an alternative meaning. In fact, despite the exploratory nature of this study, it seems to suggest that integration and flexibility are two crucial characteristics of alternative, adaptive self-narratives.

I.8. References

Angus, L., Goldman, R., & Mergenthaler, E. (2008). Introduction. One case, multiple measures: An intensive case-analytic approach to understanding client change processes in evidence-based emotion focused therapy of depression [Special issue]. *Psychotherapy Research, 6*, 629-633.

Beck, A., Steer, R., & Garbin, M. (1988). Psychometric properties of the Beck

Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*, 77-100.

Borckardt, J., Nash, M., Murphy, M., Moore, M., Shaw, D., & O'Neil, P. (2008). Clinical practice as natural laboratory for psychotherapy research. *American Psychologist, 63*, 77-95.

Borckardt, J. (2006). *Simulation modeling analysis: Time series analysis program for short time series data streams* [Computer software].

Dimaggio, G., & Semerari, A. (2001). Psychopathological narrative forms. *Journal of Constructivist Psychology, 14,* 1-23.

Dimaggio, G., Salvatore, G., Azzara, C., Catania, D., Semerari, A., & Hermans, H. (2003). Dialogical relationships in impoverished narratives: From theory to clinical practice. *Psychology and Psychotherapy: Theory, Research and Practice, 76,* 385-409.

Fassinger, R. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology, 52*, 156-166.

Gendlin, E. T. (1981). *Focusing* (2nd ed.).New York: Bantam Books.

Gonçalves, M. (2012). Innovative moments in cognitive-behavioral therapy. *Manuscript in preparation.*

Gonçalves, M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of 'innovative moments' in the construction of change. *Journal of Constructivist Psychology, 22*, 1-23.

Gonçalves, M., Mendes, I., Ribeiro, A., Angus, L., & Greenberg, L. (2010). Innovative moments and change in emotional focused therapy: The case of Lisa. *Journal of Constructivist Psychology, 23*, 1-28.

Gonçalves, M. M., Mendes, I, Cruz, G., Ribeiro, A. P., Angus, L. E. , & Greenberg, L. S. (2012). Innovative moments and change in client-centered therapy. *Psychotherapy Research, 22*, 389-401.

Gonçalves, M., Ribeiro, A., Matos, M., Mendes, I., & Santos, A. (2011). Tracking novelties in psychotherapy research process: The Innovative Moments Coding System. *Psychotherapy Research, 21*, 497-509.

Gonçalves, M., & Stiles, W. B. (2011). Narrative and psychotherapy: Introduction to the special section. *Psychotherapy Research, 21*, 1-3.

Granic, I., O'Hara, A., Pepler, D., & Lewis, M. (2007). A dynamic system analysis of parent-child changes associated with successful 'real-world' interventions of aggressive children. *Journal of Abnormal Child Psychology, 35*, 606-617.

Greenberg, L. & Watson, J. (1998). Experiential therapy of depression: Differential effects of client-centered relationship conditions and process experiential interventions. *Psychotherapy Research, 8,* 210-224.

Greenberg, L., Rice, L., & Elliott, R. (1993). *Facilitating emotional change: The moment-by-moment process.* New York: Guilford Press.

Hermans, H. (2006). The self as a theater of voices: Disorganization and reorganization of a position repertoire. *Journal of Constructivist Psychology, 19*, 147-169.

Hollenstein, T. (2007). State space grids: Analyzing dynamics across development. *International Journal of Behavioral Development, 31,* 384-396.

Hollenstein, T., & Lewis, M. (2006). A state space analysis of emotion and flexibility in parent-child interactions. *Emotion, 6*, 656-662.

Hollenstein, T., Granic, I., Stoolmiller, M., & Snyder, J. (2004). Rigidity of parent-child interactions and the development of externalizing and internalizing behavior in early childhood. *Journal of Abnormal Child Psychology, 32*, 595-607.

Hill, C., & Lambert, M. (2004). Methodological issues in studying psychotherapy processes and outcomes. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 84-135). New York: Wiley.

Hill, C., Knox, S., Thompson, B., Nutt Williams, E., Hess, S., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*, 196-205.

Jacobson, N., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*, 12-19.

Lamey, A., Hollenstein, T., Lewis, M., & Granic, I. (2004). *GridWare* (version 1.1). [Computer software]. http://statespacegrids.org.

Lewis, M., Lamey, A., & Douglas, L. (1999). A new dynamic systems method for the analysis of early socioemotional development. *Developmental Science, 2,* 458-476.

Lewis, M., Zimmerman, S., Hollenstein, T., & Lamey, A. (2004). Reorganization in coping behavior at 11/2 years: Dynamic systems and normative change. *Developmental Science, 7,* 56-73.

Lysaker, P., & Lysaker, P. (2006). A typology of narrative impoverishment in schizophrenia: Implications for understanding the process of establishing and sustaining dialogue in individual psychotherapy. *Counseling Psychology Quarterly, 19*, 57-68.

Matos, M., Santos, A., Gonçalves, M., & Martins, C. (2009). IMs and change in narrative therapy. *Psychotherapy Research, 19,* 68-80.

McAdams, D. (2006). The problem of narrative coherence. *Journal of Constructivist Psychology, 19,* 109-125.

McAdams, D. P. (1996). Personality, modernity, and the storied self: A contemporary framework for studying persons. *Psychological Inquiry, 7*, 295-321.

McGlinchey, J., Atkins, D., & Jacobson, N. (2002). Clinical significance methods: Which one to use and how useful are they? *Behavior Therapy, 33*, 529-550.

Meier, A. (2002). Narrative in psychotherapy theory, practice, and research: A critical review. *Counseling and Psychotherapy Research, 2,* 239-251.

Mendes, I., Ribeiro, A., Angus, L., Greenberg, L., Sousa, I., & Gonçalves, M. (2010). Narrative change in emotion-focused therapy: How is change constructed through the lens of the Innovative Moments Coding System? *Psychotherapy Research, 20,* 692-701.

Morrow, S. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*, 250-260.

Neimeyer, R. (2004). Fostering posttraumatic growth: A narrative contribution. *Psychological Inquiry, 15*, 53-59.

Ribeiro, A., Bento, T., Gonçalves, M., & Salgado, J. (2010). Self-narrative reconstruction in psychotherapy: Looking at different levels of narrative development. *Culture and Psychology, 16*, 195-212.

Ribeiro, A., Bento, T., Salgado, J., Stiles, W., & Gonçalves, M. (2011). A dynamic look at narrative change in psychotherapy: A case-study tracking IMs and protonarratives using state-space grids. *Psychotherapy Research, 21*, 54-69.

Ribeiro, A., Gonçalves, M., & Ribeiro, E. (2009). Processos narrativos de mudança em psicoterapia: Estudo de um caso de sucesso de terapia construtivista [Narrative change in psychotherapy: A good outcome case of constructivist therapy]. *Psychologica, 50*, 181-203.

Schielke, H., Fishman, J., Osatuke, K., & Stiles, W. (2009). Creative consensus on interpretations of qualitative data: The Ward method. *Psychotherapy Research, 19,* 558-565.

Singer, J., & Rexhaj, B. (2006). Narrative coherence and psychotherapy: A commentary. *Journal of Constructivist Psychology, 19*, 207-217.

Singer, J., Blagov, P., Berry, M., & Oost, K. (2012). Self-definig memories, scripts, and the llife story: Narrative identity in personality and psychotherapy. *Journal of Personality*. DOI: 10.1111/jopy.12005 [Epub ahead of print]

Spitzer, R., Williams, J., Gibbons, M., & First, M. (1989). *Structured Clinical Interview for DSM-III-R.* Washington: American Psychiatric Association.

CHAPTER II[2]

Flexibility and Salience of Narrative Innovation Processes in Psychotherapy: Intraindividual Modeling of Different Psychotherapeutic Trajectories.

II.1. Abstract

Recent psychotherapy research has been given empirical support to the notion that narrative innovation promotes successful psychotherapeutic outcomes. Two different features of narrative innovation can account for those results: flexibility and the amount of innovation produced (salience). Flexibility of narrative processes has been considered to be a central characteristic of healthy self-narratives, while changes in clients' narratives have consistently been associated with good outcome cases. Moreover, flexibility and salience of innovative narrative processes within psychotherapy have been shown to be higher in good outcome than in poor outcome therapies. However, the relation between flexibility and salience of narrative change processes remains unexplored. In this paper, we used dynamic factor analysis to explore the dynamic organization of structural relationships between flexibility and salience of innovative narrative processes aiming at obtaining idiographic models of the relationships between these dimensions across three good and three poor outcome cases. Exploration of such dynamic structures uncovered the interrelations between narrative processes,

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which build up change in psychotherapy and globally suggest that the process through which the narrative innovations flexibility promotes an increase in narrative innovations salience is not a necessary, nor a sufficient condition for narrative transformation to occur. It also allowed insight on the differential role of the structural relationships within different cases to the extent that these relations showed different dynamic organizations in different cases.

II.2. Introduction

Flexibility is considered a constitutive feature of healthy self-narratives reflecting a coherent integration of the multiplicity of different, even opposing, narrative contents (see Dimaggio, 2006). Although it is widely accepted that problematic self-narratives are replaced by these flexible and integrative self-narratives over the course of successful therapy, this transformation has only recently begun to be consistently explored and the role of flexibility in this process remains elusive. This paper further explores the emergence of alternative self-narratives in therapy by analyzing the organization of structural relationships between flexibility and salience of innovative narrative processes and contents across therapeutic sessions. Our aim is to obtain a global model of the relation between these dimensions (salience and flexibility) of the process of narrative change.

II.3. Self-Narratives Flexibility and Coherence

Self-narrative has been defined as “an overarching cognitive-affective-behavioral structure that organizes the ‘micronarratives’ of everyday life into a ‘macronarrative’ that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world” (Neimeyer, 2004, pp. 53-54). As such, self-narratives are

psychological meaning-making devices that operate to achieve one's sense of self, self-continuity and self-understanding through the integration of the multiplicity of diverse meaningful experiences and narrative contents that emerge from the changing conditions of our contact with ourselves, others and the world. Self-narratives become dysfunctional and restrictive of psychological well-being when difficulties arise (1) in the recognition of the diverse nature of psychological experiences or (2) in the integration of such diversity in a meaningfully coherent way (Dimaggio & Semerari, 2001). Therefore, the rigidity and impoverishment of the problematic self-narratives derives from the paucity of narrative processes (e.g. emotional) and contents accessible to the person or from the inability to construct meaningful relations between multiple diverse meanings that emerge in everyday life.

Over the course of therapy, these problematic narrative forms become replaced by more healthy and adaptive ones. Alternative self-narratives constructed over the course of therapy are considered to be more flexible, or open to the different narrative processes and contents. They are also considered to be coherent and based on a sense of personal agency and authorship (Singer & Rexhaj, 2006). Narrative coherence is therefore related with the overarching, integrative, organization of self-narratives and accounts for the self-continuity and self-understanding functions of self-narratives. Narrative flexibility is related to the multiplicity of experiences or trends that constitute self-narratives and accounts for the ability to adaptively face the changing demands and situations in everyday life. Therapy intends to promote the emergence of new, diversified, narrative contents and processes and their integration in an alternative self-narrative (White & Epston, 1990).

II.4. Narrative Change in Psychotherapy

Recently, a model of narrative change in psychotherapy (Ribeiro, Bento, Salgado, Stiles, & Gonçalves, 2011; Bento, Ribeiro, Salgado, Mendes, & Gonçalves, 2014) has suggested that narrative processes and contents are distributed through several layers of narrative integration and complexity (Ribeiro, Bento, Gonçalves, & Salgado, 2010; see also, Salvatore, Dimaggio, & Semerari, 2004). On the basis of Michael White's (2007; White & Epston, 1990) suggestion that therapeutic change occurs through the narrative exploration of experiences that contrast with the problematic self-narratives, the lowest level is constituted by the diversity of particular behaviors, feelings, thoughts that emerge in person's lives. These occurrences are signs of alternative experiences that go beyond the characteristic range of experiences that constitute the problematic self-narrative at the beginning of therapy. In this sense, they constitute innovative ways of thinking and behaving that challenge the problematic self-narrative and contain the potential for its transformation. It has been shown that these innovative moments (IMs; Gonçalves, Matos, & Santos, 2009; Santos, & Gonçalves, 2009) may be reliably identified through the Innovative Moments Coding System (IMCS; Gonçalves, et al., 2011). The IMCS allows to distinguish five types of IMs: action, protest, reflection, reconceptualization and performing change (see Table II.1 for details).

Table II.1. Description and examples of IMs types

Contents	Examples
Action IMs	
• New coping behaviors facing anticipated or existent obstacles • Effective resolution of unsolved problem(s) • Active exploration of solutions • Restoring autonomy and self-control • Searching for information about the problem(s)	C: Yesterday, I went to the cinema for the first time in months!

Reflection

Creating distance from the problem(s)

- Comprehension: reconsidering causes of problem(s) and/or awareness of effects
- New problem formulations
- Adaptive self-instructions and thoughts
- Intention to fight demands of problem(s), references of self-worth, and/or feelings of well-being

C: I realize that what I was doing was just, not humanly possible because I was pushing myself and I never allowed myself any free time, uh, to myself . . . and it's more natural and more healthy to let some of these extra activities go. . .

Centered on the change

- Therapeutic process: reflecting about the therapeutic process
- Change process: considering process and strategies; implemented to overcome problem(s); references of self-worth and/or feelings of well-being (as consequences of change)
- New positions: references to new/emergent identity versions in face of the problem(s)

C: I believe that our talks, our sessions, have proven fruitful, I felt like going back a bit to old times, it was good, I felt it was worth it.

Protest

Criticizing the problem(s)

- Repositioning oneself toward the problem(s)

C: What am I becoming after all? Is this where I'll be getting to? Am I going to stagnate here!?

Emergence of new positions

- Positions of assertiveness and empowerment

C: I am an adult and I am responsible for my life, and, and, I want to acknowledge these feelings and I'm going to let them out! I want to experience life, I want to grow and it feels good to be in charge of my own life.

Reconceptualization

- Reconceptualization always involves two dimensions:
    - Description of the shift between two positions (past and present)
    - The process underlying this transformation

C: You know . . . when I was there at the museum, I thought to myself, ''You really are different . . .A year ago you wouldn't be able to go to the supermarket!'' Ever since I started going out, I started feeling less depressed . . . It is also related to our conversations and changing jobs . . .
T: How did you have this idea of going to the museum?
C: I called my Dad and told him, ''We're going out today!''
T: This is new, isn't it?
C: Yes, it's like I tell you . . . I sense that I'm different . . .

Performing Change

• Generalization into the future and other life dimensions of good outcomes • Problematic experience as a resource to new situations • Investment in new projects as a result of change process • Investment in new relationships as a result of change process • Performance of change: new skills • Reemergence of neglected or forgotten self versions	T: You seem to have so many projects for the future now! C: Yes, you're right. I want to do all the things that were impossible for me to do while I was dominated by depression. I want to work again and to have the time to enjoy my life with my children. I want to have friends again. The loss of all the friendships of the past is something that still hurts me really deeply. I want to have friends again, to have people to talk to, to share experiences, and to feel the complicity in my life again.

Note. From ''The Innovative Moments Coding System: A new coding procedure for tracking changes in psychotherapy,'' by M. M. Gonçalves et al., 2010. Adapted with permission.

IMs are small narrative elements which meaning potential is yet undetermined (Ribeiro, Bento, Gonçalves, & Salgado, 2010). As they are narrated over the course of therapy, relations between them are established, and they become meaningful narrative elements in the context of their integration into more global narrative threads, or patterns, that are constituted by clusters of IMs with different types sharing coherent contents. We termed these thematically coherent narrative threads protonarratives, in the sense that they are not yet fully developed narratives (Ribeiro, Bento, Gonçalves, & Salgado, 2010). Imagine, as a hypothetical example, that a person comes to therapy complaining of being extremely shy around other people which isolates him and makes him feel depressed (the problematic self-narrative). Over the course of therapy this person could start to refuse this way of functioning by saying "I don't want to be this shy anymore and want to enjoy life!" (reflection IM) and at the same time starting to try to make arrangements to go out with other persons (action IM). Together these IMs could be considered to reveal a protonarrative of a proactive agentic person, which we could name "proactivity". At the same time he could also start to reflect on and recognize some competencies and qualities in himself expressed by saying for example "I'm an interesting guy after all!" (reflection IM). These reflections could generate comparisons of the ways he used to feel and think about himself in the past and the ways he feels and behaves in the present (reconceptualization IMs). These IMs could be considered to reveal a protonarrative, which could be named "self-worth". Although none of these

protonarratives constitutes in itself an alternative full self-narrative or new self-identity, they provide potential narrative anchor points around which an alternative self-narrative could be developed.

Across therapy, narrative coherence operates as an integrative process that clusters and organizes IMs in more stable and complex narrative frameworks, the protonarratives. However, narrative coherence must not preclude the meaningful narration of inconsistent or opposite experiences to the point of impoverishment of person's self-narrative or dissociation of significant IMs where it becomes a rigid process. Narrative flexibility is important precisely in that it promotes the accommodation of such diverse IMs. For this to be possible (1) the diverse IMs must be allowed into the therapeutic dialogue and (2) relations between them must be explored in that process. Narrative flexibility therefore operates as a change promoting process in that it destabilizes existent narrative structures and it stimulates the emergence of new IMs, their interaction and integration within protonarratives. Therefore, narrative flexibility is a central characteristic of self-narratives both in promoting persons' adaptation to life demands and in the construction of more healthy self-narratives in therapy.

II.5. Flexibility and Salience of Innovative Moments and Protonarratives

Previous research has consistently shown, across different problems and models of psychotherapy, that the salience (measured as the percentage of the total number of words of each session devoted to IMs) is higher in good outcome cases than in poor outcome cases (Gonçalves, et al., 2012; Matos, et al., 2009; Mendes, et al., 2010). It has also shown that in good outcome cases, salience tends to increase from the beginning of therapy to the end. Similarly, good outcome cases are more diversified and complex in relation to the types of IMs they display than poor outcome cases. Typically, in good outcome cases, the salience increases in

the middle sessions and is accompanied by the emergence of reconceptualization and performing change IMs (e.g. Santos, Gonçalves, Matos, & Salvatore, 2009). Similarly, evidence from previous case studies focused on IMs and protonarratives (Ribeiro, et al., 2010; Bento, et al., 2014) has suggested that in good outcome cases client and therapist may disperse their dialogue through more different types of IMs and protonarratives and also make more frequent transitions between these different types than poor outcome cases. Both the number of transitions between different types of IMs and protonarratives and the dispersion of therapeutic dialogue through more types of narrative innovation are indexes of narrative flexibility. Consequently, evidence from these case studies suggests that good outcome cases may present higher levels of narrative flexibility throughout therapy than poor outcome cases.

Overall, previous evidence therefore shows that the salience of narrative innovation is associated with good outcome in therapy and suggests that its flexibility plays an important role in this process. However, process related questions remain to be explored since the structure of relations between the salience and flexibility of narrative innovation and is still unknown. The depiction of the dynamics of the structural relationships between them will allow new insights on the interaction between process dimensions that are relevant in the construction of change in psychotherapy.

II.6. Intraindividual Modeling of Change Processes

It has been argued that developmental processes, such as therapeutic change, if one is to preserve the dynamics of their unfolding through time, can only be properly analyzed and understood at an intraindividual level (e.g. Molenaar, 2004). Since dimensions of developmental processes involve time-bounded relationships, any analysis of the interactions between variables must be explored in temporal terms. Moreover, “average trajectories can mask patterns of growth unique to the

individual" (Wood & Brown, 1994, p. 166) because aggregate level differences reflect simultaneously intraindividual and interindividual variability (Jones & Nesselroade, 1990). Since developmental processes violate the conditions of ergodicity, no relationship can be assumed between interindividual and intraindividual levels of analysis. Therefore, as Molenaar (2004) has argued, developmental studies demand analysis on intraindividual variations. Intraindividual change patterns can be appropriately captured and described by idiographic focused research. Intraindividual modeling allows us to explore the dynamic structure of the dimensions of the change process across time and therefore provides idiographic information on the structural relationships between those dimensions over time (Nesselroade, McArdle, Aggen, & Meyers, 2002; Mumma, 2004).

Dynamic factor analysis (Molenaar, 1985; Molenaar, et al., 2009; Wood & Brown, 1994) is one recently developed technique that emerges out of this context and allows us to model the dynamic interactions between processes that constitute change at an intraindividual level. Dynamic factor analysis focuses on the dimensional structure of multivariate time-series pertaining to different psychological processes of a single individual that accommodates the time-ordered nature of psychological processes by addressing lagged factors and autocorrelation errors (Molenaar & Ram, 2009; see also, Browne & Nesselroade, 2005 for a review). Therefore, dynamic factor analysis is particularly appropriate to study the intraindividual interrelations between dimensions of change processes across time.

Following previous arguments, the aim of this study was to further explore the process of change from the problematic to the healthy self-narratives over the course of therapy by expanding previous research on narrative innovation in psychotherapy. Specifically, we aimed at observing the evolution of process related characteristics of narrative innovation (IMs and protonarratives) across therapy and depict their structural relations at an idiographic level.

II.7. Method

II.7.1. Clients

We analyze here the therapies of six clients who received individual emotion-focused therapy in the context of the York I Depression Project (Greenberg & Watson, 1998). All clients met the DSM-III-R criteria for major depression disorder and scored at least 50 on the Global Assessment of Functioning Scale of the DSM-III-R at the beginning of treatment.

Table II.2 presents the six cases. Average number of sessions in these cases was 17.5 (SD = 1.87). No significant differences between the good outcome and the poor outcome cases were found for the number of sessions. At the end of therapy clients were considered to be a good outcome or a poor outcome on the basis of the reliable change index (RCI; Jacobson, & Truax, 1991; McGlinchey, Atkins, & Jacobson, 2002) of the pre-post therapy scores on the Beck Depression Inventory (BDI; Beck, Steer, & Garbin, 1988; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Average BDI scores of the six cases pre-therapy was 25.33 (SD = 6.77) and there were no significant differences between outcome cases in the BDI pre-therapy scores. On the basis of the RCI score, three met the criteria for recovery at treatment termination and were considered good outcome cases and three didn't met the criteria and were considered poor outcome cases (see Table II.2).

Table II.2. Case demographics and outcome status.

Ficticious name	Gender	Age	Marital status	Eductional level	Therapist gender	BDI pre-therapy	BDI post-therapy	Outcome	No of sessions
Helen	Female	58	Divorced and remarried	Graduated high school	Female	23	22	Poor outcome	20
George	Male	63	Married once	Graduated college	Male	15	13	Poor outcome	19
Ralph	Male	43	Married once	Graduated college	Male	24	18	Poor outcome	17
Jan	Female	48	Divorced and remarried	Grade 7-12	Female	30	5	Good outcome	16
Lisa	Female	27	Married once	Graduated high school	Female	25	3	Good outcome	15
Sara	Female	34	Divorced	Part college	Female	35	4	Good outcome	18

II.7.2. Psychotherapists

Therapists in the York I Study had at least two years of specific training and an average of 5.5 years of therapy experience prior to the beginning of the project. They received additional 24 weeks of training for the study. Therapists also received weekly supervision during the study and all revealed good adherence to treatment manuals (see Greenberg & Watson, 1998, for details). Five therapists were responsible for the six therapies analyzed here (four female and one male). Also, four therapists were Caucasian and one was Indian. They were advanced doctoral students in clinical psychology or PhD clinical psychologists.

II.7.3. Psychotherapy

Emotion-focused treatment focused on the client-centered relational attitudes of empathy, positive regard, and congruence. These relational attitudes were associated with experiential and gestalt interventions like two-chair and empty-chair dialogues as well as experiential responding and focusing (Gendlin, 1981) directed at clients markers of unclear felt sense (e.g. self-evaluative conflicts, unfinished business with a significant other, puzzling problematic reactions). Client-centered relational attitudes and experiential interventions were employed to restructure dysfunctional emotional schemas (Greenberg, Rice, & Elliott, 1993).

II.7.4. Procedure

We followed a four-step procedure in the analysis of the structural relationships between the flexibility and salience of IMs and protonarratives. IMs, as well their types and salience, were identified in a previous study (Mendes et al., 2010). For the purpose of this study we identified the protonarratives present in each case. State Space Grids were then used to depict the joint evolution of IMs and protonarratives throughout therapies and to calculate the flexibility measures. Finally, the dynamic factor analysis was performed to model the structural relations between salience and flexibility measures in each one the six therapies. Detailed description of these steps is given in the following sections.

II.7.4.1. Innovative Moments

IMs were coded according to the Innovative Moments Coding System (IMCS; Gonçalves, et al., 2010, 2011) as part of a previous study on the evolution of IMs

in this sample of emotion-focused therapies (Mendes, et al., 2010). A total number of 105 sessions were analyzed (49 from the good outcome cases and 56 from the poor outcome cases) for the presence of IMs. Two independent coders, advanced doctoral students in clinical psychology, who had previously received training in the IMCS and were unaware of the therapies outcome, coded these sessions. One of them coded all the sessions and the other coded 50% of the sessions (53 sessions). Interrater agreement on the IMs types, assessed by Cohen's *k*, was .86 indicating strong agreement (Hill & Lambert, 2003). Salience of each type of IM (i.e. the percentage of words in the session occupied by a specific type of IM) as well as overall salience (i.e. percentage of words in the session occupied by any of the five types) were also calculated. Interrater agreement on IMs salience was calculated as the number of overlapping words identified by both raters divided by the total number of words identified by either rater. The percentage of agreement on overall IMs salience was 88.7%.

II.7.4.2. Protonarratives

Protonarratives identification involved consensual coding coupled with an auditing process (Hill et al., 2005). Pairs of coders' analyzed each case. After they become acquainted with the case under analysis each coder started by independently analyze each IM and identified the protonarrative expressed in it. For the identification of the expressed protonarrative coders asked: "What is the potential counter-rule / framework of behaving present in this IM?" or, in an equivalent formulation, "If this IM expands itself to a new self-narrative, what would be the rule that shapes this new self-narrative?" The answer to this question was formulated in the form of a sentence or a word.

Through a method of constant comparison (Fassinger, 2005) the protonarrative for each IM was compared with the protonarratives identified in previous IMs in search for convergences and divergences. A new protonarrative was formulated to

incorporate the new meanings expressed in the IM if strong divergences were found between these meanings and the meanings expressed in previous IMs. Whenever meanings expressed by the IM under analysis and meanings in previous IMs were similar, this IM was considered to share the previously described protonarrative. Through this process the protonarratives were continuously interrogated for coherence and explanatory capacity. They also went through constant modification to incorporate the meanings expressed in each new IM.

The coders met regularly and frequently to discuss their interpretation of the data. Strengths of each other interpretation and, specially, criteria used for the attribution of each protonarrative were discussed. Consensual decision over which protonarrative was present in each IM was also part of coders meetings. After that coders returned to independent coding and modified and improved their analysis to reflect consensus reached at the meetings. As it has been recognized, through this interactive process, strengths of each other are integrated, building consensus (Morrow, 2005; Shielke, Fishman, Osatuke, & Stiles, 2009; Stiles, 2003). Following Hill et al. (2005) suggestion a further process of external auditing was implemented. Two experienced researchers served as external auditors and accompanied the coding process. They questioned judges coding for conceptual sense and explanatory value.

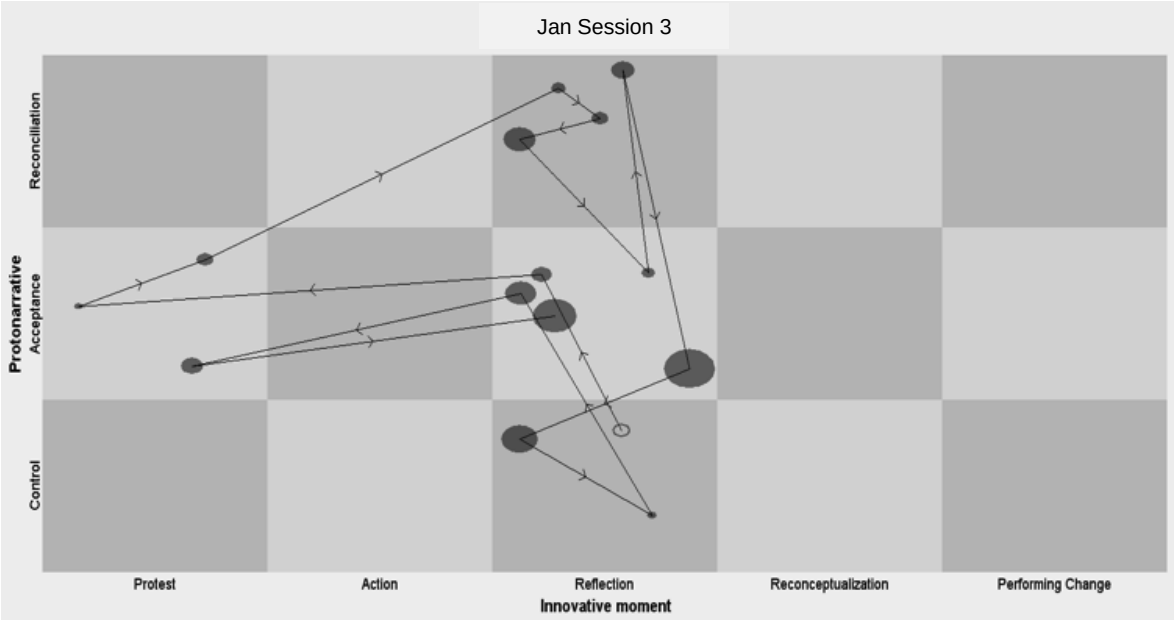
II.7.4.3. State Space Grids

After IMs and protonarratives were identified and coded, State Space Grids that depict the joint development of IMs and protonarratives were constructed for each session. State space grids (SSGs) is a method developed by Lewis (Lewis, Lamey, & Douglas, 1999; Lewis, Zimmerman, Hollenstein, & Lamey, 2004) for the graphical representation and quantitative and qualitative analysis of two synchronized categorical time series. GridWare (Lamey, Hollenstein, Lewis, &

Granic, 2004) is the companion software developed for the construction of the grids and quantitative analysis. In SSGs, grids are constructed to represent the synchronized development of two categorical time series.

In this study we represent types of IMs (action, reflection, protest, reconceptualization, performing change) in the x-axis; and protonarratives identified in each therapy in the y-axis (see Figure II.1 for an example). One grid was constructed for each session. Each dot in the grids represents an individual IM and expresses simultaneously its type (x-axis) and the protonarrative to which it belongs (y-axis). Hollow dots represent the first IM in the session and dots size represents the salience of the correspondent IM. The lines connecting the dots and the arrows represent the direction of change across time. Therefore, each grid plots the synchronized unfolding of IMs and protonarratives across each session.

Figure II.1. Example of a state space grid from Jan's case.



On the basis of the graphical representation of IMs and protonarratives unfolding across sessions, two measures of the flexibility of narrative innovation were derived from the grids that correspond to the conceptual characteristics of

narrative flexibility in psychotherapy that were highlighted above: the ability to move through different types of IMS and protonarratives which express the diversity of meaningful experiences and internal states that constitute self-narratives; and the ability to narratively elaborate the different IMs and protonarratives that emerge in therapy instead of just focusing on some of them.

The first characteristic was measured as the number of transitions between different IMs and protonarratives in each session using the number of movements between different cells in each grid. The number of movements between different cells signals changes between different IMs and protonarratives, therefore more frequent changes imply higher flexibility.

The second characteristic was measured by calculating the dispersion of the different types of IMs and protonarratives that emerged at each session. The focus on a few types of IMs and protonarratives signals a tendency to persevere in particular contents and processes and implies less flexibility. Dispersion is calculated by GridWare according to the formula: $[(n\Sigma(di/D)^{1})-1/n-1]$. In the grids, *di* is the duration in cell *i*, *D* is the total duration of the visited cells, and *n* is the number of the cells visited. Therefore, dispersion is a composite measure that combines the salience and diversity of the types of IMs and protonarratives. It varies from 0 to 1 and low values express concentration in a few types of IMs and protonarratives whereas high values suggest a distribution of therapeutic dialogue through different types of IMs and protonarratives.

Transitions and dispersion were used because they correspond to the conceptual characteristics of flexibility of narrative processes in therapy. They were also successfully used in previous psychotherapy research to measure narrative change (Ribeiro, et al., 2011; Bento, et al., 2014). Finally, they have previously been showed to be reliable measures of flexibility in SSGs (Granic, Hollenstein, Dishion, & Patterson, 2003; Granic, O'Hara, Pepler, & Lewis, 2007; Hollenstein, Granic, Stoolmiller, & Snyder, 2004; Hollenstein, & Lewis, 2006).

II.7.4.4. Simulation Modeling Analysis

Simulation Modeling Analysis software (SMA; Borckardt, 2006; Borckardt et al., 2008) was used to quantitatively analyze the evolution of salience, dispersion and transitions of IMs and protonarratives joint development across each case. SMA was developed to provide statistically valid treatment of short time series by controlling for autocorrelation and limited number of observations using a bootstrapping sampling method (see Borckardt et al., 2008 for technical details). On this basis, SMA allows for questions related with changes in the parameters levels across therapy in case-based time series studies to be appropriately analyzed. In this study, changes in the levels of salience, dispersion and transitions were analyzed across initial, working and final therapy phases. Initial and final phases were defined as the first and last 5 sessions respectively. Working phase was constituted by the remaining sessions. Spearman rho correlations were computed on the basis of SMA bootstrapping sampling method (Borckardt, 2006; Borckardt et al., 2008).

II.7.4.5. Dynamic Factor Analysis

In the fourth step, dynamic factor analysis was used to model the structural relations between flexibility (dispersion and transitions) and salience of IMs and protonarratives. For each one of the six cases a model was specified according to the following substeps (see Fisher, Newman, & Molenaar, 2011 for a similar procedure).

> *Substep 1.* A minimal model was initially tested, where no parameters referring to interactions between flexibility and salience were included.

Substep 2. Modification indexes for the previous model were analyzed and the parameter associated with the highest modification index was selected for inclusion in the model. Modification indexes indicate the minimum expected decrease in the overall chi-square value if the corresponding parameter is included in the model. Therefore, the higher the modification index, the more it is expected to improve the general fit of the model.

Substep 3. A model constituted by the previously specified parameter was tested.

Substep 4. Substeps 2 and 3 were repeated until no significant modification indexes were found. Modification indexes equal or higher than 3.84 were considered to be significant (Diamantopoulos & Siguaw, 2000).

Substep 5. Finally, fit indexes were checked for the suitability of the final model.

Dynamic factor analysis was performed in a structural equation modeling environment using LISREL (version 8.80; Jöreskog, & Sörbom, 2006).

II.8. Results

II.8.1. Flexibility and Salience of IMs and Protonarratives

Table II.3 presents the protonarratives identified in each case. Figure II.2 shows SSGs from the initial and final sessions of each case. As previously explained (see Method section), on the basis of SSGs, measures of flexibility (dispersion and

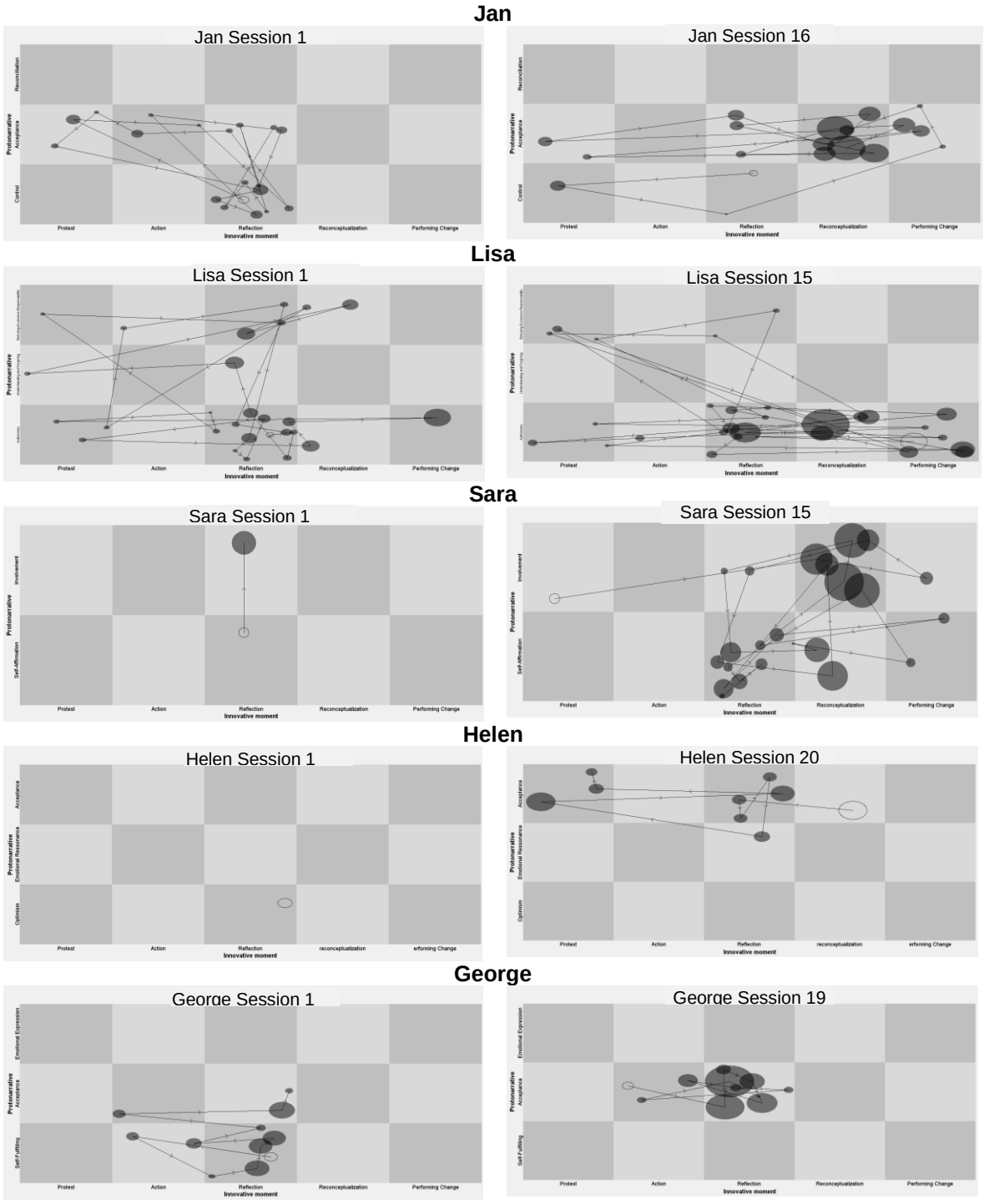
transitions) and salience of the joint development of IMs and protonarratives were extracted. Means and standard deviations of dispersion, transitions and salience of the six therapies are presented in Table II.4.

Table II.3. Protonarratives contents.

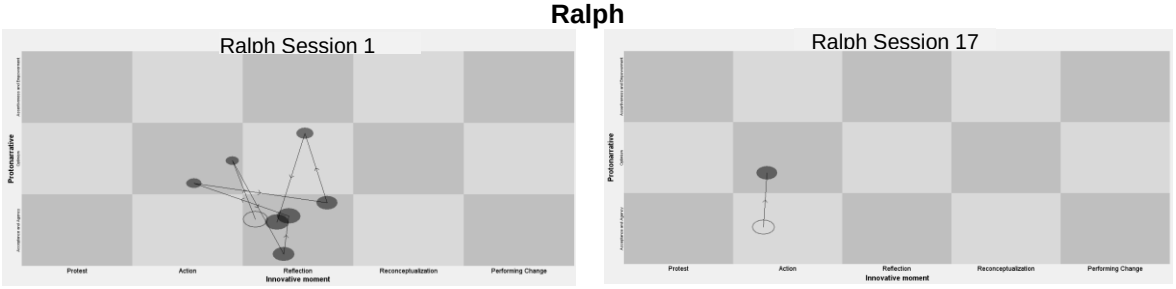
Poor outcome cases		
Cases	**Protonarrative**	**Contents**
Helen	Optimism	• Positive expectations regarding the future.
	Emotional resonance	• Numbness – consciousness of feeling like a "robot". • Revolt – Expression of anger and revolt towards her husband and the couple financial situation.
	Acceptance	• Acceptance and involvement – acceptance of financial situation and pro-activity regarding possible solutions.
George	Self-fulfilling	• Self-fulfilling both as a father and as a professional. • Hopefulness and well being.
	Acceptance	• Accepts the problem and his responsibility. • Openness towards others and involvement with them. • Acceptance of current life conditions. • Acceptance of the relationship with his parents and involvement with them.
	Emotional expression	• Express feelings and claims rights.
Ralph	Acceptance and agency	• Understands the problem and acts in accordance.
	Optimism	• Optimism and hopefulness.
	Assertiveness and Empowerment	• Assertiveness and self-confidence. • Revolt against wife's criticism.

Good outcome cases		
Cases	**Protonarrative**	**Contents**
Jan	Control	• Control of psychosomatic symptoms. • Control in work.
	Acceptance	• Respects her limits and emotions. • Accepts herself, her limits and imperfections. • Accepts everyone can't love her. • Feels self-confident, strong and independent. • Able to disconnect and confront others. • Assumes her identity.
	Reconciliation	• Understands the behavior of others and forgives. • Reconnects and becomes involved again with significant others.
Lisa	Autonomy	• Expresses and defends hers' autonomy. • Understands the behavior of others and forgives.
	Understanding and Forgiving	• Makes a positive synthesis between positive and negative feelings.
	Disclaim	• Stops assuming responsibility for the behavior of others.
Sara	Self-affirmation	• Sets limits. • Self-acceptance and sense of self-worth and self-knowledge. • Accepts she can't get along with everyone.
	Involvement	• Initiative and involvement with others. • Well-being and satisfaction in the relationships with others. • Trust in others.

Figure II.2. . SSGs from the initial and final sessions of each case.



Ralph



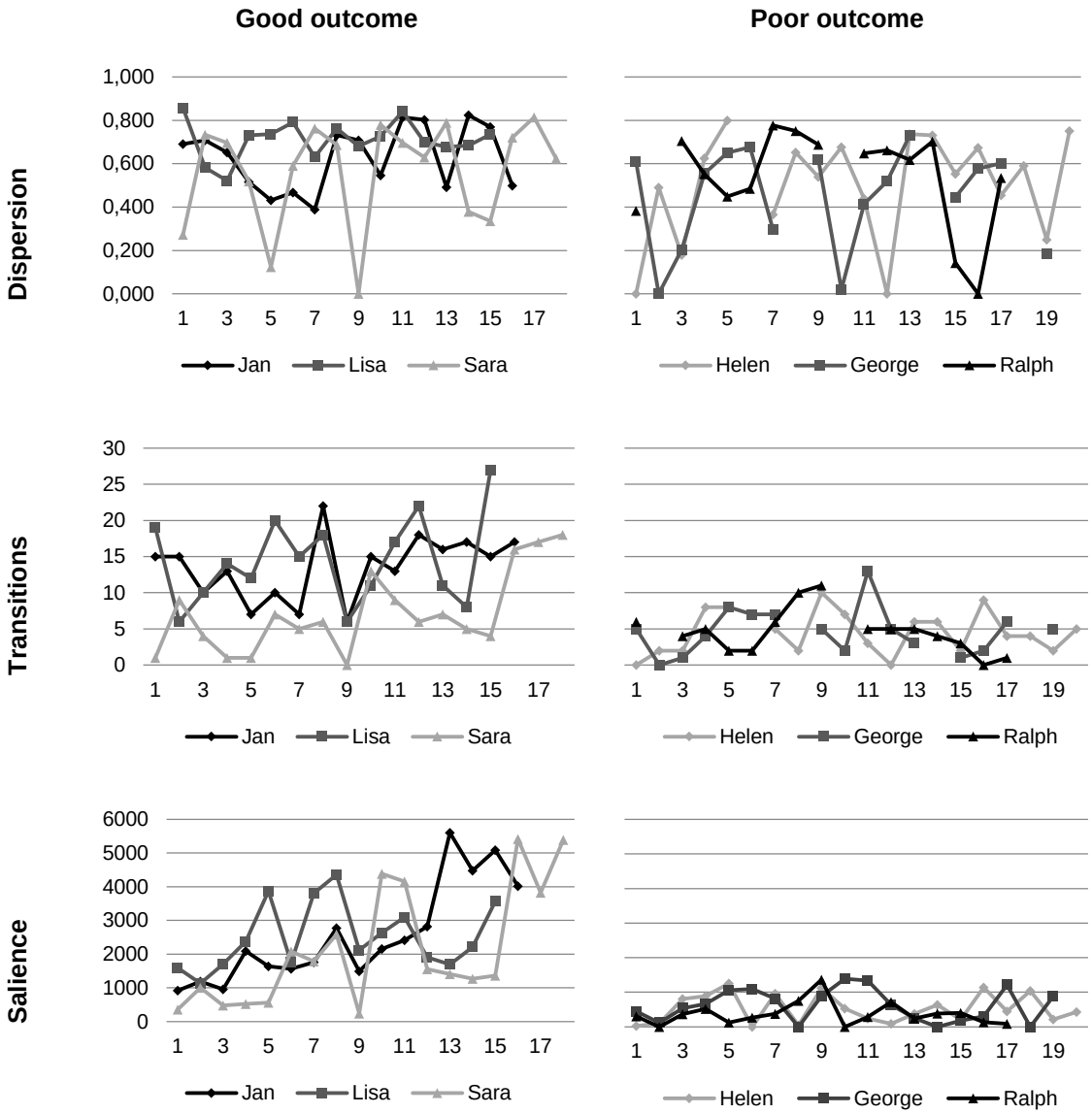
A Mann-Whitney U test was performed to compare outcome groups in relation to dispersion, transitions and salience. There were significant differences between outcome-groups in dispersion (U = .00, *p* = .05), transitions (U = .00; *p* = .05), and salience (U = .00; *p* = .05) with good outcome cases presenting higher levels than poor outcome cases.

Table II.4. Average and standard deviation of dispersion, transitions and salience.

Outcome	Case	Dispersion M (SD)	Transitions M (SD)	Salience M (SD)
Poor outcome	Helen	.5 (.24)	4.47 (2.99)	526.65 (421.57)
	George	.44 (.23)	4.63 (3.26)	621.21 (467.78)
	Ralph	.54 (.22)	4.6 (2.99)	371.88 (333.54)
	Overall	**.49 (.05)**	**4.57 (.08)**	**511.75 (419.09)**
Good outcome	Jan	.63 (.15)	13.5 (4.46)	2558.88 (1477.64)
	Lisa	.71 (.09)	14.4 (6.09)	2519.80 (988.61)
	Sara	.56 (.24)	7.17 (5.59)	2131.50 (1746.19)
	Overall	**.63 (08)**	**11.69 (3.94)**	**2389.92 (1444.69)**

Figure II.3 presents the evolution of dispersion, transitions and salience across sessions in all therapies.

Figure II.3. Evolution of dispersion, transitions and salience across sessions.



II.8.1.1. Good Outcome Cases

In good outcome cases, dispersion revealed no significant change between therapy phases. Regarding transitions, only in the case of Jan a significant increase from the working to the final phase (rho = .55, p = .01) was observed. Finally, the salience of IMs and protonarratives revealed a significant transformation across therapy phases in two cases. In the case of Sara, salience

significantly increased from the initial to the working phase (rho = .63, p = .00). In the case of Jan, salience significantly increased from the initial to the working phase (rho = .58, p = .04) and again from the working to the final phase (rho = .87, p = .00).

II.8.1.2. Poor Outcome Cases

Only Ralph's case revealed a significant increase in the dispersion of IMs and protonarratives from the initial to the working phase (rho = .64, p = .01). Also, it was only Ralph's case that revealed significant changes in the number of transitions between IMs and protonarratives across therapy phases: a significant increase from the initial to the working phase (rho = .64, p = .01) followed by a significant decrease in the final sessions (rho = -.72, p = .04). No significant change in the salience of IMs and protonarratives across therapy phases in poor outcome cases.

II.8.2. Dynamic Factor Models of Flexibility and Salience

Figure II.4 presents the completely standardized dynamic factor models for the structural relationships between dispersion, transitions and salience. The models depict within session relations between measures (vertical lines) and lag 1 relations between measures (inner diagonal lines). In the cases of Jan and Ralph, the models obtained after the parameters with modification indexes higher than 3.84 were considered poor fitting models. For this reason, they were excluded from further analysis. The remaining are good fitting models, with non-significant chi-square and acceptable fitting alternative fit indexes (see Table II.5).

Figure II.4. Dynamic factor models.

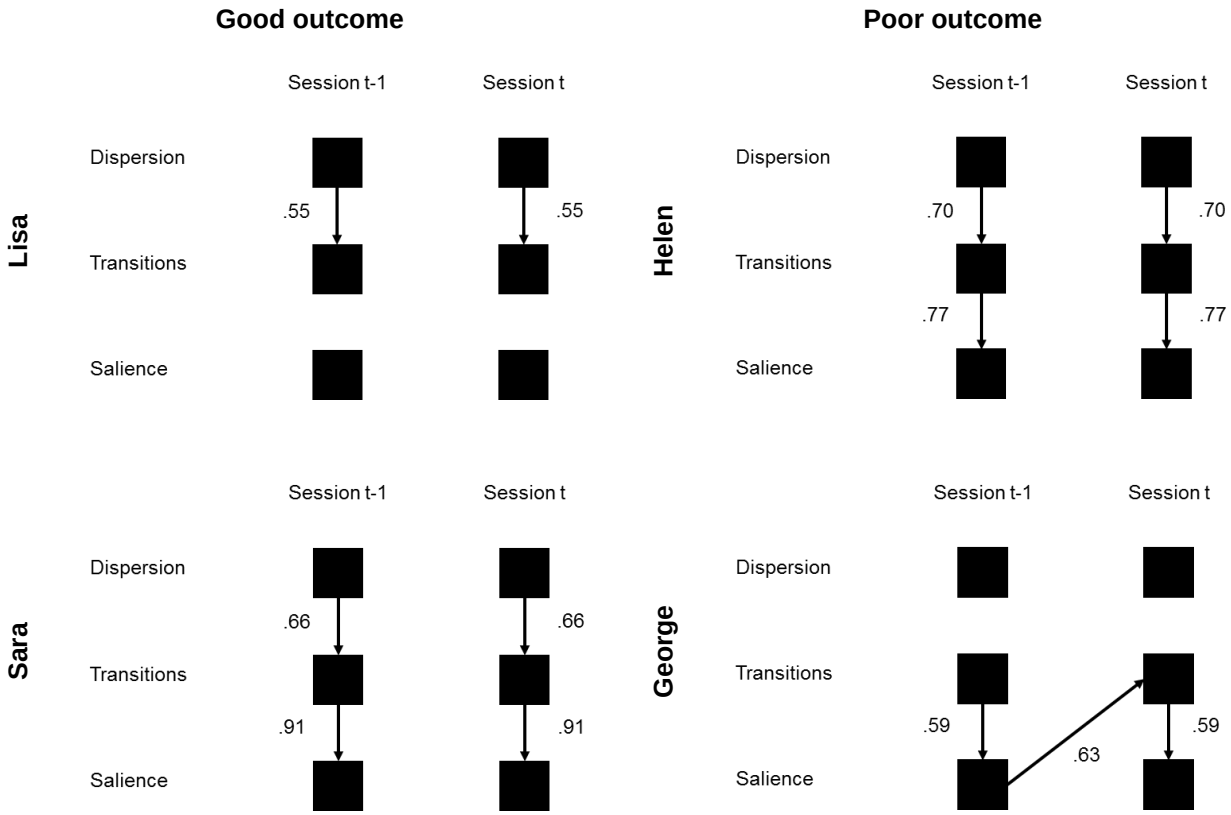


Table II.5. Goodness-of-fit indexes of the dynamic factor models.

	Therapy	X^2 (*p* value)	*Df*	RMSEA	p value for test of close fit (RMSEA < .05)	GFI	CFI
Good outcome	Lisa	7.17 (.85)	12	.00	.60	.88	1.00
	Sara	12.57 (.32)	11	.09	.36	.85	.97
	Jan	36.19 (.00)	14	.32	.00	.68	.00
Poor outcome	Helen	14.34 (.22)	11	.12	.25	.79	.91
	George	16.71 (.16)	12	.14	.19	.80	.59
	Ralph	42.12 (.00)	11	.41	.00	.67	.44

Note: RMSEA = Root mean error of approximation. CFI = Comparative fit index. GFI = Goodness of fit index.

II.8.2.1 Good Outcome Cases

Transitions were positively predicted by dispersion in the cases of Lisa and Sara, and this was observed both in session t-1 and session t. Additionally, in Sara's case the salience of IMs and protonarratives was positively predicted by the amount of transitions between different types of IMs and protonarratives both at session t-1 and session t. In Lisa's and Sara's cases no cross session relations were observed between the flexibility of IMs and protonarratives and their salience.

II.8.2.2. Poor Outcome Cases

In Helen's and George's cases, the salience of IMs and protonarratives was positively predicted by the amount of transitions between different IMs and protonarratives within sessions. In Helen's case, the number of transitions was positively predicted by the dispersion of therapeutic dialogue through different IMs and protonarratives. Additionally, in George's case the number of transitions at session t was positively predicted by the salience of IMs and protonarratives in the previous session.

II.9. Discussion

Flexibility has been considered an important characteristic of adaptive self-narratives (e.g. Dimaggio, 2006). Previous research suggested that narrative innovations (IMs and protonarratives) that contribute to the development of alternative, healthier self-narratives across therapy are more salient and flexible in good than in poor outcome therapies (Bento et al., 2014; Gonçalves et al., 2012;

Matos, et al., 2009; Mendes et al., 2010). In this paper the structural relations between the salience of narrative innovations and different facets of their flexibility were explored across good and poor therapies.

Globally, our observations suggest that sessions characterized by high flexibility of narrative innovations are also characterized by high salience of these narrative innovations. This is consistent with the hypothesis that narrative flexibility, in destabilizing existent narrative structures through the promotion of diverse narrative innovations constitutes an important change promoting process. However, the process through which the narrative innovations flexibility promotes an increase in narrative innovations salience is not a necessary, nor a sufficient condition for narrative transformation to occur. In fact, this was observed both in good and poor outcome cases suggesting that the relation between this process and therapy outcome may be mediated by other auxiliary conditions. In one of the good outcome cases, no relation between narrative innovation flexibility and salience was observed suggesting that under certain conditions narrative flexibility may have a secondary role in the transformation of clients' self-narratives. Future research, should explore further the inter-relations between narrative flexibility and therapeutic outcome. Specifically, it should aim to identify the conditions under which narrative flexibility is associated with positive outcomes and also which conditions prevent narrative flexibility to stimulate significant transformations in clients' self-narratives. Because previous research has consistently revealed that poor outcome cases display very low levels of narrative innovation (e.g. Mendes et al., 2010) it may be hypothesized that, in these cases, the flexibility and salience of narrative innovation are globally insufficient to generate a strong narrative alternative or that they just feedforward a cacophony (Dimaggio, 2006) of narrative innovations which are not consistently and meaningfully organized in alternative narrative frameworks. Similarly, it was previously observed that, at least some good outcome cases, already display in the initial sessions flexible and dominating protonarratives (Bento et al., 2014). This observation may suggest that, in these cases, narrative flexibility generated through the psychotherapeutic dialogue is not as determinant as it may be in other cases since a protonarrative amenable to be

taken as an anchor point (i.e., flexible and salient) for the construction of an alternative self-narrative emerges early in therapy. Despite the suggestions left by previous research it remains to be known how generalized good outcome cases with no within sessions interactions between flexibility and salience are. If such pattern proves itself to be frequent among good outcome cases, future research should additionally search for which other processes foster such high levels of both salience and flexibility of narrative innovations.

The measurement of different dimensions of flexibility of narrative innovations (dispersion and transitions) and the depiction of their interactions across therapies further allowed a more detailed account of flexibility processes. Although both measures of flexibility were associated in most cases, only the transitions between different types of IMs and protonarratives were associated with the salience of narrative innovations. This suggests that the simple emergence of diverse narrative innovations may be an insufficient achievement by itself. The observation that it was the frequency of transitions between different IMs and protonarratives that was associated with the salience of narrative innovations suggests that the flexible and consistent elaboration of novel experiences that contrast with the ones fostered by the problematic self-narrative constitutes a narrative patterning activity that occurs by establishing relationships between different narrative innovations within the therapeutic dialogue. This is consistent with the hypothesis that narrative flexibility and integration are two mutually interrelated processes which promote both the accommodation of the diversity of personal experiences narrated in therapy and their integration in coherent narrative structures that come to constitute the clients self-narrative. In fact, previous research has observed that in contrast with poor outcome cases, in good outcome cases the frequency of transitions between the different types of IMs within protonarratives is more frequent than the frequency of transitions between protonarratives therefore suggesting that these two processes interact to consolidate and expand alternative narrative threads that may provide narrative anchor points for the development of alternative self-narratives (Bento et al., 2014). Additionally, our results further suggest that narrative flexibility contributes to this process by fostering the

increase of the amount of narrative innovation. It has also been shown that an increase in the flexibility of clients' general discourse occurs more intensely in the middle phase of therapy between the deconstruction of clients' rigid discourse at the beginning of therapy and its reconstruction in the final sessions around some dominating but more flexible meanings (Salvatore et al., 2010). The fact that from the measures of flexibility used it was only the frequency of transitions that revealed an association with the salience of narrative innovations suggests that future research studying the links between narrative flexibility and therapeutic outcome should value dynamic measures of flexibility (i.e. transitions) instead of more static measures just focused on the diversity of narrative contents.

Finally, our results suggest that, despite significant interactions between narrative innovations flexibility and salience within sessions, from a diachronic perspective these are somewhat independent processes with little or no impact in each other in the following sessions. Productive sessions emergent from the interaction of high levels of flexibility and salience of narrative innovations may generate higher order narrative dynamics that were not traced in this study, and continue to foster favorable conditions for the sustained elaboration of narrative innovations in the following sessions.

Globally, our observations therefore suggest that both the debates around macrolevel narrative structures that organize individuals' identity (Neimeyer, 2004; McAdams, 1996) and microlevel narrative dynamics that constraints sense-making within everyday life situations (Bamberg, 2006; Bamberg & Georgakopoulou, 2008) should be brought together as they refer to two interrelated structural processes of individuals' narratives. This is a significant challenge for narrative approaches to psychotherapeutic change as they tend to emphasize the kind of dynamic and flexible processes that take place between microlevel narrative elements (e.g. Angus, Hardtke, & Levitt, 1999; Angus et al., 2012; Hermans, 2006; Stiles, Honos-Webb, & Lani, 1999) but seem insufficient to account for the processes of narrative integration. Similarly, as narrative flexibility and integration are considered two structural processes of individuals' narratives, clinical

psychology's focus on characterizing clients' healthy and problematic narratives (Dimaggio et al., 2003; Lysaker & Lysaker, 2006; Salvatore et al., 2006) should distinguish between clients' narratives and discriminate their transformations across therapy by situating them along these two dimensions.

Due to the small sample size and the fact that these were short term therapies, which may have constrained the complexity of the models that were tested, future research should explore the questions that our observations generated while consistently overcoming its limitations.

II.10. References

Angus, L., Lewin, J., Boritz, T., Bruntwick, E., Carpenter, N., Watson-Gaze, J., & Greenberg, L. (2012). Narrative processes coding system: A dialectical constructivist approach to assessing client change processes in emotion-focused therapy of depression. *Research in Psychotherapy: Psychopathology, Process and Outcome, 15*, 54-61.

Angus, L., Levitt, H., & Hardtke, K. (1999). The narrative processes coding system: Research applications and implications for psychotherapy practice. *Journal of Clinical Psychology, 55*, 1255-1270.

Bamberg, M. (2006). Biographic-narrative research, quo vadis? A critical review of 'big stories' from the perspective of 'small stories'. In K. Milnes, C. Horrocks, N. Kelly, B. Roberts, & D. Robinson (Eds.), *Narrative, memory, and knowledge: Representations, aesthetics, and contexts*. Huddersfield: University of Huddersfield Press.

Bamberg, M., & Georgakopoulou, A. (2008). Small stories as a new perspective in narrative and identity analysis. *Text & Talk, 28*, 377-396.

Beck, A., Steer, R., & Garbin, M. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*, 77-100.

Beck, A., Ward, C., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561-571.

Bento, T., Ribeiro, A., Salgado, J., Mendes, I., & Gonçalves, M. (2014). Narrative model of therapeutic change: An exploratory study. *Journal of Constructivist Psychology, 27*(1), 41-58

Brown, M., & Nesselroade, J. (2005). Representing psychological processes with dynamic factor models: Some promising uses and extensions of autoregressive moving average models. In A. Mayden-Olivares & J. McArdee (Eds.), *Contemporary psychometrics* (pp. 415-452). Mahwah: Erlbaum.

Diamantopoulos, A., & Siguaw, J. (2000). *Introducing LISREL*. London: Sage.

Dimaggio, G. (Ed.). (2006). Disorganized narratives in clinical practice [Special issue]. *Journal of Constructivist Psychology, 19(2).*

Dimaggio, G., Salvatore, G., Azzara, C., Catania, D., Semerari, A., & Hermans, H. (2003). Dialogical relationships in impoverished narratives: From theory to clinical practice. *Psychology and Psychotherapy: Theory, Research and Practice, 76*, 385-409.

Dimaggio, G., & Semerari, A. (2001). Psychopathological narrative forms. *Journal of Constructivist Psychology, 14*, 1-23.

Fassinger, R. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology, 52,* 156-166.

Fisher, A., Newman, M., & Molenaar, P. (2011). A quantitative method for the analysis of nomothetic relationships between idiographic structures: Dynamic patterns create attractor states for sustained posttreatment change. *Journal of Consulting and Clinical Psychology, 74*, 552-563.

Gendlin, E. (1981). *Focusing* (2nd ed.). New York: Bautam Books.

Gonçalves, M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of 'innovative moments' in the construction of change. *Journal of Constructivist Psychology, 22*, 1-23.

Gonçalves, M., Mendes, I., Cruz, G., Ribeiro, A., Angus, L., & Greenberg, L. (2012). Innovative moments and change in client-centered therapy. *Psychotherapy Research*, 22(4), 389-401.

Gonçalves, M., Ribeiro, A., Matos, M., Mendes, I., & Santos, A. (2011). Tracking novelties in psychotherapy research process: The innovative moments coding system*. Psychotherapy Research, 21,* 497-509.

Granic, I., Hollenstein, T., Dishion, T., & Patterson, G. (2003). Longitudinal analysis of flexibility and reorganization in early adolescence: A dynamic systems study of family interactions. *Developmental Psychology, 39*, 606-617.

Granic, I., O'Hara, A., Pepler, D., & Lewis, M. (2007). A dynamic systems analysis of parent-child changes associated with successful "real-world"

interventions for aggressive children. *Journal of Abnormal Child Psychology, 35*, 845-857.

Greenberg, L., Rice, L., & Elliott, R. (1993). *Facilitating emotional change: The moment by moment process.* New York: Guilford Press.

Greenberg, L., & Watson, J. (1998). Experiential therapy of depression: Differential effects of client-centered relationship conditions and process experiential interventions. *Psychotherapy Research, 8*, 210-224.

Hermans, H. (2006). The self as a theater of voices: Disorganization and reorganization of a position repertoire. *Journal of Constructivist Psychology, 19*, 147-169.

Hill, C., & Lambert, M. (2003). Methodological issues in studying psychotherapy processes and outcomes. In M. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 84-135). New York: Wiley.

Hill, C:, Knox, S., Thompson, B., Nutt Williams, E., Hess, S., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52,* 196-205.

Hollenstein, T., & Lewis, M. (2006). A state space analysis of emotion and flexibility in parent-child interactions. *Emotion, 6*, 656-662.

Hollenstein, T., Granic, I., Stoolmiller, M., & Snyder, J. (2004). Rigidity in parent-child interactions and the development of externalizing and internalizing behavior in early childhood. *Journal of Abnormal Child Psychology, 32*, 595-607.

Jacobson, N., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*, 12-19.

Jones, C., & Nesselroade, J. (1990). Multivariate replicated, single-subject, repeated measures designs and P-technique factor analysis: A review of intraindividual change studies. *Experimental Aging Research, 16*, 171-183.

Jöreskog, N., & Sörbom, D. (2006). *LISREL 8.80.* Chicago, IL: Scientific Software International.

Lamey, A., Hollenstein, T., Lewis, M., & Granic, I. (2004). *GridWare* (version1.1) [Computer software]. http://statespacegrids.org.

Lewis, M., Lamey, A., & Douglas, L. (1999). A new dynamic systems method for the analysis of early socioemotional development. *Developmental Science, 2*, 458-476.

Lewis, M., Zimmerman, S., Hollenstein, T., & Lamey, A. (2004). Reorganization in coping behavior at 11/2 years: Dynamic systems and normative change. *Developmental Science, 7*, 56-73.

Lysaker, P., & Lysaker, J. (2006). A typology of narrative impoverishment in schizophrenia: Implications for understanding the process of establishing and sustaining dialogue in individual therapy. *Counseling Psychology Quarterly, 19*, 57-68.

Matos, M., Santos, A., Gonçalves, M., & Martins, C. (2009). Innovative moments and change in narrative therapy. *Psychotherapy Research, 19*, 68-80.

McAdams, D. (1996). Personality, modernity, and the storied self: A contemporary framework for studying persons. *Psychological Inquiry, 7*, 295-321.

McGlinchey, J., Atkins, D., & Jacobson, N. (2002). Clinical significance methods: Which one to use and how helpful are they? *Behavior Therapy, 33*, 529-550.

Mendes, I., Ribeiro, A., Angus, L., Greenberg, L., Sousa, I., & Gonçalves, M. (2010). Narrative change in emotion-focused therapy: How is change constructed through the lens of the innovative moments coding system? *Psychotherapy Research, 20*, 692-701.

Molenaar, P. (1985). A dynamic factor model for the analysis of multivariate time series. *Psychometrika, 50*, 181-202.

Molenaar, P. (2004). A manifesto on psychology as ideographic science: Bringing the person back into scientific psychology, this time forever. *Measurement, 2*, 201-218.

Molenaar, P., & Ram, N. (2009). Advances in dynamic factor analysis of psychological processes. In J. Valsiner, P. Molenaar, M. Lyra, & N. Chaudary (Eds.), *Dynamic process methodology in the social and developmental sciences* (pp. 255-268). New York: Springer.

Molenaar, P., Sinclair, K., Rovine, M., Ram., N., Corneal, S. (2009). Analyzing developmental processes on an individual level using nonstationary time series modeling. *Developmental Psychology, 45,* 260-271.

Morrow, S. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52,* 250-260.

Mumma, G. (2004). Validation of idiosyncratic cognitive schema in cognitive case formulations: An intraindividual idiographic approach. *Psychological Assessment, 16*, 211-230.

Neimeyer, R. (2004). Fostering posttraumatic growth: A narrative contribution. *Psychological Inquiry, 15*, 53-59.

Nesselroade, J., McArdle, J., Aggen, S., & Meyers, J. (2002). Dynamic factor analysis models for representing process in multivariate time-series. In D. Moskowitz, & S. Hershberger (Eds.), *Modeling intraindividual variability with repreated measures data: Methods and applications* (pp. 235-265). New Jersey: Lawrence Erlbaum Associates.

Ribeiro, A., Bento, T., Salgado, J., Stiles, W., & Gonçalves, M. (2011). A dynamic look at narrative change in psychotherapy: A case study tracking innovative moments and protonarratives using state space grids. *Psychotherapy Research, 21,* 54-69.

Ribeiro, A., Bento, T., Gonçalves, M., & Salgado, J. (2010). Self-narrative reconstruction in psychotherapy: Looking at different levels of narrative development. *Culture & Psychology, 16*, 195-212.

Salvatore, G., & Dimaggio, G., & Semerari, A. (2004). A model of narrative development: Implications for understanding psychopathology and guiding therapy. *Psychology and Psychotherapy: Theory, Research and Practice, 77*, 231-254.

Salvatore, G., Conti, L., Fiore, D., Carcione, D., Dimaggio, G., & Semerari, A. (2006). Disorganized narratives: Problems in treatment and therapist intervention hierarchy. *Journal of Constructivist Psychology, 19*, 191-207.

Salvatore, S., Gelo, O., Gennaro, A., Manzo, S., & Al Radeihed, A. (2010). Looking at the psychotherapy process as an intersubjective dynamic of

meaning-making: A case study with discourse flow analysis. *Journal of Constructivist Psychology, 23*, 195-230.

Santos, A., & Gonçalves, M. (2009). Innovative moments and change processes in psychotherapy: An exercise in a new methodology. In J. Valsiner, P. Molenaar, M. Lyra, & N. Chaudary (Eds.), *Dynamic processes methodology in the social and developmental sciences* (pp. 493-526). New York: Springer.

Santos, A., Gonçalves, M., Matos, M., & Salvatore, S. (2009). Innovative moments and change pathways: A good outcome case of narrative therapy. *Psychology and Psychotherapy: Theory, Research and Practice, 82*, 449-466.

Schielke, H., Fishman, J., Osatuke, C., & Stiles, W. (2009). Creative consensus on interpretations of qualitative data: The Ward method. *Psychotherapy Research, 19,* 558-565.

Singer, J., & Rexhaj, B. (2006). Narrative coherence and psychotherapy: A commentary. *Journal of Constructivist Psychology, 19*, 207-217.

Stiles, W. (2003). Qualitative research: Evaluating the process and the product. In S. Llewelyn, & P. Kennedy (Eds.), *Handbook of Clinical Health Psychology (pp. 477-500).* West Sussex: John Wiley & Sons.

Stiles,W., Honos-Webb, L., & Lani, J. (1999). Some functions of narrative in the assimilation of problematic experiences. *Journal of Clinical Psychology, 55*, 1213-1226.

White, M. (2007). *Maps of narrative practice.* New York: Norton.

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

Wood, P., & Brown, D. (1994). The study of intraindividual differences by means of dynamic factor models: Rationale, implementation, and interpretation. *Psychological Bulletin, 116*, 166-186.

CHAPTER III[3]

Disorganization and Structural Transformations of Narrative Innovations in Psychotherapy.

III.1. Abstract

Despite growing popularity of narrative approaches to change in psychotherapy, the process by which psychopathological self-narratives are substituted by more adaptive self-narratives remains elusive. We expand a previous model of self-narrative change in psychotherapy which is focused on the role of innovative narrative processes. The role of specific types of innovative narrative processes and instability in their overall organization in promoting meaningful transformations in clients' self-narrative are explored by combining qualitative and quantitative methods from an ideographic perspective. Results locate significant transformations in clients' self-narrative at specific phases and specific patterns across different cases of instability transformation. It is concluded that although regularities may exist in the transformation of clients' self-narrative across psychotherapy, different specific pathways do characterize different clients.

[3] This chapter is submitted to *Clinical Psychology & Psychotherapy* as an independent paper in co-authorship with: António P. Ribeiro, João Salgado, Inês Mendes, & Miguel M. Gonçalves.

III.2. Introduction

Narrative approaches to psychotherapy suggest that the psychopathological self-narratives clients narrate at the beginning of therapy are substituted by alternative and more adaptive self-narratives over the course of therapy (Dimaggio & Semerari, 2001; Dimaggio et al., 2003; Lysaker & Lysaker, 2006; White & Epston, 1990). Previous research has found that such transformation in clients' self-narratives is associated with the emergence and expansion of narrative innovations that foster the consolidation of an alternative self-narrative by the end of therapy (e.g. Gonçalves, Matos & Santos, 2009; Gonçalves, et al., 2012; Mendes et al., 2010). It was observed that such narrative innovations are organized across diverse narrative layers which structure changes across therapy (Ribeiro, et al., 2010, 2011). In this paper we expand previous research by identifying and characterizing the structural transformations that narrative innovation goes through across therapy and exploring the role of critical instabilitites and disorganization in fostering such changes.

III.3. Structure of Narrative Innovation

Narrative innovations have been suggested to organize themselves in different layers constituted by diverse narrative structures: innovative moments and protonarratives (Ribeiro, et al., 2010, 2011).

III.3.1. Innovative Moments

At its elemental level, narrative innovation that emerges within self-narratives in therapy is constituted by innovative moments (IMs), which are small meaning units

that contrast with the dominant meanings in the psychopathological self-narrative that constrains persons' lives. IMs are significant because they constitute narrative innovations that open the psychopathological self-narratives to transformation. Previous research has identified five types of IMs that are defined and presented in Table III.1.

Table III.1. Types of IMs.

Innovative Moment Type	Contents	Examples
Action IMs	• New coping behaviors facing anticipated or existent obstacles • Effective resolution of unsolved problem(s) • Active exploration of solutions • Restoring autonomy and self-control • Searching for information about the problem(s)	C: Yesterday, I went to the cinema for the first time in months!
Reflection IMs	*Creating distance from the problem(s)* • Comprehension: reconsidering causes of problem(s) and/or awareness of effects • New problem formulations • Adaptive self-instructions and thoughts • Intention to fight demands of problem(s), references of self-worth, and/or feelings of well-being	C: I realize that what I was doing was just, not humanly possible because I was pushing myself and I never allowed myself any free time, uh, to myself . . . and it's more natural and more healthy to let some of these extra activities go. . .
	Centered on the change • Therapeutic process: reflecting about the therapeutic process • Change process: considering process and strategies; implemented to overcome problem(s); references of self-worth and/or feelings of well-being (as consequences of change) • New positions: references to new/emergent identity versions in face of the problem(s)	C: I believe that our talks, our sessions, have proven fruitful, I felt like going back a bit to old times, it was good, I felt it was worth it.
Protest IMs	*Criticizing the problem(s)* • Repositioning oneself toward the problem(s)	C: What am I becoming after all? Is this where I'll be getting to? Am I going to stagnate here!?

	Emergence of new positions • Positions of assertiveness and empowerment	C: I am an adult and I am responsible for my life, and, and, I want to acknowledge these feelings and I'm going to let them out! I want to experience life, I want to grow and it feels good to be in charge of my own life.
Reconceptualization IMs	• Reconceptualization always involves two dimensions: o Description of the shift between two positions (past and present) o The process underlying this transformation	C: You know . . . when I was there at the museum, I thought to myself, ''You really are different . . .A year ago you wouldn't be able to go to the supermarket!'' Ever since I started going out, I started feeling less depressed . . . It is also related to our conversations and changing jobs . . . T: How did you have this idea of going to the museum? C: I called my Dad and told him, ''We're going out today!'' T: This is new, isn't it? C: Yes, it's like I tell you . . . I sense that I'm different . . .
Performing Change IMs	• Generalization into the future and other life dimensions of good outcomes • Problematic experience as a resource to new situations • Investment in new projects as a result of change process • Investment in new relationships as a result of change process • Performance of change: new skills • Reemergence of neglected or forgotten self versions	T: You seem to have so many projects for the future now! C: Yes, you're right. I want to do all the things that were impossible for me to do while I was dominated by depression. I want to work again and to have the time to enjoy my life with my children. I want to have friends again. The loss of all the friendships of the past is something that still hurts me really deeply. I want to have friends again, to have people to talk to, to share experiences, and to feel the complicity in my life again.

Note. From ''The Innovative Moments Coding System: A new coding procedure for tracking changes in psychotherapy,'' by M. Gonçalves et al., 2011. Adapted with permission.

It was consistently shown across different therapeutic models and clinical problems that the presence of IMs tends to be higher in good outcome cases than in poor outcome cases (Alves, Mendes, & Gonçalves, 2012; Gonçalves, Mendes,

Cruz, Ribeiro, Sousa, Angus, & Greenberg, 2012; Matos, Santos, Gonçalves, & Martins, 2009; Mendes, Ribeiro, Angus, Greenberg, Sousa, & Gonçalves, 2010). In good outcome cases the salience (measured as the proportion of words devoted to IMs in relation to the total number of words in each session) of action, reflection and protest IMs tends to increase in the working phase of therapy and decrease in the final phase. This decrease was found to be associated with the emergence of reconceptualization and performing change IMs in the working phase of therapy and the increase of its salience in the final phase (e.g. Santos, Gonçalves, Matos, & Salvatore, 2009). In contrast, poor outcome cases have usually a reduced presence or a complete absence of reconceptualization and performing change IMs (e.g. Santos, Gonçalves, & Matos, 2011).

III.3.2. Protonarratives

IMs were suggested to aggregate around the same contents in intermediate narrative structures called protonarratives (Bento, et al., 2014; Ribeiro, et al., 2010, 2011). Protonarratives are thematically coherent narrative threads that include IMs of different types in which the same contents are present. Protonarratives do not yet have the characteristics of a complete self-narrative but constitute possible thematic pathways for the development and consolidation of a new alternative self-narrative at the end of therapy (see Bento et al., 2014; Ribeiro et al., 2011 for an extended discussion on this concept). For instance, if the problematic self-narrative that is present at the beginning of therapy could be labeled as “devaluing own feelings and privilege the feelings of significant others”, one may imagine that one possibly first protonarrative may be “asserting own feelings”. Later in the process of change a protonarrative that we may term “transforming close relationships” (accommodating the new assertiveness) could emerge. At the final phase of therapy the protonarrative labelled “becoming more trust of herself as a person” could be more dominant. The alternative new

narrative could result from the development of another protonarrative or a even a new combination of the three previous protonarratives.

III.4. Transformations in the Structure of IMs and Protonarratives

III.4.1. The Role of Reconceptualization IMS

The observation that reconceptualization IMs tend to emerge in the middle phase of therapy and its salience to increase from the middle to the final phase of therapy while the salience of protest, action and reflection IMs decreases suggests that these IMs play a crucial role in the transformation of IMs and protonarratives structure by consolidating previous IMs and fostering the emergence of new changes and the projection of clients' goals, ambitions, desires into the future (Gonçalves & Ribeiro, 2012). Theoretically, reconceptualization IMs are considered to constitute a more complex innovative narrative process than the remaining IMs types since they explicitly involve a metaperspective over the process of change by which clients acknowledge a transformation from a previous undesired, painful state, into a present adaptive state and provide an explanation for such transformation (Gonçalves & Ribeiro, 2012). This is consistent with the observation that reconceptualization IMs are associated with high levels of assimilation of problematic experiences than the remaining types of IMs (Cunha et al., 2011). Overall, previous research therefore suggests that reconceptualization IMs play a crucial role in fostering the structural transformations, in the middle and final phases of therapy, needed for an alternative, adaptive self-narrative to emerge over the course of therapy.

III.4.2. The Role of the Flexibility of IMs and Protonarratives

Concurrently, previous research has also observed that good outcome cases seem to present higher levels of IMs and protonarratives flexibility than poor outcome cases (Bento, et al., 2014) and that such flexibility is associated with increases in the salience of IMs (Bento et al., submitted). Because a flexible structure of IMs and protonarratives is characterized by a high diversity of types of IMs and protonarratives and a significant amount of movements between them, it also involves some disorganization and instability suggesting that a certain degree of disorganization and instability in the structure of IMs and protonarratives is needed in order for an alternative self-narrative to emerge. These results are consistent with the observations from other authors that transformations in several psychological processes in therapy are preceded by significant instability in their overall organization (Schiepek, 2009). In face of this, it's reasonable to hypothesize that structural transformations in the overall organization of IMs and protonarratives is promoted by increased disorganization and instability in that organization.

III.5. Pattern Formation and Transformation in Psychotherapy

We are in this way emphasizing that narrative change within therapy is characterized by dynamic processes of pattern formation and transformation (Salvatore & Tschacher, 2012). Therapeutic dialogue is a patterning activity (Salvatore, et al, 2012) that shapes the diversity of IMs and protonarratives types into temporary configurations. Changes in these patterns of IMs and protonarratives across therapy sessions are likely to be associated with a decrease in their organization. The focus on the interaction between order and pattern formation in psychotherapy has been considered to be important since it

can increase our comprehension of the dynamics of the processes of change (Tschacher, Scheier, & Grawe, 1998).

In this context, our general aim in this study was to explore the occurrence of significant transformations in the structural organization of IMs and protonarratives. Specifically, we aimed to explore: (1) at which phase of psychotherapy do significant transformations in the IMs and protonarratives structure occur, (2) which qualitative characteristics (e.g. the types of IMs and protonarratives involved) do the significant transformations in IMs and protonarratives structure reveal, and, finally, (3) if instability and disorganization in IMs and protonarratives structure anticipate its transformation.

III.6. Method

III.6.1. Clients

We explored the transformations in IMs and protonarratives structural organization in a subsample of six depressed clients from the York I randomized clinical trial (Greenberg & Watson, 1998). Clients met the DSM-III-R for major depression disorder at pre-treatment. Therapy outcome was assessed on the basis of reliable change index (RCI; see Jacobson & Truax, 1991; McGlinchey, Atkins, & Jacobson, 2002) analysis of pre to post-treatment scores of the Beck Depression Inventory (Beck, Steer, & Garbin, 1988; Beck, et al., 1961). Table III.2 characterizes the cases analyzed here.

Table III.2. Cases demographics and outcome status.

Fictitious name	Gender	Age	Marital status	Educational level	Therapist gender	BDI pre-therapy	BDI post-therapy	Outcome	No of sessions
Helen	Female	58	Divorced and remarried	Graduated high school	Female	23	22	Poor outcome	20
George	Male	63	Married once	Graduated college	Male	15	13	Poor outcome	19
Ralph	Male	43	Married once	Graduated college	Male	24	18	Poor outcome	17
Jan	Female	48	Divorced and remarried	Grade 7-12	Female	30	5	Good outcome	16
Lisa	Female	27	Married once	Graduated high school	Female	25	3	Good outcome	15
Sara	Female	34	Divorced	Part college	Female	35	4	Good outcome	18

III.6.2. Therapy and Therapists

The six clients included in this study were part of the emotion-focused therapy (EFT) treatment condition at York I Depression Project (see Greenberg & Watson, 1998, for details). EFT associates experiential and gestalt interventions to client-centred relational conditions (Greenberg, Rice, & Elliott, 1993). These interventions include focusing on markers of unclear felt sense, systematic evocative unfolding for problematic reactions, two-chair dialogue for self-evaluative and self-interruptive conflict splits and empty chair dialogue for unfinished business with a significant other (see Greenberg, Rice, & Elliott, 1993, for details).

Five therapists were responsible for the six clients included in the present study (four female, and one male; four Caucasian and one Indian). They were advanced doctoral students in clinical psychology or PhD clinical psychologists. They had previous experience as psychotherapists and received additional training in EFT

previously to the beginning of the trial. Therapists received weekly supervision during the trial and all revealed good adherence to treatment manuals (see Greenberg & Watson, 1998).

III.6.3. Procedure

The procedures involved in this study occurred in three steps. First, IMs and protonarratives were identified and their types were coded as part of previous studies (Mendes, et al., 2010; Bento, et al., submitted). Second, State Space Grids were then used to depict the joint evolution of IMs and protonarratives throughout therapy and to identify disorganization and significant transformations in the IMs and protonarratives structure. Third, simulation modeling analysis was used to explore the diachronic relations between disorganization and transformation in IMs and protonarratives structure in each one the six therapies.

III.6.3.1. IMs Coding Procedure and Reliability

In a previous study (Mendes et al., 2010) the Innovative Moments Coding System (Gonçalves et al., 2011) was used to identify IMs. Mendes et al reported an overall agreement percentage in IMs salience (measured in number of words) of 88.7% and reliability of IM type of .86, as assessed by Cohen's kappa, indexing strong agreement between two judges (Hill & Lambert, 2004).

III.6.3.2. Protonarratives Coding Procedure and Reliability

As thoroughly described in a previous study (Bento et al., 2014), protonarratives were identified according to consensual qualitative procedures defined by Hill (2011). In each case, different teams of two previously trained judges identified protonarratives. All judges were advanced doctoral students in clinical psychology. Each judge independently coded each IM content looking for the theme (Meier, Boivin, & Meier, 2008) it expressed. Judges met regularly to review each other's coding. Adjustments were introduced as needed and disagreement was solved through consensus. Two experienced auditors periodically reviewed judges' work checking for conceptual integrity of the categories, looking for potential better alternatives and provided feedback to judges.

III.6.3.3. IMs and Protonarratives Joint Development

State Space Grids constitute a method developed by Lewis and collaborators (Lewis, Lamey, & Douglas, 1999; Lewis, Zimmerman, Hollenstein, & Lamey, 2004) for depicting and quantitatively analysing the joint development of two categorical time series. Categories of one variable are depicted in the x axis and the categories of the other variable are depicted in the y axis to create a grid of cells that represents all the possible state events. As exemplified in Figure III.2, in this study a grid was constructed for each session. Each grid represents the succession of IMs, each one of them coded for its type (x axis) and protonarrative (y axis). Each dot represents an event, defined by the combination of a type of IM and a protonarrative, while lines and arrows connecting the dots represent direction of change. The size of each dot represents the salience of each IM.

On the basis of the graphical representation of IMs and protonarratives evolution across sessions, two measures of the structure of IMs and protonarratives were

derived from the grids that correspond to the level of instability and disorganization in IMs and protonarratives structure and also to the level of its transformation from session to session. For the level of instability and disorganization of IMs and protonarratives we used a measure of entropy. For the level of transformation in IMs and protonarratives structure we extracted an Intergrid Distance Score (these measures are described below).

III.6.3.3.1. IMs and Protonarratives Disorganization

We took entropy as a measure of disorganization of IMs and protonarratives structure since the levels of entropy in an information system correspond to its levels of organization, or complexity, and predictability (see also Dishion et al., 2004 for an application of same principles in the context of SSGs). High levels of entropy correspond to information systems which are disorganized, complex, and unpredictable, while low levels of entropy correspond to high organization and predictability. In terms of the SSGs, high levels of entropy are associated with heavily populated grids were many different states (cells) are present. We measured entropy by focusing on the salience of each IMs type and protonarratives (each cell) according to: $\sum[P_i * \ln(1/P_i)]$, in which P_i is the probability of an IM occurring at cell i. The probability is computed according to: P_i = (salience of IMs in cell i) / (total salience of IMs in the grid). Computation of entropy was performed using GridWare (Lamey, et al., 2004).

III.6.3.3.2. Structural Transformation of IMs and Protonarratives

Significant transformations in the structure of IMs and protonarratives were measured by computing an index of the amount of difference between two

consecutive sessions. Intergrid Distance Score (IGDS; Lewis et al., 2004) is computed in four steps: 1) the salience of IMs in each cell of one session is subtracted to the salience of IMs in each cell in the immediately posterior session; 2) previously computed differences are squared; 3) the sum of the squared differences for all the cells in the grid is computed; and finally, 4) the square root of previous value is taken. This procedure was repeated for every two consecutive sessions (e.g. session 1 and session 2, session 2 and session 3, session 3 and session 4, etc.) in each case. This index provides a value of the Euclidean distance between two consecutive sessions (see Lewis, et al., 2004). In this sense, it may be interpreted as a measure for the difference of the structure of IMs and protonarratives in two consecutive sessions. High IGDS scores imply large differences in that structure; low values imply that the sessions had similar structures.

After IGDS was computed, significant transformations in IMs and protonarratives structure were analysed in order for a description of the qualitative aspects of those transformations to be obtained. IGDS scores higher than 1 standard deviation identified significant changes. Consecutive sessions that revealed such differences in their structure of IMs and protonarratives were selected and visually compared. Visual inspection of the grids was focused on changes in a) the different IMs types and protonarratives present in the sessions; and b) the salience (the size of the dots in each cell) of the IMs types and protonarratives present in the sessions.

Both entropy and IGDS have previously been showed to be reliable measures of SSGs structure and transformation (Dishion, et al., 2004; Lewis, et al., 2004).

III.6.3.4. Simulation Modeling Analysis

Simulation Modeling Analysis (SMA; Borckardt, 2006; Borckardt et al., 2008) was used to quantitatively explore the diachronic relations between entropy and IGDS. SMA was developed to deal with the statistical problems generated by case-based time series studies by controlling for autocorrelation and a limited number of observations using a bootstrap sampling method (see Borckardt et al., 2008 for technical details). On this basis, changes in the levels of entropy and IGDS were analyzed across the initial, working and final therapy phases. Initial and final phases were defined as the first 5 and last 5 sessions, respectively. The working phase was considered to be the remaining sessions between the initial and final phases. Also, lag+1 cross-correlations between entropy and IGDS were computed for each one of the 6 cases. Spearman Rho computed on the basis of the SMA bootstrap sampling method (Borckardt, 2006; Borckardt et al., 2008) was used.

III.7. Results

III.7.1. At Which Phase of the Psychotherapy do Significant Transformations in the Structure of IMs and Protonarratives Occur?

In Table III.3 we present the protonarratives that were identified in each case. Figure III.1 presents the evolution of IGDS across therapies. The dotted lines represent upper and lower standard deviation.

Table III.3. Protonarratives contents.

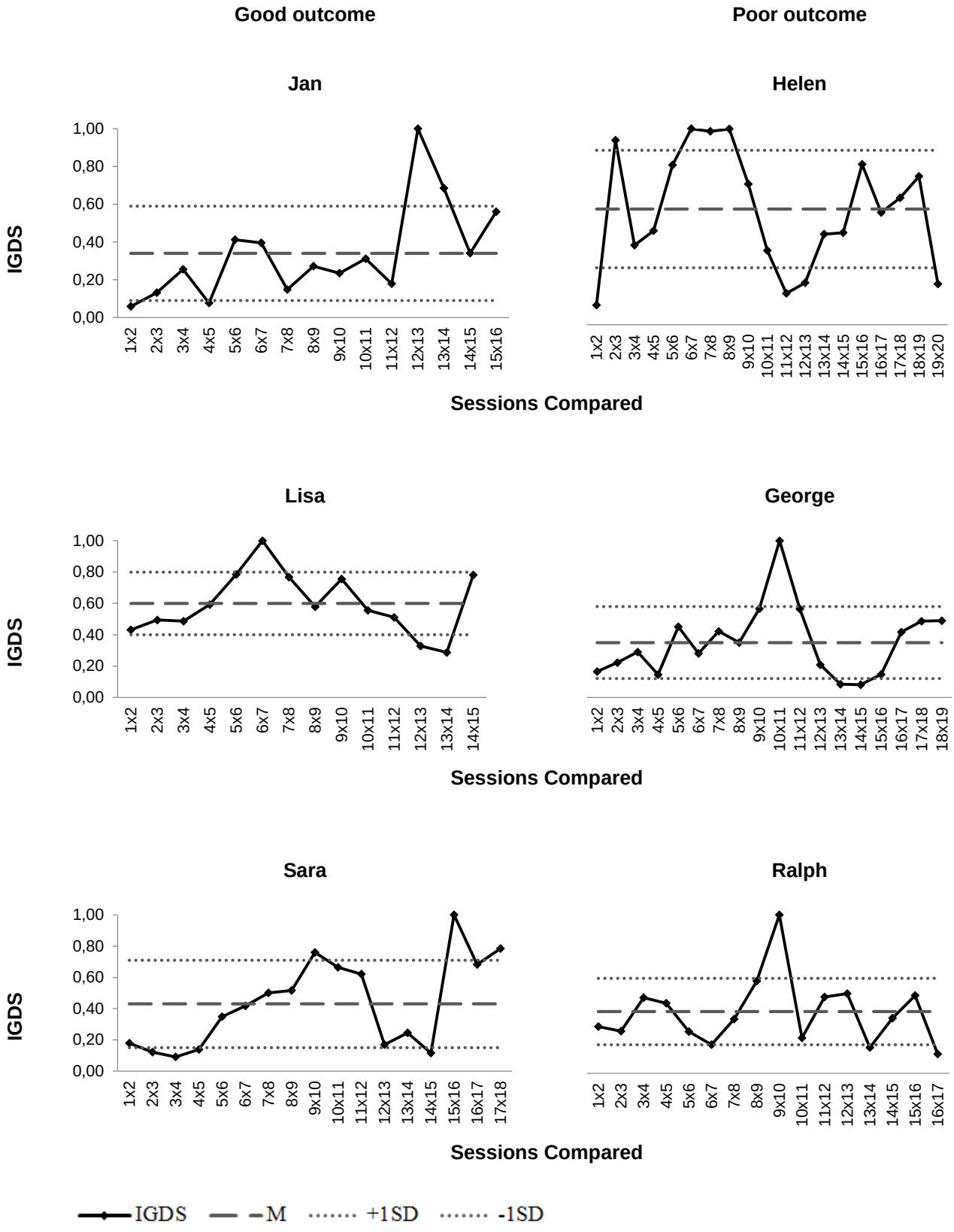
Cases	Protonarrative	Contents
	Poor outcome cases	
Helen	Optimism	• Positive expectations regarding the future.
	Emotional resonance	• Numbness – consciousness of feeling like a "robot". • Revolt – Expression of anger and revolt towards her husband and the couple financial situation.
	Acceptance	• Acceptance and involvement – acceptance of financial situation and pro-activity regarding possible solutions.
George	Self-fulfilling	• Self-fulfilling both as a father and as a professional. • Hopefulness and well being.
	Acceptance	• Accepts the problem and his responsibility. • Openness towards others and involvement with them. • Acceptance of current life conditions. • Acceptance of the relationship with his parents and involvement with them.
	Emotional expression	• Express feelings and claims rights.
Ralph	Acceptance and agency	• Understands the problem and acts in accordance.
	Optimism	• Optimism and hopefulness.
	Assertiveness and Empowerment	• Assertiveness and self-confidence. • Revolt against wife's criticism.
	Good outcome cases	
Jan	Control	• Control of psychosomatic symptoms. • Control in work.
	Acceptance	• Respects her limits and emotions. • Accepts herself, her limits and imperfections. • Accepts everyone can't love her. • Feels self-confident, strong and independent. • Able to disconnect and confront others. • Assumes her identity.

	Reconciliation	• Understands the behavior of others and forgives. • Reconnects and becomes involved again with significant others.
Lisa	Autonomy	• Expresses and defends hers' autonomy. • Understands the behavior of others and forgives.
	Understanding and Forgiving	• Makes a positive synthesis between positive and negative feelings.
	Disclaim	• Stops assuming responsibility for the behavior of others.
Sara	Self-affirmation	• Sets limits. • Self-acceptance and sense of self-worth and self-knowledge. • Accepts she can't get along with everyone.
	Involvement	• Initiative and involvement with others. • Well-being and satisfaction in the relationships with others. • Trust in others.

III.7.1.1. Good Outcome Cases

Analysis of the evolution of IGDS across therapies reveals a significant increase from the working to the final phase of therapy in the case of Jan (rho = .52, p = .04) and a significant decrease between these phases in the case of Lisa (rho = -.61, p = .05). In the case of Sara no significant change across therapy phases was observed. Visual inspection of the evolution of IGDS in Figure III.1 reveals that good outcome cases tend to show peak structural changes in the working phase of therapy (Lisa's case) or the final phase (Jan's case) or both (Sara's case).

Figure III.1. Evolution of structural changes across therapies.



III.7.1.2. Poor Outcome Cases

In the poor outcome cases no significant change in the level of IGDS across therapy phases was observed. In Figure III.1 we can observe that poor outcome cases tend to show peak structural changes in the initial (Helen's case) or working (George's and Ralph's cases) phases of therapy.

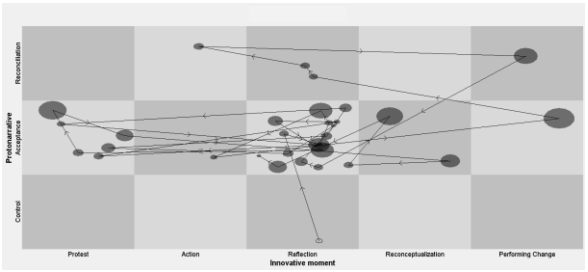
III.7.2. Which Qualitative Characteristics do the Significant Transformations in IMs and Protonarratives Structure Reveal?

In Figure III.2 we present SSGs of the sessions corresponding to these peaks.

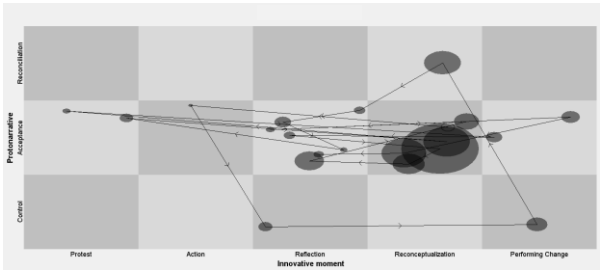
Figure III.2. SSGs representing significant transformations in the structure of IMs and protonarratives.

Jan

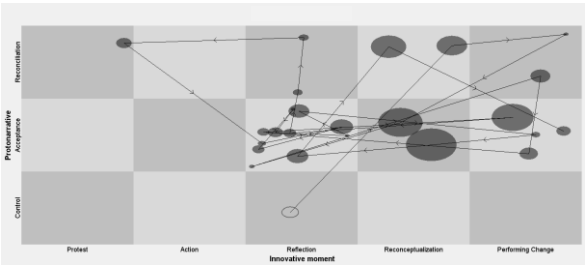
Session 12



Session 13



Session 14



Lisa

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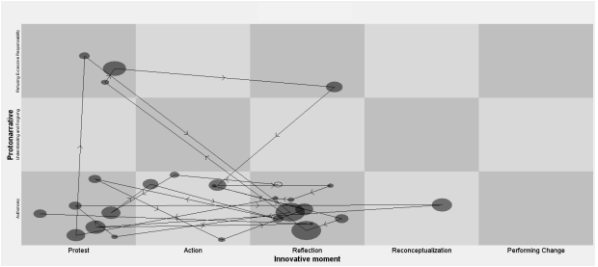
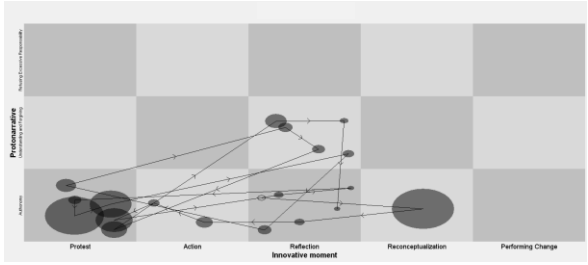
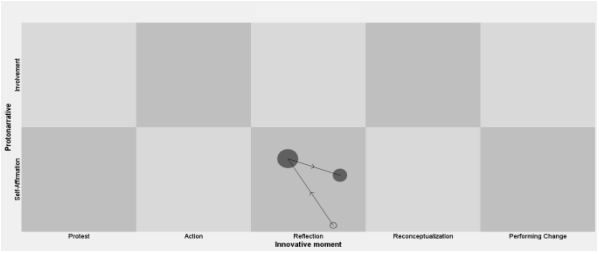


Session 7



Sara

Session 9



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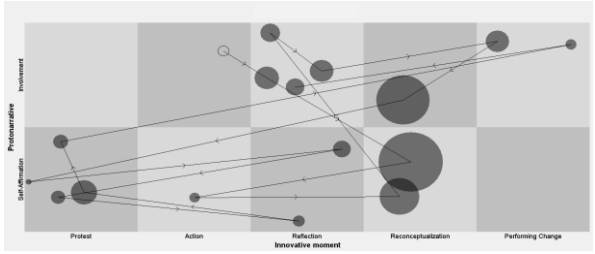

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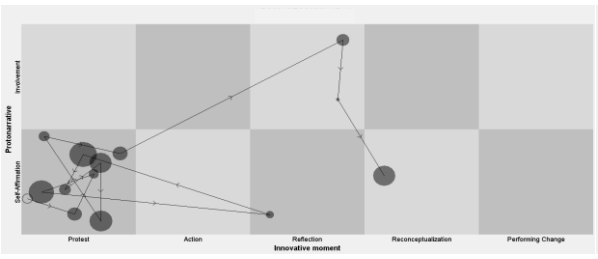

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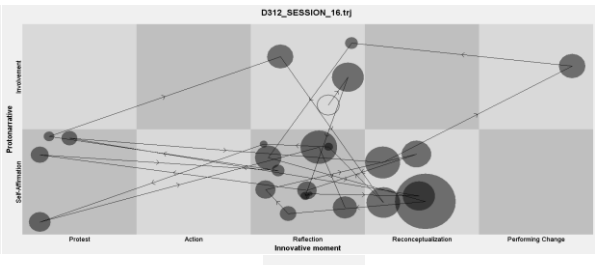

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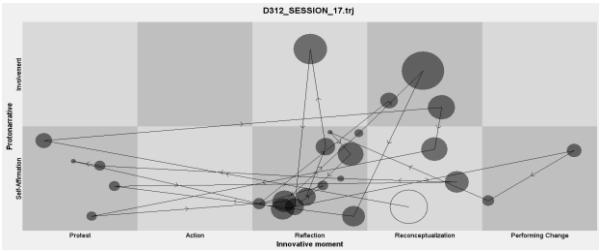

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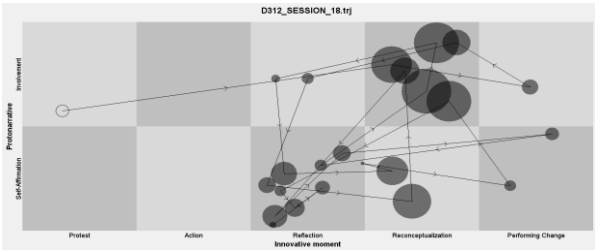
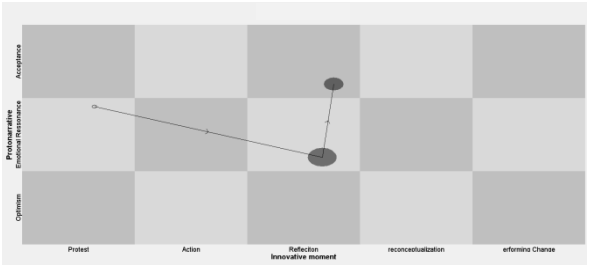


Helen

Session 2



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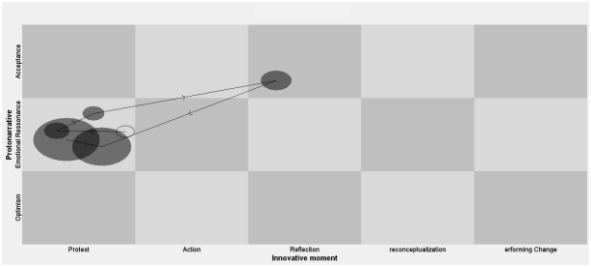

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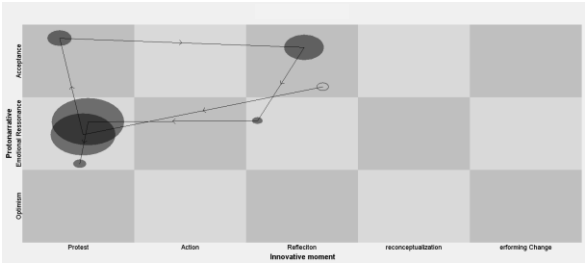

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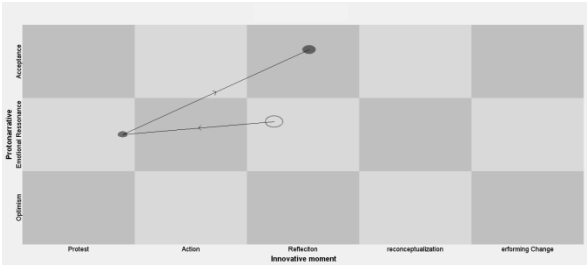

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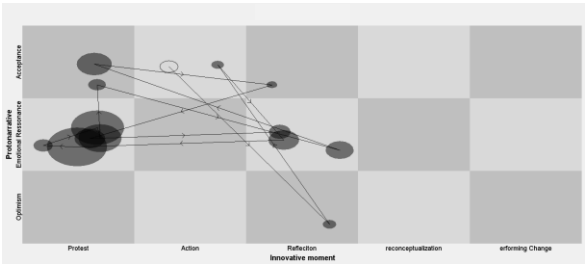
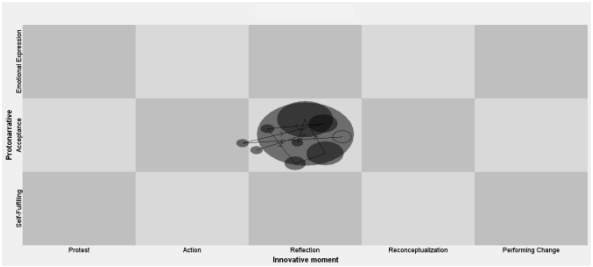
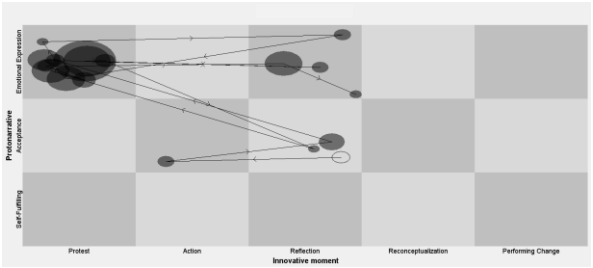


George

Session 10

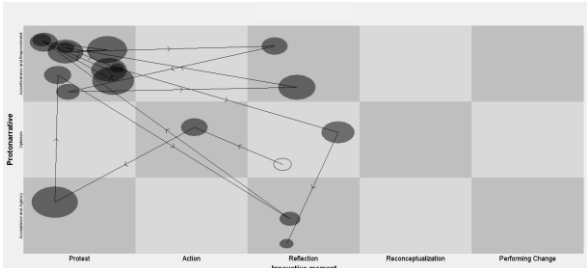


Session 11



Ralph

Session 9 Session 10



III.7.2.1. Good Outcome Cases

In the case of Jan the first significant structural change occurs from session 12 to session 13. In these sessions the general organization of IMs and protonarratives is transformed from a decentralized organization dispersed through all the types of IMs and all the protonarratives into an organization that, despite maintaining all the types of IMs and protonarratives, is focused on reconceptualization IMs in the protonarrative Acceptance. Therefore, this change was characterized by the maintenance of a large number of IMs types and protonarratives accompanied by a focus, in terms of salience, in reconceptualization IMs in protonarrative Acceptance. In this case a second significant structural change occurs from session 13 to session 14. At these sessions the transformation of IMs and protonarratives structure is characterized by an increase of IMs associated with the protonarrative Reconciliation, especially reconceptualization IMs and performing change IMs. Simultaneously, an increase in performing change IMs associated with protonarrative Acceptance takes place. Overall, significant transformations in the structural organization of IMs and protonarratives in Jan's case were associated with an increase in the salience of reconceptualization and performing change IMs in two of the protonarratives present in these sessions.

Visual inspection of the SSGs in Figure III.2 reveals that, in Lisa's case, the change in IMs and protonarratives structural organization in sessions 6 and 7 is characterized by the disappearance of the protonarrative Reconciliation from the

therapeutic dialogue and the emergence of Acceptance characterized exclusively by reflection IMs. This is accompanied by a transformation in the relative significance of IMs types in protonarrative Control. In these sessions the salience of action and reflection IMs decreases while the salience of protest and reconceptualization IMs increases.

Sara reveals significant transformations in the overall structural organization of IMs and protonarratives both at the working phase and at the final phases of therapy. At the working phase a significant transformation was observed from session 9 to 10. While session 9 was exclusively focused on reflection IMs and protonarrative Self-Affirmation in session 10 all types of IMs and two protonarratives were present. It is also noteworthy that reconceptualization IMs become the most salient IM type in both protonarratives. Overall, this transition was characterized by an accentuated increase in the number of different types of IMs present and in the salience of IMs particularly reconceptualization IMs. A similar transformation occurred from session 15 to session 16. The transformation in IMs and protonarratives structural organization from session 17 to session 18 was characterized by a decrease in protest IMs in the protonarrative Self-affirmation and an increase in reconceptualization IMs in the protonarrative Involvement.

III.7.2.2. Poor Outcome Cases

Transformations of IMs and protonarratives structural organization in poor outcome cases seemed to reveal different characteristics. In the case of Helen, four significant transformations occurred in the initial and middle phases of therapy. The transformation from session 2 to session 3 was characterized by an accentuated increase in the salience of protest IMs. A succession of significant transformations took place at the middle phase of therapy. The first one, from session 6 to session 7, pinpoints a transition from one session without IMs (session 6) into a session characterized by reflection and especially protest IMs

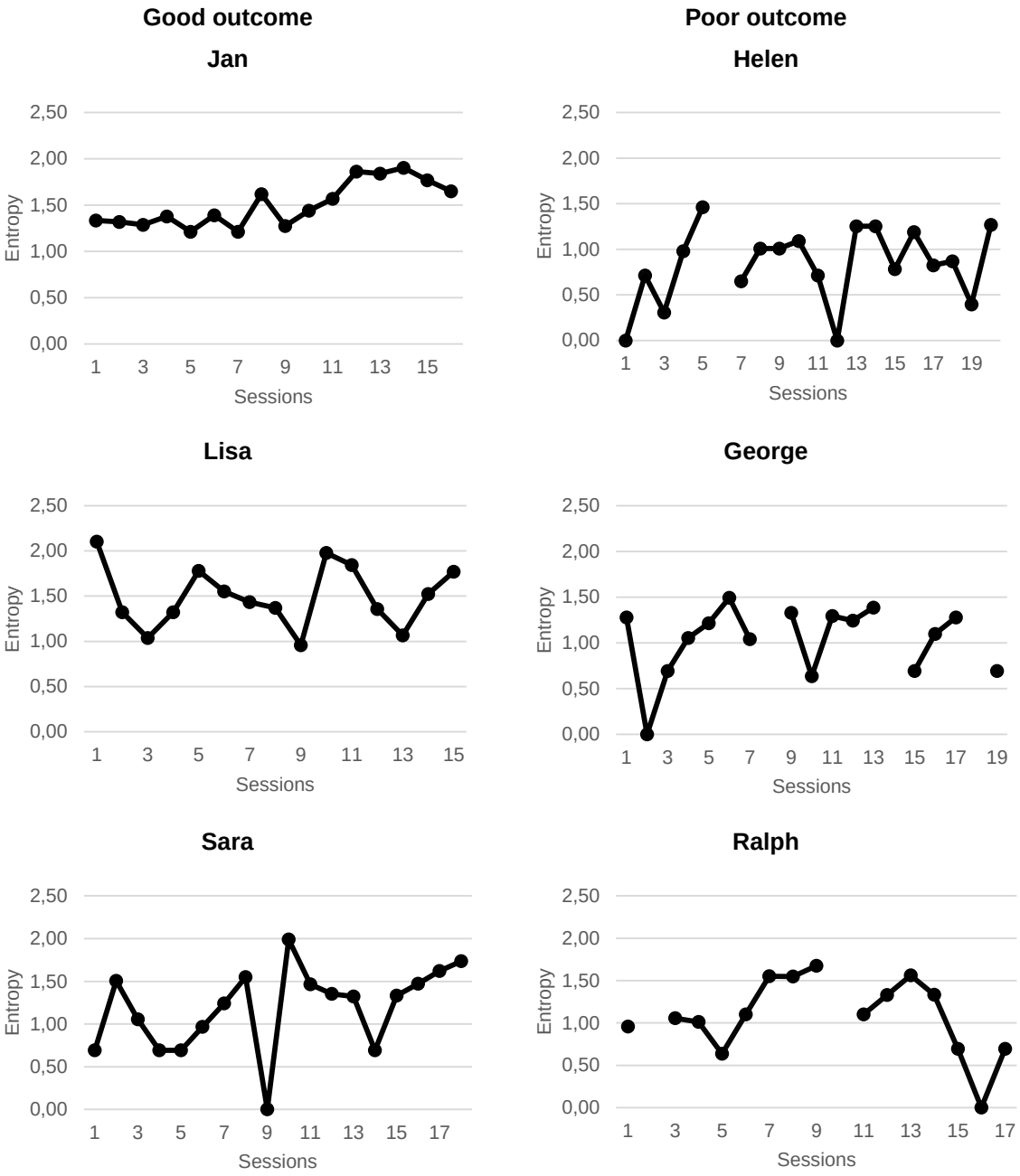
distributed by two protonarratives. The transformation from session 7 to session 8 was characterized by a global impoverishment in the structure of IMs and protonarratives displayed. Both the frequency of IMs and their salience decreased markedly. The inverse occurred from session 8 to session 9. A marked increase in the salience of IMs, especially of protest IMs occurred in these sessions. Also, the three protonarratives were present in session 9.

In the case of George a movement of dispersion occurred from session 10 to session 11. In session 10 only reflection IMs emerged and they were also associated with the protonarrative Acceptance. In session 11, action and specially protest IMs also emerged and the protonarrative Emotional Expression became present as well. Ralph's case reveals a significant transformation in the middle phase of therapy from session 9 to session 10. This transformation marks a accentuated impoverishment in IMs and protonarratives from one session with protest, action and reconceptualization IMs distributed across three protonarratives into a session in which IMs were absent (session 10).

III.7.3. Does Disorganization in IMs and Protonarratives Structure Predicts its Transformation?

In the third step of our analysis the diachronic relations between entropy and IGDS in were analyzed. For this, the evolution of entropy across the six cases (see Figure III.3) was cross-correlated with the evolution of the IGDS (see Figure III.1) using simulation modeling analysis (see Method section).

Figure III.3. Evolution of entropy across therapies.



III.7.3.1. Good Outcome Cases

Entropy revealed a significant increase from the working to the final phase of therapy in the case of Jan (rho = .87, p = .00). No significant changes were observed in the other cases. When the relations between entropy and IGDS were explored significant lag+1 cross-correlations were found between entropy at session t and IGDS at session t+1 in the three good outcome cases (Jan: rho = .55, p = .02; Lisa: rho = .42, p = .02; Sara: rho = .36, p = .03).

III.7.3.2. Poor Outcome Cases

In the poor outcome cases, significant increases in the levels of entropy were observed in the cases of George and Ralph (rho = .47, p = .04 and rho = .84, p = .00 respectively). None of the cross-correlations between entropy and IGDS was significant in the poor outcome cases.

III.8. Discussion

In this paper, we focused on the evolution of narrative innovation across therapy. Specifically, we explored the significant transformations in the structure of narrative innovation throughout therapy by locating them in therapy phases, describing their qualitative characteristics and their relation with instability and disorganization of the narrative innovation structure.

Although in most cases the structure of narrative innovation goes through significant changes in the working phase of therapy, differences between therapeutic outcomes were observed regarding the transformation of IMs and protonarratives structure in the final phase of therapy. Contrary to poor outcome

cases, good outcome cases tend to go through significant transformations in the final sessions. In combination with previous research that has shown good outcome cases to go through a consolidation of a new pattern of meanings in the final sessions (Salvatore et al., 2012) this provides further support to the previous suggestion that an alternative, more satisfying and adaptive self-narrative emerges by the end of therapy in successful cases (e.g. White & Epston, 1990) and that narrative innovations contribute to such outcome (Gonçalves, Matos, & Santos, 2009; White & Epston, 1990).

Qualitative analysis also revealed differences in the characteristics of significant transformations in the structure of narrative innovation across therapy outcomes. Significant changes in the structure of narrative innovation in poor outcome cases were generally characterized by an impoverishment of that structure. Frequently, in poor outcome cases, transformations in the structure of narrative innovation was associated with an impoverishment due to decreases in the number of different types of IMs and protonarratives present and in their salience. These results suggest that transformations in the structure of narrative innovation in poor outcome cases are followed by its impoverishment therefore blocking its narrative development and consequently its role in fostering the emergence of an alternative self/narrative. This is further supported by previous research that has concluded that in poor outcome cases therapeutic dialogue frequently resumes problematic and painful narrative contents after narrative innovations have emerged (Gonçalves, Ribeiro, Stiles, et al., 2011). In contrast, in good outcome cases, significant changes in the structure of IMs and protonarratives were frequently associated with sudden increase in the complexity of that structure. Increased complexity of IMs and protonarratives structure occurred through: (1) a diversification of the types of IMs and protonarratives present, (2) an increase in IMs and protonarratives salience, and (3) a dislocation of the focus from one type of IM and protonarrative to another. Similar increases in complexity have been observed by other authors in diverse narrative processes (e.g. Osatuke, et al., 2007, Hermans, 2003) and are generally characterized by the co-presence of diverse meanings with a developmental potential that establish significant

connections between each other. These processes signal an evolving patterning activity that produces relatively stable narrative structures. This paper adds to these previous observations in revealing that the increase in the complexity of these narrative structures may predict significant transformations in their organization. At this respect a significant observation is that while in good outcome cases, the process of increase in the complexity of the structure of narrative innovation frequently involved reconceptualization IMs, in poor outcome cases this type of IM was absent. Together with previous research that has shown reconceptualization IMs to be complex IMs in terms of their assimilation of problematic experiences (Cunha et al., 2011), these results suggest that reconceptualization IMs are not only a complex type of narrative innovation but are involved in moments of significant change in the structure of narrative innovation in therapy. This is also consistent with previous theoretical proposals regarding the particular role of reconceptualization IMs in the evolution of narrative innovation and the changes in clients' self-narrative across therapy (Gonçalves & Ribeiro, 2012) as they have proposed that these IMs operate as meta-perspectives (Hermans, 2003) that aggregate other disperse IMs and painful experiences in coherent and adaptive narrative frameworks.

Finally, we've explored the diachronic association between the instability and disorganization in the structure of narrative innovation and the transformations in that structure. We've observed that, in good outcome cases but not in poor outcome cases, instability in the structure of narrative innovation anticipates transformations in that structure. This suggests that the diversification of therapeutic dialogue through different types of IMs and protonarratives promotes changes in the organization of narrative innovation and this seems a virtuous process that characterizes the development of alternative self-narratives in good outcome cases. These observations are consistent with previous process research in psychotherapy that have shown that structural changes in diverse therapeutic processes are frequently associated with periods of critical instability and disorganization (Gumz, et al., 2010; Shiepek, et al., 2009; Walter, et al., 2010). In this context, these observations bring forward the patterning activity that underlies

the maintenance and transformation of diverse narrative structures in psychotherapy and consequently suggest that the focus on the complexity of that patterning activity is a promising pathway to generate new insights into the processes of narrative change in psychotherapy.

In summary, these results are consistent with the previous suggestion that flexibility of the structure of narrative innovation, i.e. their significant diversification within the therapeutic dialogue, is an important process in determining the role narrative innovation plays in the promotion of self-narrative transformation (Ribeiro, et al., 2010; Bento, et al., 2014). Furthermore, they highlight that the complexity of the structure of narrative innovation anticipates transformations in that structure and that these transformations occur in the phases of therapy typically associated with the consolidation of an alternative self-narrative. Because the therapies that were analyzed here are short-term therapies, the number of sessions in each therapy is low, which may have constrained the analysis of the evolution of the complexity and level of transformation in the structure of narrative innovations, as well as their interactions, across therapies. Similarly, due to limitations imposed by the sample's size, its unclear how generalized the pattern of interaction between the complexity of the structure of narrative innovation and the transformations in that structure, are. Although this study has provided some evidence that associate the complexity of narrative innovation and the transformations in clients' self-narrative, it leaves unexplored the conditions that foster narrative innovation complexity and promote its association with the transformation in narrative structures. Further research efforts should be devoted in the future to specify the conditions that foster the increase in the complexity in the structure of narrative innovation, the conditions under which its association with self-narrative transformation is made possible (and which prevent it from occurring) and also other processes involved in the development of the alternative self-narrative besides narrative innovation complexity. Future research should also overcome these limitations and explore if the patterns observed in this paper are consistently identified throughout psychotherapeutic models and clinical conditions and if new patterns may be added. For this, methodological variations should be

introduced in future research and methodological shortcomings should be overcome. Although our measures of disorganization and transformation have previously been proven reliable in the context of SSGs (Dishion et al., 2004; Lewis, et al., 2004), they are different from the measures of entropy previously used in psychotherapy research to study processes of change (e.g. Schiepek & Strunk, 2010). Therefore, variation in the measures of disorganization and transformation in future research could not only provide further support to current findings but also allow us to compare the evolution of narrative innovation processes with other processes of change in psychotherapy.

III.9. References

Alves, D., Mendes, I., & Gonçalves, M. (2012). Innovative moments in grief therapy: Reconstructing meaning following perinatal death. *Death Studies, 36*, 795-818.

Beck, A., Steer, R., & Garbin, M. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*, 77-100.

Beck, A.,Ward, C., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561-571.

Bento, T., Ribeiro, A., Salgado, J., Mendes, I., & Gonçalves, M. (2014). The narrative model of therapeutic change: An exploratory study tracking innovative moments and protonarratives using State Space Grids. *Journal of Constructivist Psychology, 27*(1), 41-58.

Cunha, C., Martins, J., Mendes, I., Ribeiro, A., Stiles, A., Angus, L., Greenberg, L., & Gonçalves, M. (2011). Reconceptualization and assimilation on the spotlight: How can one psychotherapy change model inform another? *Unpublished Manuscript*.

Dimaggio, G., & Semerari, A. (2001). Psychopathological narrative forms. *Journal of Constructivist Psychology, 14,* 1-23.

Dimaggio, G., Salvatore, G., Azzara, C., Catania, D., Semerari, A., & Hermans, H. (2003). Dialogical relationships in impoverished narratives: From theory to clinical practice. *Psychology and Psychotherapy: Theory, Research and Practice, 76,* 385-409.

Dishion, T., Nelson, S., Winter, C., & Bullock, B. (2004). Adolescent friendship as a dynamic system: Entropy and deviance in the etiology and course of male antisocial behavior. *Journal of Abnormal Child Psychology, 32*, 651-663.

Greenberg, L., Rice, L., & Elliott, R. (1993). *Facilitating emotional change: The moment-by-moment process.* New York: Guilford Press.

Greenberg, L., & Watson, J. (1998). Experiential therapy of depression: Differential effects of client-centered relationship conditions and process experiential interventions. *Psychotherapy Research, 8,* 210-224.

Gonçalves, M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of 'innovative moments' in the construction of change. *Journal of Constructivist Psychology, 22*, 1-23.

Gonçalves, M. M., Mendes, I, Cruz, G., Ribeiro, A. P., Angus, L. E. , & Greenberg, L. S. (2012). Innovative moments and change in client-centered therapy. *Psychotherapy Research, 22*, 1-23.

Gonçalves, M., & Ribeiro, A. (2012). Therapeutic change, innovative moments, and the reconceptualization of the self: A dialogical account. *International Journal for Dialogical Science, 6*, 81-98.

Gonçalves, M., Ribeiro, A., Matos, M., Mendes, I., & Santos, A. (2011). Tracking novelties in psychotherapy research process: The Innovative Moments Coding System. *Psychotherapy Research, 21*, 497-509.

Gonçalves, M., Ribeiro, A., Stiles, W., Conde, T., Matos, M., Martins, C., Santos, A. (2011). The role of mutual in-feeding in maintaining problematic self-narratives: Exploring one path to therapeutic faillure. *Psychotherapy Research, 21*, 27-40.

Gumz, A., Küsther, D., Geyer, M., Wutzler, U., Villman, T., & Brähler, E. (2010). Instability and discontinuous change in the experience of therapeutic interaction: An extended single-case study of psychodynamic therapy process. *Psychotherapy Research, 20*, 398-412.

Hermans, H. (2003). The construction and reconstruction of a dialogical self. *Journal of Constructivist Psychology, 16*, 89-130.

Hill, C. (2011). *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington, DC: American Psychological Association.

Hill, C., & Lambert, M. (2004). Methodological issues in studying psychotherapy processes and outcomes. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 84-135). New York: Wiley.

Jacobson, N., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*, 12-19.

Lamey, A., Hollenstein, T., Lewis, M., & Granic, I. (2004). *GridWare.* [Computer Software]. http://statespacegrids.org

Lewis, M., Lamey, A., & Douglas, L. (1999). A new dynamic systems method for the analysis of early socioemotional development. *Developmental Science, 2,* 458-476.

Lewis, M., Zimmerman, S., Hollenstein, T., & Lamey, A. (2004). Reorganization in coping behavior at 11/2 years: Dynamic systems and normative change. *Developmental Science, 7,* 56-73.

Lysaker, P., & Lysaker, P. (2006). A typology of narrative impoverishment in schizophrenia: Implications for understanding the process of establishing and sustaining dialogue in individual psychotherapy. *Counseling Psychology Quarterly, 19*, 57-68.

Matos, M., Santos, A., Gonçalves, M., & Martins, C. (2009). Innovative moments and change in narrative therapy. *Psychotherapy Research, 19,* 68-80.

McGlinchey, J., Atkins, D., & Jacobson, N. (2002). Clinical significance methods: Which one to use and how useful are they? *Behavior Therapy, 33*, 529-550.

Meier, A., Boivin, M., & Meier, L. (2008). Theme-Analysis: Procedures and application for psychotherapy research. *Qualitative Research in Psychology, 5*, 289-310.

Mendes, I., Ribeiro, A., Angus, L., Greenberg, L., Sousa, I., & Gonçalves, M. (2010). Narrative change in emotion-focused therapy: How is change constructed through the lens of the Innovative Moments Coding System? *Psychotherapy Research, 20,* 692-701.

Osatuke, K., Mosher, J., Goldsmith, J., Stiles, W., Shapiro, D., Hardy, G., & Barkham, M. (2007). Submissive voices dominate in depression: Assimilation analysis of a helpful session. *Journal of Clinical Psychology, 63,* 153-164.

Ribeiro, A., Bento, T., Gonçalves, M., & Salgado, J. (2010). Self-narrative reconstruction in psychotherapy: Looking at different levels of narrative development. *Culture and Psychology, 16*, 195-212.

Ribeiro, A., Bento, T., Salgado, J., Stiles, W., & Gonçalves, M. (2011). A dynamic look at narrative change in psychotherapy: A case-study tracking IMs and protonarratives using state-space grids. *Psychotherapy Research, 21*, 54-69.

Salvatore, S., Gennaro, A., Auletta, A., Tonti, M., & Nitti, M. (2012). Automated method of content analysis: A device for psychotherapy process research. *Psychotherapy Research, 22*, 256-273.

Salvatore, S., & Tschacher, W. (2012). Time dependency of psychotherapeutic exchanges: The contribution of Theory of Dynamic Systems in analyzing process. *Frontiers in Psychology, 3,* article 253. DOI: 10.3389/fpsyg.2012.00253.

Schiepek, G. (2009). Complexity and nonlinear dynamics in psychotherapy. *European Review, 17*, 331-356.

Schiepek, G., Tominschek, I., Karch, S., Lutz, J., Mulert, C., Meindi, T., & Pogureli, O. (2009). A controlled single case study with repeated fMRI measurements during the treatment of a patient with obsessive-compulsive disorder: Testing the nonlinear dynamics approach to psychotherapy. *World Journal of Biological Psychiatry, 10*, 658-668.

Schiepek, G., & Strunk, G. (2010). The identification of critical fluctuations and phase transitions in short term and coarse-grained time series: A method for real-time monitoring of human change processes. *Biological Cybernetics, 102*, 197-207.

Tschacher, W., Scheier, C., & Grawe, K. (1998). Order and pattern formation. *Nonlinear Dynamics in Psychology and Life Sciences, 2,* 195-215.

Walter, S., Schiepek, G., Schneider, S., Strunk, G., Kaimer, P., & Mergenthaler, E. (2010). The synchronization of plan activations and emotion-abstraction patterns in the psychotherapeutic process: A single-case study. *Psychotherapy Research, 20*, 214-223.

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

CHAPTER IV[4]

Microlevel Narrative Innovation and Dynamic Characteristics of Macronarratives in Psychotherapy.

IV.1. Abstract

Most narrative models of psychotherapeutic change postulate microlevel narrative processes that partly restructure clients' macronarratives. Though these microlevel narrative processes are associated with successful psychotherapies, little is known about their association with general transformations in macronarratives. This article thus investigated the latter association by exploring how microlevel narrative innovations associate with the dynamic characteristics of macronarratives. In this study, transformations in microlevel narrative processes were detected with the Innovative Moments Coding System, while the dynamic characteristics of the macronarrative were analyzed by Discourse Flow Analysis. Results suggest that a highly unstructured and variable discursive dynamic is associated with a decrease in more complex types of narrative innovation. Results furthermore suggest that the association between microlevel narrative processes and macrolevel narratives may not be as linear and straightforward as assumed.

[4] This chapter is submitted to the *Journal of Constructivist Psychology* as an independent paper with the co-authors: Alessandro Genaro, Miguel M. Gonçalves, João Salgado, and Sergio Salvatore.

IV.2. Introduction

Narrative approaches to psychotherapy have recently impacted both the creation of novel therapeutic strategies and the analysis of the processes of change in psychotherapy (e.g., Angus & McLeod, 2004). Most models of psychotherapeutic change informed by narrative (e.g., Angus, Hardtke, & Levitt, 1999; Angus et al., 2012; Gonçalves, Matos, & Santos, 2009; Stiles, Honos–Webb, & Lani, 1999) postulate that specific microlevel narrative processes are vital to therapeutic processes. Microlevel narrative processes, or simply micronarratives, are here conceived as speech events that occur during therapy sessions and constitute the client's narrative telling as it unfolds. Research has explored the role of specific types of micronarrative events involved in diverse psychotherapeutic processes such as the assimilation of problematic experiences (Stiles et al., 1999), the emergence of narrative innovations (Gonçalves et al., 2009), and narrative processing modes (Angus et al., 1999). At the same time, these narrative events are thought to partly restructure clients' macronarratives (Neimeyer, 2004; White & Epston, 1990). Here, a macronarrative signifies a generic self-narrative narrated during therapy that provides a sense of both self-identity and self-continuity, as well as constrains the possibilities of meaning-making (Singer, Blagov, Berry, & Oost, 2012). The association between micronarratives and good outcomes in psychotherapy has received empirical support (e.g., Angus et al., 1999; Gonçalves et al., 2012; Mendes et al., 2010), yet the nature of their association with general transformations in macronarratives remains unknown, which impairs how we comprehend general transformations in macronarratives (Meier, 2002).

This article therefore addresses how clients' micronarratives affect changes to their macronarratives by analyzing the relationships between specific types of narrative innovation and the general organizational patterns of a specific client's macronarrative across treatment. We examine these relationships both within and across treatment sessions in order to grasp not only their synchronic intricacies but also how their outcomes are diachronically maintained in treatment. Exploring

the connections between the micronarrative processes, such as narrative innovation, and the general characteristics of the macronarrative provides an optimal way of producing empirically informed models of therapeutic change that can help to interpret clients' experiences and changes across therapy (Gennaro et al., 2011).

IV.3. Microlevel Processes of Narrative Innovation

It was recently suggested that changes in clients' macronarratives across psychotherapy sessions become promoted by the emergence of small meaning units called *innovative moments* (IMs), which contrast the clients' problematic macronarratives (Santos & Gonçalves, 2009). IMs are narrative segments that express experiences (i.e., behaviors, feelings, and thoughts) new and alternative to the range of problematic experiences clients narrate at the beginning of therapy. In this sense IMs constitute microlevel narrative processes that can generate an alternative and more adaptive macronarrative over the course of therapy. Research using the Innovative Moments Coding System (IMCS) (Gonçalves, Ribeiro, Matos, Mendes, & Santos, 2011) succeeded in reliably distinguishing five types of IMs: action, protest, reflection, reconceptualization and performing change IMs. Table IV.1. defines and illustrates each IM type.

Table IV.1. IMs types and examples.

Contents	Examples
Action IMs	
• New coping behaviours facing anticipated or existent obstacles • Effective resolution of unsolved problem(s) • Active exploration of solutions • Restoring autonomy and self-control • Searching for information about the problem(s)	C: Yesterday, I went to the cinema for the first time in months!
Reflection	
Creating distance from the problem(s) • Comprehension: reconsidering causes of problem(s) and/or awareness of effects • New problem formulations • Adaptive self-instructions and thoughts • Intention to fight demands of problem(s), references of self-worth, and/or feelings of well-being	C: I realise that what I was doing was just not humanly possible because I was pushing myself and I never allowed myself any free time, uh, to myself . . . and it's more natural and more healthy to let some of these extra activities go. . .
Centred on the change • Therapeutic process: reflecting about the therapeutic process • Change process: considering process and strategies; implemented to overcome problem(s); references of self-worth and/or feelings of well-being (as consequences of change) • New positions: references to new/emergent identity versions in face of the problem(s)	C: I believe that our talks, our sessions, have proven fruitful, I felt like going back a bit to old times, it was good, I felt it was worth it.
Protest	
Criticising the problem(s) • Repositioning oneself toward the problem(s)	C: What am I becoming after all? Is this where I'll be getting to? Am I going to stagnate here!?
Emergence of new positions • Positions of assertiveness and empowerment	C: I am an adult and I am responsible for my life, and, and, I want to acknowledge these feelings and I'm going to let them out! I want to experience life, I want to grow and it feels good to be in charge of my own life.

Reconceptualisation	

• Reconceptualisation always involves two dimensions:
  o Description of the shift between two positions (past and present)
  o The process underlying this transformation
	C: You know . . . when I was there at the museum, I thought to myself, ‘‘You really are different . . .A year ago you wouldn’t be able to go to the supermarket!’’ Ever since I started going out, I started feeling less depressed . . . It is also related to our conversations and changing jobs . . .
	T: How did you have this idea of going to the museum?
	C: I called my Dad and told him, ‘‘We’re going out today!’’
	T: This is new, isn’t it?
	C: Yes, it’s like I tell you . . . I sense that I’m different . . .

Performing Change	
• Generalisation into the future and other life dimensions of good outcomes • Problematic experience as a resource to new situations • Investment in new projects as a result of change process • Investment in new relationships as a result of change process • Performance of change: new skills • Re-emergence of neglected or forgotten self versions	T: You seem to have so many projects for the future now! C: Yes, you’re right. I want to do all the things that were impossible for me to do while I was dominated by depression. I want to work again and to have the time to enjoy my life with my children. I want to have friends again. The loss of all the friendships of the past is something that still hurts me really deeply. I want to have friends again, to have people to talk to, to share experiences, and to feel the complicity in my life again.

Note. From ‘‘The Innovative Moments Coding System: A new coding procedure for tracking changes in psychotherapy,’’ by M. Gonçalves et al., 2011. Adapted with permission.

These five IM types occur across a number of different therapeutic models and clinical problems (Alves, Mendes, Gonçalves, & Neimeyer, 2012; Matos, Santos, Gonçalves, & Martins, 2009; Gonçalves et al., 2012; Mendes et al., 2010) and exhibit global differences in their evolutions during cases with either good or poor outcomes (Gonçalves et al., 2012; Matos et al., 2009; Mendes et al., 2010). Cases with good outcomes seem to have a higher overall salience of IMs than those with poor outcomes when measured as the proportion of IMs to therapy session duration. In cases with good outcomes, overall salience of IMs tends to increase from the beginning to end of therapy. Action, reflection, and protest IMs that emerge at the beginning of therapy are the first forms of innovation to occur. Reconceptualization and performing change IMs tend to emerge during the working phase of therapy, and their salience increases during the final phase. By

contrast, cases with poor outcomes reveal that action, reflection, and protest IMs emerge in the initial sessions and that their salience either remains stable or decreases across treatment. For these cases, reconceptualization and performing change IMs either are absent or reveal very low salience (Santos, Gonçalves, & Matos, 2011).

IV.4. Structural Dynamics of Macronarratives

IMs are micronarrative episodes and, as such, do not imply a necessarily meaningful or stable change. Coherently, research on poor outcome cases also have shown the presence of IMs (e.g. Santos et al., 2011), suggesting that in order to create meaningful changes, these innovations must expand to a degree in which they constitute the core of an alternative macronarrative. Accordingly, new meanings elaborated in such innovative narrations require both expansion and consolidation. The emergence of an alternative macronarrative represents a higher level of change in which the narrator not only reveals new meanings but also assumes these new meanings as a part of a revised self-identity macronarrative.

Self-identity macronarratives here refer to macrolevel templates of discourse about oneself that limit the likelihood of different possible meanings. For example, a macronarrative dominated by a theme of self-confidence is more likely to generate positive self-feelings or assertive actions than a macronarrative dominated by a theme of hopelessness. Macronarratives can occur at a macrolevel of narrative elaboration that influences the likelihood of speech events, such as IMs. Therefore, while IMs stand as bottom-up microlevel narrative processes of change, they are supposedly regulated top-down by more macrolevel self-identity narratives.

Research has proposed that, as generic templates, macronarratives can vary in their structure and flexibility. For example, problematic macronarratives have been considered to be typically rigid and adaptive ones more flexible (Dimaggio et al., 2003). This assessment of macronarratives' flexibility derives mostly from general clinical impressions and expert observations. Discourse Flow Analysis (DFA), however, stands in contrast to this scenario (Salvatore, Gelo, Gennaro, Manzo, & Al–Radaideh, 2010). DFA assesses structural properties of macronarratives by considering their in-session verbal activity. Combining textual analysis and statistical techniques, DFA measures the degree of discursive rigidification and flexibilization by calculating several structural indexes of narrative production, such as nuclear meanings (i.e., narrative rules that guide meaning-making activities), the degree of connectivity between meanings, and the role of the amount of relations between meanings in producing different meanings (i.e., activity). Clinical problems are generically associated with a reduced number of dominant and highly connected nuclear meanings (i.e., structural features), which tend to limit the possibilities of meaning-making (i.e., dynamic features) (Salvatore et al., 2010). In sum, DFA can be used to assess structural dynamics of narrative telling during psychotherapy by indicating the level of rigidification and flexibilization of macronarratives.

As generic meaning-making templates, macronarratives need to change throughout psychotherapy. Research implementing DFA has shown that the incidence of nuclear meanings, the diversification of meanings (i.e., activity) and the level of connections between meanings that organize macronarrative change across therapy, which together suggest a global trajectory in which macronarratives are destabilized in early sessions and later reconstructed (Nitti, Ciavolino, Salvatore, & Gennaro, 2010; Salvatore et al., 2010). Initial macronarratives are dominated by a limited number of stable nuclear meanings. In the first and deconstructive stage of the change process, discursive dynamics of cases with good outcomes globally reflects an increase in the flexibility of macronarratives, thus allowing for new, alternative macronarratives to emerge (Salvatore et al., 2010). The second stage is characterized by an increase of new,

alternative nuclear meanings and an increase in the number of connections between meanings constituting alternative macronarratives (Salvatore et al., 2010).

IV.5. Relation Between Microlevel Narrative Innovation and Macronarratives

This study aimed to investigate the relationship between micronarratives and macronarratives — namely, IMs and self-identity narrative structure. As abovementioned, several studies have independently observed that changes both in microlevel processes of narrative innovation and in the structure of macrolevel self-identity narratives are associated with good outcomes during psychotherapy. The question remains, however, regarding the relationship between microlevel and macrolevel processes. More specifically, this study aimed to assess how narrative innovations (IMs) are related to changes in macronarratives, if at all.

A recent study has observed that the decreased incidence of nuclear meanings is associated with increased salience of action, reflection, and protest IMs earlier during therapy but that the inverse later occurred (Gennaro et al., 2011). These observations nevertheless raise additional questions concerning the directionality of the relationship between narrative innovation and the characteristics of macronarrative. This study thus expands upon forerunners by focusing on the relationship between characteristics of macronarrative and narrative innovation in order to explore whether narrative innovation (IMs) transforms the characteristics of the macronarrative or whether the inverse is more accurate.

IV.6. Method

IV.6.1. Participant

This study focused on a case of psychotherapy that occurred in the context of the York I Depression Study (for details, see Greenberg & Watson, 1998). Lisa was a 27-year-old woman who was unemployed at the beginning of treatment but had retained a part-time job by time of termination. She was married and had two school-aged children at the time of her participation in the York I Depression Study. Lisa met the inclusion criteria for the York I Depression Study given her diagnosis of major depressive disorder as assessed by the Structural Clinical Interview for the *DSM-III-R* (Spitzer et al., 1989). Lisa reported feelings of sadness, guilt, and resentment toward her family and was unable to articulate the roots of her depressed feelings prior to entering therapy. Across sessions, Lisa focused on her relationship with her parents and her husband and reported that, while growing up, she always felt the need to be perfect and frequently felt unaccepted by her parents. Lisa also described ambivalence toward her husband's gambling problem, for despite her attempts to help him solve his problem, she had had to assume some of his responsibilities and thus felt tired and overburdened. Her husband's failure to recognize her efforts to actively stop his gambling behavior made her feel disregarded, and she questioned her continued involvement in helping him. (See Angus, Goldman, & Mergenthaler, 2008, for an analysis of the case from different theoretical and methodological perspectives.)

At the end of therapy, Lisa's case was considered to exhibit a good outcome according to the reliable change index (RCI) (see Jacobson & Truax, 1991; McGlinchey, Atkins, & Jacobson, 2002) compared to her pre- to post-treatment

scores—25 and 3, respectively—on the Beck Depression Inventory (BDI) (Beck, Steer, & Garbin, 1988; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961).

IV.6.2. Therapy

Lisa was randomly assigned to emotion-focused therapy treatment conditions and was seen for 15 sessions. Emotion-focused therapy associates a number of experiential and gestalt interventions to client-centered relational conditions. These interventions include focusing on a marker of an unclear felt sense, the systematic and evocative unfolding of problematic reactions, a two-chair dialogue for self-evaluative and self-interruptive conflict splits, and an empty-chair dialogue for unfinished business with a significant other (Greenberg, Rice, & Elliott, 1993).

IV.6.3. Therapist

Lisa's therapist was a doctoral student in clinical psychology who had previous experience as a psychotherapist and who had received additional training in emotion-focused therapy previous to the York I Depression Study. During the study, the therapist received weekly supervision and adhered to treatment manuals (Greenberg & Watson, 1998).

IV.6.4. Measures

Narrative innovation was measured with the Innovative Moments Coding System (IMCS) (Gonçalves et al., 2011), while the dynamic characteristics of clients'

macronarratives were measured with Discourse Flow Analysis (DFA) (Nitti et al., 2010; Salvatore et al., 2010).

IV.6.4.1. Innovative Moments Coding System

The IMCS was used in a study of Lisa's case (Gonçalves, Mendes, Ribeiro, Angus, & Greenberg, 2010) to identify IMs, their types, and their salience. The study reported an overall agreement of 84% for IM salience and a reliability for IM type of 0.76, as per Cohen's kappa, which indexes strong agreement between judges (Hill & Lambert, 2003). For the present study, we used previous IM coding (Gonçalves et al., 2010) to develop two synthetic indexes that clustered the five IMs into two more general categories: low level IMs and high level IMs. Low level IMs consist of action, reflection, and protest, which are the first IMs to emerge in the change process (e.g., Matos et al., 2009; Santos & Gonçalves, 2009). High level IMs consists of the other two types—reconceptualization and performing change—that usually emerge after mid-treatment and are rare or even absent in cases with poor outcomes (e.g., Gonçalves et al., 2009). For each session, the relative salience of low level IMs was computed by adding the salience of all action, reflection, and protest IMs and dividing the sum by the total number of words uttered during the session. For each session, the relative salience of high level IMs was computed by adding the salience of all reconceptualization and performing change IMs and dividing the sum by the total number of words uttered during each session.

IV.6.4.2. Discourse Flow Analysis

Discourse Flow Analysis (DFA) (Nitti et al., 2010; Salvatore et al., 2010 Nitti, et al., 2010) makes use of a set of techniques from automatized discourse analysis and

semantic network analysis to represent the dynamic characteristics of discourse within therapy sessions. Studies using DFA have revealed a good construct validity for the method. (For details, see Salvatore et al., 2010; Salvatore, Gennaro, Auletta, Tonti, & Nitti, 2012).

The first step of DFA focuses on computer-aided content analysis that considers the complete transcription of the therapeutic dialogue. Preliminary substeps remove paralinguistic or extraverbal references (e.g., “!”, “?”, and “hmm”) and reduce lexical variability by lemmatizing original, disambiguated, lexical forms in order to group them under the same lexical root. (For instance, “does”, “done”, and “did” are grouped under lemma “do”). Transcriptions are also segmented into elementary context units (ECU) that represent meaningful sentences.

Secondly, multiple correspondence analysis (MCA) (Benzécri, 1973) of the matrix containing ECUs in rows and lemmas in columns and whose cells represent the presence or absence of each lemma in each ECU provides a description of the joint behavior of lemma groups. Each group represents a significant semantic aggregate of lemmas. Factors resulting from MCA double as classification criteria in subsequent cluster analysis (CA) (Bolasco, 1999). CA groups ECUs according to the lemmas they share. Each cluster is thus a collection of ECUs with several lemmas in common. Accordingly, each cluster is interpreted as a thematic nucleus or a collection of sentences that share a common meaning.

The third step of DFA is to build a discourse network. To this end, the clusters derived from previous analysis serve as nodes, and the frequency of transitions from one cluster to another pinpoints the strength of their connections across the flow of therapeutic dialogue. Quantitative analysis of the discourse network focuses on three main indexes:

a) The incidence of nuclear meanings, or superorder nodes (SN), is an index of the presence of meanings with an organizing and regulating function within the discourse. Superorder meanings at once reveal high frequency (> 1.5 ratio between frequency of a given thematic content and the number of

thematic content types) and high associability (connections, both incoming and outgoing, to more than 33% of the nodes in the network).

b) Activity (ACT) is quantified as the ratio of incoming and outgoing connections between nodes in the network and describes the network's amount of meaning variability over time. A low ACT network describes a discourse in which different possible combinations of thematic nuclei are oriented toward one or a few thematic nuclei that work as a semantic attractor. Conversely, a high ACT network characterizes a discourse open to diverse combinations of thematic nuclei over time.

c) Connectivity (CONN) refers to the amount of connections between the semantic contents included in the network. CONN is calculated as the ratio of the number of connections in the network and the maximum possible number of connections in that network. As such, CONN describes the structural differentiation of the network. Low CONN refers to a discourse characterized by meanings scarcely associated with the other. By contrast, high CONN indicates a discourse in which the likelihood of transition between the various meanings is distributed. Two indicators (SN and CONN) concern the structural aspects of the network, while ACT measures its dynamic characteristics.

IV.6.4.3. Principal Component Analysis

The dynamic characteristics of macronarratives refer to the global patterning activity that organizes the meanings constituting such macronarratives within therapeutic dialogue. In order to obtain a brief measure of this global pattern that characterizes the organizing dynamics of the macronarrative, we therefore introduced into this study an additional step for the DFA procedure. The three indexes underwent factor analysis—namely, Principal Component Analysis—in order to obtain an aggregate measure depicting a peculiar associational pattern among the indexes. As such, each pattern lends itself to be interpreted as a basic

organizational modality of the dynamic characteristics of macronarratives (Salvatore, Gennaro, Auletta, Grassi, & Rocco, 2011; Salvatore & Tschacher, 2012). The factors that emerged from factor analysis were also used in data analysis. (See Results for a description of factorial analysis output.)

IV.6.5. Data Analysis

IMs and the global patterns characterizing Lisa's macronarrative were first analyzed separately and then dynamic factor analysis (Molenaar, 1985) was used to depict and analyze the relations between IMs and those global patterns within and across the therapy sessions.

IV.6.5.1. Dynamic Factor Analysis

Dynamic factor analysis provides information on the structural relations between the dimensions of the change process (Mumma, 2004; Nesselroade, McArdee, Aggen, & Meyers, 2002). Dynamic factor analysis was developed to address the dimensional structure of multivariate time series, and thus it accommodates the time-ordered nature of psychological processes by addressing the lagged factors and autocorrelation errors (Molenaar & Ram, 2009; for a review, see Brown & Nesselroade, 2005; for the technical details and implementation of dynamic factor analysis, see Molenaar, 1985; Wood & Brown, 1994). The method produces a general model that synthesizes the strength of synchronic relations between the change processes at each point (i.e., at each session in our case's course of therapy) and the diachronic relations between those processes across points (i.e., each session and its immediate predecessor). In other research (Fisher, Newman, & Molenaar, 2011), dynamic factor analysis was implemented within a structural equation modeling ambient in LISREL version 8.8 (Joreskog & Sorbom, 2006).

Since we were interested in exploring the direction of the relationship between IMs and a given macronarrative's organizational patterns across sessions, we initially specified two models. In Model 1 the organizational patterns of macronarratives at session t were regressed on narrative innovation of session t-1. By contrast, in Model 2 IMs at session t were regressed on the macronarrative's organizing patterns of session t-1. This difference allowed us to explore whether the transformations of a macronarrative's organizational patterns across sessions produce IMs or, inversely, whether IMs generate transformations in the organizational pattern of macronarratives.

Contrary to the procedure followed to build the previous models, we constructed a third general model in which no a priori structure was imposed on data. For this, we first built a minimal model in which only the relative salience of low level IMs was regressed on the relative salience of high level IMs at session t-1. Second, we performed a specification search that focused on the modification indexes, which indicate the minimum expected decrease in the overall χ^2 value for the model. We used this overall χ^2 value to evaluate the general fit of the specified model to the data. Consequently, the higher the modification index associated with a given parameter (parameters indicate a relation between two specific variables), the likelier that its inclusion in the model improved the model's general fit. The specification search evolves over successive runs, for each of which the parameter with the highest modification index is identified and included in the model. We performed the specification search until no modification index > 3.84 was observable, for modification indexes with values > 3.84 are considered too large (Diamantopoulos & Siguaw, 2000). As a result, the specification search began with the minimum model built in the first step in which the only parameter included in the model was the relative salience of low level IMs regressed on the relative salience of high level IMs. For this model, we identified the largest modification index and included the corresponding parameter in the model. We performed subsequent runs to identify the largest significant modification index, which was added to the model. The final model emerged when no modification

index > 3.84 was observable. Lastly, we evaluated fit indexes for the general model for their suitability to the data. Contrary to the two previous models imposed on the data to explore the relationship between organizational patterns of macronarratives and narrative innovation across sessions, we constructed this third model exclusively from data and thus with no a priori constraints.

IV.7. Results

Figure IV.1 shows how the salience of low and high level IMs evolved across Lisa's therapy. Table IV.2 shows the results of the factor analysis applied to three DFA indexes. Altogether, the two factors explain 88.36% of the total variance and pinpoint two different organizational patterns of Lisa's macronarrative. The first pattern consists of a positive association among three indexes, which is clearer between connectivity (CONN) and superorder nodes (SN) and thus marks a reciprocal constrition of the structure (as depicted by CONN and SN) and dynamics (as depicted by ACT) of Lisa's macronarrative. We accordingly interpreted it as a *consolidating* pattern, or a modality of organization in which the increase in meaning variability (i.e., increased ACT) is associated with the increase and consolidation of its structure (i.e., increased SN and CONN). The second pattern maps a negative association between the structural (CONN and SN) and the dynamic (ACT) indexes. In this case, meaning variability increases due to the decrease in the constraints to its structure. We accordingly label it the *dialectizing* pattern in order to underscore how increased meaning variability derives from a more flexible structure in this pattern.

Figure IV.1. Relative salience of low level and high level IMs across therapy.

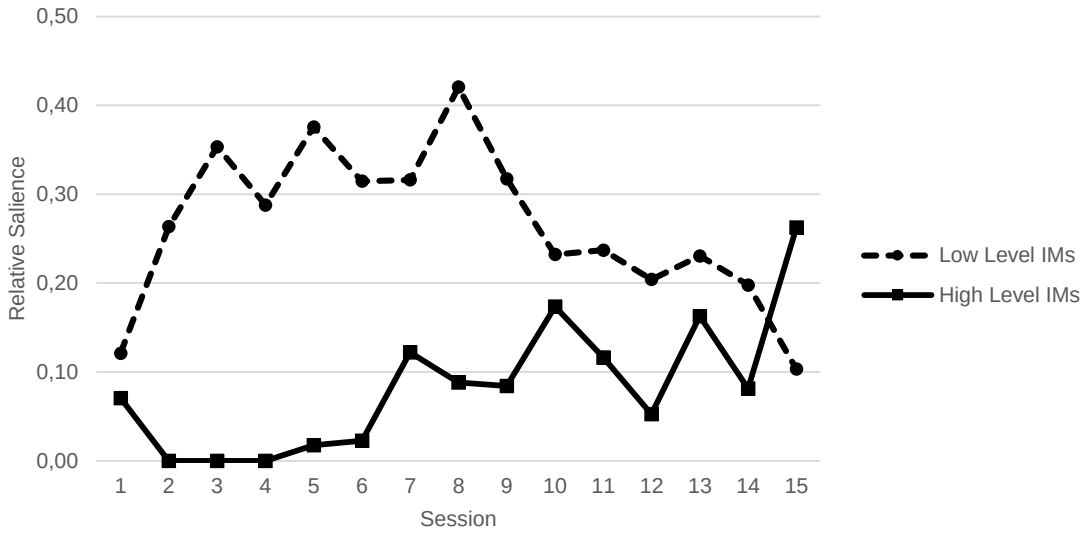


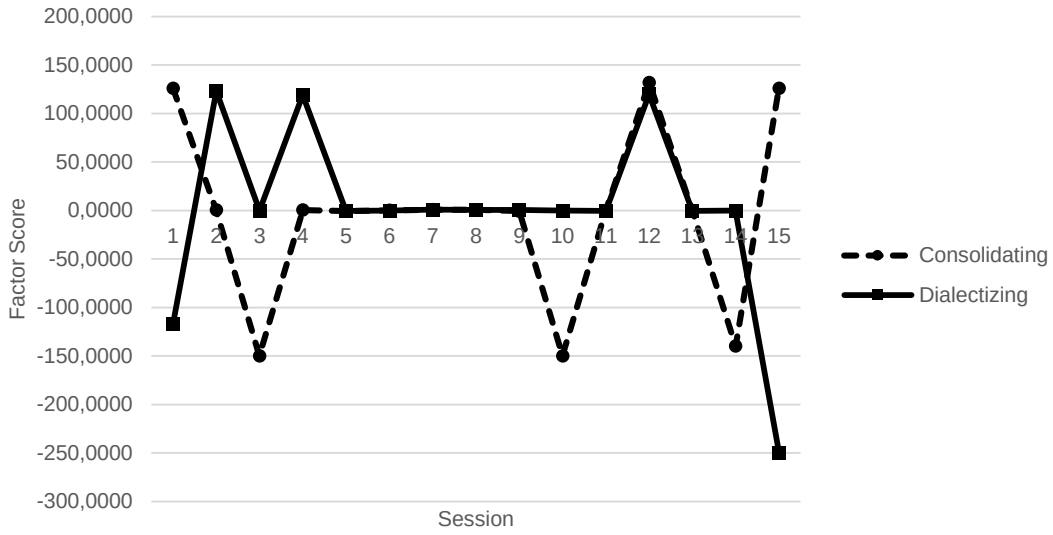
Table IV.2. Component matrix of the factor analysis of discourse flow analysis indexes (a, b)

	Component	
	1	2
CONN	.895	-.118
SN	.830	-.403
ACT	.520	.845

Note. (a) Extraction Method: Principal Component Analysis. (b) Two components were extracted. Component 1: 58.59% of variance explained and component 2: 29.67%.

Figure IV.2 shows the evolution of these two patterns (consolidating and dialectizing) over sessions.

Figure IV.2. Consolidating and dialectizing factor scores across sessions.



In the final step of our analysis we focused on the relationship between consolidating and dialectizing organizational patterns of Lisa's macronarrative and the relative salience of low and high level IMs. Figure IV.3 shows the three dynamic factor models specified to analyze these relationships. The models present the direction of within-session relationships between measures (by vertical arrows) and also of cross-session relations (by diagonal and horizontal arrows). Values accompanying arrows represent completely standardized effects. Model 1 specifies organizational patterns of Lisa's macronarrative as generated by the salience of the IM types, while Model 2 specifies the inverse relation between these variables. Both models revealed significant chi-squares and poor alternative fit indexes (see Table IV.3), suggesting that they do not adequately represent the relationships between the IMs and organizational patterns of Lisa's macronarrative. By contrast, Model 3 is an excellently fitting model with insignificant chi-square and optimal fitting alternative indexes (see Table IV.3).

Figure IV.3. Dynamic factor models of the structural relations between discursive dynamics and narrative innovation.

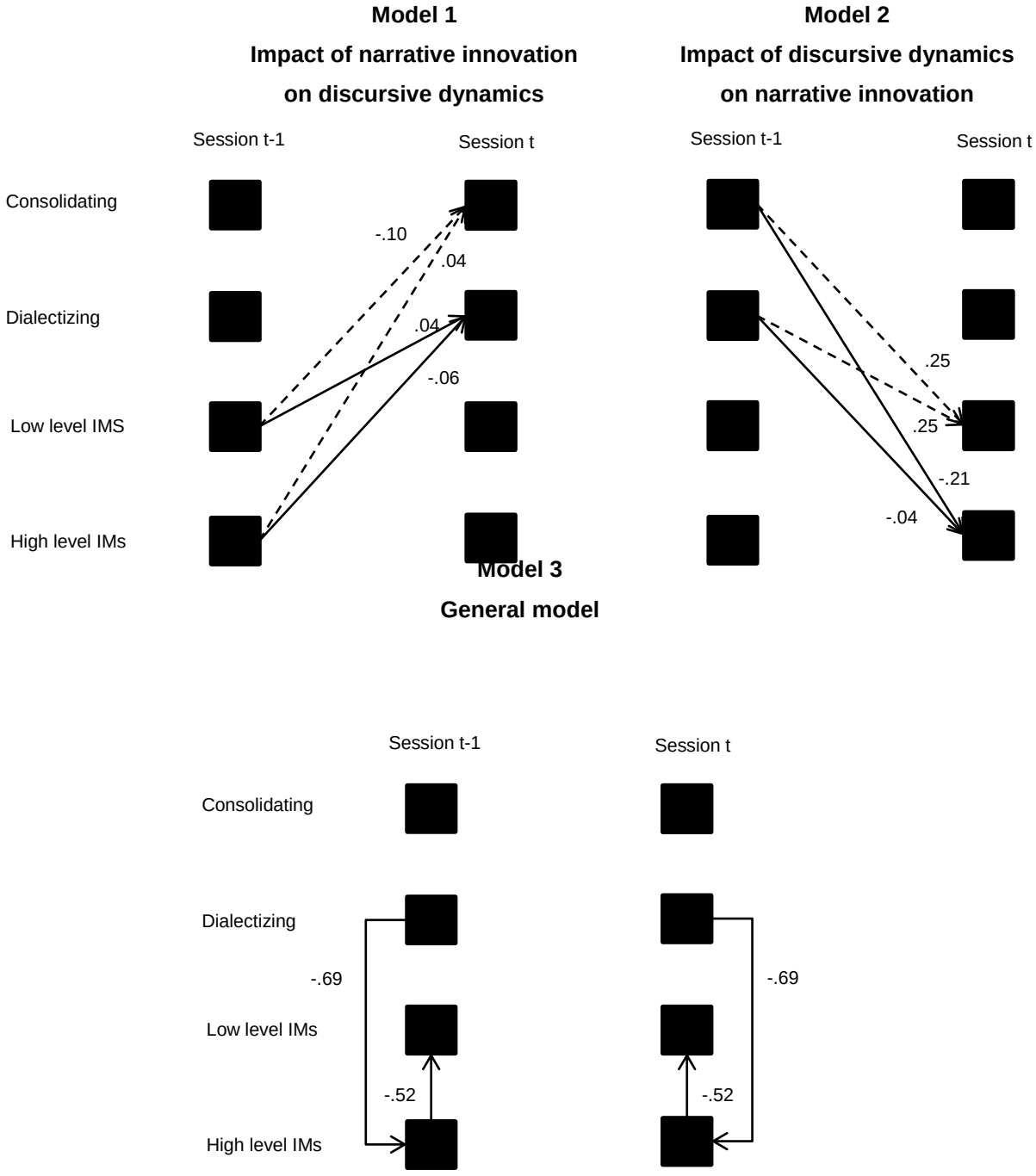


Table IV.3. Fit indexes of the three dynamics factor models.

Model	Chi-square (p)	Degrees of freedom	RMSEA (confidence interval)	CFI	GFI
Model 1	42.23 (.01)	24	.23 (.11 : .35)	.0	.57
Model 2	39.77 (.02)	24	.22 (.08 : .33)	.0	.58
Model 3	14.55 (.93)	24	.0 (.0 : .06)	1.0	.79

Note: RMSEA = Root mean error of approximation. CFI = Comparative fit index. GFI = Goodness of fit index.

We observed no relationship between the organizational patterns of Lisa's macronarrative and IMs across sessions in the final dynamic factor model. Within sessions, a dialectizing pattern negatively predicted the salience of high level IMs during both sessions t and t-1 (-0.69). Moreover, during both sessions t-1 and t the salience of high level IMs negatively predicted the salience of low level IMs (-0.52).

IV.8. Discussion

In this article we have explored (a) the macrolevel patterns that characterize a given self-identity narrative across psychotherapy; and (b) the interactions between those patterns and the emergence of microlevel narrative innovations. We completed these steps by first investigating the general associational patterns between different characteristics of the macronarrative, and second, by evaluating their interactions and the narrative innovations both within and across sessions.

Two general patterns emerged that characterize the organization of the macronarrative over the course of psychotherapy. The consolidating pattern was

associated with highly structured meanings, while the dialectizing pattern was associated with high variability and low structure of those meanings. These results further detail the two-stage model of therapeutic change (Nitti et al., 2010; Salvatore et al., 2010), suggesting that, across the deconstructive and constructive therapeutic phases, different general patterns emerge. Results moreover also add to literature addressing the global organizational patterns of problematic macronarratives (Dimaggio & Semerari, 2001; Dimaggio et al., 2003), which implies a possible method for their empirical characterization, as well as that they may assume different configurations over the course of psychotherapy. Future research should thus more thoroughly explore the characteristics of these two general patterns, how they relate with the patterns suggested for characterizing problematic macronarratives, and their associations with the phases of the psychotherapeutic process.

Regarding the interaction between these two macrolevel patterns and the emergence of microlevel narrative innovations, we observed a pattern that characterizes the interaction between specific types of narrative innovation and the dynamic characteristics of macronarrative within sessions. This pattern revealed (1) that sessions characterized by low discursive structure and high variability in meaning-making (i.e., a dialectizing pattern) are associated with decreased salience of more complex narrative innovation expressing a consistent alternative to the problematic macronarrative (i.e., with high level IMs); and (2) that this type of narrative innovation (i.e., with high level IMs) was associated with decreased salience of narrative innovation still dependent on the content of the problematic macronarrative (i.e., with low level IMs). These observations suggest that more robust and accentuated narrative innovation represented by this kind of IMs (i.e., high level IMs) is diminished by a highly unstructured and variable discursive structure. This finding is theoretically consistent with the suggestion that the development and consolidation of an alternative overarching macronarrative involves the organization of narrative innovations around nuclear, organizational meanings that guide further narrative innovation that in time constitute an alternative macronarrative across the therapeutic process (e.g., Gonçalves et al.,

2009). This finding, however, should be approached with caution, and future research should attempt to confirm and elaborate it as a hypothesis. We additionally observed that within-session processes of discursive dynamics and narrative innovation had little, if any, impact on their evolution across sessions, suggesting that interactions between the patterns that organize macronarratives and the types of microlevel narrative innovation during a given session seem to be relatively independent of interactions during previous sessions.

Together, these results reveal that the relationship between microlevel narrative processes and their macrolevel narratives is not as linear and straightforward as commonly assumed. Such a finding highlights the need for the development and careful testing of global empirical models of narrative transformation in therapy. This study's findings also reveal that the relationship between levels of narrative transformation should be considered from the intersection between different interrelated problems:

a) the differential contribution of distinct microlevel narrative processes to specific transformations (or blocking of these transformations) at the macrolevel of macronarratives;
b) the specific association of the different levels with the diverse stages of the macronarrative's transformation;
c) the contribution of the different levels to the consolidation of the transformations in macronarratives across the therapeutic process and not only within therapy sessions.

Research has suggested that macronarratives are multilayered meaning-making devices and that the relationship between the microlevel narrative processes and the macrolevel overarching narrative is thus mediated by intermediate narrative structures (e.g., Bento et al., forthcoming; Ribeiro et al., 2010; Salvatore, Dimaggio, & Semerari, 2004; Singer et al., 2012). This kind of theoretical proposal may bring important insights to the issues if focused on the dynamic interaction between levels of narrative organization and their transformation across the therapeutic process. However, future research should approach the transformation

of macronarratives only by considering the complexity and nuances implied by these issues.

Though this study provided important insight to the interaction between the general dynamics of macronarratives during therapy and the emergence of microlevel narrative innovation, future research should acknowledge several limitations. First, the pattern of interaction between the dynamics of macronarrative and narrative innovation observed in Lisa's case has not yet been proven generalizable. Future research should focus not only on the consistency of the relative independence across sessions of the interactional pattern between dynamic characteristics of macronarratives and narrative innovation across cases but also explore differences between diverse therapeutic outcomes. This last point is important, for cases with poor outcomes reveal low salience of narrative innovation and frequently a total absence of high level IMs, which could originate in the organizational patterns of macronarratives (Dimaggio & Semerari, 2001; Dimaggio et al., 2003). Secondly, the low number of sessions in Lisa's case imposes some constraints on the specificity of the dynamics factor models, thus limiting the models' complexity. Future research should therefore focus on alternative methods that operate independently of the number of sessions and also explore long-term therapeutic processes. Future research should also address the role of consolidation pattern by distinguishing both conservative and innovative consolidation according to the narrative contents (i.e., painful, rigid, or innovative meanings) and explore this pattern's relationship to low and high level IMs. Finally, though removing paralinguistic references is a standard procedure in computational linguistic analysis and they did not deviate from the analysis of human judges (Nitti et al., 2010), future research should consider such references, for they are frequently considered to indicate significant processes of psychotherapy.

IV.9. References

Alves, D., Mendes, I., Gonçalves, M., Neimeyer, R. A. (2012). Innovative moments in grief therapy: Reconstructing meaning following perinatal death. *Death Studies, 36*, 795-818

Angus, L., Goldman, R., & Mergenthaler, E. (2008). Introduction. One case, multiple measures: An intensive case-analytic approach to understanding client change processes in evidence-based emotion focused therapy of depression [Special issue]. *Psychotherapy Research, 6*, 629-633.

Angus, L., & McLeod, J. (Eds.). (2004). *The handbook of narrative and psychotherapy: Practice, Theory and Research.* Thousand Oaks: Sage Publications.

Angus, L., Levitt, H., & Hardtke, K. (1999). The Narrative Processes Coding System: Research applications and implications for psychotherapy practice. *Journal of Clinical Psychology, 55*, 1255-1270.

Angus, L., Lewin, J., Boritz, T., Bruntwick, E., Carpenter, N., Watson-Gaze, J., & Greenberg, L. (2012). Narrative processes coding system: A dialectical constructivist approach to assessing client change processes in emotion-focused therapy of depression. *Research in Psychotherapy: Psychopathology, Process and Outcome, 15*, 54-61.

Beck, A., Steer, R., & Garbin, M. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*, 77-100.

Beck, A., Ward, C., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561-571.

Benzécri, J. (1973). *L'analyze des données, Tome I: La taxonomie, Tome II: Correspondance.* Paris: Dunod.

Bolasco, S. (1999). *Analisi multidimensionale di dati*. Roma: Carocci.

Brown, M., & Nesselroade, J. (2005). Representing psychological processes with dynamic factor models: Some promising uses and extensions of autoregressive moving average models. In A. Mayden-Olivares & J.

McArdee (Eds.), *Contemporary psychometrics* (pp. 415-452). Mahwah: Erlbaum.

Diamantopoulos, A., & Siguaw, J. (2000). *Introducing LISREL*. London: Sage.

Dimaggio, G., Salvatore, G., Azzara, C., Catania, D., Semerari, A., & Hermans, H. (2003). Dialogical relationships in impoverished narratives: From theory to clinical practice. *Psychology and Psychotherapy: Theory, Research and Practice, 76*, 385-409.

Dimaggio, G., & Semerari, A. (2001). Psychopathological narrative forms. *Journal of Constructivist Psychology, 14*, 1-23.

Fisher, A., Newman, M., & Molenaar, P. (2011). A quantitative method for the analysis of nomothetic relationships between idiographic structures: Dynamic patterns create attractor states for sustained posttreatment change. *Journal of Consulting and Clinical Psychology, 74*, 552-563.

Gennaro, A., Al-Radaideh, A., Gelo, O., Manzo, S., Nitti, M., Auletta, A., & Salvatore, S. (2010). Modeling psychotherapy process as a sense-making dynamic: The two stage semiotic model (TSSM) and the discourse flow analyzer (DFA). In S. Salvatore, J. Valsiner, J. T. Simon, & A. Gennaro (Eds.), *Yearbook of Idiographic Science, Volume 2/2009*. Roma: Firera & Liuzzo.

Gennaro, A., Gonçalves, M., Mendes, I., Ribeiro, A., & Salvarore, S. (2011). Dynamics of sense-making and development of the narrative in the clinical exchange. *Research in Psychotherapy, 14*, 90-120.

Greenberg, L., & Watson, J. (1998). Experiential therapy of depression: Differential effects of client-centered relationship conditions and process experiential interventions. *Psychotherapy Research, 8*, 210-224.

Greenberg, L., Rice, L., & Elliott, R. (1993). *Facilitating emotional change: The moment by moment process.* New York: Guilford Press.

Gonçalves, M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of 'innovative moments' in the construction of change. *Journal of Constructivist Psychology, 22*, 1-23.

Gonçalves, M., Mendes, I., Cruz, G., Ribeiro, A., Sousa, I., Angus, L., & Greenberg, L. (2012). Innovative moments and change in client-centered therapy. *Psychotherapy Research, 22,* 389-401.

Gonçalves, M., Mendes, I., Ribeiro, A., Angus, L., & Greenberg, L. (2010). Innovative moments and change in emotion-focused therapy: The case of Lisa. *Journal of Constructivist Psychology, 23*, 267-294.

Gonçalves, M., & Ribeiro, A. (2012). Therapeutic change, innovative moments, and the reconceptualization of the self: A dialogical account. *International Journal for Dialogical Science, 6,* 81-98.

Gonçalves, M., Ribeiro, A., Mendes, I., Matos, M., & Santos, A. (2011). Tracking novelties in psychotherapy research process: The Innovative Moments Coding System. *Psychotherapy Research, 21*, 497-509.

Hill, C., & Lambert, M. (2003). Methodological issues in studying psychotherapy processes and outcomes. In M. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 84-135). New York: Wiley.

Jacobson, N., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*, 12-19.

Jöreskog, N., & Sörbom, D. (2006). *LISREL 8.80*. Chicago, IL: Scientific Software International.

Matos, M., Santos, A., Gonçalves, M., & Martins, C. (2009). Innovative moments and change in narrative therapy. *Psychotherapy Research, 19*, 68-80.

Meier, A. (2002). Narrative in psychotherapy theory, practice, and research: A critical review. *Counseling and Psychotherapy Research, 2*, 239-251.

Mendes, I., Ribeiro, A., Angus, L., Greenberg, L., Sousa, I., & Gonçalves, M. (2010). Narrative change in emotion-focused therapy: How is change constructed through the lens of the innovative moments coding system? *Psychotherapy Research, 20*, 692-701.

McGlinchey, J., Atkins, D., & Jacobson, N. (2002). Clinical significance methods: Which one to use and how helpful are they? *Behavior Therapy, 33*, 529-550.

Molenaar, P. (1985). A dynamic factor model for the analysis of multivariate time series. *Psychometrika, 50*, 181-202.

Molenaar, P., & Ram, N. (2009). Advances in dynamic factor analysis of psychological processes. In J. Valsiner, P. Molenaar, M. Lyra, & N. Chaudary (Eds.), *Dynamic process methodology in the social and developmental sciences* (pp. 255-268). New York, NY: Springer.

Mumma, G. (2004). Validation of idiosyncratic cognitive schema in cognitive case formulations: An intraindividual ideiographic approach. *Psychological Assessment, 16*, 211-230.

Nesselroade, J., McArdle, J., Aggen, S., & Meyers, J. (2002). Dynamic factor analysis models for representing process in multivariate time-series. In D. Moskowitz, & S. Hershberger (Eds.), *Modeling intraindividual variability with repeated measures data: Methods and applications* (pp. 235-265). New Jersey: Lawrence Erlbaum Associates.

Neimeyer, R. (2004). Fostering posttraumatic growth: A narrative contribution. *Psychological Inquiry, 15*, 53-59.

Nitti, M., Ciavolino, E., Salvatore, S., & Gennaro, A. (2010). Analyzing psychotherapy process as intersubjective sensemaking: An approach based on discourse analysis and neural networks. *Psychotherapy Research, 20*, 546-563.

Ribeiro, A., Bento, T., Salgado, J., Stiles, W., & Gonçalves, M. (2011). A dynamic look at narrative change in psychotherapy: A case study tracking innovative moments and protonarratives using state space grids. *Psychotherapy Research, 21,* 54-69.

Santos, A., Gonçalves, M., & Matos, M. (2011). Innovative moments and poor outcome in narrative therapy. *Counseling and Psychotherapy Research*, 11, 129-139.

Santos, A., & Gonçalves, M. (2009). Innovative moments and change processes in psychotherapy: An exercise in a new methodology. In J. Valsiner, P. Molenaar, M. Lyra, & N. Chaudary (Eds.), *Dynamic processes methodology in the social and developmental sciences* (pp. 493-526). New York: Springer.

Santos, A., Gonçalves, M., Matos, M., & Salvatore, S. (2009). Innovative moments and change pathways: A good outcome case of narrative therapy. *Psychology and Psychotherapy: Theory, Research and Practice, 82*, 449-466.

Salvatore, G., & Dimaggio, G., & Semerari, A. (2004). A model of narrative development: Implications for understanding psychopathology and guiding therapy. *Psychology and Psychotherapy: Theory, Research and Practice, 77*, 231-254.

Salvatore, S., & Freda, M. (2011). Affect, unconscious and sensemaking: A psychodynamic, semiotic and dialogic model. *New Ideas in Psychology, 29*, 119-135.

Salvatore, S., Gelo, O., Gennaro, A., Manzo, S., & Al Radeihed, A. (2010). Looking at the psychotherapy process as an intersubjective dynamic of meaning-making: A case study with discourse flow analysis. *Journal of Constructivist Psychology, 23*, 195-230.

Salvatore, S., Gennaro, A., Auletta, A., Grassi, R., & Rocco, D. (2011). Dynamic mapping of the structures of content in clinical settings (DMSC): A new coding system for analyzing the patient's narratives. *Psychology and Psychotherapy: Theory, Research and Practice*. DOI: 10.1111/j.2044-8341.2011.02038.x.

Salvatore, S., Gennaro, A., Auletta, A., Tonti, M., & Nitti, M. (2012). Automated method of content analysis: A device for psychotherapy process research. *Psychotherapy Research, 22*, 256-273.

Salvatore, S., & Tschacher, W. (2012). Time dependency of psychotherapeutic exchanges: The contribution of the Theory of Dynamic Systems in analyzing process. *Frontiers in Psychology, 3*, article 253. DOI: 10.3389\fpsyg.2012.00253.

Singer, J., Blagov, P., Berry, M., & Oost, K. (2012). Self-definig memories, scripts, and the llife story: Narrative identity in personality and psychotherapy. *Journal of Personality*. DOI: 10.1111/jopy.12005 [Epub ahead of print]

Spitzer, R., Williams, J., Gibbons, M., & First, M. (1989). *Structured clinical interview for DSM-III-R*. Washington: American Psychiatric Association.

Stiles,W., Honos-Webb, L., & Lani, J. (1999). Some functions of narrative in the assimilation of problematic experiences. *Journal of Clinical Psychology, 55*, 1213-1226.

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

Wood, P., & Brown, D. (1994). The study of intraindividual differences by means of dynamic factor models: Rationale, implementation, and interpretation. *Psychological Bulletin, 116*, 166-186.

CONCLUSION

The Contribution of Multi-layered Models of Narrative Transformation in Psychotherapy.

"An empirical proof of a hypothesis is productive only if it leads to a new idea – rather than confirms an existing one. The latter borders on pseudo-empiricism: 'psychological research tends to be pseudoempirical, that is, it tends to involve empirical relationships which follow logically from the meanings of the concepts involved.' (Smedslund, 1995, p.196)"

(Jaan Valsiner, 2006)

1. Introduction

Psychotherapy process research is an increasingly flourishing research domain. Despite significant advances, however, recent reviews have recognized that further theoretical elaboration of the principles and mechanisms of change is needed in order to achieve a more complete comprehension of the psychotherapeutic processes (e.g. Pachankis & Goldfried, 2007). This same observation has been reiterated by reviews that consolidate the contributions of different theoretical perspectives over such processes. As I have argued in the Introduction, Meier (2002), while reviewing the research focused on the processes of narrative transformation in psychotherapy, has concluded that "an area that

requires much work is the development of theory that presents concepts appropriate to psychotherapy-generated narratives, and explains the dynamic linkage of narratives, how they are rooted in client's experience, and how they are dynamically related to positive outcome" (p. 249). This therefore reveals that, although the proposal that psychotherapy promotes the transformation of client's self-narratives is on the basis of significant developments in clinical psychology and psychotherapy (e.g., Angus & McLeod, 2004), the processes through which maladaptive self-narrative forms are transformed into adaptive ones remain elusive. In order to address this issue, it was proposed in the Introduction that self-narratives are multi-layered meaning making devices that are transformed through a developmental process of recurrent differentiation and integration of narrative innovation (see Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011) that spans across the diverse layers of narrative organization. This model was detailed and empirically explored in the Chapters that followed. In this Conclusion, I integrate and discuss these different contributions and how they support the global theoretical proposal.

2. The Narrative Model of Psychotherapeutic Change

The narrative model of psychotherapeutic change that was proposed and explored across the previous Chapters suggests three layers of narrative organization and complexity in a global integrative comprehension of the process of narrative transformation in psychotherapy: a micro-layer of narrative innovations that disrupt the clients' usual way of thinking, feeling, and behaving towards themselves, others and the world (IMs); a meso-layer of narrative scripts that integrate narrative innovations in meaningful narrative threads and consolidate their transformative potential (protonarratives); and, finally, a macro-layer which provides a coherent and stable way of constructing meaning from everyday life situations (self-narratives). Within this framework, the mechanisms regulating the interactions between these narrative layers are essential for a comprehension of

how their evolution across psychotherapy promotes the transformation of clients' self-narratives. It was suggested that these mechanisms that regulate the interactions between the layers of narrative organization are characterized by transversal processes of differentiation and integration, which generate sufficient diversity of narrative contents for clients' to adaptively meet the demands of ever changing life situations, and sufficient integration for them to achieve a coherent sense of self-identity and self-continuity. It was further hypothesized that across psychotherapy the multiple micro-layer narrative innovations are integrated in meso-layer narrative scripts and that one of these narrative scripts achieves sufficient complexity and dominance over the other narrative scripts to serve as basis for an alternative macro self-narrative to emerge. Accordingly, as this dominant narrative script consolidates its role as a narrative anchor for the construction of an alternative self-narrative, significant transformations in the structure of narrative innovation are expected to occur towards the end of psychotherapy as an expression of the consolidation of such dominant narrative script. The empirical studies presented in the previous Chapters were designed to explore the global contribution of the movements of narrative diversification and integration to the global process of transformation of clients' self-narrative over the course of psychotherapy. Specifically, they explore: 1) the global plausibility of the multi-layered model of narrative transformation, 2) the differentiation and integration processes of narrative innovation, 3) the emergence of a new and alternative dominant narrative script in good outcome cases, and, finally, 4) the transformations in the structure of narrative innovation. These issues are discussed in the remaining of this Conclusion.

3. Towards a Multi-layered Model of Narrative Transformation in Psychotherapy

In abstract terms, evidence supporting multi-layered models of narrative transformation may stem from differences in the structures that are proposed to

constitute each layer of narrative organization and from differences in the interactions between the diverse layers both within and between individuals. At this respect, studies presented in Chapter I and IV are especially significant because they explicitly characterize meso and macro-layer structures, protonarratives and self-narratives respectively, as well as the interactions between narrative layers. In Chapter I we have observed that the diverse protonarratives could be distinguished by their global flexibility and dominance and their patterns of evolution across psychotherapy. Additionally, it was also observed that these characteristics of protonarratives, flexibility and dominance, also allowed us to distinguish between good and poor outcome cases. In a similar vein, in Chapter IV, we also observed distinct patterns of overall organization of the clients' self-narrative. One dialectizing pattern characterized by high variability and low structure of the meanings in the client's self-narrative; and a consolidating pattern characterized by highly structured meanings. The exploration of the interactions between the layers of narrative organization in both these Chapters provided further support to the global model. In Chapter I we observed that, although in the good outcome case the therapeutic dialogue tended to move between different types of IMs while remaining in the same protonarrative, in the poor outcome case therapeutic dialogue tended to move between different types IMs and different protonarrative. This suggests that differences in the interaction between micro and meso layers of narrative organization (IMs and protonarratives) exist that may distinguish between good and poor outcome cases. Also, in Chapter IV, we have observed that only a specific pattern of global organization of the clients' self-narrative (the dialectizing pattern) was related with specific types of IMs (reconceptualization and performing change IMs), suggesting that interactions between layers of narrative organization may be dependent on the specific characteristics of the narrative structures at the different layers of narrative organization. Overall, these observations distinguished 1) narrative structures within layers of narrative organization, 2) specific processes of interaction between the different levels of narrative organization (IMs, protonarratives, and self-narratives), and 3) differences in those processes between poor and good psychotherapeutic outcomes, namely the global flexibility of the narrative

structures at the micro and meso levels, the dominance of an integrative and flexible protonarrative at the meso level, and the significant elaboration of micro level narrative structures (IMs) within meso level narrative structures (protonarratives). Together, the observations from the empirical studies therefore provide preliminary support for the multi-layered model that was proposed and suggest that it allows a more comprehensive and complex account of the processes of narrative change in psychotherapy. At this point, it remains unclear if these observations are generally valid to the processes of narrative transformation in psychotherapy and future research should further explore if this multi-layered approach is useful in uncovering the narrative dynamics underlying other narrative processes like, for example, the assimilation of problematic experiences (Stiles, 2002), besides narrative innovation.

Despite the degree of generalization of these observations demands further study, they suggest that the process of development of a specific narrative structure at a specific level of narrative organization (e.g. protonarratives at the meso-level) may depend strongly on the processes of development of other narrative structures at other levels (e.g. IMs and self-narratives at micro and macro levels respectively). Consequently, research exclusively focused on the description of the transformation of a specific narrative structure at a specific level of narrative organization may overshadow the constraints imposed by other narrative structures at other levels of narrative organization on its trajectory.

It is also important to point out that the multi-layered model that is being debated is generally consistent with other proposals that conceive narrative organization from a content-focused perspective or from the perspective of the cognitive structures that underlie such organization. Focusing on the contents expressed by clients' narratives, Meier, Boivin, and Meier (2008) proposed that themes expressed by clients in psychotherapy are integrated from descriptive themes at the base, to central and core themes at the higher order level of themes integration. Descriptive themes correspond to small meaning units as expressed within psychotherapy sessions. They therefore reveal an initial organizational activity,

similar to the one that was observed in IMs, which is elaborated and expanded in other layers of narrative organization until the formation of core themes which constitute central phenomena that aggregate all other conceptually related themes (Meier, Boivin, & Meier, 2008). Previous research has provided empirical support for the organization of clinical material around these three levels of hierarchical integration. Consistently with the organizing function of self-narratives, higher-level themes operate in order to meaningfully integrate and impose limits on the individuals' ways of feeling, thinking and behaving (Meier, Boivin, Meier, 2008).

By focusing on the mnesic system that underlies narrative organization, Singer, Blagov, Berry, and Oost (2012) suggest that specific autobiographic memories, called self-defining memories, which refer to the characteristic self-identity aspects of each individual, evolve, through their recurrence and relevance, into narrative scripts that "schematize repetitive action-outcome-emotional response sequences". Coherently with the arguments presented in Chapter I, I propose that IMs and protonarratives correspond to these two layers of narrative organization (autobiographical memories and narrative scripts, respectively). IMs are autobiographical memories of thoughts, feelings, or behaviors that tend to be overlooked due to their discrepancy to the defining contents in the problematic self-narrative. As they are brought to the foreground within the therapeutic dialogue, they become associated with the clients' identity and therefore become self-defining memories. Because the therapeutic dialogue recurrently elaborates these new self-defining memories, they tend to be integrated in the thematically coherent narrative threads, which we called protonarratives. In the sense that protonarratives aggregate IMs (or self-defining memories) that refer to similar experiences, they may be considered to be narrative scripts such as Singer and collaborators (2012) define them. As these authors suggest, the narrative scripts are integrated in a life story, or self-narrative, that provides a sense of unity and purpose to the individual.

It should be brought to the foreground that these proposals focus on different dimensions of the global process of narrative organization that should, in principle,

be compatible. On the one hand, Meier's focus on thematic organization emphasizes a transversal process of thematic integration through the coherence of narrative contents. On the other hand, Singer's focus on the mnesic processes that underlie narrative organization emphasizes the processes that constitute the narrative structures that characterize each layer of narrative organization. Studies presented throughout this thesis add to these proposals in emphasizing the role of the dynamic interactions between narrative structures, both within the layers of narrative organization and between those layers, for the comprehension of narrative organization over time. Additionally, they also characterize specific dimensions (e.g. flexibility and dominance) that allow narrative structures within the layers of narrative organization to be distinguished. Insofar as these diverse proposals have been formulated from different perspectives over the narrative processes, their general consistency suggests that they may constitute a promising pathway to the kind of comprehensive theoretical formulation that was found to be missing in narrative approaches to psychotherapy (Meier, 2002).

4. Multi-layered Models' Contribution to the Specification of Psychopathological Narrative Forms

As we have discussed in the Introduction, psychopathological self-narratives have been suggested to emerge from either a rigidification or dissolution of the hierarchies of microlevel narrative structures that generate impoverished or fragmented self-narratives (e.g., Dimaggio & Semerari, 2001; Lysaker & Lysaker, 2002). A domain where these multi-layered models of narrative organization seem particularly useful is the possibility that they open to specify these processes that constitute the hierarchy of microlevel narrative structures postulated by the theoretical proposals on the characteristics of the psychopathological self-narratives. Multi-layered models seem promising precisely because they postulate intermediate levels of narrative organization that specify the nature and characteristics of those hierarchies. Consequently, they may account for the

integration of micro-layer narrative structures into other structures that maintain the global flexibility of clients' self-narratives while providing relative stability to the most significant themes in clients' self-narratives. Results from the study presented in Chapter I seem to support and exemplify this suggestion. In Chapter I, we have observed that protonarratives, in the poor outcome case, were globally less flexible and possessed a smaller integrative potential than the ones in the good outcome case. This suggests that in the poor outcome cases intermediate layer narrative structures, the protonarratives, may be less able to maintain a hierarchy of microlevel structures that balances appropriately the coherence and flexibility of clients' narratives (see Dimaggio, 2006 for an extended discussion of these aspects of clients' self-narratives).

As these observations seem to exemplify, multi-layered approaches to narrative organization seem more suitable to conceive simultaneously the coherence and flexibility that are needed for healthy self-narratives to emerge. As they focus simultaneously on the dynamicity that characterizes micro-layer narrative structures and the stability that characterizes macro-layer narrative structures they also contribute to the resolution of the chiasm that sometimes is suggested to exist between the approaches that focus exclusively on one of these layers (see e.g. Bamberg, 2006). Bamberg (2006, 2007) observes that narrative structures at the macro-layer, the "big stories", correspond to a layer of narrative organization that is related to individuals' identity and therefore somewhat stable across time. In this sense, they contrast with the narrative structures at the micro-layer of narrative organization, the "small stories", which emerge across the discursive interaction with others. As Bamberg (2006, 2007) underlines these two layers are frequently treated as irreconcilable levels of analysis and the focus on the "small stories" tends to overshadow the role of "big stories" or vice-versa. This is potentially impairing as it gives only a partial perspective on the process of narrative transformation, creates obstacles to the recognition of its complexity, and, as mentioned above, may contribute to an overestimation of the importance of intra-layer processes to the global process of narrative transformation. Although multi-layered approaches to the process of narrative transformation in psychotherapy

can bring important insights into this question by conceptually integrating the diverse layers of narrative organization, its ability to make significant contributions is largely dependent on their ability to generate empirical depictions of the processes that regulate the interactions between the layers of narrative organization.

5. Integration and Differentiation of the Narrative Structures in the Micro and Macro Layers of Narrative Organization

Over the course of this thesis, a multi-layered model of narrative organization was specified that elaborates the role of narrative innovations in the transformation of clients' macro-layer narrative structures. In this context, an important question refers to the processes that regulate the interaction between the layers of narrative organization and therefore to the need to specify the kind of interactions between micro and meso layers of narrative innovation that are associated with transformations in the narrative structures in the macro layer. In the studies that were presented in the previous Chapters this question was explored by focusing on the interactions between micro and meso layers of narrative organization (IMs and protonarratives), in Chapters I to III, and between micro and macro layers (IMs and self-narratives) in Chapter IV. In those Chapters it was suggested that these processes of interaction between layers of narrative organization are generally related with the dynamics of differentiation and integration of narrative structures across the different layers of narrative organization. They also provided further specification to this hypothesis in specifying that as psychotherapy progresses, and accompanying an increase in the complexity of narrative innovation, one of the narrative structures in the intermediate layer should become increasingly dominant and serve as a narrative anchor for the constitution of an alternative self-narrative at the macro-layer of narrative organization. Consequently, it was also suggested that towards the end of therapy significant transformations in the

structure of narrative innovation should be observed. These hypotheses were detailed and explored in Chapters I to III.

In the study presented in Chapter III, we have observed that increases in the complexity of IMs and protonarratives anticipated transformations in their structure towards different types and contents of narrative innovation in the good outcome cases but not in the poor outcome cases. The observations from the studies presented in Chapters I and II provide a more detailed and complex depiction of the processes of differentiation and integration of narrative innovation structures. In Chapter I, we observed that in the good outcome case the flexibility of the therapeutic dialogue to move back and forth between different types of micro-layer narrative innovations occurred mainly within the same meso-layer structures. This suggests that in good outcome cases the diversification of narrative innovation at the micro-layer may underlie an activity of narrative integration at the intermediate layer of narrative organization through the elaboration of different types of IMs within the same protonarrative. The observations from the study in Chapter II are consistent with this suggestion as diversification of narrative innovations positively predicted the amount of movements between the different types of narrative innovation. However, the observations from that study also suggest that the relations between diversification and integration of narrative innovation and its salience should be further explored, as they remain elusive. Also, because no between-sessions relation was observed between these characteristics of narrative innovation, it remains unclear which processes sustain them across sessions. Additionally, the observations from the study in Chapter II also suggest that those relations may vary from case to case, even between cases with similar psychotherapeutic outcomes, a result that recommends future research to explore this aspect by focusing on intraindividual variations.

On the basis of this general process of differentiation and integration, it was also suggested that, in good outcome cases, a dominant narrative structure at the intermediate level of narrative organization would emerge across the psychotherapeutic process. Although it remains to be seen how generalized this

process is, it was observed in the study presented in Chapter I that in the good outcome case a dominant and more flexible protonarrative emerged and that its dominance and flexibility increased from the initial to the working phases of psychotherapy. A second proposal that was specified on the basis of the general process of differentiation and integration was related with the emergence of significant transformations in the structure of narrative innovations towards the end of the psychotherapeutic process due to the consolidation of the dominant protonarrative as a narrative anchor point for the construction of an alternative self-narrative. In Chapter III, preliminary support was obtained to this proposal as we observed that, in contrast with the poor outcome cases, good outcome cases revealed significant transformations in the structure of narrative innovations in the middle and / or final phases of therapy and that these transformations were preceded by significant increases in the complexity of that structure. However, further research should be conducted to characterize the influence of the flexibility and dominance of the protonarratives in such transformations and their consequences to the global pattern underlying the clients' self-narrative.

Overall, empirical findings were consistent with the global dynamics that was proposed to characterize the interactions between micro and meso-layers narrative structures (IMs and protonarratives) and strengthen the previous suggestion that the multi-layered models may play an important role by specifying narrative processes at the intermediate layers. However, they leave open for debate the contribution of these layers of narrative organization to the global organization of clients' self-narratives. This was explored in Chapter IV.

6. Differentiation of Narrative Innovation and the General Patterns of Client's Self-narrative

The study presented in Chapter IV explores the relations between the microlevel narrative organization (IMs) and the macrolevel narrative structures (self-

narratives). Globally, in this study we observed that a specific pattern of self-narrative organization, characterized by high diversity and low structure, was associated with a decrease in the salience of the most complex types of IMs (reconceptualization and performing change) within sessions. As it was pointed out this observation is consistent with the proposal that reconceptualization IMs are a complex type of narrative innovation that promotes the aggregation of the other types of IMs (Gonçalves & Ribeiro, 2012) in more stable narrative structures, the protonarratives. In this sense a high salience of reconceptualization IMs implies a relative restriction of the diversity of meanings expressed in clients' discourse. Although this observation provides preliminary support for the integrative role of reconceptualization IMs it remains unclear how the transformations it generates are maintained across therapy because the narrative processes that were studied did not revealed significant associations across sessions. In Chapter IV we did not observed any significant association between the salience of IMs at one session and the patterns of organization of clients' self-narrative at the following session. Similarly, in Chapter II no relations linking the flexibility and salience of IMs and protonarratives emerged between consecutive sessions. Together, these observations raise the question of how the transformative processes that characterize clients' narratives within sessions are maintained across psychotherapy. This is a significant question which future research should explore further if a consistent model of narrative change in psychotherapy is to be achieved. It demands an account not only of the processes that promote the maintenance of the processes of change across psychotherapy but also a more complete account of the interactions between micro and meso-layers of narrative organization and the macro-layer of clients' self-narrative. Because a measure of the quantity of narrative innovation was used (i.e., salience), future research may consider other dimensions of the processes of narrative innovation in characterizing the relation between lower layers of organization of clients' narratives and macro-layer self-narrative. In the study presented in Chapter IV, micro-layer narrative structures (IMs) were directly related with the patterns of organization of macro-layer narrative structures (self-

narratives). Future research should consider directly relating intermediate structures, like the protonarratives, with the macro-layer narrative structures.

Additionally, future studies should also explicitly distinguish and detail upward and downward regulation mechanisms that emerge between the layers of narrative organization in order for more specific models of narrative transformation in psychotherapy to be formulated and to guide methodological choices. As debated in the Introduction, current proposals on the processes of narrative transformation in psychotherapy provide general guidelines that are helpful in detailing these processes of upward and downward regulation. On one hand, current proposals focused on the macro-layers of self-narrative tend to emphasize thematic coherence (e.g., McAdams, 2006) and dominance of nuclear meanings in clients' self-narrative (e.g., Salvatore, Gelo, Gennaro, Manzo, & Al Radaideh, 2010) therefore suggesting that it may constrain the dynamics of the micro-layer by imposing limits on its thematic diversity. On the other hand, proposals focused on the dynamics of the micro-layer, although they are more sensible to the importance of the dynamicity underlying narrative structures in micro-layer and elaborate on their role in destabilizing existing maladaptive self-narratives, they also suggest that these structures become integrated in thematically coherent narrative structures that are expanded across psychotherapy (e.g., Salvatore et al., 2010; Nitti, Ciavolino, Salvatore, & Gennaro, 2010). Both these proposals have received preliminary support. Salvatore and collaborators (2010), for example, have shown that clients' self-narratives are first deconstructed and made more flexible at the beginning of psychotherapy and then reconstructed and made more coherent at the end of psychotherapy. Meier, Boivin, and Meier (2008) have also suggested that higher level narrative themes have been shown to operate in order to meaningfully integrate and impose limits on the individuals' way of feeling, thinking and behaving. The studies that were presented in previous Chapters also provide support for the suggestion that narrative structures at the micro-layer become integrated in thematically coherent structures across psychotherapy. Overall, thematic coherence therefore seems an important process both for upward and downward regulation between layers of narrative organization but

future research should strive for a more substantive and detailed description of this process and identify other alternative or concurrent processes.

7. Intensive Single-Case Analysis and Mixed-Methods in the Study of Narrative Transformation

After the conceptual sense of the model of narrative transformation that was proposed and the empirical support provided by the studies in the previous Chapters were debated, a final word must be devoted to the methodological choices that were made in those Chapters. Methodologically, the studies presented in the previous Chapters followed a mixed-method approach in several intensive single-case analyses. As I see it, this general methodological framework is becoming increasingly common in psychotherapy and counseling research due to three general trends. First, there are now theoretical and mathematical arguments that have convincingly shown that, because psychological processes are developmental in nature, sample-based research is incapable of accounting for the complexity and time-dependent characteristics of those processes (Molenaar, 2007). Second, an increasing number of quantitative methods appropriate for the data structure that usually characterizes single-case studies are currently being developed (e.g. Molenaar, 2010). Third, single-case studies and qualitative procedures are seen with less suspicion by mainstream psychotherapy research as can be demonstrated in the several special issues of the mainstream journals devoted to these designs and methods (Haverkamp, Morrow, & Ponterotto, 2005; see also, Curlette, 2006; Madill & Gough, 2008; Lutz & Hill, 2009).

In this context, the choice for intensive single-case analysis and the focus on dynamic factor analysis, for example, were intended to preserve intraindividual variation and obtain information pertaining the specificity of each individual case. Complementarily, mixed-method approach derived from the need to access the

eminently qualitative features of narrative processes as well as the dynamic properties that characterize their complex development across time (see e.g. Mertens, 2003). In other words, the use of qualitative and quantitative methods was intended to make it possible to grasp the complexity of narrative processes and their dynamic properties across time. Although, as we have just debated, this methodological framework was productive in bringing to the foreground the dynamicity that underlies the processes of narrative transformation across therapy, some limitations must be pointed out. The first limitation is the sample constitution. The fact that the same sample was used across studies, although it provides some continuity across them and an integrative perspective of the diverse processes that were explored, it also raises some questions relating the characteristics of these processes in different therapeutic models and psychopathological conditions. This question is, in itself, an important one for future research, which should explore possible differences between diverse therapeutic models and also psychopathological conditions. Previous research suggests that little global differences exist both between therapeutic models and psychopathological conditions in narrative innovation (Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011). These previous observations therefore suggest that the general characteristics of the process of narrative transformation that were identified in the studies presented in previous Chapters will be maintained across different therapeutic models and psychopathological conditions. However, previous research concerning other specific processes of narrative transformation in psychotherapy have revealed that although the global trajectory of these processes across psychotherapy is similar in different therapeutic models, the specific patterns displayed by these processes within sessions may vary between therapeutic models (Osatuke, Glick, Stiles, Greenberg, Shapiro, Barkham, 2005). Previous research focused on the characteristics of clients' micronarratives like, for example, their referential perspective (internal or external; see the Introduction) has also identified differences between psychotherapeutic models (Angus & Hardtke, 1994). Taken together, these observations suggest that although the general developmental trajectories of particular processes of narrative transformation may be similar across therapeutic models, their details within

sessions and some of the characteristics of clients' narrative may vary from one psychotherapeutic model to the other. Consequently, in the case of multidimensional models of narrative transformation in psychotherapy like the one explored in previous Chapters, future research comparing different therapeutic models should be particularly significant in detailing specific processes of narrative transformation pertaining, for instance, the interactions between levels of narrative organization.

A second limitation that should be pointed out pertains the number of observations that were used in the studies presented in previous Chapters. As these were short-term psychotherapies, the small number of observations for each case may have constrained the complexity of the models that were built for the associations between variables. Overall, this is a less significant issue in the case of simulation modeling analysis as it was developed precisely for short time series (see Brockardt, Nash, Murphy, Moore, Shaw, & O'Neil, 2008), than it is in the case of the dynamic factor models (Wood & Brown, 1994), which usually involve a larger number of observations.

A third related limitation results from the use of a mixed-methods approach. Although such an approach allowed access to the dynamic characteristics of the process of narrative transformation, some of the measures that were used in some steps of the analysis are partly dependent on the measures in previous steps. Future research should explore the impact of using more "pure" measures of flexibility and structural transformation and also clearly distinct measures based exclusively on the salience (quantity of time) or on the frequency of the diverse narrative states.

Both second and third limitations that were pointed out can be addressed by varying the procedures for estimating the dynamic properties of the narrative processes. For example, complexity measures can be estimated directly from the values of salience across sessions, without the need for implementing other procedures like state space grids, by using alternative measures (e.g. Schiepek &

Strunk, 2010). Similarly, the limitations such as the ones raised by dynamic factor analysis, can be overcome by using other quantitative data analytic procedures less sensitive to the number of observations (e.g. Tan, Shiyko, Li, Li, & Dierker, 2012). Complementarily, it should also be noticed that the evaluation of narrative processes in-between sessions is almost completely absent from the research on narrative process in psychotherapy. Implementation of procedures to evaluate such processes in the time between sessions should be helpful in providing a more fine-grained observation of their transformation across time and also open the possibility for exploring the maintenance of such transformations across time and the impact of therapy sessions in those processes. This would approximate research on narrative processes to the recent suggestions for psychotherapy research standards (e.g. Kazdin, 2007) and would be consistent with research that underlines the importance of considering the processes that take place in-between sessions in clients' natural environments (Shiffman, Stone, & Hufford, 2008) and suggest possible ways to analyze them (Schwartz & Stone, 1998).

Finally, although I think that there are sufficient theoretical and technical reasons for maintaining a strong focus on intraindividual variation it is important to acknowledge that some questions related to inter-group differences, for instance the global levels of narrative innovation complexity or flexibility in good outcome and poor outcome groups, will bring important insights into the field. Recently developed quantitative methods were proposed that allow to explore inter-group differences while maintaining a strong focus in the time-dependency of the processes being explored (Ferrer & McArdle, 2010; Tschacher & Ramseyer, 2009). Future research, should therefore explore inter-group differences in the diverse dimensions of narrative transformation while maintaining a process-focused perspective.

8. Conclusion

This thesis focuses on the processes of narrative change in psychotherapy. Previous reviews on the processes of narrative change in psychotherapy concluded that a general theory that details narrative concepts appropriate to understand psychotherapy processes, explains the dynamic processes between narratives, and how they relate to positive outcomes is needed (Meier, 2002). This thesis addresses this issue by suggesting a multi-layered model that accounts for transformations at different levels of narrative organization. Accordingly, a model was specified that considers three layers of narrative organization: a micro-layer of narrative innovations that disrupt the clients' usual way of construct meaning from life situations (IMs), a meso-layer of narrative scripts that integrate these narrative innovations in narrative scripts that consolidate its transformative potential (protonarratives), and, finally, a macro-layer of clients' life story (self-narrative). Globally, the empirical studies provided support for the conceptual plausibility of this model and to the specific hypothesis that were formulated on its basis. Our observations complement previous research that had underlined the integrative processes either by emphasizing thematic coherence or integration, by emphasizing the role of dynamicity and differentiation of narrative contents and processes. Additionally, they also contribute to expand previous accounts of narrative innovation through insights on the processes that characterize narrative innovation development across psychotherapy. These studies also emphasize the role of quantitative procedures in the study of narrative processes of change as they allow us to accommodate the complexity and dynamic properties of narrative processes. Although interactions between micro and meso layers of narrative organization were well characterized and detailed, the interactions between these levels and the macro layer of self-narratives remained somewhat elusive. Future research, should explore further the interactions between the lower and higher layers of narrative organization as well as the processes that maintain the within session gains over psychotherapy as cross-session relations between the dimensions of the process of narrative transformation were seldom observed.

Additionally, future research should also vary the measures of the dynamic characteristics of narrative transformation and should approach inter-group differences but maintain a strong process focused perspective.

9. References

Angus, L., & Hardtke, K. (1994). Narrative processes in psychotherapy. *Canadian Psychology, 35*, 190-203.

Angus, L., & McLeod, J. (Eds.). (2004). *The handbook of narrative and psychotherapy: Practice, theory and research.* Thousand Oaks: Sage Publications.

Bamberg, M. (2006). Biographic-narrative research, Quo Vadis? A critical review of 'big stories' from the perspective of 'small stories'. In K. Milnes, C. Horrocks, N. Kelly, B. Roberts, & D. Robinson (Eds.), *Narrative, memory & knowledge: Representations, aesthetics, contexts* (pp. 63-79). Huddersfield: University of Huddersfield Press.

Bamberg, M. (2007). Stories: Big or small – Why do we care? In M. Bamberg (Ed.), *Narrative – State of the art* (pp. 1-5). Amsterdam: John Benjamins.

Borckardt, J., Nash, M., Murphy, M., Moore, M., Shaw, D., & O'Neil, P. (2008). Clinical practice as natural laboratory for psychotherapy research. *American Psychologist, 63*, 77-95.

Curlette, W. (2006). A framework for research studies: Mixed methods through combining Bayesian statistics and qualitative research in individual psychology. *Journal of Individual Psychology, 62*, 338-349.

Dimaggio, G. (2006). (Ed.). Disorganized narratives in clinical practice. [Special Issue] *Journal of Constructivist Psychology, 19(2)*.

Dimaggio, G., & Semerari, A. (2001). Psychopathological narrative forms. *Journal of Constructivist Psychology, 14*, 1-23.

Ferrer, E., & McArdle, J. (2010). Longitudinal modelling of developmental changes in psychological research. *Current Directions in Psychological Science, 19,* 149-154.

Gonçalves, M., & Ribeiro, A. (2012). Therapeutic change, innovative moments, and the reconceptualization of the self: A dialogical account. *International Journal for Dialogical Science, 6*, 81-98.

Gonçalves, M., Ribeiro, A., Mendes, I., Matos, M., & Santos, A. (2011). The role of mutual in-feeding in maintaining problematic self-narratives: Exploring one path to therapeutic failure. *Psychotherapy Research, 21*, 27-40.

Gonçalves, M., Ribeiro, A., Mendes, I., Matos, M., & Santos, A. (2011). Tracking novelties in psychotherapy process research: The innovative moments coding system. *Psychotherapy Research, 21*, 497-509.

Haverkamp, B., Morrow, S., & Ponterotto, J. (2005). A time and place for qualitative and mixed-methods in counselling psychology research. *Journal of Counseling Psychology, 52,* 123-125.

Kazdin, A. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology, 3*, 1-27.

Lutz, W., & Hill., C. (2009). (Eds.). Quantitative and qualitative methods for psychotherapy research: Introduction for psychotherapy research. [Special section] *Psychotherapy Research, 19(4-5)*

.Lysaker, P., & Lysaker, J. (2002). Narrative structure in psychosis: Schizophrenia and disruptions in the dialogical self. *Theory & Psychology, 12*, 207-220.

Madill, A., & Gough, B. (2008). Qualitative research and its place in psychological science. *Psychological Methods, 13,* 254-271.

McAdams, D. (2006). The problem of narrative coherence. *Journal of Constructivist Psychology, 19*, 109-125.

Meier, A. (2002). Narrative in psychotherapy theory, practice, and research: A critical review. *Counseling and Psychotherapy Research, 2,* 239-251.

Meier, A., Boivin, M., & Meier, M. (2008). Theme-analysis: Procedures and application for psychotherapy research. *Qualitative Research in Psychology, 5*, 289-310.

Mertens, D. (2003). Mixed methods and the politics of human research: The transformative-emancipatory perspective. In A. Tashakkori & C. Teddie (Eds.), *Handbook of mixed methods in social and behavioural research* (pp. 135-164). Thounsand Oaks, CA: Sage.

Molenaar, P. (2007). Psychological methodology will change profoundly due to the necessity to focus on intra-individual variation. *Integrative Psychological and Behavioral Science, 41*, 35-40.

Molenaar, P. (2010). Testing all six person-oriented principles in dynamic factor analysis. *Development and Psychopathology, 22*, 255-259.

Nitti, M., Ciavolino, E., Salvatore, S., & Gennaro, A. (2010). Analyzing psychotherapy process as intersubjective sensemaking: An approach based on discourse analysis and neural networks. *Psychotherapy Research, 20*, 546-563.

Osatuke, K., Glick, M., Stiles, W., Greenberg, L., Shapiro, D., & Barkham, M. (2005). Temporal patterns of improvement in client-centred therapy and cognitive-behaviour therapy. *Counseling Psychology Quarterly, 18*, 95-108.

Pachankis, J., & Goldfried, M. (2007). On the next generation of process research. *Clinical Psychology Review, 27*, 760-768.

Salvatore, S., Gelo, O., Gennaro, A., Manzo, S., & Al Radeideh, A. (2010). Looking at the psychotherapy process as an intersubjective dynamic of meaning-making: A case study with Discourse Flow analysis. *Journal of Constructivist Psychology, 23*, 195-230.

Singer, J., Blagov, P., Berry, M., & Oost, K. (2012). Self-defining memories, scripts, and the life story: Narrative identity in personality and psychotherapy. *Journal of Personality.* DOI: 10.1111/jopy.12005 [Epub ahead of print].

Schiepek, G., & Strunk, G. (2010). The identification of critical fluctuations and phase transitions in short term and coarse-grained time series – a method for the real-time monitoring of human change processes. *Biological Cybernetics, 102*, 197-207.

Schwartz, J., & Stone, A. (1998). Strategies for analysing ecological momentary assessment data. *Health Psychology, 17*, 6-16.

Shiffman, S., Stone, A., Hufford, M. (2008). Ecological momentary assessment. Annual Review of Clinical Psychology, 4, 1.32.

Tan, X., Shiyko, M., Li, R., Li, Y., & Dierker, L. (2012). A time-varying effect model for intensive longitudinal data. *Psychological Methods, 17*, 61-77.

Tschacher, W., & Ramseyer, F. (2009). Modeling psychotherapy process by time-series panel analysis (TSPA). *Psychotherapy Research, 19*, 469-481.

Wood, P., & Brown, D. (1994). The study of intraindividual differences by means of dynamic factor models: Rationale, implementation, and interpretation. *Psychological Bulletin, 116*, 166-186.