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Owning Our Stories

Internal and External Narrative Processes
In Psychological Treatment Sessions

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Portfolio submitted in fulfilment of the
Professional Doctorate in Counselling Psychology
(DPsych)

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Key terms as they are employed in the current study

Auto-noetic consciousness: The self's capacity to recognize its own presence, and to mentally place itself in the past, the future, or counterfactual situations.

Diachronic: Occurring over or changing with time. In contemporary metaphysics, the matter of personal identity is referred to as the *diachronic* problem of personal identity.

Dialogic analysis: An interpretative methodology which closely analyses spoken or written utterances or actions for their embedded and co-constructed communicative significance.

Episodic Memory: The memory of autobiographical events that can be explicitly stated or described.

Explicit memory: The conscious, intentional recollection of factual information, previous experiences and concepts.

Fabula: The chronological order of the events contained in the story according to foundational narrative theory.

Felt sense: The ability to access a nonverbal, bodily feeling of an emotional conflict.

Identity positioning: Noting the positioning of the Self in relation to the Other in storytelling.

Implicit memory: Memory acquired and used unconsciously, which can affect thoughts and behaviours.

Macro-narratives: Stories shared across a number of cultures which contain consistent themes and tropes.

Meaning bridges: Sign-mediated links between multiple voices within or between people, which constitute the 'construction' of a meaning that is ultimately made. The location and structure of these meaning bridges may be critical. For example, taking on someone else's 'meaning' as one's own may not lead to an optimal meaning-bridge or use of a story.

Metanarrative: In critical theory, an over-arching narrative that gives meaning and legitimation to others.

Narrative-emotion processes: Processes relating to narrative and emotion integration.

Narrative identity: An identity formed by integrating life experiences into an internalized, evolving story of the self, providing the individual with a sense of unity and purpose in life.

Narrative script: The convergence among self-defining memories which schematize action-outcome-emotional response sequences.

Syuzhet – The employment of narrative as 'meaning-making' according to foundational narrative theory.

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Declaration

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Preface

This portfolio concerns identity, and the ways in which we understand and create it using internal and external narrative constructs. It further considers how these processes apply specifically to the therapeutic encounter, which offers the individual a liminal space in which to explore, deconstruct and reconstruct their own identity and sense of self, but which itself enacts its own process of identity construction, as indeed does the therapist who facilitates such an encounter. Ultimately, it is concerned with delineating the client's search for their 'own' story from the multiplicity of narratives which surround them, including the story *of* therapy itself.

The first section presents an original piece of research, which aims to explore how stories told in therapy are *internal*, subjective, authentic expressions of how a client grasps their world; equally, how there might be *external* conditions that limit the client's access to this world; and thus, how the combination of these factors may relate to the constructs of agency and change. I have always been drawn to a view of human experience as being a dynamic interaction between internal, psychological and biological functions and external, social systems into which we are all born. Counselling psychology characterizes itself partly through a taking a holistic, biopsychosocial view of the individual, and it was a desire to find a way to explore these dynamic interactions in therapy which led to considering the 'root metaphor' of narrativization in counselling psychology sessions.

The work further aims to advance the field of narrative-emotion theory, which draws on Emotion-Focused Therapy and points to the importance of integrating authentic emotional processing in the co-construction of narratives in therapy sessions. It seeks to do so by expanding the analytical framework previously used in narrative-emotion research using additional narrative theory concepts and recent findings in the field of narrative identity; all of which leads to some tentative areas of relevance for counselling psychologists, given its focus on developing the social and contextual perspectives of the individual.

The second section is a publishable article presented for submission to *The Journal of Psychotherapy Research*. For this, I present a qualitative methodological and analytical framework used to explore narrative processes from a multi-layered perspective, which included elements of content, form and structure. In order to justify such a framework, I outline

the literature related to narrative processes in therapy, and broader psycho-social narrative theory.

To test the use and validity of this framework, I collected and analyzed three therapy sessions between each of three separate client-therapist dyads and reflected on the heuristic use and application of the analytic and methodological framework devised. I further reflected on the significance of the analysis of these sessions in informing and developing the practices of the counselling psychologist practitioner. The findings support the use of both the method and the analytical framework in qualitative research. Furthermore, the findings also support the proposal that increased awareness of narrative and emotion processes at micro levels (the event stories told in sessions) as well as macro levels (the meta-narratives of therapy, familial narratives) would help to facilitate a space in which the stories of which individuals are a part could be questioned and re-positioned in accordance with a more authentic, internal sense of self.

Finally, the multi-layered analysis also leads to suggestions that a conscious consideration of the meta-narratives of therapy as understood by both client and therapist may be valuable in addressing potential issues relating to performing in therapy and accurate attunement, thus encouraging therapists to question their own desires to 'fix' their clients and achieve a desired outcome that may be operating from their own internalized meta-narratives of therapy. Some of the issues discussed in the data are related back to, and further expand upon the constructs which informed the analytic frame: those of narrative identity, narrative-emotion processes, dialogical processes, attunement, agency and change. The limitations of the study and recommendations for future research are also presented.

The third and final section of this portfolio, a client study, engages with narrative incoherence and trauma, in the attempt by client and clinician to explore and understand complex post-traumatic stress disorder. It illustrates a piece of therapeutic work carried out with a young woman presenting with PTSD, low mood, anxiety, some dissociation and range of maladaptive coping strategies following a traumatic birth six months previously, an event which appeared to be triggering a previous and unprocessed rape trauma.

The approach chosen was a combination of Cognitive Behaviour Therapy for PTSD, and narrative exposure therapy. Both therapeutic models are explicitly trauma-focused in their

treatment approach and draw on techniques involving memory processes, integration of narrative events, as well as traditional cognitive approaches. The study shows how, as the work unfolded over twenty sessions, therapist and client attempted through narrative and cognitive processes to rebuild the client's shattered sense of identity and meaning. This second section thus focuses on the client's process in retrieving and narrating traumatic memories, with an emphasis placed on creating a 'safe place' in which to do this through a strong therapeutic alliance. It also considers the ways in which the therapist grappled to balance the therapeutic goals set out with the actual process of the client in session. I chose it for inclusion here to explore further the themes of agency, control and ownership of the client's life stories and co-constructed narrative processes in therapy.

Taken together, the three pieces reflect different ways of constructing meaning through narrativization in the therapy process. But they also document my own journey through the training, from an anthropologist keen to explore the collective unconscious and universal myths and how they can be applied to psychological treatment, to a counselling psychologist looking at the unique realities of my client's complex sense of self. This doctoral research forms an important bridge between these two aspects of my professional and academic selves: an challenging venture into the rigor of qualitative research and an exercise in reflexivity on my own process as a practitioner, developing greater curiosity for the uniqueness of each individual client. The three components of my portfolio thus express different aspects of the learning I hope to take forward in my counselling psychology practice: the ability to engage critically with psychological literature regardless of pre-conceived preferences for specific concepts or modalities; an awareness of epistemological stances and how they inform the construction of meaning in and out of the therapy room; a pluralistic approach to therapeutic work, guided by an ongoing exploration of my client's world; and a constant reflection on my own input into research and therapy.

Part 1 – Doctoral research

To tell my story: An exploration of identity, narrative and emotion processes in counselling psychology therapy sessions

Abstract

Talking therapies are narratively structured. A person experiencing some kind of distress tells a therapist stories about their past, present and possible futures. The therapist listens, observes and responds, and as they do so, they assist in making sense of the stories told in relation to their own narratives; for instance, a meta-narrative such as attachment theory, previous clinical encounters and their own life experiences. However, the processes involved in narrativisation in therapy have not been subject to as much research as might reasonably be expected for such an integral aspect of the encounter.

In an attempt to inform counselling psychology practice and research, this piece of work focused on analysing narratives in therapy sessions to explore how stories told are internal, subjective, authentic expressions of how a client grasps their world; yet equally, how there might be external conditions that limit what the client can access of this world. A secondary focus was to explore how these evolving therapy narratives might relate to the constructs of agency and change. A blended form of narrative analysis, observing meaning-making, emotion, narrative identity and dialogical processes, was applied to the recordings of three consecutive sessions shared by three therapist-client dyads, each at different stages in therapy. The result offers a multi-layered understanding of how internal and external elements affect the meaning-making processes central to the practice of counselling psychology and psychotherapy. Suggestions are made in relation to therapeutic work, regarding the need for a greater awareness of these processes in clients, and of the implications of the meta-narratives of therapy itself.

1. Introduction

1.1 Opening

The stories we tell and believe about ourselves have powerful ramifications for our sense of self and our well-being. Many people suffer because they have not been able to ‘tell’ their story due to internalised shame, fear of not being heard or believed, or even outright abuse and persecution. How can we change the stories we tell and believe about ourselves if they do not reflect the truth of our experience? How can we *know* what is true? And how can focusing on storytelling processes help practitioners become more attuned to their clients' needs, potentially increasing their sense of validation and connection?

1.1.2 Context of Research and Theoretical Position

All talking therapies are structured around narrative. A person experiencing some kind of distress tells a therapist stories about their past, present and possible futures. The therapist listens, observes and responds, assisting in making sense of the stories told, and does so in relation to pre-existing narratives of their own; for instance, the meta-narrative of attachment theory, previous clinical encounters and their own life experiences. However, the processes involved in narrativisation in therapy have not been subject to as much research as might reasonably be expected for such an integral aspect of the encounter. The practice of narrative therapy (White & Epston, 1990) is perhaps the area where such theoretical and empirical applications of ideas about narrative to the therapeutic process have been made. Yet this practice largely adheres to a social-constructivist epistemology and emphasizes the ability to ‘choose’ one’s own ‘preferred’ story via specific techniques. Criticisms have been raised regarding this aspect of the practice (Spence, 1982), relating to ontological debates over the existence of a self that is accessible via ‘auto-noetic’ (a deep, unquantifiable felt sense) consciousness (Klein, 2015). In other words, you can’t talk yourself into auto-noetic being; some things are experienced as being ‘true’ about the self, whether or not they are articulated. This research adopts the position that the real emphasis of narrative investigation in psychological treatment ought to be concerned with enabling access to this felt sense within the embodied self and integrating it with the verbal and meaning-making (narrative) domains of the self.

1.1.3 Significance to Counselling Psychology

“Increasing numbers of people are being ‘diagnosed’ with mental health disorders expressed within a framework of psychiatric categories and counselling psychologists are increasingly being drawn into this framework... If counselling psychology is to maintain its radical edge it needs to develop its theoretical framework in a way that remembers the social within a truly biopsychosocial model of understanding and practice.”

(Strawbridge, 2008, p.161)

The field of Narrative Psychology has enjoyed a surge of interest and research in the last two decades, the corollary of which may have some use in aiding counselling psychology to maintain its ‘radical edge’ (Strawbridge, 2008). Narrative theory encompasses a broad and multidisciplinary range of interests, ranging across literary and linguistic study, philosophy, anthropology and sociology, as well as cognitive and, more recently, neurobiological psychology. From a philosophical and psychological perspective, it offers an interesting viewpoint on the nature of consciousness, with particular insights into the subjective self and how self-knowledge may be acquired diachronically. (Harrelson 2017, Klein 2015, Singer et al., 2013, Siegel 2010, Parfit 1982, Schechtman 2011). From a psychosocial position, it views the self as being partly constructed through its social context and is therefore inherently interested in the interpersonal aspect of narrative creation (Squire et al., 2014). In this regard contemporary narrative theory aligns with the 19th century thinkers who inspired the principles behind Counselling Psychology, such as Wundt who argued that psychology was the science of consciousness (as opposed to a branch of medical science) and William James who suggested that the ‘self’ is the creation of the array of relationships that the individual has with others. These ideas developed with G.H Mead’s theory of symbolic-interactionism, highlighting the social context in which the self is constructed as well as its aptitude for self-reflection.

Building on psychosocial narrative theory, research and discussion into the role that narratives play in mental well-being, and in therapy in particular, have also proliferated recently. Siegel (2010) has discussed the importance of ‘sensing’ reflective and coherent narratives in attaining both intra- and interpersonal attunement in therapy. In addition, research by Adler (2015) has drawn a direct connection between positive outcomes in therapy and greater agentic themes in personal narrative accounts. These recent examples of psychosocial narrative research mirror

the principal mechanisms identified by humanistic theorists such as Maslow (1943) and Rogers (1957) who, inspired by symbolic-interactionism, sought to build a form of therapeutic practice around an awareness of the helping relationship with a focus on the principles of empathy, attunement and fostering a sense of agency - the former two of which have been empirically proven to be robust factors in good therapeutic outcomes across modalities (Norcross, 2011). The current direction of this type of narrative psychology research suggests that there might be valid benefits in paying closer attention to the narrative processes that occur in treatment sessions. For counselling psychologists in particular, this direction of narrative research may offer an additional tool when trying to listen, connect and attune to their clients, and when enhancing a client's sense of agency is a therapeutic goal.

Relating to this theme of agency, a large body of narrative discourse is increasingly focused on the social and political positioning of personal narratives within broader power structures and their associated networks of 'macro-narratives' (Squire et al., 2014). This has particularly concerned marginalised and oppressed groups, such as ethnic minorities and LGBT+ people, and might gain heightened relevance given the current rise in economic and social inequality in the UK. Counselling psychologists heeding the recent call for psychologists to work towards social justice and to resist any use of psychology which might propagate inequality or oppression (Proctor 2006, Wolfe, 2015) would certainly benefit from paying closer attention to the ways such macro-narrative discourses inform their therapeutic practice.

Drawing on aspects of both traditional and contemporary narrative theory, as well as on recent empirical research in the field of narrative psychology, this research hopes to show how an increased understanding of narrative processes in therapy could yield significant and potentially cross-modal benefits.

1.1.4 Research Question and Problem Statement

Research Question: 'How do narrative and emotion processes present in therapy and how might these relate to narrative identity, change and agency?'

This research will seek to build on quantitative research carried out in the area of narrative and emotion processes in therapy (Angus & Hardtke, 1999, Boritz et.al., 2013, Angus & Boritz, 2015, Angus et.al., 2017) by expanding the methodological framework previously used by

researchers, with the aim of further illuminating these constructs. It has been suggested by Mörtl & Gelo (2015) that the quantitative coding system used in conducting ‘narrative-emotion’ (Angus & Greenberg, 2011) research in therapy sessions could yield some insightful results if it were applied to a qualitative methodology. Furthermore, recent literature in the field of psycho-social narrative research suggests that the narrative and emotion codes used in previous research may benefit from an expansion of the original, qualitatively-derived constructs to include broader psycho-social narrative theory (Mörtl & Gelo, 2015).

1.1.5 Organization

The literature review will begin with some contextual background on the origins of narrative theory. It will then go on to discuss more recent applications of narrative theory, specifically with regard to two particular areas of interest: theories pertaining to narrative psychology, and the socio-political dimensions of identity positioning. Following this familiarisation, the discussion will turn to empirical research supporting the existence of narrative scripts. It will then consider research supporting the correlation between certain types of meaning-making structures and mental well-being. Then follows a theoretical discussion of the several different meaning-making parameters. This will lead to an exploration of the importance of an embodied felt sense and of attunement to narratives in therapy. Subsequent to this examination will be a critical evaluation of research carried out thus far into narrative-emotion processes in therapy and how the ‘NEPCS 2.0’ coding system may be further explored using the theory and research presented. Finally, the summation will include a discussion of the implications of the literature for the research topic and assert the importance of adding to previous research already carried out into narrative-emotion processes in therapy.

1.2. Literature review

1.2.1 Background Theory

1.2.2 Early Narrative theory

The earliest definition of what narrative does is found in Aristotle's 335 BC examination of Greek tragedy, the *Poetics*. In a narrative act, life is imitated; 'mimesis' is performed. The author creates a representation of events, emotions – of experience itself (Mattingly, 2008). The Russian formalist sociolinguists of the 1920s, who established contemporary narratology, proposed a differentiation between 'story', or *fabula*, and 'narrative', or *syuzhet* (Squire et al., 2014). According to these theorists, 'story' refers to all the building blocks you start out with: a set of events, people and places. This material can be put together in all manner of distinctive ways. This is where 'narrative' comes in: it's how the story material is woven together and given its shape through making choices about *how* to put it together. In other words, it is the *meaning-making* action given to the factual events. Propp's (1928) categorization of the functions served by narrative units within fairy tales was the first major attempt to examine the core structure of narratives. His work directly contributed to the work of Labov (Labov & Waletzky, 1967) which describes what it claims is a 'universal form' of event-narratives, which are spoken first-person narratives about past events that happened to the teller. Labov noted how even the most spontaneous, rushed telling of events, the most apparently obvious examples of 'story' or *fabula*, could be said to have the 'narrative' organization of the *syuzhet* (meaning-making) built into them (Squire et al., 2014). Labov also gave great importance to our cultural narratives, stating that when we give a narrative account, the meaning-making given to events is invariably inflected by our culture (Labov & Waletzky, 1967).

Later, structuralist linguistics, as developed by Saussure, Barthes and Levi-Strauss, considered narratives as sets of symbols with interdependent and mobile relationships to each other, rather than simply having straightforwardly available one-to-one meanings. Barthes, the founder of semiotics, contended that narratives were made up of five 'codes': the hermeneutic or 'enigma' code (something that becomes a mystery); the proairetic or 'action' code (an action that suggests something will happen); the semantic code (meanings and associations we might draw); the symbolic code (meanings at deeper, structural levels); and the cultural code (made from shared knowledge of cultural norms). According to Barthes, texts and spoken narratives

may weave these codes together in distinct ways, but any narrative will include one or more of these codes (Barthes, 1977). The anthropologist Levi-Strauss, in his study of the universal forms of myth asserted that binaries such as good/bad, male/female, young/old and hero/villain are part of the basic structuring of the human mind and point to a way in which we unconsciously internalise the values, beliefs and myths of a culture (Strauss, 1955). Both Barthes and Levi-Strauss maintained a focus on what the language of stories might ‘really’ mean at a deeper, structural level and how they work within social groups.

With this brief synopsis of early narrative theory the diverse application of term narrative is apparent and indeed reflects the ways in which human beings use narrative in the world. As performance in plays, films and novels etc., its ‘mimetic’ function is perhaps most obvious. However, from the formalist, meaning-making view of narratives, and the structuralist, universal myth perspective, sprang the psychosocial narrative roots that would question both why human beings impose certain meaning-making structures on events that happen, and how this phenomenon occurs. The Labovian distinction between ‘story’ *fabula* and ‘narrative’ *syuzhet* is still used, often in an adapted way, to analyse some kinds of narratives, and also as a starting point in developing other ways of defining and investigating narratives (Bell, 2009; Mishler, 1995, Patterson, 2008; Riessman, 2008). That said, many narrative researchers suggest that the story/ narrative, *fabula/ syuzhet* distinction often breaks down and is not very helpful (Culler, 2002). However, as Reissman (2008) points out, ‘whatever the content, stories demand the consequential linking of events or ideas. Narrative shaping entails imposing a meaningful pattern on what would otherwise be random and disconnected.’ (Reissman, 2008; p.5). Here, Reissman maintains emphasis on the original Labovian classification of meaning-making. She goes on to state: ‘I have come over time to adopt contemporary conventions, often using the terms ‘story’ and ‘narrative’ interchangeably in writing’. (Reissman, 2008; p.6). This research will follow in Reissmans’ footsteps and also use the terms ‘story’ and ‘narrative’ interchangeably in writing.

1.2.3 The Narrative Turn in Psychology

Narrative scholar Kristin Langellier (2004) locates the beginning of what has been termed the ‘narrative turn’ as early as the 1960’s, linking it with a general pull away from an empirically driven scientific method of understanding human beings and their experiences to a more humanistic approach. Many authors point out that post-war anti-positivism in the social

sciences, such as in Wright Mills' *Sociological Imagination* (1959) became part of a groundswell of humanist-oriented social sciences from the 1950s onward. This move happened partly in response to a political situation in which all-encompassing empirical and hypothetical understandings of society did not seem to be leading to anticipated or rewarding outcomes (Stanley, 2010). At the same time, humanist psychology became more prevalent, both clinically and intellectually, working against the reduction of mind to dependent variables, quantifiable in experiments, or to unconscious influences knowable only by an initiated elite (Mattingley, 2008). In the 1980's, an important strand of narrative psychology contributed to this, pioneered by Sarbin (1986), Bruner (1986, 1990) Polkinghorne (1988) and Ricoeur (1984, 1986). The humanist narrative psychology school regarded experience as actively storied in temporal, social and emotional modes and linked human stories to agency (Squire, et al., 2014).

Psychologist Jerome Bruner theorized that there were 'two modes of knowing'; the 'narrative mode' of knowing and the 'logico-scientific' mode, also referred to as the 'paradigmatic mode' (Bruner, 1986). As Czarinowska (2008) explains, while a logico-scientific mode would have to establish and prove the difference between the events, a narrative can simply put the essentials close together to demonstrate an explanation. For example: 'As lava spurted in all directions, the geologist looked up and saw the volcano shake.' Bruner (1990) illustrates that in narrative it is the *plot*, not the truth or falsity of story components that determines the power and *coherence* of the narrative. A narrative which says 'The office clerk resigned and then the zoo opened' (i.e. a narrative with an incomprehensible plot) will need some added elements to *make sense* of it, even if the two events and their temporal link may be true in themselves. In this regard, Bruner argued that the narrative mode can make the unanticipated comprehensible: "The function of the story is to find an intentional state that mitigates or at least makes comprehensible a deviation from a canonical cultural pattern" (Bruner, 1990; p. 49). For Bruner, this "method of negotiating and renegotiating meanings by the mediation of narrative interpretation... is one of the crowning achievements of human development in the ontogenetic, cultural and phylogenetic sense of that expression" (1990; p. 67).

Polkinghorne, too, conceived of meaning-making as a supreme feature of human thought, especially because what was deemed a fault in science - openness to competing interpretations - is precisely what makes narrative so special. The openness to interpretation and exploration for meaning allows an event to be rendered meaningful by examining a variety of phenomena, such as for instance, human intention. For example, an 'explosion' is an event but "an explosion

due to the faulty piping put in by a gas company” is a different story entirely (Czarniawska, 2004; p.17). Consequently, Polkinghorne asserts the need to understand the *context* of an event in order to make meaning: “When a human event is said not to make sense, it is usually not because a person is unable to place it in the proper category. The difficulty stems, instead, from a person's inability to integrate the event into a plot whereby it becomes understandable in the context of what has happened” (Polkinghorne, 1987; p.23).

Ricoeur (1988) enriched the cognitive argument for narrative by positing that because humans experience reality in the dimension of time, temporal ordering connects event elements into conceptual unity by default: from the structure of ‘one thing after another’ arises the conceptual relation of one thing *because* of another. The emulation of continuity demanded by life therefore makes narrative meaning-making the ideal and obvious vehicle for personal identity construction and self-understanding. He adds that as we make meaning of events experienced over time (diachronically), we also have the ability to construct and re-construct our own identities in the past, present and future (Ricoeur, 1988). This is a similar concept to what is described by Endell Tulving as ‘mental time travel’, whereby individuals can journey into past memories, reconstruct meanings and travel into an imagined future with new imaginings based on altered self-constructs (1985). The implication for Ricoeur was not to re-invent oneself based on imagination and inaccuracy, but rather to achieve greater understanding and acceptance of the past, and to move towards the future with greater hope (Ricoeur, 1988). This work contributed substantially to an area of philosophical and psychological thought called narrative identity theory which will be discussed further in this chapter.

1.2.4 Social identity positioning and cultural scripts

“Myths operate in men's minds without their being aware of the fact”

- Levi –Strauss (1962, p.12).

Whilst the humanist-inflected cognitive turn in psychological narrative theory tended to move research towards an understanding of what narrative does inwardly, outward concerns in narrative research developed just as strongly. Reframing descriptions of narrative in *external* categories of meaning making, such as Barthes category of the ‘cultural code’, raised the question of how these categories interact with the *internal* subjective self (Squire et al., 2014). This, in turn, led to further questions as to what narratives do socially and politically regarding

the power of the individual, and is a primary concern in contemporary narrative research (Squire et al., 2014).

When writing of the importance of culture in narrative, MacIntyre (1981) noted that the chief instrument of moral education in pre-modern societies was the relating of stories in a genre relevant to the sort of society whose story was being told. In the process of what anthropologists call 'enculturation', young people were encouraged to attribute meaning to their lives by connecting them to the legitimate narrative of the society to which they belonged. To be understood, these private constructions of identity must mesh with a community of life stories, or 'deep structures' concerning the nature of life itself in a particular culture (MacIntyre, 1981). It makes sense to contend, as Riessman (2008) has, that the connection between biography and society may become possible through the close analysis of stories. Today the narrative research most allied to this perspective is that which looks at large- and small-scale *positioning* of narrators, narratives and audiences, and how they are constituted by discourses of power and knowledge (Squire et al., 2014). Building on the assumptions that narratives build up human meanings (rather than, as in scientific equations, models and theories, the meanings of the physical world), Squire and colleagues (2014) point out that there will be social and historical limitations on where and when they can be understood, and by whom. As Polkinghorne (1987) asserts, stories must always be considered in context.

The close relationship between emancipatory social practice and narrative research has been driven by stories themselves and researchers' engagements with them. Feminist and Black Power movements in the 1970's questioned the culturally specific, and habitually discriminatory, assumptions attending concepts of the 'human' (Foucault, 1994), often using personal narrative accounts as political documents. Thus, personal narratives can be taken to include the current and past historical, social and cultural narratives within which they are situated, and which at least partly produce even the most intimate personal narrative account (Czarniawska, 2004). Frank (2012) has raised these issues in his work documenting illness narratives, calling for researchers to question the *availability* of narrative resources: 'People express personal identities in stories, but their stories are made up from stock expressions' (Frank, 2012; p.33). Frank (2012) urges narrative researchers to question what types of narrative plots are available to an individual for them to draw on to make sense of the events in their lives. If there are only a certain number of narrative plots available to someone, then this may limit their ability to *tell* their story. By the same stroke, a limited stock of narratives

may mean a story cannot be *heard* by others, either by society at large, or by close relatives and friends (coming out as gay in a conservative religious culture, for example).

This has key implications for the concept of agency, in that it implies that we need access to an available societal frame in order for stories to be heard, acknowledged and validated. We can see instances of this in recent political discourse, for example with the concept of intersectionality as discussed by Kimberle Crenshaw (2018) which highlighted the need for a narrative frame to describe the *experience* of a ‘woman’ who is also ‘black’ as opposed to the separate frames that these terms each imply. There can often be a sense of profound affirmation and an increased sense of empowerment for a person whose internal experience of the world can be articulated so that it makes sense to someone else (Squire et.al., 2014). The understanding that an authentically experienced self-identity seems hard to achieve has been critically applied to the post-modern urge to seek one’s ‘own’ identity within a multitude of possible narrative identities (Gergen, 1997). Modernity surrounds us with a plethora of possible narrative selves via films, books and TV, which can now be further used to move us away from any notion of an authentic self, thanks to the rise of constructed self-identities on social media. In turn, there has been a growth in ‘self-seeking’ narrative identity discourse, which can be seen through the growing therapeutic culture which has risen in line with post-modern fragmentation of the concept of identity. Narrative academic and therapist John McLeod (1997) has condemned therapy for failing to address this issue head-on: “We inhabit a densely storied world, but in the main find ourselves acting as the passive recipients of waves of stories transmitted by television, newspapers and novels...each year an average member of a modern urban–industrial society will consume... many hundreds of transient, distanced stories that have relatively little personal meaning and are barely recollected once heard or seen. At least therapy provides an opportunity to tell one’s own, personal story in all its detail. This is probably the great appeal and yet the disappointment of therapy” (McLeod, 1997, p.68). Here, McLeod is appealing to the therapeutic community to actively listen to the stories told in therapy, to the meanings made and to how those meanings have been socially constructed, rather than focusing primarily on diagnostic criteria (themselves forms of clinically constructed narratives) to apply to descriptions of experience.

1.3 Research and theory relating to narrative identity

1.3.1 The Narrative Script

Moving now to a cognitive model of narrative identity, the notion that we internalise external narratives to create a sense of self has been a recent focus of inquiry for clinical and personality psychologists. The term ‘narrative script’ was initially used by Tomkin in his script theory of personality (1979, 1987), which posited that the repetitive linking of associated events in our external world via sensory systems results in the development of a ‘script’. Habermas and Bluck (2000) introduced an equivalent construct termed ‘life story schema’: a mental representation of life’s most important events and their links. Their research found that individuals begin to form a biographical view of the self or ‘narrative identity’ by organizing significant memories into narrative form at around age ten. This organizing and collecting of significant life stories peaks at around age twenty, with most mature adults demonstrating an overrepresentation of vivid life memories from this age (Conway & Pearce, 2000), leading to the theory that this period may reflect the consolidation of our primary construction of identity (Habermas & Bluck, 2000, McAdams, 2001). However, it is only those memories that link to the self through their *motivational* and *emotional* significance which become truly autobiographical and which form the life-story schema (Habermas & Bluck, 2000). Other researchers have focused on operationalising the ‘script’ theory further. Siegel & Demorest (2010) developed systematic methods of measuring maladaptive schemas identified as ‘affective scripts’ in the laboratory. In research on long-term therapy transcripts, they demonstrated the power of affective scripts found in hundreds of storytelling sequences to *influence* how people reconstruct past experiences and potentially interpret new ones. In isolating maladaptive schemas in the form of stories told and demonstrating their top-down effects, these researchers validated the notion that we form parts of our identity through the act of diachronically storying our lived experience.

Based on an amalgamation of this research and numerous studies of their own (Singer & Moffit, 1992, Singer & Salovey, 1993, Singer & Blagov, 2002, Singer & Baddeley, 2005, Singer & Robins, 2007, Singer & Bonalume, 2010, Singer & Messier, 2010, Singer & Stockdale, 2011), Singer and colleagues (2013) have proposed a model of narrative identity linking narrative scripts, self-schemas, goals, and the retention and retrieval of autobiographical memories. Their model draws on contemporary neurobiological theories

regarding implicit and explicit memories. Implicit memories involve behavioural learning, emotional reactions, perceptions of the outer world and bodily sensations, allowing us to summate experiences into 'schema' or mental models of events. At around 18 months of age explicit memory develops, consisting of two basic elements: factual memory (semantic) and memory for oneself in an episode of time (episodic or autobiographical). Whether as factual or as autobiographical assemblies, explicit memory involves a flexible capacity to sort through a range of recollections and enables us to have an internal search engine that can adaptably search various parts of our lived experience. By age two, the pre-frontal area in charge of telling of stories begins to develop, and this enables our 'self-knowing' (auto-noetic) awareness and also a diachronic sense of self (Conway & Pearce, 2000). Conway & Pearce (2000) suggest that the episodic memory system interacts with what they call the 'long-term self', generating autobiographical memories; some of which, because of their relevance to long-term goals and enduring conflicts, evolve into 'self-defining' memories. Singer and colleagues' (2013) research has provided support that it is the *convergence* among self-defining memories that leads to the creation of narrative scripts which schematize repetitive action-outcome-emotional response sequences. In other words, we are more likely to store autobiographical memories which relate to internal and external conflicts and desires. These are then added to with new autobiographical memories, resulting in self-defining memories which over time form our narrative script. Singer and Bonalume (2010) devised a coding system, based on the finding that there are repetitive narrative sequences in 50% self-defining memory narratives – they identified these sequences as the 'narrative script'.

Both self-defining memories and narrative scripts serve as the ingredients for an overall life story that, with time, grows in complexity as it adds chapters across the lifespan. It is the narrative script and life-story that are seen as a primary aspect of understanding an individual's narrative identity. However, what Singer and colleagues' (2013) suggest is that our narrative scripts can essentially *hijack* the day-to-day stories we tell about ourselves by creating mental schemas or self-concepts that may not be accurate representations of ourselves or our daily experiences. This issue becomes relevant to the area of mental health if we have developed particularly negative or perhaps inaccurate narrative scripts, evident in the meanings we make from events in our past, present, or imagined futures. The authors cite their own and others' previous research in suggesting three key criteria which may prevent narrative script from dominating the meaning-making processes we employ when constructing narratives about our

experiences. These will be explored and expanded upon below in relation to other key research, theory and philosophical positions.

1.3.2 The Importance of Meaning-Making

Support for the relationship between meaning-making and psychological health has largely been found in the areas of change and life-narratives. As Bruner (1986) and others asserted, when an individual undergoes a change, he or she must work to make sense of the alteration, connecting the prior self to the self after the change. Consequently, psychologists have studied a wide variety of change narratives, including stories of religious conversions and career shifts (Bauer & McAdams, 2004), the coming-out process in gay men and lesbians (King & Smith, 2004), divorce (King & Raspin, 2004), bereavement (Baddeley & Singer, 2010), the college years (Lodi-Smith et al., 2009; McAdams et al., 2006), and the discovery that one is to give birth to a baby with Down's syndrome (King et al., 2000). A key finding in this research is that of the 'redemption narrative' first identified by McAdams in 1988. Early conceptualizations of this type of narrative include Joseph Campbell's (1949) 'The Hero's Journey', which is a single story derived from analysing thousands of global myths and acts as an 'organization of symbolic images, metaphorical of the possibilities of human experience of a given culture at a given time' (Campbell, 1949; p.2). The story symbolizes an individual's struggle that results in growth and wisdom and a return to life with a desire to help others with their story. Similarly, Frank (1997) describes the 'Quest' narrative often invoked in illness stories, where struggle results in growth and wisdom and a desire to give back to the community. McAdams developed in-depth coding for his 'redemption scripts', which similarly involved negative affect scenes which ultimately move to positive outcomes, involving a meaning-making process of events that leads to personal growth and wisdom (McAdams, 2006). Furthermore, in content analysis research into the narratives of mid-life adults and adolescents, McAdams (2005) also found that redemption imagery was more likely to lead to themes of enhanced autonomy; similar findings appear in recent research by Adler (2015) into change and agency over the course of psychotherapy, which will be discussed in the 'Agency' section of this chapter.

Similarly, Singer and colleagues (2013) have found that the capacity for meaning-making in response to narrated experience is generally predictive of psychological health, well-being and capacity for growth. Furthermore, their research found that a maladaptive narrative script was *less* likely to dominate life narratives when an individual was able to use each level of their

narrative identity (memories, scripts, and the life story) to explain, reveal, or cause change in the self; in other words, when they are *effective* at meaning-making. A major caveat is that the meanings extracted from experience need to be *coherent* (i.e., sensible rather than fragmented), *flexible* (i.e., capable of revision in light of new information), and *accurate* (i.e., neither too self-critical nor too grandiose). These three meaning-making and narrative identity processes maybe be relevant concepts to use in observing ‘how’ an individual may arrive at a psychologically beneficial life-narrative and more positive narrative identity overall.

1.3.3 Coherence

The importance of coherence in meaning-making (Singer et.al., 2013) has been supported in other areas of psychological and philosophical research and theory (Bruner, 1990, Tedeschi & Calhoun, 1995, Angus & Bortiz, 2015). It may be possible to connect the concept of psychological coherence more generally to the Lockean idea of diachronicity, which supposes that that we constitute our sense of self via the temporal ordering of events through our memory: “personal identity—that is, the sameness of a rational being—consists in consciousness alone, and as far as this consciousness can be extended backwards to any past action or thought, so far reaches the identity of that person.” (Locke 1689, Bk. 2, Ch. 27, Sec. 9). Narrative theorists have added that personal identity is formed through integrating experience into the *cultural norms* via storytelling (Bruner, 1990). Identity theorist Mayra Schechtman further notes that ‘personal identity can survive psychological changes as long as there is a *coherent narrative* of change which makes the latter psychological configuration the heir of the former’ (Schechtman, 2011; p. 9). This supports the idea that making a coherent story of the past would lead to an acceptable change for the individual and a happier self (as opposed to a fractured, isolated, splintered self).

Psychotherapy research has given credence to the importance of narrative coherence and mental-health. When traumatic events undermine the ontological and moral assumptions upon which a life story is based, the narrator faces the daunting challenge of reworking those assumptions in order to make new meanings in a world that now seems meaningless (Tedeschi & Calhoun, 1995). Neimeyer and Botella (2006) used an in-depth single case study of early trauma to observe the passage from an incoherent, fragmented narrative to a coherent one during a course of long-term psychotherapy. The research supports narrative theory in suggesting the importance of meaning-making of events that fall outside of ‘normal’ cultural discourses in creating a coherent self-identity. Furthermore, in considering the power of life

stories to advance living action, the issue of narrative coherence ultimately reveals the cultural underpinnings of narratives and of the very concept of coherence itself (Tedeschi & Calhoun, 1995). However, as made clear by McAdams (2008), any consideration of narrative coherence must also come to terms with the characteristic assumptions regarding what kinds of stories are understandable and valued among people who live in and through a given culture.

1.3.4 Flexibility

Singer and colleagues (2013) also found that being able to revise meanings extracted in light of new perspectives was important with regards to psychological health. Reflection on these findings, and their similarities with other research outcomes, strengthens that view that having a flexible understanding of the self can affect the meaning-making (narrative) categories at our disposal. Lilgendahl, McLean & Mansfield (2010) found that individuals who subscribed to a view of personality as fixed or unchanging were more likely to make self-attributions about being ‘bad’ when describing memories of past transgressions. Conversely, ‘differentiated processing’ (finding instances of personal growth in negative experiences) was correlated positively with openness and well-being. It also seems that being able to ‘access’ notions of growth can itself entail growth and well-being. Bauer, McAdams & Pals (2008) have linked the ability to find meanings of positive growth and transformation in life stories to higher levels of eudaimonic well-being (a combination of happiness with higher levels of ego development). Tedeschi and Calhoun (1995) discuss this in their measure of post-traumatic growth, whereby individuals experience positive outcomes through traumatic experiences including insight and self-knowledge. This, they state, is only likely to happen in when the individual is able to access *proximal* connections to others (e.g., close friends/relatives/therapist) who can facilitate this process and question inaccurate or rigid interpretations such (e.g., ‘I am to blame for the terrible event because...’) and where there are *distal* social structures surrounding the individual that encourage/support their narratives and search for growth.

These studies suggest that having an openness to interpretation of events is key in determining the outcome of a ‘turning point’ and sheds some light on the mechanisms that may be at play in redemption narratives. However, they also suggest that an individual’s access to flexible meanings is related to their close connections to significant others, and to the socio-cultural narratives available to them. In this sense, they relate to Frank’s (2012) assertions regarding the access an individual may have to *alternative plots* in the stock expressions of narratives in

their worlds. Being able to question one's narrative positioning leads to a greater capacity to reflect on one's position from a meta-cognitive perspective (Bauer, McAdams & Pals, 2008), one that can question the cultural norms underpinning the narrative script. This notion has been applied to therapy processes directly through the observation of turning points and 'reconceptualization' moments by Gonçalves and colleagues (2009) and will be discussed later in this chapter.

1.3.5 Accuracy

The final condition proposed by Singer and colleagues (2013) in facilitating a 'healthier' narrative identity is that stories recounted need to be *accurate* (neither too self-critical, nor too grandiose). This too, can be theoretically expanded on through discussions by other authors of questions around the validity of self-narratives. The literature presented thus far has demonstrated that if an individual can recount their experiences in a coherent and flexible manner, their sense of self will in turn be coherent and psychologically healthier. Yet some memory and identity theorists have debated whether our self-narratives can be relied upon at all, questioning if autobiographical memory is even *necessary* to constitute a sense of self, as the Lockean view would assume. The anti-narrativist identity philosopher Galen Strawson has explicitly stated that we should not trust the diachronic sense of self that arises when we construct narratives about our lives, as memory is always flawed, and storytelling is always embellished and un-truthful (Strawson 2004). He argues that we should instead disconnect from the diachronic past and feel free to construct our identities anew in the present, episodic realm. This view is important to consider for clinicians, as it calls into question our ability to tell if a meaning made during narrativization demonstrates an authentic representation of the self. More importantly, how can we know if a new story being made is not as revisionary and false as Strawson fears? These questions relate to concerns raised over White and Epston's (1990) Narrative Therapy, which offers techniques to 're-author' the self to fit a more desired outcome. This is akin to believing that we *are* the stories we create - a view of narrative that runs through various narrative theory strands (Harrelson, 2017). For instance, McIntyre in 'After Virtue' (1971) claims that there is a single, correct narrative for every life, that exists regardless of whether anyone tells it, and which we need to *find*. To claim that there is a right narrative that 'exists' before we experience it, is of course an extreme position. After all, we can only make-sense of real events that have actually happened. Whilst it is true that we may access pre-existing structures of available narrative plots, in the forms of myths, archetypes,

social narratives and so on, that may influence the *way* we make sense of events (Frank, 2012), this does not mean that we do not first experience reality with our sensory, affective and myriad cognitive processes. This leads to the question of how best to enable someone to make-sense of events through a more ‘authentic’ lens. Philosophically speaking, this is far from a simple question.

As discussed above, the importance of reflecting upon and even questioning our personal narratives may perhaps be more salient now than ever, as we continue to consume a vast array of external cultural, societal and familial narratives which, as the recent research suggests (Singer et.al., 2013), may affect our capacity to create more authentic and autonomous meanings of events. Yet taking Strawson's (2004) position that this is best handled by not connecting to or recounting past events *at all*, due to the chance of creating a false reconstruction of self, leaves us without the possibility of understanding our lives retrospectively – that is, with the benefit of hindsight and reflection. The question of how we can know if events recalled are more or less accurate can be related to what Singer and colleagues (2013) describe as memory specificity, involving vivid detail and connection to affect. Whilst Singer and colleagues (2013) do not explore this dimension in depth in their research, it could be expanded upon by discussion research regarding the importance of connecting to an inner felt sense or embodied emotion as a vital component of a more authentic narrative construction and meaning-making process.

1.4 Accessing the internal self

1.4.1 The Felt Sense

Singer and colleagues (2013) finding of the importance of using vivid, specific memory to accurately gain meaning from a self-defining memory can be usefully applied to therapeutic encounters by bringing in discussions of what Gendlin (1962) described as the ‘feeling of rightness’ that occurs in therapy when a client and therapist engage in collaboratively finding meaning via the storytelling process. The feeling, which he located in the felt sense, exists in pre-verbal consciousness. That there is an internal self, capable of a sense of rightness is a philosophical position relating to consciousness and informs the epistemological position of this inquiry. The idea of a felt sense as a deeply subjective sense of self has largely been rejected by positivist psychology as it is not measurable using scientific methods currently available

(Klein, 2015). Yet its value to the work of counselling psychologists is highlighted by Rogers, in asking ‘is there some view which might preserve the values of scientific advances and yet find more room for the existing subjective person who is at the heart and base even of our system of science?’ (cited in Gendlin, 1962, p. 48). Gendlin (1962) described the therapeutic process as a cyclical moving in and out of stories; the client brings a problem, reflects, clarifies, links and makes meaning, which leads to insight, or breakthroughs felt by a deep inner subjective self. Storytelling in therapy is, for Gendlin as for many narrative theorists, the bridge between the ‘auto-noetic’ self and the world of language, culture and identity. Other researchers have explicitly sought to observe the relationship between emotion and narratives in therapy and will be discussed further in this chapter.

1.4.2 Situating the self: narrative co-construction

Stories are ultimately told from somewhere between a unified and cohesive narrative identity and the multiple-voiced narrative identity of our external world. As Stiles (1999) notes, “multiple voices within people can represent depth of resources and flexibility, or they can represent fragmentation and dissociation. The difference is the strength of the meaning bridges – the sign mediated links between voices” (Stiles, 1999; p.3). Self-narrative theorists have argued that meaning bridges *must link back to the self eventually* in order that the experiences recollected are authentic (Weibel, 2002). For Newman and Holzman, there is a danger in storytelling being too performative as this may affect how we ‘situate our experience’ (Newman and Holzman, 1993; p.37)

That stories are constructed for an audience has been the focus of much narrative research (Squire et al., 2014). Recent developmental research has suggested that narrative might be a collaborative process continuously practiced between child and parent throughout childhood. Although this is typically associated with ‘scaffolding’, the view that the parent teaches basic storytelling skills and retreats once they are mastered, Haden, Haine, and Fivush (1997) propose that a more appropriate model is a ‘collaborative spiral’ (Haden, Haine, and Fivush, 1997; p.304), due to their finding that narrative strategies tend to evolve and become more sophisticated between parent and child, noting that the primary goals seem to be to ‘promote social goals of re-establishing interpersonal bonds through co-constructing shared stories of the past’ (p.304). Anderson (2004) points out that this can be problematic for children who may accept their parents’ stories, allowing their voices to creep into their own stories as well:

“the voices we accept, then, are our experiences of our encounters in the relational space between us or among characters” (Anderson, 2004; p.9). Similarly, the multiple voices referred to by Frank (2012) as polyphony or heteroglossia, are then further co-constructed with each re-telling of an event as later listeners will again add another voice to the experience. Anderson (2004) further expands this idea by suggesting that if we too readily accept a meaning made by another ‘voice’, this may then create a ‘meaning bridge’ forever stored in our memory and used in our self-narratives. Yet if the location of such a meaning bridge is made *externally* to us, i.e. by an ‘Other’, then it may not be of optimal service to us.

In the context of therapeutic communication, Spence (1982) notes that misunderstandings expressed by the therapist can alter the experience of the story and “replace the target image, part of the past now placed forever out of reach” (Spence, 1982; p.63). Furthermore, the original experience may remain locked inside without the signs available for expression, creating further distance from the narrator’s experience. Trying to hear the multiple voices within a client’s narrative and to aid the location of a more authentic self-narrative may therefore be crucial to the therapist as listener.

1.4.3 Attunement in therapy

To help clients connect to their emotional and felt sense states and put them into coherent narratives, therapists must engage their own felt sense states as well. This assertion is bolstered by the ‘common factors’ research protocols. Building on four decades of empirical research, the therapeutic relationship has been proven to be the best predictor of good outcome therapy. Norcross (2011) identifies alliance, empathy, goal consensus and collaboration as key ingredients to the psychotherapeutic relationship. Empathy is highly related to attunement and is the most robust factor, defined as the therapists’ ‘sensitive ability to understand the clients’ feelings, thoughts and struggles, from the clients’ point of view’ (Norcross, 2011, p.12). In Anthropology, research into healing rituals consistently demonstrates that it is the basic human need for connection to others and well as expectancy and hope that makes healing rituals work (Frank and Frank, 1991). The importance of feeling connected, heard, and hopeful about the future should therefore not be underestimated the therapy sessions (Budge and Lampold, 2015). Practitioners and researchers alike have become interested in understanding the importance of felt sense connection between therapist and client in treatment. Bucci developed her Referential Activity (RA) theory through her own clinical work, citing Gendlin’s (1962) idea of a cyclical

pattern between storytelling and connection to felt-sense (Bucci, 1997; Bucci, 2001, 2002; Bucci, Maskit & Murphy, 2015). The RA theory has three major components characterized as arousal, symbolizing and reorganizing. In the arousal phase, traces of the problematic emotion schema are activated within the therapeutic relationship. Bucci explains that: ‘the particular kind of awareness that occurs in the arousal phase of a session involves connection of one’s subsymbolic bodily and affective experience to the perception of the other who is listening and responding. These are the specific moments in which the patient recognizes that he or she is understood or not understood, or some other interaction plays out that may not be verbalized, but that is recognized by both’ (Bucci, 2002; p. 13). This enables the symbolizing phase, in which accurate images and narratives bring elements of the problematic emotion schema into explicit and shareable symbolic form. Once the material is shared, there is opportunity for a reorganizing phase in which the source and meaning of the events that make up the schema may be further explored, new connections may be discovered, and new schemas constructed. Empirical research by Adams (2010) into moment-by-moment client–therapist interactions found that therapist statements that were high in experiencing (feeling statements) influenced client experiencing and the depth of therapist experiential focus. Given that client experiencing predicts outcome and that therapist depth of experiential focus influenced client experiencing and predicted outcome, a path to outcome was established suggesting that the therapist’s depth of experiential focus influences client’s depth of experiencing, and that this relates to outcome.

Siegel (2010), in a parallel theory to that of Bucci (2015), posits that in order to activate self-reflection, it can be helpful to ‘feel being felt’ by another. In his theory of Integration, Siegel describes a rhythmic back and forth between the left brain, where we use language and stories to make sense of the past, present, and anticipated future, and exploration of the felt feelings in the right brain. As Siegel (2007) describes it, “Narrative integration is more than just making up a story—it is a deep, bodily and emotional process of sorting through the muck in which we’ve been stuck” (Siegel, 2007; p. 308). He expands on the need for felt-sense attunement by adding the need for narrative attunement as well. By attuning to the stories told therapists can “create a story in their own minds ...I see her journey in its route across time and let her know in our discussions how that evolving story exists in my mind through the ways we connect around making sense of her life” (Siegel, 2007; p. 291). By attuning to the internal state of clients and to their narrative experiences, he suggests that it is possible to collaboratively reflect upon experiences and ‘sense’ coherent, accurate meaning-making. This in turn promotes greater *internal* attunement in the client. This concept has been supported by research which

found that parents who demonstrate more coherent narratives on the Adult Attachment Interview scale tend to be better able to attune to their own children. “We would see that even self-understanding – the ‘making sense’ process of creating a coherent narrative fundamental to secure attachment could be viewed as an aspect of internal attunement that is fundamental to a mindful way of being” (Siegel, 2007; p.206).

1.4.4 Agency

Having a greater awareness of the internal self may be a key ingredient in developing greater autonomy and agency (Gendlin, 1962). The concept of agency concerns an individual’s autonomy, achievement, mastery, and ability to influence the course of his or her life; it is therefore strongly connected to the individual’s sense of meaning and purpose (Adler, 2015). Rogers (1957) viewed increased autonomy as a fundamental aim of person-centered therapy in his discussion of self-actualization, and Sarbin (1986) saw the eventual aim of self-narratives as a shift from being an actor to being more of an author of one’s own story. As discussed above, research into life stories by McAdams (2005) found that ‘turning points’ in redemption narratives (moments of profound realization) were often preceded by themes of enhanced agency described as ‘feelings of self-confidence, power, autonomy, and so on’ (McAdams, 2005; p.57). Following on from McAdams’ research, Adler (2015) sought to explicitly investigate the dimension of agency in individuals’ subjective accounts of their experiences during and after therapeutic treatment. Applying multilevel modelling to an entire set of nearly 600 narratives, the results indicated that across participants, the theme of agency increased over the course of time. In addition, increases in agency were related to improvements in participants’ mental health and demonstrated significance in the parameter of ‘change’. These findings indicate that changes occurring in good quality therapy happen concurrently with an increase in the sense of agency and authorship over one’s story and that increased agency may be an indicator of meaning-making leading to change in the narrative script. However, research into the construct of agency in therapy is limited, even though it is frequently observed as a ‘by product’ of good-outcome therapy. An understanding of its relationship to narrative identity, framed by the question of who is the ‘author’ of the stories we tell and the meanings we make, could be a useful addition to the parameters of narrative identity, meaning making, and internal affective states discussed so far.

1.5 Narrative and emotion processes in therapy: previous in-vivo research

Narratives from therapy sessions have been used as primary sources with which to descriptively analyse and observe therapy processes since Freud first established the ‘talking cure’ towards the end of the 19th century, often using narrative vignettes as illustration. The urge to empirically systematize narrative processes only emerged in the early 1990’s in the wake of the ‘narrative turn’ (Mörtl & Gelo, 2015). Luborsky and colleagues (Luborsky & Crits-Christoph, 1990; Luborsky, Barber & Diguier, 1992; Luborsky, 1994) were the first to create a framework for analysing the content of stories told by clients in therapy. Each story told was coded into three elements; an intention on the part of the protagonist, the key response from the significant other, and the response or reaction of self. For Luborsky (1990), this scheme encapsulated the Core Conflictual Relationship Theme (CCRT) being enacted in the client’s life. In a number of studies, this group of researchers have demonstrated that *relationship stories* change over the course of successful psychotherapy. While the CCRT method has made a major contribution towards understanding the role of narratives in psychotherapy and how individuals may position themselves in relation to others, it only examines the relational dimension of narrative, and does not relate this to any broader narrative theory. Furthermore, the findings are discussed exclusively using statistical interpretation.

Other researchers subsequently began to categorize different dimensions of narrative, adopting wider narrative theories in their methodologies. Russell (1993) constructed a framework for coding three levels of narrative organization: structural connectedness, representation of subjectivity, and complexity. Structural connectedness represented a well-rounded ‘story grammar’, comprising a causally connected, temporally ordered sequence of events. Representation of subjectivity reflects the idea that a story conveys information about the point of view of the teller (e.g., present or past tense, first or third person etc.). The third dimension of the model is that of complexity. Stories can vary according to sentence length, density of adjectival and adverbial descriptors, and other linguistic variables. As Russell (1993) suggest, ‘if clients tell sparse narratives with little degree of conceptual variation and linguistic complexity, therapists ...might wonder about the possible poverty of the client’s experience and lack of psychological mindedness’ (Russell, 1993; p. 342). These three dimensions could be related to later narrative theory research discussed in the previous section. ‘Story grammar’ is noticeably similar to the idea of coherence, ‘subjectivity’ seems to capture both self-positioning and flexibility to viewing alternative plots, and ‘complexity’ appears to address the

social dimension of narrative availability, as well as memory specificity. However, as the aim is to create an empirical coding system, in all three dimensions the focus mainly grammatical and linguistic, with little attempt to connect these to broader humanistic theories about meaning-making. For instance, drawing the conclusion that low linguistic complexity displays low psychological mindedness indicates a failure to consider what could be further revealed about the *positioning* of the client and the narratives resources available to them. Furthermore, this category system was only applied to the analysis of transcripts of sessions of child psychotherapy, in one study. Interestingly however, the study also yielded a further feature of narrative production in therapy: the degree of attunement of the therapist to the client's narrative. This dimension was foreshadowed in their coding scheme without being explicitly coded but emerged later in their analysis.

A separate group from the 1990's led by Lynn Angus has continued to develop their coding system alongside continuing developments in narrative theory, amending it to include more complex elements of narrativization up to the present day. Angus & Hardtke (1994, 1997, 1999) first developed their Narrative Process Coding Scheme (NPCS) upon reflecting that the term 'narrative' has several meanings that can be condensed into three primary groups: (1) micro-narratives as stories that clients tell therapists during therapy sessions, (2) 'the narrative' or meta-narrative, which is like an autobiography with an extended, coherent story-line, and (3) narrative processes, which refer to ways or modes of inquiry or cognitive and affective processes through which client and therapist strive to understand the client. Considering narrative processes (group 3), productive therapy further consists of three different kinds of narrative sequence (Angus & Hardtke, 1994).

1. *External Narrative Sequences* consist of different descriptions of life events as the client and the therapist focus on the remembrance of past events. This is done in order to 'fill the gaps' in what has been forgotten, never fully acknowledged and hence not understood. They also provide factual descriptions of current events, e.g., 'Today, as I left home for therapy, I left my keys inside.'

2. *Internal Narrative Sequences* are highlighted as client and therapist go through the events of the external narrative sequences. They undertake a detailed unfolding and exploration of associated perceptions, sensations, and emotions such that the lived experience of the events

may be engaged and perhaps articulated for the first time, e.g., 'As I noticed what had happened, I felt totally helpless, and outraged at the same time, like a little child.'

3. *Reflexive Narrative Sequences* refer to the client and therapist's shared, mutual, and reciprocal analysis of experiences and the generation of meanings. These entail the analysis of both the circumstances of the events, as well as how they were experienced, for example, client's own repetitive behaviour and/or typical way of experiencing things. This is done in order to generate new meanings which either support or challenge previously held beliefs about the self and others, e.g., 'In the bus I found myself wondering what's happening to me: I forget things, I become totally overwhelmed by feelings I never knew existed in me and wonder what's next.'

Although the authors do not refer to any particular narrative theory, there is a clear connection with early narrative theory in the codes they have selected. By coding for 'external' sequences, there is an apparent relationship to the Labovian distinction between *fabula*, which describes the factual events, and *syuzhet*, the meaning given to those events. This is also represented in their 'reflexive' sequences. The 'internal' sequences allude to the importance of connecting to affect and the felt sense in memory recall and storytelling. However, despite these codes being clearly derived from a combination of observation and theory, the focus in the analysis stage is discussing empirically classifiable statistics, rather than on any further exploration of the *meaning-making* processes that might reveal the complex interaction between internal, subjective expressions and external conditions such as social or familial narratives and attunement and co-construction from the therapist.

The NPCCS was initially applied to transcripts from the third, fifth and fifteenth sessions from 3 good outcome and 3 poor outcome Brief Dynamic Therapy dyads (Angus & Hardtke, 1994). Findings indicated that when compared to the good outcome group, the poor outcome dyads had a greater overall percentage of internal and external narrative sequences occurring their therapy sessions. In contrast, as compared to the poor outcome dyads, the good outcome dyads had a progressively higher percentage of reflexive narrative sequences coded in their therapy sessions. It seemed that the good outcome dyads sampled had more opportunities than the poor outcome dyads to reflexively process current and past experiences within the therapy sessions (Angus & Hardtke, 1994). They reported the code for reflexive narrative sequences seemed to be capturing the meaning-making dimension of story.

In a later version of the system the researchers oriented their focus of inquiry towards the relationship between emotional connectedness and narrative processes in therapy. Incorporating elements of Bucci's (1987) RA scale, Angus and colleagues cited the importance of 'a detailed description of episodic memories and events eliciting emotional schemata' (Angus et al., 1999). Using an adapted NPCS model on three distinct short-term therapy dyads, Angus et al. (1999) found that Client-Centred (CC), Emotion Focused Therapy (EFT), and Psychodynamic Therapy dyads differed significantly from one another in terms of both the number of identified narrative sequences and the type of narrative sequences. In the psychodynamic therapy sessions, a pattern of reflexive (40%) and external (54%) narrative sequences predominated. In contrast, the EFT dyad evidenced a pattern of internal (29%) and reflexive (46%) narrative sequences. Compared with the other two dyads, the proportions of internal narrative sequences were three times higher in EFT sessions than in the CC treatment sessions and five times higher than in the psychodynamic sessions. Similar studies using and comparing EFT models resulted in discussions indicating that by alternating focus on client exploration of experiential states (i.e., internal narrative sequences), followed by meaning-making inquiries (i.e., reflexive narrative sequences) new feelings, beliefs, and attitudes could be better contextualized and understood.

In later study, Greenberg, Angus, Auszra & Herrmann (2006) identified what they termed 'emotional productivity' when comparing emotional expression in four poor outcome and four better outcome brief treatment sessions. They confirmed that emotional expression that lacked the transformative dimension of meaning-making was more likely to remain un-processed (Greenberg et al., 2006). Here, the need for 'reflective' meaning-making as well as emotional connection is clearly identified as an integral aspect of the therapeutic process. Other researchers have since focused on similar concepts; Gennaro & Salvatore (2011) employed their 'Two-Stage Semiotic Model' (TSSM) meaning-making model of therapy, defining the alternation of two processes: deconstructing existing old meanings and constructing new meanings. The clinical process is aimed, on one hand, at reducing the compelling power of the patient's maladaptive assumptions (Gennaro et al., 2011; Salvatore et al., 2010), and on the other, at promoting the development of new superordinate meanings. TSSM and RA thus share a biphasic view of the therapy process with EFT theory, supporting the idea that the clinical exchange works through the alternation of 'dismantling' elaborated and affectively connected moments. This is echoed by Gendlin's (1967) early finding of a cyclical pattern between the felt sense and storytelling.

In 2011, Greenberg & Angus used their own research, the TSSM research and the RA model to publish a practice manual entitled ‘Working with Narrative in Emotion-Focused Therapy’ (2011), outlining specific client and therapist strategies to enhance narrative and emotion integration for productive therapeutic outcomes. Using a dialectical-constructivist model (where new meaning and sense of self are constructed through a dialogue, or dialectic) the authors identify ‘narrative-emotion’ client markers which can guide clinicians in practice. These markers were further expanded upon and synthesised in devising the Narrative-Emotion Process Coding System 2.0, or NEPCS 2.0 (Boritz, Bryntwick, Angus, Greenberg, Constantino, 2013; Angus et.al., 2017), which identifies significant narrative-emotion process markers within psychotherapy sessions. The NEPCS 2.0 is a standardized measure that consists of a set of 10 clinically-derived markers that capture a client's capacity to disclose, emotionally re-experience, and reflect on salient personal stories in video-taped psychotherapy sessions. These 10 markers are classified into three subgroups:

1. *Problem* (Same Old Story, Empty Story, Unstoried Emotion, and Superficial Storytelling)
2. *Transition* (Reflective, Inchoate, and Competing Plotlines Storytelling)
3. *Change Markers* (Unexpected Outcome, and Discovery Storytelling).

The coding system has many commonalities with the theory and research discussed in the previous section of this chapter and offers an informative methodological framework to critically discuss. Importantly for this research, the NEPCS 2.0 code for ‘same old story’ is equated by Singer et.al., (2013) to the *narrative script*. They operationalize the same old story/narrative script in a single case study of long-term therapy, of a man in his 40s who seeks extra-marital affairs without knowing why, as ‘a repetitive sequence of helplessness and fear in one domain of his life, followed by risky self-destructive behaviour in another, and then a failure to connect the feeling and the behaviours from the separate domains’ (Singer et.al, 2013; p.577). The remaining markers in the ‘Problem’ category of empty story, unstoried emotion and superficial storytelling are designed to capture a more detailed aspect of the original internal code and can be related to Bucci’s RA theory (1997, 2015) and Greenbergs’ EFT (1985, 2011) practice theory. These codes aim to capture sequences that are either lacking in emotional depth when it would be reasonable to expect some emotion, or for emotion that has not been articulated or symbolized, and therefore remains unprocessed. However, these

dimensions could be augmented by using a qualitative analysis to consider the concepts of accuracy (Singer et al 2013) the felt sense (Gendlin, 1962) and narrative attunement (Siegel, 2010) in regard to meaning-making, for reasons outlined in previous sections of this chapter.

In the ‘Transition’ category, reflexivity, although originally defined in the NPCS (Angus & Hardtke, 1994) as referring to an analysis of feelings and events which have happened, aiming to develop multiple perspectives on the event, is described explicitly as a meaning-making process in the NEPCS 2.0 (Angus et.al.,2017) version. However, this dimension still lacks the humanistic dimensions narrative theory has offered, reducing meaning-making to a mere ‘category’¹. As discussed previously, other narrative researchers have focused on instances of self-reflexivity in stories, noticing the kinds of *subject positions* that people seek to claim, modify or resist (Squire et al., 2014). To these researchers, reflexivity often emerges as an internal dialogue in both narrator and audience and as such serves as a useful indicator for the levels of subjective awareness and levels of performativity. Here we could argue that apart from seeing reflexivity as a quantifiable category, we could also view it qualitatively as a dimension which relates to aspects of agency. In other words, it could also perhaps reflect the freedoms and connections available to an individual in their culturally inflected meaning-making journey.

Furthermore, reflexivity has also been connected to aspects of attunement and to auto-noetic consciousness as discussed above. As such, the dimension of reflexivity as a process code used to gather empirical data could be enhanced by integrating broader narrative theoretical discourses and using a qualitative method of analysis. Coding for ‘inchoate’ resonates with the notion of coherence, or indeed, incoherence. Here the emphasis is on coding for narratives which do not make-sense due to lack of a recognizable plot structure. Their definition echoes that of Arthur Franks (1995) coding for ‘Chaos Narratives’ in his research into illness narratives. Rather than simply focusing on language and grammar as with Lubrosky and colleagues (1994), it does examine coherence in relation to sense-making of events (Bruner,1990). However, once again, its empirical categorization limits the possibility of analysing its presence in transcripts with regards to the *incremental changes* in narrative identity that may or may not emerge over time in therapy sessions, or with regards to social narratives.

¹ Thanks to David Hiles for this observation

Finally, the dimension of competing plotline looks for the presence of alternative desires and other possibilities being articulated. This could be theoretically related to Singer and colleagues (2013) finding of the need for a flexible view of the self. As discussed in the previous section, research has suggested that being able to engage with other possible selves also involves being able to ‘access’ notions of change and growth, and may be strongly influenced by the sociocultural discourses available and by proximal connections to others (Tedeschi & Calhoun, 1995). Therefore, this dimension could also offer further insights by expanding its analysis of statistical frequency to a qualitative analysis including humanistic narrative theory dimensions, which will be discussed further in the following chapter.

The ‘unexpected outcome’ and ‘discovery storytelling’ sequences in the Change dimension relate to moments in storytelling when another perspective of a situation is explicitly made possible. Greenberg & Angus (2011) explicitly link these to Epston & White’s (1990) ‘unique outcome’ marker in their Narrative Therapy practice. They are described as sequences in which the teller recounts a time when a feared expected outcome did not happen, when a choice was made contrary to normal behaviour, or when there is surprise at how an event unfolded. As in Narrative Therapy, Greenberg & Angus (2011) suggest capturing these stories and deepening their hold on the client, for them to eventually change their maladaptive beliefs, or ‘same old story’. It is possible to further connect these sequences to the type of meaning making found in redemption narratives (McAdams, 2005), drawing similarities with the descriptions around ‘turning point’ moments in life-narratives. The idea of ‘turning points’ in therapy has been connected to greater agency (McAdams, 2005, Adler, 2015) as discussed in previous sections, representing moments which allow the individual to not only be an actor in their narrative, but also an author (Sarbin, 1986). In separate but related research, Gonçalves et. al. (2009) focus on what they call ‘Innovative Moments’ (IMs) in therapy, which aimed to code for precisely these kinds of ‘turning points’. In what they term ‘Reconceptualization IMs’ they code for moments where the client is able to articulate reflection on the *former self* and the *emergent self*, denoting an ability to adopt other ‘I’ positions, or a meta-position. This kind of de-centering of the self is described by the researchers as turning points or breakthroughs in therapeutic sessions, which tend to be most prominent towards the end of therapy. It is reasonable to expect this dimension to emerge later in the therapeutic process as a result of reflection, connection to affect, autobiographical specificity, and attunement. Therefore, it may be appropriate to add to the dimensions of discovery storytelling and unexpected outcomes by

analysing them in conjunction with the theme of agency and a separation of former ‘Self’ (perhaps less agentic, with less possibilities) and the emergent ‘Self’ (more agentic) explicitly using a qualitative analysis, which will also be discussed in the following chapter.

Whilst the NEPCS 2.0 coding system implicitly incorporates many traditional and contemporary psycho-social narrative theories, its explicit focus on analysing statistical frequency, whilst hugely informative, does not offer a qualitative conceptualization that would *pursue* the initial qualitative coding derived from observation and theoretical consideration (Mörzl & Gelo, 2015). Importantly, it does not allow for an inquiry into the external, social dimensions of narratives, their relationship to agency and how these may be affecting the same old story/narrative script, nor does it allow for an observation of the presence of attunement and co-construction between therapist and client. It is hoped therefore, that by synthesising the NEPCS 2.0 with a broader theoretical framework, that some contribution can be made to further the understanding of narrative-emotion processes in psychological treatment sessions.

1.6 Summation

The literature presented has sought to justify the topic of inquiry, which is to explore narrative and emotion processes in therapy and how they might relate to narrative identity, agency, and change. Narrative has been described as a meaning-making process with both cognitive and social functions. Recent research presented found that coherent, flexible and accurate narrative processes may lead to psychologically healthier narrative scripts. Narrative coherence was then linked to broader literature, which highlights the need to integrate events into an acceptable form, in turn creating a sense of unity and self-identity. However, violation of cultural norms can affect this process, which can make finding coherence more problematic. Narrative flexibility was connected to being able to adopt a meta-position of the self and access to alternative plots, which may act as ‘turning points’ towards change and greater agency. Again, the *access* to alternative social narratives may also arguably affect this element. The idea of narrative accuracy led to a questioning of the validity of our diachronic self-knowledge, which in turn was further expanded by considering the notion of the felt sense as a parameter for an internal knowable-self. Additionally, narrative co-construction and attunement have been presented as important dimensions which can impact all narrative-emotion processes, deserving special consideration. Lastly, agency has been discussed not only as an intended outcome of therapy by humanist psychologists, but also as a potential outcome of effective

meaning-making in storytelling. As yet, no research has merged these theories and research findings to explore such processes in therapy. The aim of the present study is to contribute to the emerging field of narrative-emotion (Angus & Greenberg, 2011), in order to provide further insights into storytelling processes in therapy sessions.

1.7 First reflections

My interest in storytelling in therapy stemmed from a broader engagement with the field of identity and memory processes. While studying for an MSc in Psychology, I carried out a quantitative study on the role of long-term and short-term memory on individuals with a diagnosis of major depressive disorder. I had previously completed fieldwork during a BSc in Anthropology, writing a dissertation which focused on the interaction of 'myths' and meaning-making process made in healing rituals in two different cultures; the indigenous culture in Colombia and 'new age' healers in the UK. The focus on both neurocognitive memory processes and anthropological perspectives on how we 'heal' using stories and meaning-making, led to what felt like a natural progression to focus on narrative meaning-making processes, memory and identity within the therapeutic encounter.

Additionally, through my D.Psych training, I also became acutely aware of the importance of emotional engagement in the therapy relationship, both inter- and intra-psychically, and I hoped my doctoral research would afford me the possibility to incorporate and deepen this aspect of my own professional, clinical work with my previous research interests. I found myself being drawn to working integratively, incorporating mindfulness techniques with systemic and narrative approaches as well as emotion-focused techniques, and I became excited by the possibility of using qualitative research to explore how these processes may interact with broader meaning-making and social narratives elements.

I had also been a client in therapy myself before beginning the D.Psych, and I had become aware a strong and clear life-narrative as a result of therapy, which from my own perspective gave me a clearer sense of 'who' I was, and what I wanted to achieve in the future. Having an awareness of this narrative was an important consideration when carrying out this research, as I was wary of imposing my own therapeutic story onto the experiences of the participants in this study. This would mean remaining continuously open and reflective on my own processes

and interpretations when reading the therapy transcripts, and to acknowledge the very different experiences that each person will have in the therapy process.

Reflexivity also meant remaining aware of my social identity as a middle-class, Anglo-Latino woman, who was also a relatively new wife and mother, trying to interpret the experiences of three sets of varied therapy participants. To that aim I kept a reflexive journal, in which I recorded my immediate thoughts and experiences throughout the project. This helped me better delineate my own material, and keep it separate from that being analysed by the participants. Further reflections were also made specifically for the methodological and analytical procedures, as discussed in the next chapter. Furthermore, given my background in ethnographic research and quantitative research, I expected this qualitative project to be challenging as well as enriching, and I wanted to record my struggles and satisfactions with honesty.

Chapter Two: Methodology

2.1 Overview

The purpose of this chapter is to provide a detailed account of the research process in the present study. I begin with a statement of research aims. I then position the research in terms of qualitative and quantitative theory, followed by the epistemological and theoretical perspective that shaped both the information I sought and how I understood it. I situate and discuss a narrative approach as my chosen research methodology, outline the methods employed in the study and provide an account of the blended form of narrative analysis that I used to explore the session material. I then present an examination of methodological reflexivity and ethical issues and conclude with an evaluation of the methodology.

2.2 Research aims

The primary aim of analysing narratives in sessions is to explore how stories told are *internal*, subjective, authentic expressions of how a client grasps their world; yet equally, how there might be *external* conditions that limit what the client can access of this world. A secondary aim is to explore how these may relate to the constructs of agency and change. These aims will be pursued by observing meaning making, emotion, narrative identity and dialogical processes.

It is hoped that the findings of this research may add to the understanding of counselling psychologists and others who work with people's personal stories and emotions in an effort to create life-enhancing change. It is further hoped that findings may add a detailed perspective on the ways a client's external narratives may interact with and influence their internal sense of self and feelings of agency.

2.3 Theoretical approach

2.3.1 Qualitative vs quantitative

The blueprint for the chosen methodology is the Narrative Emotion Process Coding System 2.0 (NEPCS 2.0) (Angus et.al., 2017), as it is a tried and tested heuristic device which allows the tracking and coding of the features of each therapy session most relevant to the aims of this

research. The previous chapter sought to justify the expansion of the NEPCS 2.0 to include a broader theoretical framework whilst also embracing aspects of contemporary narrative identity research. However, some further theoretical discussion is necessary regarding the qualitative/quantitative method divide, as the original purpose of the NEPCS.2.0 as devised by the researchers was to quantitatively apply a category system onto session transcripts and analyse the results numerically.

According to Ponterotto (2005) the following key terms can be used to describe the quantitative-qualitative dichotomy: nomothetic (generalizing) vs. idiographic (individualizing) and deduction (theory driven) vs. induction (data driven). Mörtl & Gelo (2015) have suggested that the blunt categorization of a research approach as *either* qualitative or quantitative is often void in conducting actual research. They suggest rather that quantitative and qualitative research approaches should be considered the prototypical extremes on a continuum along which a research project is located. Furthermore, quantitative and qualitative approaches can be formally merged through the mixed-method approach in which the two approaches can be combined concurrently (as in triangulation) or sequentially (in which a researcher follows a quantitative approach with a qualitative approach or vice-versa) (Hanson et al., 2005).

Although the NEPCS 2.0 (Angus et. al., 2017) is formally described as quantitative, it derives its categories from qualitative, inductive, observational research and thus may be better described as a ‘mixed-methods’ procedure (Mörtl & Gelo, 2015). Similarly, in applying an adapted coding system to my data yet analysing the results using a qualitative approach, as opposed to using statistical frequency analysis as the original researchers have done, this study also uses elements of both poles by applying a rigid category system before analysing the text using methodological hermeneutics. Indeed, this is already the basis of deductive qualitative content analysis (QCA) which is broadly accepted as a qualitative methodology. In this approach, prior theory or a previously developed category system will be applied to the text under investigation. The approach allows the researcher to define the content of the categories and their abstraction level. It also entails a circular process, in that after many readings of the text, there is the possibility to extend or modify previous coding (Mayring, 2000). The validity and credibility of the analysis is supported, as in inductive QCA, by *demonstrative rhetoric*. Furthermore, as research in an area grows, a deductive QCA approach makes explicit the reality that researchers are unlikely to be working from the naive perspective that is often viewed as the hallmark of naturalistic designs (Lincoln & Guba, 1985).

Polkinghorne (2005) affirms that qualitative research is an 'umbrella term' (p.137), which can include a variety of approaches and methods. Rennie (2008) defines the researcher as a 'bricoleur' or 'quilt maker' who will use, invent, or combine the necessary tools to investigate the phenomenon of interest. Whilst this approach may better allow for the complexity of social life, it also requires the researcher to be knowledgeable in multiple research methodologies and rigorous in their application (Thomas, 1998). In this vein, it is important to define the methodological positioning of this study, which would perhaps best be described using Hiles and Čermák's (2017) discussion of *abductive* qualitative research. Abductive inference allows for the kind of circularity described in deductive QCA, in that it accepts the existence of a priori theories or deductive coding on data, whilst encouraging the inductive articulation of the content or findings of each category or theory previously coded. Indeed, in their chapter on Narrative Analysis, Hiles and Čermák (2017) draw attention to the number of other approaches to qualitative data analysis that employ equivalent abductive methodologies (conversation analysis, discourse analysis, IPA, and some versions of grounded theory), 'yet the issue is almost never properly discussed' (Hiles & Čermák 2017, p.263).

2.3.2 Epistemological Positioning

"Some years ago, I was questioned by a visiting Tibetan monk about how psychology was studied in the West. Carefully I tried to delineate our fields of psychology—cognition with its sub-areas such as attention and memory, personality psychology, developmental, and so on. He looked puzzled. I attempted to explain what we meant by empirical method. He seemed even more puzzled. I talked about operational definitions and described some psychological experiments. Suddenly his look of intensely interested bewilderment turned to one of insight: "Aha! So, you are saying that in America people teach and write about psychology [the mind] who have no meditation practice?" "Yes, of course," I answered. "But then how can they know anything!" And then, giving me a piercing look, he asked, "Do you think that's ethical?""
(Rosch, 1997, p. 185)

Epistemological questions necessarily form the basis of any research project (Ponterotto, 2005). The epistemological approach taken in this research could be argued to be social constructivist, as it seeks to analyze narratives, which, as discussed in the previous chapter, implies a particular interest in the context in which stories are told and in the ways in which

the narratives are ‘constructed’ by pre-existing or meta-narratives in society, similar in principle to the structuralist philosophies underlying discourse analysis (McLeod, 2011).

However, from this perspective, there is no such thing as ‘self’ or ‘personal truth’ but rather ever-shifting constructions of ideas of who we think we are/should be. As I believe that there is indeed an element of *internal self* within these narratives in the first place, adopting a radical structuralist approach would not resonate with the aims set out (my personal epistemological position is expanded on in section in the evaluation section of this chapter).

Ontologically, my view is that there is such a thing as ‘reality’, whether that reality is to be observed through material cause and effect or through other structures that are not ‘visible’ but there none-the-less (Willig, 2017). However, each subject constructed by the interaction between social construction and internal self may perceive this ‘reality’ differently – *including the ‘reality’ of its own selfhood*. As such, each individual’s interpretation of these realities, i.e., the meanings they make, will be different. Therefore, the epistemological stance taken in this study is critical realist, in that it is balanced between a relativist perspective (we each make our own meaning of the world) and a realist perspective (the world of objects is real).

Further, although an emphasis on the construction of meaning in narrative theory lends itself more towards a social constructionist view, there was nonetheless a strong phenomenological element to my desire to understand (rather than simply deconstruct) the world of the individual (Willig, 2017). In his ‘defence of experiential realism: the need to take phenomenological reality on its own terms in the study of the mind’, Klein (2012) argues that experiential mental states or *consciousness*, may be better understood if placed outside of any current scientific paradigm designed to capture the nature of experience. He cites Gendlin’s (1962) discussion regarding experienced felt sense as an example of auto-noetic consciousness. For Klein (2015), this is the aspect of the self which is capable of first-person subjectivity, or what he calls the ‘ontological self’, which works together with the self of psychophysical instantiation, or the ‘epistemological self’. What this amounts to is a model wherein the internal subjective self does *exist*, but is not measurable using any current scientific paradigms. The internal subjective self is differentiated from the psychophysical self, the latter of which entails social and biological shaping of identity.

This position is echoed by narrative theorists such as Parker (1994), who raised the question “what is going on inside human beings when they use discourse?” (p.83), and Crossley (2007) who has suggested that underpinning narrative psychology’s understanding of self are ideas originating from phenomenological perspectives, criticizing social constructionist approaches for ‘losing the subject’ (p.32). Hiles and Čermák (2008) have supported this position by stating that narrative inquiry ‘does have its roots in a social constructionist perspective, but it does also entail a paradigm shift towards a more inclusive view that incorporates both a rich description of the socio-cultural environment and the participatory and creative inner world of lived experience’ (p. 151).

Crossley (2000, 2007) further discusses the dimension of *interaction* and draws explicit links between notions of how we understand ourselves in relation to conceptions of society, together with the phenomenological understanding, arguing that the two ‘evolve together in loose packages’ (2007, p. 8) and that “we need to find some way in which we can appreciate the linguistic and discursive structuring of human psychology without losing sight of the essentially personal coherent and ‘real’ nature of individual experience” (2000, p .111). Several authors have argued that narrative analysis is the ideal methodology to use in such a project, with Sarbin (1986) arguing that narrative may be a ‘root metaphor’, ‘the most basic assumption about the nature of the world or experience that we can make when we try to give a description of it’ (MacCormac 1976).

2.3.3 Symbolic Interactionism

From this perspective, the theoretical standing of symbolic interactionism (Mead, 1934) was used as a lens through which to interpret findings. According to Mead, the self develops gradually through social interaction and is both Subject and Object to itself. Indeed, ‘Self’ as a word expresses this duality through its reflexivity (Clark, 2010). Mead payed particular attention to William James’ distinction between the ‘I’ part of the self, and the ‘Me’ part of the self, in which the Me (object) is constituted by the internalised expectations and understandings of the Other and community. The subjective side, the I, is the response of the individual to the community as this appears in her own experience. That is, there may be social expectations which constitute the Me, but exactly how the person will respond to these expectations constitutes the I. These dynamics go beyond selfhood in a narrow sense and form the basis of a theory of human cognition similar to that outlined by Klein (2012, 2015) above. I was

intrigued by the pragmatist philosophy behind interactionism, three ideas of which are critical to symbolic interactionism: (1) the focus on the interaction between the actor and the world (2) a view of both the actor and the world as dynamic processes and not static structures and (3) the actor's ability to interpret the social world. Thus, to Mead (1934) and Symbolic Interactionists, the mind is not reducible to the neurophysiology of the organic individual, but is emergent in the dynamic, ongoing social process that constitutes human experience. The positioning between constructionist and phenomenological philosophies described above is echoed in interactionism's view that people's selves are social products, but that these selves are also subjective, purposive and creative (Mead, 1934).

2.4 Methodology

Choosing a form of narrative analysis seemed highly appropriate considering that my focus of inquiry was on narrative processes themselves. Furthermore, like the narrative theory from which it emerges, narrative analysis entails a specific emphasis on processes of meaning-making and attention to both the internal voice of the participants and the socially situated context of that voice. Fundamental to my aims was a desire to explore the way clients strive to make meaning and understand themselves in therapy by alternating between affective processes, like the felt sense, and cognitive processes involving both paradigmatic and narrative modes of thought. However, I was aware of a clear intention to interpret these processes using my own psychological knowledge as a counselling psychologist with a humanistic orientation, and in translating these processes into observations regarding narrative identity changes that may signify greater agency for clients. These secondary aims would also be intended to transform into recommendations for counselling psychology practice. A narrative approach seemed well-suited to these aims.

2.4.1 Narrative Analysis vs Analysis of Narratives

Firstly, it is important observe Polkinghorne's (1995) distinction between *narrative analysis* and *analysis of narrative*. Narrative analysis tends to focus on a specific story, seeking to deepen understanding of its meanings and interactional significance by looking at its structure, the type of language used and the way it is shaped by the speaker and interlocutor. Analysis of narratives occurs when collected narrative material is coded for some pre-existing factor, usually based in content. For example, the research by Adler (2015) in which narratives of

experiences in therapy were collected and coded for agency and coherence. Once again, whilst this dichotomy between approaches is useful when clarifying research, it may be best viewed as a scale, in the same manner as that articulate between quantitative and qualitative methods above. In positioning my study on such a scale, it would be accurate to place it towards the ‘analysis of narratives’ pole, as the data collected will be coded in terms of pre-existing categories. However, during the analysis, there will be an additional interest in observing the social identity positioning indicated by the narrative content itself, as well as the way the narrative is shaped by therapists’ levels of co-construction. Neither of these structural or contextual aspects are a key part of the original NEPCS 2.0 method. Given its combined interest in content, structure and context, the methodology employed here does fall within the broad remit of narrative analysis.

2.4.2 Narrative analysis

As stated by Riessman (1993) “there is no single method of narrative analysis but a spectrum of approaches to texts that take narrative form” (p.25). Depending on research aims, attention is typically paid to one or more of the following: what is told, how it is told and why it is told; in other words, content, structural and context approaches (Squire et al., 2008). Riessman (2008) labels these: thematic analysis, focusing on the content of narratives; structural analysis, an exploration of narrative form, including stylistic and linguistic features; and dialogical analysis, examining how narratives are interactively constructed and performed. (Frequently, it is only the first two types of analysis that are referred to, with the interactional aspects of dialogue often being observed within structural analysis).

Appreciation for the way in which narrative analysis builds upon more established forms of qualitative analysis may be drawn from Mörtl & Gelo’s (2015) outline of qualitative methods typically used in counselling and psychotherapy, which forms along two main dimensions: content vs structure and inductive vs deductive. The ‘big four’ methods (grounded theory, phenomenology, qualitative types and objective hermeneutics) focus mainly on content and employ an inductive approach. Inductive QCA and deductive QCA, as discussed above, also both deal with the content of a text. Discourse analysis and conversation analysis are partially deductive in that they are theory-driven and focus on the structure of narration, observing how something is communicated, and also on context, asking what socially constructed forces are at play. The original NEPCS 2.0 method involves aspects of inductive content analysis (the

categorization of topics), structural conversation analysis (how is it communicated, is it incoherent?) and aspects of deductive content analysis (is the narration internal, external or reflexive?).

However, in order to more explicitly address the contextual, socially-situated self, dialogical aspects of other narrative approaches were recruited. In Frank's (2012) *Dialogical Narrative Analysis (DNA)*, he asserts that when interpreting stories told by individuals, there is a need to respect the underlying layers of imagination and the polyphony or heteroglossia of voices inherent in the individual's search for meaning. This aspect allows for exploration of the self's positioning amongst other voices in their world, and the extent to which these voices have been internalised. Furthermore, Landridge's (2007) *Critical Narrative Analysis (CNA)* makes a point of distinguishing between the actual story and the occasion of its retelling, and of considering in what way the individual may be positioning themselves in relation to their audience, affecting the way a story is told. Additionally, Hiles and Ćemak (2017) address the situated self in their *Narrative Oriented Inquiry (NOI)* with a contextual aspect labelled 'identity position' (The Teller). Here, there is an interest in observing levels of meta-narrative and the social identities associated with them within the micro-narratives constructed about specific events or incidents. These three narrative inquiry approaches all prioritise the functionality of narratives and their consideration within broader social contexts, as well as the individual, subjective meaning-making processes that occur interactively between narrator and society and narrator and audience, and as such are closer to discourse and conversation analysis (McLeod, 2011). Elements of dialogical and contextual analysis are important when carrying out qualitative narrative analysis as they enable the researcher to situate individual narratives within the context of dominant discourses and illuminate the impact of these broader social, familial and cultural contexts upon the identity construction of the individual.

The thematic (content) driven aspects of the original NEPCS 2.0 approach were also re-considered in light of their qualitative origins and the abductive reasoning from which they have been previously derived. The application of pre-defined thematic categories such as emotion, coherence and reflection may be likened to the circular process between inductive and deductive QCA, as they were originally obtained *inductively* by the researchers using natural observation to establish a set of categories, and subsequently applied to similar data sets. However, instead of these categories being kept closed off from further expansion due to the need to numerically quantify them, in a *deductive* QCA approach they would be subject to

further hermeneutic interpretation and exploration. As such, the present study would aim to consider the content in relation to the structural and contextual analysis applied to the data, hoping to find interactions between these domains that would not have been apparent using the quantitative NEPCS 2.0 coding system.

Central to the significance of narrative theory is the position of narrative as a fundamental process of human meaning-making (Bruner, 1986), as discussed in Chapter One. Narrative analysis thus allows investigation of the process of meaning *construction*, through analysis of the narrator's social world. However, a distinguishing feature of narrative theory is that it does not lose sight of the internal self, or the 'author' of the narratives (Sarbin, 1982). It is this focus on examining such meanings as both internal and external dynamic constructions which contributed to my choosing this approach over one based solely on social constructionism. Angus and Greenberg (2004, 2011) argue that the function of narration in a therapeutic context is to integrate internal affective processes such as the felt sense with a narrative understanding, creating greater coherence and flexibility of narrative accounts. My interest here was in how clients and therapists constructed meaning around the client's problems, and how their emotional engagement and attunement might relate to a coherent integration which in itself might lead to shifts in an overall narrative identity, and in greater agency (Singer 2013, McAdams 2005, Adler 2015, Angus & Greenberg 2011).

2.5 Methods

2.5.1 Recruitment

Individual therapists were initially contacted via adverts in therapy centers in London (Appendix A), and then through a counselling psychology training university. Eventually, three therapists, all trainee counselling psychologists, agreed to take part in the study. It was considered ethically insensitive to have the therapist ask their client if they wanted to take part, as the client might feel under pressure to agree out of fear of compliance. It was therefore decided that the practice manager where the therapist worked would offer the client the study leaflet and ask if they would like to take part. Although in a sense this made it much harder to gain participants, it also made it considerably safer for clients to say no if they felt like it. The therapists were all on HCPC-accredited counselling psychology doctoral programs. As many therapists already ask for consent to record their client's sessions, it was hoped that it would

be these clients that might additionally consent to the study, and this was indeed what transpired in the cases of all three therapist – client dyads. The therapy sessions obtained were weekly, hour-long sessions guided by whichever orientation the therapist was using, in the location where their session would normally have taken place. No special or different measures or interventions were required. The transcription process was carried out by the researcher verbatim.

2.5.2 Narrative Analysis of Transcripts

As has been discussed in previous sections, various narrative analysis and other methods were consulted until I felt I had a grasp of the various approaches available. I selected the NEPCS 2.0 model as the blueprint for my approach to analysis. Built upon the work of both narrative theorists and emotion theorists, the NEPCS 2.0 incorporates aspects of several theoretical and methodological approaches (Angus & Greenberg, 2011). Angus and Greenberg (2011) describe the distinguishing features of this approach as a focus on exploring the interrelationship between internal narrative processes such as depth of emotional arousal, as well as some consideration of the meaning-making that takes place between therapist and client. These fit well within the aims of the present study and sit comfortably alongside its epistemological focus.

Other key features of the model that appealed to me were explicit foci on identifying an element of narrative identity with their ‘same old story’ code (re-labelled Narrative Script, stage 4 below), and on the changes in identity narratives that may be occurring in micro-narratives with ‘competing plotlines’ (re-labelled Alternative Plots, stage 7 below). Angus and colleagues describe the NEPCS 2.0 as an observational approach, positioning video- or audio-recorded therapy sessions as the ideal, fitting my desire to directly observe narrative processes as they happen in therapy itself. Lastly, I found the NEPCS 2.0 approach to be the only one to incorporate internal, emotional processes within a narrative theory framework. Thus, it seemed a good heuristic device with which to pursue my aims.

Blending analytic approaches is characteristic of narrative inquiry, which is still evolving and is said to be now in its early adolescence (Hiles and Čermak, 2017). Hiles and Čermak (2017) emphasise that narrative inquiry does not entail simply following a basic set of rules but strives to open up forms of telling about experience. Further, as many models of narrative inquiry

typically draw on psychological notions, they include concepts of the self as internally driven, dynamic and fluctuating between social boundaries. Angus & Bortiz (2010) and Angus & Greenberg (2011) have acknowledged the continual evolution of the conceptual frameworks guiding the NEPCS models, and Mörtl and Gelo (2015) have advocated that amended versions of the NEPCS using qualitative analysis may be possible and valid.

Outlined below are the 8 stages of a blended NEPCS 2.0 as I applied them². The sequence of analysis was carried out in the order in which they are presented. Therapy transcripts were printed down the centre of A4 pages with blank columns on each side used for notes and coding. Each block of three sessions was analysed chronologically. The codes were then written in note form and once I felt sure enough of the codes I had chosen, I used a combination of colour-coding and underlining to identify segments according to the narrative process codes they best fit (see Appendix B for sample).

Stage 1 – Identifying narratives and segmenting into meaning units

I began each analysis with read-throughs of the entire transcript in order to get a sense of the main narrative of the session, summarising this afterwards in a few sentences. I then identified the stories that narrators chose to present, noting shifts in topics in order to divide the transcript into meaningful sections. Topic segments are interactional units which may contain verbal interchanges between clients and therapists (Angus, 1995). I organised these units by writing down the meanings conveyed by the speakers in the right-hand column. These units were used throughout the analysis and were instrumental in identifying the narrative process codes, in particular that of the ‘narrative script’ which required both a meta perspective of the client’s problem narratives as a whole, but also the micro perspective of being able to identify them in individual storytelling sequences. This process was carried out on all three therapy transcripts belonging to each dyad before moving on to the individual coding of each session, which also allowed for a greater sense of the whole narrative across the three sessions.

² For guidelines to the quantitative standardised approach to the full NEPCS 2.0, readers may refer to Angus, Boritz, Bryntwick, Carpenter, Macaulay and Khattra, 2017

Stage 2 – External narrative mode

The External narrative mode may entail a description of a specific event, a general description of many repeated similar events, or a composite of many specific events, the aim being to offer the therapist the scene, setting and actions in the event (Angus & Hardtke, 1999). I attempted to identify these descriptive elements of micro-narrative using additional understanding provided by Hiles & Čermák's NOI (2017) regarding the Labovian distinction between *fabula* and *sjuzet*. The *fabula* refers to the factual aspects of narrative and is coded for in NOI (Hiles & Čermák, 2017) by examining the text in relation to the sequence of events, *excluding* the perceptions thoughts or emotions about them (*sjuzet*). I made notes in the left-hand column regarding the level of detail of the description and also some observations regarding how comfortable the client seemed in this mode. I then colour-coded overall External sequences in the text in blue in the Word Document, which allowed me to visually assess a client's overall position in relation to their ability and desire to engage in the description of specific events.

Stage 3 – Internal sequences containing embodied emotion or emotional description

At this stage I focused specifically on the emotional qualities present within the narratives of the speakers. Using the original Internal code from the Angus & Hardtke (1999) NPCCS, this category is applied when an individual provides an elaboration of experienced emotions or bodily felt sensations or feelings. It can identify a description of how one feels in relation to an event, to others or one's self. I added to this the NEPCS 2.0 elaboration which includes observing silences and tone to code for emotions which may not be articulated but which are deemed to be present nonetheless. This was done by listening to the audio recording while reading the transcript, writing any emotional tone-descriptive words in the left-hand column. These were then coded for by turning the text red. I also paid attention to the use of metaphor and imagery, as outlined by Angus & Greenberg (2011), McLeod (2011) and Crossley (2000).

Stage 4 – The Narrative Script and Identity Positioning

A core feature of the analytic process was to explore the socially-situated narrative identity that is presented by the client. The NEPCS 2.0 code for 'same old story' suggests looking for expressions of dominant, maladaptive, over-general views of self and relationships marked by a lack of agency or 'stuckness' in thoughts or behaviours. In an operationalised example, Singer

et. al., (2013) have referred to the NEPCS 2.0 'same old story' code as a way of identifying the narrative script, adding that the more that the researcher can know about the person, the further its validity will be strengthened. I referred back to the overall problem narratives identified in stage 1, adding to it the presenting problems supplied to me by the therapist themselves. I then coded for the Narrative Script, paying particular attention to lack of agency in relation to other voices by colouring the identified sequences with the colour purple. Further to this, I added the NOI (Hiles & Čermák, 2017) aspect of noting the positioning of the self in relation to the Other, by adding a note in the left-hand column with the letters 'IP' followed by a brief note regarding how the self was being positioned in relation to the Other.

Stage 5 - Dialogical Analysis

Related to identity position, I have chosen to present Dialogical Analysis as an independent stage, as the NEPCS 2.0 does not specifically refer to analysis of the interactional dynamics of the therapy situation, and I was influenced by others in this regard (Frank, 2012, Bucci, 2011, Siegel, 2010). This stage felt important with regards to my research question, which focuses partly on exploring the external, socially-constructed aspects of meaning-making. This involved reading through the transcript focusing on how narratives were interactively constructed and performed with the therapist as the 'audience' in mind (Reissman, 2008). I looked at ways in which individuals chose to dramatize aspects of their narratives using stylistic features such as direct speech, pauses and so forth, making comments next to interactions in the right-hand column.

Stage 5b Attunement

Within these observations, I also made notes on the levels of Attunement between the client and therapist by noting therapists' internally- and externally-focused interventions, moments of silence and any verbal and non-verbal 'experiencing' of client by therapist as outlined by Adams (2010), returning to this with further reflections and noting the limitations of attempting to observe this. My assumption was that the levels of Attunement would influence the accuracy of narratives, and that the client's perceptions of their therapist's Attunement would shape their narratives.

Stage 6 – Inchoate storytelling

At this stage, I focused specifically on any lack of coherence presented by the individual client in their narrative or emotional articulation. The NEPCS 2.0 advocates that this stage is to be used to identify moments when clients express emergent emotions and bodily felt sense awareness during therapy sessions but are searching for symbolization in words or images, or when the logical sequencing in narratives seem fractured or disconnected. To code for Inchoate segments, I used the thick black ‘underline’ tool in the Word Document. Furthermore, McAdams (2005) encourages any consideration of narrative coherence to be undertaken with a reflection on what kinds of stories are understandable and available among people in a context, so this element was also later considered in relation to the Narrative Script, Identity Positioning and Dialogical Analysis.

Stage 7 – Explicit Meaning-Making Moments

The purpose of this stage was to explore the shared and reciprocal analysis of experiences and the generation of meanings. This involved examining the interpretations made by both the client and therapist of event descriptions or subjective experiences, as well as any explicit attempt made to make sense of the client’s own feelings or actions. These were first noted in the left-hand column but then colour-coded green in the Word Document. This code is broken down into different sub-sections in the NEPCS 2.0 but is coded for as one category in the original NPCCS (Angus, 1995) using the name Reflexivity. This influenced all aspects of the analysis, particularly that of the transition codes such as ‘Alternative Plots’ and Dialogical aspects such as Attunement.

Stage 8 – Alternative plot

At this stage, I analysed transcripts for signs of processes of change, following the NEPCS 2.0 marker of ‘unexpected outcome’, signalling a shift in the problematic narrative script. Client expressions of a surprising event or unexpected outcome denoting positive change were underlined. In addition, Franks’ (2012) discussion of exploring the other narrative plots available to narrators was used here, by noting any sequences in which alternative possibilities for future actions were actively explored or rejected, and in which alternative interpretations for past events were explored or rejected. Singer et al (2013) have stated that individuals who

are able to revise past experiences in light of new perspectives or information demonstrate ‘flexibility’, and this concept was also an influence during this aspect of the coding. Notes for Alternative Plots were highlighted in the Word Document using the colour pink.

Stage 8b – Reconceptualization narratives

I used the Reconceptualization category identified by Gonçalves et al (2009) in their ‘Innovative Moments’ coding scheme, defined as when a client is able to hold a meta-view of their past and present self, in which they present not only as actor in their story but also as author of it, being able to narrate the emotional transformation of that change. This is comparable to the NEPCS 2.0 change marker of ‘discovery storytelling’, identifiable when clients describe a positive transformation in the overall narrative of their life story and express a new view of self. Furthermore, it also bears a strong relationship with McAdams’ (2006) redemption narratives, and Franks’ (2012) quest narratives, whereby the protagonist discusses overcoming difficult challenges, having learnt valuable lessons, becoming wiser and more able to ‘give back’ to their communities by the story’s end. Analysis of their identity position and narrative scripts helped to inform this exploration of how the client might bring in a different sense of identity, as did the examination of the reflexive, meaning-making sequences in the transcript. I looked for statements or attitudes which expressed an awareness of transformations that may have taken place and where clients positioned themselves in terms of having greater agency, more insight and/or wisdom in relation to their former selves. These sequences, once identified, were coloured orange in the Word Documents.

Stage 9 – Synthesis

The final stage involved critically synthesising the above findings. The NEPCS 2.0 does not offer any guidelines for synthesis because the original aim of the coding was to perform a statistical analysis in order to compare frequencies of the codes across large quantities of data (Angus et al., 2017). Some version of this was indeed carried out, in that I visually identified the frequencies of the particular codes, noting if there was any privilege given to one or more processes, which could later be contextualised in the overall analysis. Yet this was the only aspect of using the data in terms of frequency, and my own synthesis was a lengthy process. An interactionist perspective shaped my interpretation of the narrative modes, through a desire

to understand the meaning narrators ascribed to their feelings and behaviours within the context of their psycho-social worlds.

Furthermore, the analytic frame with which I would eventually interpret these codes was guided also guided by my research question concerning internal and external narrative processes (Narrative-emotion), internalised meta-narratives and identity positions (narrative identity) and narrative co-construction (dialogical co-construction). The domains in which I would eventually analyse the codes can be seen in Table.1.1 below.

I began by determining and outlining the overall narrative script apparently present for each individual, guided by the question ‘What is the repetitive theme in their narratives?’ (McLeod, 2011), which included material from across the analytic steps. The purpose of doing this was to ensure the focus remained on trying to understand each individual's perspective of themselves and their life story, and to effectively situate their meanings in the context of their social world. I then used the synthesised narrative script data from each individual's three sessions and, through repeated reflections, explored this material according to the domains outlined in the table below, the results of which are further explained in the following chapter.

Table 1.1 Conceptual Groupings: Analytic framework used in synthesis and discussion

<i>Conceptual Grouping</i>	<i>Process</i>
Initial Segmentation	Identifying narratives and segmenting into meaning units (1)
Narrative-Emotion Processes	Explicit meaning-making moments (7) Internal sequences containing embodied emotion or emotional description (3) Inchoate storytelling (6) External narrative mode (2)
Narrative Identity	The narrative script and identity positioning (4) Alternative plot (8) Reconceptualization narratives (8b)
Dialogic Co-Construction	Dialogical analysis (5) Attunement (5b)

2.5.3 Methodological Reflexivity

Before starting the analysis, I was sure to employ a period of reflexive engagement with the research topic, which involved thinking through what it meant to me personally, in the context of my background and experience, and the impact these beliefs may have had on my understanding of the data. McLeod (2011) suggests any hermeneutic interpretation of a text necessarily requires the inquirer to be reflexive and to develop a critical awareness of his or her own assumptions. In order to address this, I conducted a 'reflexivity interview' with a colleague (see Appendix C for questions) as recommended by Landridge (2007). In this I explored issues including my motivations for conducting the research, my positioning of the client and therapist, and my view of self in relation to them. I also kept a reflexivity log throughout the research process, in which I frequently reflected on my process and struggles and turning points on my thinking. These reflections are explored further in the final reflexivity statement.

My thinking in relation to this research was influenced in important ways by my own clients, fellow researchers and professionals I spoke to throughout. Although this study is observational and did not involve my participation in the creation of data, it was still necessary that I reflected on my own dual identity as a counselling psychologist and researcher whilst engaging with the material. The natural context of the observation in the current study could be said to have been understood by myself as researcher through the time I have spent as a trainee counselling psychologist in various NHS and third sector placements. These placements were ongoing during both the gathering of data, as well as the analysis of transcripts. As my research began in earnest and I considered many of the issues surrounding the ways stories are told in therapy encounters, including coherence, emotional connection, and attunement to client narratives, I found myself observing my own interactions with my clients and the narratives they constructed with heightened awareness.

A reflexive awareness of my own interpretive role in the research process (Willig, 2017) enabled me to consider my own biases as a counselling psychologist in terms of my theoretical orientation, knowledge and experience. It also allowed me to explore the possibility that through my position as both practitioner and researcher I might harness deeper insights into the phenomena I was exploring. Referring to the ideas of Waquant, Frank (2012, p.76)

encourages any possible immersion into the area of research under interest in much the same way as 'a sociologist interested in boxing should become a boxer'. He further argues that such immersion facilitates an intuitive, bodily, responsive grasp of the themes under investigation as 'dialogue begins in bodies and then returns in symbols'. I would frequently make notes in my research journal after having written up the clinical notes for my session. Due to obvious ethical and methodological implications, I did not refer to this material in writing up the research, but it did inform part of my process when deciding upon my research question, analytic strategy and discussion. It is difficult to quantify the impact of this additional observation on the analysis of the session recordings I received, and I cannot claim that my ongoing practice and observation did not shade my final perception of the material. While analysing the material, I endeavoured to stay immersed in the transcripts, and given my commitment to reflexivity throughout, I feel confident that any impact was kept to a minimum. The observational notes made through my own work as a counselling psychologist were viewed as valid and worthy additions to the primary session material.

Finally, because the sessions obtained were recorded *after* consent was given for inclusion, it is possible that the therapist's knowledge that a fellow professional would be hearing their work, or the client's that their intimate stories would be shared with another therapist, did also colour the data produced in some way. However, when recruiting participants, effort was made to ensure they did not feel influenced to perform in any way different to their normal encounters, with separate information sheets being given to clients and therapists, explaining that this study was interested in exploring structural elements which naturally occur in therapy and that there would be no judgement of any content or particular practice style. Thus, all participants were asked to carry out their sessions in any way they normally would in the hope that any knowledge or concern there might be regarding their recordings being shared with me would be kept to a minimum.

2.6 Ethical issues

Before beginning the study, I applied for and was granted ethical approval from City University Ethics committee (Appendix D). This ensured that I adhered to ethical codes regarding various issues regarding safety and confidentiality of participants. However, ethical issues in this study should be considered beyond these points. As Josselson (2007) suggests, 'an ethical attitude toward narrative research is a stance that involves thinking through ethical matters and deciding

how best to honour and protect those who participate in one's studies while still maintaining standards for responsible scholarship' (p. 538).

2.6.1 Sensitive research with clients and therapists

A therapy session, indeed, a therapy *relationship*, is an intensely personal, emotional and sometimes frightening place to be. It is a 'safe place' in which we can disclose, in confidence and privacy, to someone we (ideally) trust, our deepest fears, hopes and desires. Asking a client and their therapist to not only allow a recording of such an intimate space, but also allow for the potential publication if not in the public domain then at local, academic level, is a very difficult ethical decision. There were therefore a number of ethical considerations to take into account. The British Psychological Society (BPS, 2010) provided ethical guidance, which I have to adhere to as outlined below. Informed and valid consent could only be attained by providing truthful information regarding the object of the study, the confidentiality and anonymity procedures, data recording, storage of data and the protocols in the event of a publication of findings. Appendices 'E' and 'F' display the client and therapist information sheets respectively. It was deemed important to offer slightly different sheets to each party in the dyad (as discussed above), as the emotional and psychological roles and investment for client and therapist would naturally be very different. Appendices 'G' and 'H' show the client and therapist consent forms, which also varied slightly in order to accommodate clients' needs. Given that it was highly likely that sensitive material would be disclosed during a therapy session, and that the individuals would be in some kind of psychological distress, the wellbeing of the client was considered of utmost importance.

On the therapist information sheet, it was asked that the therapist make a professional decision as to whether or not their client would feel safe, protected and would be able to freely say if at any point they wished to withdraw from the study. All participants had the right to withdraw freely from being a part of the study, at any point, including one month after the fieldwork had been completed. It was expected that therapists would be trained to conduct their sessions using empathic skills and would be sensitive to the emotional needs of the client. Verification of an HCPC-accredited training course was sought from the therapists in order to ensure that the clients who agreed to participate in this study were being supported and respected to the correct standards.

However, it must be acknowledged that many ethical decisions made in these recordings were made by the therapist and that this automatically implied a power relationship that I had no direct control over. Whilst I attempted to enable both client and therapist to feel empowered, the simple fact remains that I cannot know the real reasons why a client might agree to be a part of this study, or how they felt in therapy. Yalom (2013) has written much regarding the client's experience of therapy, and how often clients and therapist have very different memories of their time together. This led to further ethical questions regarding the client's status in this study that I needed to address. For instance, how much should I share about what has been disclosed by a client even if they have agreed to share their sessions? How much do they really know about what that means? I had no way of asking them directly, and therefore despite their being the most vulnerable people in this study, they were also the most silenced as they did not have a prior direct contact with me. Certainly, my contact details were on their participation sheet, but the likelihood they would choose to contact me was slim.

Another ethical question to consider was the thorny, difficult task of writing about and analysing interventions that had been unsuccessful or even led to a rupture in the therapeutic relationship. How could I write about this material in a way that would protect both the client's and the therapist's rights to be heard, and not silenced or criticized? I was aware that the therapists themselves might feel exposed, which became apparent after meeting them to discuss the project. I was aware that in a way I was also in a power relationship with them, in that I would be the one to have control over how *their* work was represented and discussed. Therefore, there were in a sense three layers of power relationships here; between the client and the therapist, the client and myself, and the therapist and myself. I did consider offering to share my findings with the dyads before submission, as this may have allowed them time to ask me to redact anything they felt uncomfortable with. However, unfortunately the reality of the time constraints involved in writing the final analysis and submission would not have realistically allowed me to do this. A debrief form was given to all participants, however (Appendix I) These relational aspects of the research topic and the research methods could not be avoided, but at least they could be reflected upon and acknowledged.

2.6.2 Ethical considerations in narrative research

The importance of questioning the power dynamic in research becomes even more pertinent in narrative methodologies. Mischler (2005) states that when working from the position that

narratives are always situated and positioned, the telling of a story will change according to context. It was therefore important to consider what stories were being elicited, or not elicited, by the therapist; in other words, which stories were being encouraged or silenced? Further to this, what stories were being exchanged in the telling between client and therapist, and which of those in their exchange was I choosing to see? This relates to the central question in narrative theory regarding authorship over stories. As Smyth and Murray (2000) convey, it is imperative that researchers themselves claim some ownership over the stories they are representing. In this way, the gap between ‘experience’ and ‘knowing’ (Mischler, 2005) can be addressed. I cannot claim to have any direct knowledge of the way the incidents in the stories told were originally experienced, nor of the way they were experienced when re-told in session. I can only know what I experienced upon listening to the recordings and reading the transcripts over and over. Throughout this process, I created my own narrative of the events and interactions I was hearing. As a result, and although my overall social and political intention is to enhance the scope for clients’ agency and narrative voice to be heard in therapy, there are necessarily limits to the access of their agency and ‘truth’ that I am able to offer. Indeed, in reflecting upon my own position in this study, there is even the potential that their life-stories could be exploited in order that they fit *my* desired narrative (Frank, 2012).

In the present study, I attended to the session material with the utmost respect and attempted to accurately represent individuals’ stories by presenting extensive extracts from the transcripts to highlight and support the analysis. I also aimed to convey throughout that the interpretations made are my own, and do not reflect any form of absolute truth.

2.6.3 Data Protection

It was made evident through the participant information sheets that only three sessions of recorded material would be passed onto the researcher. This would be done via a secure means, with any copies being stored on a password-encrypted computer. It was also made clear that the contents of the recordings would be destroyed after the research was completed, although any excerpts of the transcripts that may have been used and already published, whether through the university or by wider means, would not be destroyed. However, it was stressed to both client and therapist that great lengths would be taken to protect their anonymity. This would include eliminating all possible identifying features, barring the most basic and important elements such as their gender and ethnicity.

2.7 Evaluation of Methodology

While reliability and replication are not necessarily concerns of qualitative research, many researchers call for a powerful questioning of the research process in evaluating qualitative findings (McLeod, 2011, Hiles & Čermák, 2017). With this in mind, I have aimed for transparency throughout this chapter. Willig (2008, p.156) argues for a 'systematic, cyclical process of critical reflection and challenge of the interpreter's own emerging interpretations' in qualitative methodology, necessary to distinguish it from mere subjective viewpoint. This advice was embraced in the analytic process in the present study, as outlined above.

2.7.1 The bricolage approach and epistemological dissonance

Though helpful in pursuing the unique aims of a research project, the bricolage approach followed here posed some challenges for a novice qualitative researcher. The first related to the need to achieve a sufficient degree of proficiency in using all eight elements of the analytical procedure. Being able to rely on the guidance and encouragement of my supervisor proved invaluable. But the work also called for a considerable degree of methodological reflexivity. I needed to feel I knew enough about each aspect of the idiosyncratic methodological design in order for it to create a coherent project and gather appropriate data, rich in both the dialogic and constructionist details, but also in the emotional and experiencing aspects of the self. Yet it was also considered to be important to remain open and assume a certain degree of naivety so as to engage with each aspect of the analysis on its own terms, and not to prejudge their contribution based on their previous use in other studies.

In the end, efforts were made to ensure that every aspect of the data collection, from recruitment to transcription, would factor in the individual requirements of the different parts of analyses to be carried out. Further, each of the decisions surrounding the design and implementation of the project was considered in relation to its possible impact on the interpretative work, and carefully documented to guarantee integrity (McLeod, 2011).

The sequence in which the analysis was carried out was given consideration and was ultimately decided upon through initial engagement with the text itself and what felt like the most sensible ways to begin engaging with the text. I decided to carry out the first stage of analysis sequentially across all three sets of data, as this gave me an overall picture of the whole set of

data. However, I then proceeded to carry out the following stages sequentially with each set of three sessions as a block. This was to preserve the coherence of each dyad's overall narrative processes and to remain 'in' the blended narrative analysis approach devised throughout each set of data analysed. Keeping a journal also allowed me to reflect on the research process itself, with its new and multi-layered methodology.

A second challenge concerned the very real risk of dissonance between epistemologically distinct approaches. The dialogical constructivist position underlying both the NECPS 2.0 and DNA (Frank,2012) assumes that all stories told are co-constructed, and falls more in line with a social constructivist epistemology. The NOI (Hiles & Čermak, 2017) approach was designed to be epistemologically flexible, with some aspects relating to social construction and others relating to 'real' aspects of the internal self. Because critical realism was the view adopted in order to accommodate both a realist perspective and a relativist perspective, considerable attention was paid to the ways in which each client positioned themselves both in their external worlds but also within the therapy dynamic in order to make meaning, whilst also maintaining a view of the 'self' at the heart of this meaning-making endeavour. This view of the self as a dynamic exchange between external social constructions and an internal, auto-noetic presence, was further aided by using a symbolic-interactionist lens. Because of the separation between the internal, emotional processing and the external dialogical processes in the quantitative NEPCS.2.0 coding, there was the need for further, in-depth reflection on the interaction between these processes in the therapy sessions itself.

2.7.2 Exploration of personal epistemological position & critical evaluation of critical realism

Having categorised this study's epistemological position as critical realist, it is important to pay some attention to what this means for how I positioned both the data and the analytic process in relation to my *personal* understanding and interpretation of the ways we experience the world, as well as to critically evaluate it as a stance.

As Willig (2012) has stated "the starting point of any research project is, in fact, a set of assumptions that themselves are not based on anything other than philosophical reflection". Indeed, my own personal philosophical questions were the starting point of this project and it is necessary to clarify my position, as "qualitative researchers have a responsibility to make

their epistemological position clear, conduct their research in a manner consistent with that position, and present their findings in a way that allows them to be evaluated appropriately” (Madill et al. 2000, p. 17).

My own experience of both therapy and mindfulness practices lead me to an *experiential* awareness of an inner self which felt very different from the ‘Me’ I usually experienced, which was preoccupied with day-to-day considerations and concerned with the opinions of others. Because I believe I have personally experienced this kind of distinction, it inevitably informs my perspective of both the data itself and the analytic process. Indeed, it directly informs the construction of my research question, which is concerned with observing a more ‘agentic’ self in relation to internalised familial and cultural narratives. I regularly engage in reflective or mindful practices which bring me into contact with what I perceive to be a more authentic inner self, helping to orient and ground me if and when I feel overwhelmed or confused by events in my life. Indeed, this awareness has been pivotal in my life and is a cornerstone in both my personal and professional outlook. There is therefore an implicit desire to encourage the perspective that an awareness of the distinctions between our authentic inner selves and our ‘narrative scripts’ is of potential benefit to others, which must be explicitly acknowledged.

However, it is also important to state that whilst I hold this distinction to be true for me, that does not mean I necessarily believe it to be a universal truth for all people. I do suspect it to hold some form of broader validity, however: partly because so many others describe the same experience, and partly because of the insights and feelings that entering this ‘felt sense’ has offered me. In saying this, I am aware that I am implying two philosophical positions: firstly, that it is possible to approach some kind of consistent truth, and secondly, that there is an aspect of our consciousness which is ontologically (or metaphysically) a more ‘truthful’ version of the Self than the parts of our minds which routinely produce our thoughts and cognitive processes.

It is these two beliefs that make critical realism an appropriate choice for my epistemological *and* ontological positions. Indeed, the critical realist tradition, which emerged from the realist strand of philosophy, is usually associated with the work of Roy Bhaskar (1978), whose basic position focused particularly on the importance of *distinguishing* ontology from epistemology.

In believing in ontological realism (there is a real world that exists independently of our perceptions, theories, and constructions), whilst accepting a form of epistemological

constructivism and relativism (our *understanding* of this world is inevitably a construction from our own perspectives and standpoint), there is an acceptance of the fact that we are *de facto* limited in attaining a single ‘correct’ understanding of the world, what Putnam (1999) describes as a ‘God’s eye view’, as we are always operating from a particular viewpoint. It also accepts that we can *get close* to understanding a more correct view of ourselves and the world, and in the social sciences this can be done partly by trying to better understand our own myriad perceptions. This position has achieved widespread acceptance as an alternative both to naïve realism and to radical constructivist views that deny the existence of any reality apart from our constructions (Maxwell, 2012). The integration of ontological realism and epistemological constructivism has also been given explicit philosophical defence for the physical and social science (Barad, 2007)

There are, however, a number of perspectives which oppose or critique critical realism. The realist component, generally defined by Phillips (1987, p205) as “the view that entities exist independently of being perceived, or independently of our theories about them”, stands in direct conflict with the anti-realist positions that 1) nothing exists outside of the mind, or 2) that we would have no access to a mind-independent reality, even if it existed. Given the apparent impossibility of any definitive adjudication between these stances, for the purposes of this research it is perhaps simply worth noting that such dialectic between realism and anti-realism continues to produce synthesised positions like critical realism.

A criticism levied directly at critical realism as a qualitative research position is that it is simply logical positivism (that only statements verifiable through direct observation or logical proof are meaningful) or foundationalism carried out under another guise (Denzin & Lincoln, 2005a). Firstly, however, critical realism holds that mental states and attributes, although not directly observable, are part of the real world, a position denied by both logical positivism and constructivism; and secondly, it rejects the view of logical positivism that theoretical concepts are simply logical constructions based on observational data ‘fictions’ that are useful in making predictions but which have no claim to any ‘reality’. Indeed, a major concern of constructivists has been that invoking the term ‘reality’ at all in any meaningful way *implies* that there is one ultimately correct description of that reality (Maxwell, 2012). However, as Putnam clarifies ‘The source of the puzzlement lies in the common philosophical error of supposing that the term ‘reality’ must refer to a single superthing instead of looking at the ways in which we

endlessly renegotiate- and are *forced* to renegotiate – our notion of reality as our language and our life develop’ (1999, p 9).

A further critique is offered by Baert (1998, p.194), who accuses critical realism of ruling out almost nothing but extreme positivism: encompassing so many viewpoints; offering the caveats that there are different valid perspectives, and no way of definitively knowing an ‘ultimate’ reality; and yet still claiming that just such a reality exists. However, I feel that it is precisely such pragmatism, which actively seeks to incorporate any position able to increase our understanding of the world, that makes it such a useful basis on which to approach social and psychological research.

2.7.3 From Theory to Practice: Quality and validity in deductive qualitative analysis

Theory:

Yardley (2000) identifies four characteristics of good qualitative research, along with some examples of how these can be achieved. These are:

1. Sensitivity to context;
2. Commitment and rigour;
3. Transparency and coherence;
4. Impact and importance.

The first characteristic states that whilst it is important to have an understanding of related theories and relevant literature, this knowledge must not cloud the researcher’s interpretation of the data: areas of divergence from theory must be sufficiently explored, *as well as those data which do link the specific study to more abstract theories and generalisations discussed in previous research*. This was a strong component of current study, evident in a continuous cycle between reading diverse theories and previous research and then returning to examine the data (as illustrated below).

The second pair of characteristics, Commitment and Rigour, are reflected in the longer-term involvement of the researcher with the topic being researched, as well as an appropriate

demonstration in the methodology of research and immersion within the data. This criterion was certainly met by the length of time I was immersed in the project, as well as my longer-term interest in and engagement with the topics investigated, and will be explored in detail under 'Practice' below.

Coherence refers to the appropriateness of the research question and the philosophical underpinnings of the research, which are explored in relation to my epistemological stance above. Transparency is achieved through thorough documentation of the process of data collection and analysis, and the provision of rich data samples, in the form of extensive excerpts. This aspect is also linked to the specific challenges inherent in using a theoretically oriented, deductive approach to qualitative analysis; and in the way in which researchers approach the data with an informed but nonetheless strong bias. These limitations relate to neutrality or confirmability of trustworthiness as the parallel concept to objectivity (Lincoln & Guba, 1985). To achieve neutral or unbiased results, Lincoln & Guba (1985) have suggested using an audit trail and audit process. This consists of including raw data, written field notes, process notes relating to the data and detailed information on how the stages of analysis were constructed. It is important to demonstrate examples of all these processes, showing how the research evolved in line with both the aims and epistemological stance in practice. To this end, what follows is a description of how the process unfolded from start to finish, referencing examples of raw data, process and field notes which can be scrutinised in the appendices.

Finally, the criterion of Impact and Importance requires that the research make a substantial and original contribution of the field of study in question. This is further explored in section 4.4 below.

Practice:

The data was initially received and transcribed approximately three years before the eventual completion of the research, providing much time to be immersed in the data and enhancing its rigour as a piece of research. In that time, the methodology and indeed aims of the project changed *in response* to the data itself. My initial intention was to work from an inductive, 'bottom up' approach, and I was influenced in this regard by the inductive approach in McLeod & Balamoutsou's (1996) in-depth narrative analysis of one therapy session. Here, the researchers note *structural* narrative aspects such as embeddedness of themes, differing points

of view of the narrator and co-construction. Upon reading my data transcripts - whilst I certainly noticed the structural aspects to the narrative constructions - I began questioning to what extent there was an 'internal' meaning-making function at play in the narratives I was observing, that was not present in McLeod & Balamoutsou's (1996) more social-constructivist stance. This questioning stands in line with my personal epistemological stance (as discussed above) and began to inform the basis of how I would eventually construct the stages of my analysis.

I noticed becoming more aware of the clients' agency or lack thereof, and their positioning in relation to others, as well as latent desires hidden in the narratives, and the levels of reflexivity in clients. Next, I immersed myself in previous research which had observed narrativisation in therapy, to see if I could find support or context for what I was seeing in the data. It was during this second phase of research inquiry that I came across the early NPCCS research by Angus & Hartdke (1999). This was a pivotal moment, as I found that they too had been interested in an 'internal' dimension of narratives. I decided to test their NPCCS coding system on one of my transcripts, using coloured highlighters to break up bits of text as I saw them relate to the dimensions of Internal, External and Reflexive, whilst also writing my own notes and observations on the opposite page of each transcript (See appendix 'J' for examples of this stage).

Finding that this coding process was working and was providing interesting insights, I decided to complete the first session for each dyad in order to get a broader view of the insights the coding might bring. At the same time, I continued to immerse myself into past literature and research and once again I found that I was noticing aspects that weren't being captured with the three-tiered NPCCS approach, such as suppressed desires and meta-positions. I began to formulate the idea that all of these dimensions could be usefully linked to the construct of agency, which was also not an aspect of the NPCCS research. In order to broaden and explore the conceptual framework I was using, I began to build tables merging different aspects of previous research, whilst simultaneously making field notes on using them in practice on the data (see appendix 'K'). I continued to immerse myself in the literature and began to test later versions of the NEPCS which had a considerably broader category system, seeing what worked and what didn't, as well as making continuous notes in my journal about what I was seeing which helped me to conceptualise what was relevant to my aims (see appendix 'L'), then using this to once again build more conceptual maps (appendix 'M').

As I began to incorporate more of the NEPCS and NEPCS 2.0 by testing them on each dyad's first session, I began refining these too, noting what seemed to be lacking (see appendix 'N' for examples of this kind of working through) and again building another table merging different aspects of theory and code that seemed to be working (see appendix 'O'). Eventually, I ended up with a set of codes I was happy to use to colour code the entire set of transcripts (see appendix 'P'). During this stage I also used conceptual 'crib sheet' I had made, highlighting the important aspects and overlaps between Singer et. al. (2013) and my amalgamated NEPCS version of codes (see appendix 'Q'). This included the link between emotional symbolization and memory specificity. After several months this phase of the coding was complete. Following further reflection and immersion in yet more theory, I decided to add three more codes which were latterly determined to be important aspects of the data which had been noted in field notes and on the research data itself. These were IP, coherence and dialogical analysis. This then allowed me to make my final conceptual groupings (Table 1.1), which resulted in the final conceptualisation of the methodological framework as seen in this Thesis.

2.7.4 Issues with comparability of data sets

Recruitment took a considerable time, an issue which at one point cast doubt over the entire project. In several cases, therapists came forward and agreed to participate but later changed their minds. The study was initially aimed at qualified therapists from any BACP-accredited training. However, due to the initial slow pace of recruitment, I extended this to colleagues in the second and third years of my counselling psychology doctoral training, resulting in three therapists, one male and two female, who agreed to participate in the study and approach their places of work to present details of the study to their clients. I was encouraged in this outcome, as it meant the research would be carried out on therapist participants who had all received similar training and any suggestions made might be more directly applicable to the counselling psychology profession. Coincidentally, each of the three therapists identified as operating primarily from one of three different theoretical approaches: Cognitive Behaviour Therapy, Systemic therapy and Psychodynamic therapy. This presented an opportunity to include some comparative discussion among the narrative and emotion processes occurring in the sessions, and tentatively discuss how the findings relate to previous quantitative research carried out using the NEPCS 2.0 (Angus, et. al. 2017). However, a complicating factor emerged, in that

all three therapists were at very different stages in therapy with their clients. One therapist had only just begun sessions, another was in the mid-stages of treatment and the third was nearing the end. Hence, any meaningful comparative discussion would have to be contextualised according to this and several other major differences between dyads, including their gender, age, ethnicity and class. Given the case-centred nature of narrative inquiry (Reissman, 2008) I felt that the inclusion of different orientations and stages in therapy might be beneficial both in any insight they provided, and in offering some basis for future research.

Clients in the present study differed significantly in terms of the coherence, agency and emotional openness evident in their personal narratives. This was in part due to the varying social factors, but also largely to do with the stages they were at in therapy and the length of time they had been attending sessions. This heterogeneity, though significant, and borne in mind during analysis in considering the implications of narrative accounts, was not felt to be a limiting feature. Given the aim of this study to explore how narrative processes might relate *their own internal* meaning-making and potential identity change, coupled with my desire to avoid arbitrary grouping and labelling, I felt the broad array of experiences to be beneficial.

Furthermore, they differed in the extent to which they were describing events that they were currently experiencing, or that they considered to be in their past but not fully resolved. As discussed in Chapter One, sense-making of difficult events with the added element of time and quite possibly additional information and perspectives (Harrelson, 2017) is very different from the waking, daily reality of living through a difficult experience. Again, the time elapsed since events being recounted was borne in mind during analysis, and allowed for a discussion of the way narrative coherence and reconstruction is a dynamic and ever-evolving process (Bruner, 1991, McLeod, 2005) and always necessitates consideration of the context of a story's retelling (Hiles & Čermák, 2017); thus this was not seen to detract from the validity of these accounts.

Chapter 3: Narrative Analysis

3.1 Overview

This chapter represents my attempt at analysing the wealth of data produced through the blended narrative analysis approach to the session material discussed in the previous chapter, using the analytic framework based on the literature review and the research question and outlined in table 1.1.

The analysis sought to address the research question of *'How do narrative and emotion processes present in therapy and how might these relate to narrative identity, change and agency?'* The aims of asking this question were to explore internal, subjective, authentic expressions of how a client grasps their world; yet equally, how there might be external conditions that limit what the client can access of this world. A secondary aim was to explore how these may relate to the constructs of agency and change.

Through applying pre-defined codes which have emerged from previous research and theory, it was hoped that the method of analysis might further illuminate some aspects of the therapeutic encounters relating to narrative-emotion processes. Rennie (2012) states that any inclusion of deductive or abductively acquired data in a qualitative discussion requires that appropriate hermeneutic interpretative practices be conducted. To this end, the aim here is to discuss and analyse the nature of the text coded using demonstrative rhetoric, which consists of the providing persuasive arguments which are grounded in the text. However, It is important to stress that what follows does not reflect the 'truth' of the participants world, but my interpretation of the recordings and transcripts used in the analysis. In the first part of this chapter I briefly introduce the three clients and their therapists. I sketch an outline of the narratives they provided. In the second part, I present my findings from the analysis of these narratives.

3.2 Part one: Introducing clients & narratives

There follows a brief introduction to the three client and therapist dyads who participated in the therapy sessions. It is hoped that presenting some contextual information will provide a feel for the social, cultural and relational backdrop against which the therapy sessions were

co-constructed and demonstrate the diversity of the clients' narrative identities. The information presented here also aims to introduce the reader to each client's maladaptive narrative script (Singer et.al.,2013), or 'same old story' (Angus et.al., 2017). These were determined by a combination of the presenting problem as described by each therapist, as well as by my own deep and iterative engagement with the data through carrying out the narrative analysis across all eight stages, and particularly stages one and four. However, these are not intended to be final or ultimately 'truthful' representations of their narrative scripts, but only my own interpretation of the data in the three sessions provided, as well as my own interpretation of the therapists' impressions of what their clients' main problems were. Though the outline of the three sessions varied significantly for each dyad, common patterns and exchanges relevant to the study aims included problem narratives marked by lack of agency, relational difficulties with cultural, familial or employment systems, moments of embodied emotion followed by meaning making and vice-versa, high levels of attunement, and a co-construction of narratives which at times led to a questioning of whether the therapist's own narrative was *too* present in the meaning-making process.

Whilst it is not possible to speculate on overall *change* using only three consecutive sessions, as previously discussed, all clients spoke of feeling or engaging in behaviour that suggested some narrative identity change occurring, ranging from small changes to fairly large ones. The key thematic, rhetoric and stylistic features of each narrative are outlined below, along with any noteworthy observations. All clients began each session by talking about the preceding week, telling stories about events that happened, whilst also telling stories connected to themes brought to light in sessions co-constructively, that were from the past. Narrators employed techniques such as dramatic pacing and pauses, emphasis, repetition, metaphor and direct speech. Each dyad is presented in the order in which the sessions were transcribed. All names and identifying details have been changed or removed.

3.2.1 Alan

Alan was a 45-year-old white British male. Born in the North of England, Alan was raised by his mother and had some contact with his father until his death when Alan was 21. He had one younger sister. He described his background as working-class at several points during the sessions. Alan left home in his early twenties to pursue his career in London. When in London, he came out as a gay man. Alan had worked his way up to a managerial position, in

which he had been working for five years, until he was suddenly fired. He had been with his current partner about a decade and they lived together.

Alan had become depressed a year earlier after being fired from his managerial position. He had visited his GP who prescribed him anti-depressant medication. After 6 months, his mood improved and he stopped the medication, but his moods were still fluctuating and he referred himself to a third sector charity, at the suggestion of his GP. He was receiving twelve sessions of CBT. His therapist was a 32-year old white British male in the second year of a Counselling Psychology DPsych training, who also stated that he worked integratively. Alan displayed the greatest amount of narrative identity change out of all three clients. His transcribed sessions begin at the fifth in his twelve-session process, though this will hereafter be referred to as session one for clarity. He began his first narrative with an account in which he had felt very positive but had suddenly felt anger and frustration with his partner for not acknowledging him or being supportive enough. He would continue to give similar accounts throughout session one, but less so in sessions two and three. A considerable proportion of the narrative process in the sessions was spent trying to make sense of his fluctuating emotions, which Alan repeatedly said he did not understand the origin of. He would describe not knowing whether to blame himself, his lack of medication, his job or his partner for his emotions. Though the content largely depicted sadness and anger at himself and others, there was also a strong tone of defiance, and a desire to be happy and overcome challenges. The latter narrative tone was often co-constructed with his therapist.

I identified a narrative script of being confused and frustrated with his own and other's fluctuating emotions, sometimes feeling too much, sometimes not feeling anything at all. Narratives about his early life depicted his mother as loving but highly anxious and overly emotional, and his father as someone who would not display emotion but would 'just carry on' and never complain, which informed the familial and contextual narratives in his early life. In the third session transcribed, Alan's narratives became hopeful and somewhat jubilant as he felt he was now moving in the right direction. He became aware of the need to take responsibility for himself and to value his needs more, and there were strong reconceptualization and redemptive tones to his narratives at this stage. However, there was still uncertainty as to his fluctuation in mood and whether this is would ultimately be overcome or accepted.

3.2.2 Mary

Mary was a 27-year-old white British woman. She was born in the North of England and lived with her parents and younger sister until her father left the family home to live with a woman he had been having an affair with when Mary was a teenager. Mary was referred to therapy presenting with feelings of high anxiety and was engaged in a year of psychodynamic therapy. Her presenting problem revolved around a relationship she was in with a married man she had met in the North, who had been promising to leave his wife for two years. Eventually, Mary moved to London to try to end the relationship. However, despite the distance she had found herself unable to end the relationship, with high levels of distress at the thought of doing so. Mary's therapist was a 31-year-old third-year trainee counselling psychologist, who was working within a Psychodynamic modality, who also stated that she worked integratively.

Most of Mary's sessions were similarly positioned in terms of change: it was happening. Mary's first transcribed session was her thirty-second session overall. Mary's first few narratives focused on her trying to date other men whilst simultaneously keeping her relationship with her partner, and on her exercising a newfound self-understanding based on reflection and prioritizing her thoughts and feelings. Mary spoke very confidently, was a 'good' narrator and struck me as highly reflective and capable, yet also still trapped in a relationship that she didn't 'want' to be in but was unable to end. She offered several long narratives about the events in the week, frequently using side stories to further develop or reflect on her overall meaning-making. Mary often presented herself as someone who had overcome her past with many reconceptualization and redemption sequences across all three sessions. However, she quickly shifted into moments of self-criticism when she found herself feeling and acting in a way that she was trying hard to change, such as being 'needy' or 'weak', depicting such moments as a kind of defeat at the hands of her partner.

She alluded to not wanting to 'end up' like her mother at several points in her narratives, who had been left with 'nothing' after her father left the family home for another woman. It was clear there had already been acknowledgement that she was replicating her familial dynamic, but instead of being the powerless child who was abandoned, she was attempting to be the powerful woman who was chosen, except, as Mary says at one point, "he won't leave Fiona, so really... what have I been waiting for?" There seemed to be familial narratives influencing

her behaviour around being 'weak' vs. being 'powerful'. I identified a narrative script of wanting to 'win' in order to feel validated and loved, whilst also wanting to be free of this pattern. It was evident that there was a strong alliance between Mary and her therapist and that much of the meaning-making was arrived at co-constructively. Throughout her sessions, Mary expressed her desire to reach some kind of resolution with regards to her relationship, preferably by ending it completely. However, in many ways she spoke as though it had already ended, placing both the relationship, and *herself* as a character in the relationship, in the past; and frequently referring to her future life without her partner.

3.2.3 Zara

Zara was a 21-year-old black British Muslim woman of Guyanese ethnicity. She was raised by and lived with her mother and father until her mother died of bowel cancer two years previously. She had four siblings: two elder sisters, one older brother and one younger brother. Following her mother's death, Zara, along with her two elder sisters, took the role of helping with cleaning and cooking around the house and caring for their younger brother. One of her sisters was in remission from leukemia and was in and out of hospital, and an older brother who had left home and did not return very often. Zara had attended 6th Form College but had not gone on to Higher Education. A keen artist, Zara was currently on an apprenticeship program to help develop her work. The scheme had referred her to another charity providing mental health support for young people upon discovering that she was self-harming, mainly through scratching but occasionally cutting herself. Her family did not know she was receiving therapy as she felt they would not approve, resulting in her 'lying' to her family about where she was each week. Her therapist was a 43-year-old second year trainee counselling psychologist, who was working within a Systemic modality, who also claimed to have an integrative aspect to her work.

Zara was young and new to therapy, and there was not much change in her narrative identity during her sessions. The three sessions transcribed were weeks seven, eight and nine of a one-year block of systemic therapy. Zara's first few narratives cover various different aspects of her family life, including strong emotive statements regarding trying to leave the house more in an effort to improve her low mood. Her overall tone was flat and negative. Zara's narrative style was shy and subdued with little detail in her stories, often only talking at all in response to her therapist asking her directed questions, which also related to considerable co-

construction in the interpretation of events. However, there was often a sudden shift between this flatness and feelings of high emotion, with Zara often becoming overwhelmed and tearful in response to questions asked. At times, her therapist reminded her of the goals they had set at the outset which were for her to gain more independence and eventually find a way to leave home. Zara would at times support this idea but mostly reject it, presenting a conflicted narrative script as someone ambitious and desperate to leave the confines of the familial roles ascribed to her, but also as someone compliant and fearful, with a longing to be a good daughter and Muslim woman. The two largest identity conflicts were her desires to date a non-Muslim man and to illustrate human characters, both of which were against her religion, and which she felt would greatly anger her father.

3.3 Part two: Analysis of the narratives

The analytical frame used to interpret the data consisted of the same analytical codes applied to the transcripts, organised into overarching conceptual categories derived from the literature review (see table 1.1) aimed at further illuminating the salient aspects of the research question. However, there were some observations which emerged from the analysis, generating new elements to discuss. This is characteristic of the circular nature of deductive qualitative analysis, as discussed in the methodology chapter. These elements are discussed below and expanded on in relation to the other codes, as well as to narrative identity theory. I have included narrative extracts to illustrate each code and their expansion, which contain all utterances, hesitations and self-corrections of the narrators.

3.3.1 Narrative-Emotion processes

3.3.1.2 Explicit meaning-making moments

The cyclical pattern of telling a story of events followed by exploring and making ‘meaning bridges’ to understand the story was present in all sessions to varying degrees. The highest and most consistent levels of explicit meaning-making in narrativization were found in Mary’s sessions. She frequently told lengthy narratives regarding events that had occurred in the recent as well as distant past, seemingly with a pre-conceived ‘narrative arc’ structure where there was a clear beginning, middle (with complicating factor) and end, encompassing meaning-

making reflections. The following excerpt follows a story in which Mary's interactions with her partner during the week had revolved around 'who would text who first'.

Mary: So, it's weird because I am kind of looking at it very looking at, the sequence of events and like from last week to this week, and the patterns that he has had in the past, of you know me pulling away, him feeling it, him coming back and being everything I want him to be

Th: Exactly

Mary: And saying the right things and doing the right things, but now I'm seeing it like with a bit of distance, so I can see that happening

Above Mary indicates a feeling of strangeness at recounting events during the week and how they reflect similar patterns of events in the more distant past. She frames the final reflection as 'seeing it with distance', invoking the sense of time as well as visual perspective. The meaning-bridge here seems to build from the ability to 'see' the meaning behind the patterns of behaviour. Interestingly, this passage was also partly marked as a 'reconceptualization' moment, highlighting the inherent interconnectedness of these codes and that for Mary, narrating followed by meaning making often directly led to a meta-position and thus a further *move towards a narrative identity shift* which involved more freedom from the 'addictive' nature of the relationship. There is also the sense here that this is a meaning bridge that has been made before, with the therapist's tone in "Exactly" indicating the sentiment *this is what I've been trying to get you to see*. Thus, we also see the elements of co-construction here.

However, this was not necessarily the case for the other two clients, who, perhaps due to being at different stages in their therapy, had less explicit meaning-making following narratives of events. As Alan's sessions progressed, there were increasingly more explicit meaning-making sequences following narrativization, but not until the third session transcribed was there also a frequent accompaniment of reconceptualization.

The second session provided several meaning-making sequences in which connections to the distant past were made following a narrative telling of current events. The following came after a story regarding his mother's response to his partner's illness, which had left Alan feeling like 'shutting down' due to her being 'overly emotional'.

Alan: My dad was like that

Th: Oh really?

Alan: Yeah, he, him and his brothers they were just, you know, "just carry on"... they were farmers, and when things got tough it was, don't get upset, don't get emotional just just keep going

Th: Right

Alan: Whereas Mum's side, they're always worrying, just all the time, all the time

Here there is sense that a 'new' meaning bridge is being made, indicated by the therapist's surprised and inquiring tone. There is also a strong identity positioning posed, with implications of a familial meta-narrative being 'exposed', offering a direct link to narrative identity processes and how new meanings made relating to external, contextual narratives can occur through meaning-making in narrative processes. In other words there was a link made between external narratives and self-identity, offering explanations such as "so maybe this is why I think like this", again marking the transitional quality of Alan's narrative identity change.

For both Alan and Mary, explicit meaning-making occurred either as self-generated impulses or as co-constructions either before or after the telling of a story, with little encouragement necessary. In contrast, Zara's meaning-making sequences were almost always prompted by her therapist (as were many narratives told). Interestingly, Zara's narratives were largely coded as External, indicating that she preferred to tell stories based on descriptions of events, rather than necessarily ascribing too much meaning to those events. Given the high levels of inchoate emotion also present in her narratives, this lack of articulated meaning-making is perhaps unsurprising. There was a level of meaning-making that occurred when she was asked to explain her drawings however, which appeared to be thinly-veiled versions of herself, portrayed for instance through a female character who "...uses shields to protect herself from shots and stuff". When asked whether this does indeed represent her, she answers in the affirmative, but rather than explain why, and so make further meaning bridges to the self, she explains that it is typical of illustrators to create characters based on themselves, and the topic then becomes about finding more time to draw, rather than exploring this image and its meaning further. It seemed that for Zara, in stark contrast to the other two clients, articulating meaning-making was not as easily accessible.

3.3.1.3 Internal sequences containing embodied emotion or emotional description

For Alan and Mary, the articulation of embodied, felt sense emotion was frequently present. This was especially so for Alan in the first and second sessions, as there were very strong feelings of sadness, anger and some suicidal ideation, which he was able to articulate and describe, seeming to allow him to continue to explore and try to make-meaning of verbally.

Alan: I feel really really heavy, I don't know (pause)...it's, it's not been a good one this week at all, just awful, awful

Th: Oh!

Cl: I don't know where it's coming from this week, it's just horrendous (pause)

Th: Tell me

Alan: I'm pretty, I'm on a...self-destructive path mentally

Th: Ok

Alan: erm... (pause, zip noise) I have...I've just jot things down

Here there is a connection to describing a bodily sensation in relation to a negative feeling, with a fairly swift move into opening a journal, which then led to Alan telling a story about an event in the week as a way to make sense of and also illustrate his embodied emotion further. The sequence of naming an embodied feeling followed by meaning-making through narrativization was also the case for Mary's articulated embodied emotion in almost all cases, though for Mary, there were far fewer moments of articulated embodied emotion than for Alan or Zara.

Zara also often expressed emotion in a way that would lead to a narrative that might explain it. However, although her narratives did start by connecting to her emotional state, they wouldn't often return to the emotion state unless prompted. Zara preferred to stay in the External narrative mode, rather than the meaning-making mode. Below she refers to her feeling state and connects it to a visit to the hospital.

Zara: I don't know why... I've been panicky, like anxiety

Th: Have you?

Zara: Yeah

Th: What do you think that's about?

Zara: I think it's the hospital... I get dizzy, I don't know...I don't like the way they do injections, they're meant to use alcohol but they didn't, I asked them to cos it helps with the pain

Th: No, the alcohol isn't for the pain, it's really to disinfect the area

In this passage, Zara begins by stating how she has been feeling in response to being asked about her feelings over the week, but after connecting to a possible meaning-bridge of going to the hospital, which, given her mother's recent death and sister's cancer would understandably be distressing, she stays with the technicalities of blood tests and never returns to her feeling state or connects the narrative back to her anxiety. Here therapist decides to stay with Zara's preferred narrative track, possibly as it feels uncomfortable to push her back to exploring the feeling state. However, when Zara became overwhelmed with spontaneous emotion (sudden crying etc.) there were more moments of exploration of emotion states, as will be seen in the 'inchoate' section.

Mary offered far fewer moments of embodied description or moments where she suddenly felt strong emotions in sessions. Instead, she often referred to emotion states occurring in the recent or distant past in the context of evaluating or reflecting on them within a narrative context. Here, she recounts a story about a phone conversation with her partner.

Mary: I can't even remember what it was about but I was just really angry that I'd been drawn into a conversation where I was just like, why did I just have this conversation? it's just a bit silly, and I was, the way I was reacting was I playing the victim role again and like, you know I could see it playing out in front of me but just couldn't get out of it

Th: OK

Mary: It's like I felt trapped in it, and I was just so frustrated and angry that I'd let that happen

Here Mary seems to describe her emotion, rather than connect to it in the session per se. This seemed to be a much more common way for Mary to relate to emotions in session, where she almost seemed to have already reflected on the emotion and came to therapy with half-prepared narrative-emotion processes to convey. This same pattern was more evident in Alan's third session, in which he used metaphor and story to convey emotions and intuitions he had during that particular week, such as using an umbrella metaphor "there are lots of ways to get to the

top, where you wanna get to, I get that now.... I didn't get that before, I was always so worried, and no I get that it's ok to take a different route." In short, he was less 'in' his emotion by the third session transcribed and seemed to have more of an observational relation to it. This came in tandem with an increase in reconceptualization modes and apparent narrative identity shifts.

3.3.1.4 Inchoate storytelling

Of the three clients, Zara displayed the highest levels of inchoate narrative-emotion process. As mentioned above, Zara found it difficult to explore her emotions from a narrative, meaning-making position. Instead, she often had what felt like sudden and confusing moments of intense emotion that did not have room for expression in other areas of her life, except maybe her drawings. These moments often surfaced with Zara becoming tearful upon mentioning either her mother or family dynamic. In this segment, her therapist had been asking some fairly 'factual' questions, to which Zara had been responding in her factual, External narrative mode, until one question emerged about whether her father used to beat her and her siblings, and Zara began crying.

Zara: (quiet crying)

Th: And what is it that is making you feel tearful now, is it of remembering it? Is it about your mum?

Zara: I don't know...maybe...both... my mum and my dad

Th: mmm (Silence) what do you feel about you dad?

Zara: I hoped that.... he wouldn't do it again

Th: Do you think that he would do it now?

Zara: Yeah (silence)

Th: That must be very scary, so what do you do?

Zara: Just, stay away

Th: Mmm (silence)

Here we can see how difficult it is for Zara to articulate and make-sense of her feelings and to put events that have happened into a narrative structure. There is some reflection in her stating she had hoped he would no longer beat them after their mother died, but it also seems clear that there is a high degree of unprocessed trauma, reflected in many passages such as this in which it is difficult to articulate the emotion, or which may have some small amount of reflection or

meaning making, but would quickly turn to silence followed by a change in topic, which is what happens here after this last silence.

There were some inchoate moments in Alan's first and second sessions too, but they were quickly followed by some kind of articulated meaning-making as he would slowly find the words to describe confusing, intense, or fluctuating emotions. There were no moments of inchoate emotions or storytelling for Mary interestingly, possibly again, because she was by now very skilled at talking about and reflecting on her emotions in the context of events that had happened and was no longer 'in' her crisis mode, as well as contextual and social factors that will be explored further on.

3.3.1.5 External Narrative mode

As already noted, Zara displayed the highest frequency of External narrative code. When she spoke about events, whether current or historical, she seemed most comfortable describing the factual aspects, or *fabula*. What was evident was that she did not then go onto to interpret these events, or 'make-meaning' about them with much ease, although she usually was able to do so to a limited degree when prompted by her therapist, which occurred very frequently.

In contrast, Alan and Mary's External sequences were very often followed by either explicit meaning-making, emotional expression or another form of *connecting* the events to something meaningful. Interestingly, had the sequences been coded without differentiating between the therapist and the client's turn speaking, as is the case in the quantitative version of the NEPCS 2.0, it would have appeared as though Zara engaged in meaning-making following External storytelling fairly frequently, because indeed she did, but only *when prompted*.

Zara: Yeah, so in the morning I did get up earlier, um, at like about 9 o'clock, and then I did the housework which kept me busy, but, yeah I still felt really tired.

Th: And so do you think that you feel able to then leave after you've done that? What would your sister say do you think ?

Zara: Yeah, I mean, I think, she would say it's ok, I actually want to cos it's unfair that I'm always the one doing it, and it's probably why I don't go out very much it's cos I'm so tired, I much rather just be inside

The above illustrates a typical pattern whereby Zara's therapist would prompt Zara for more 'meaningful' information, often regarding relational dynamics, which would lead to Zara opening up more information about her desires, thoughts etc, in essence giving the meanings she makes about the actions and events she is relaying.

Mary also had very high frequencies, and by far the highest quantity, of External narrative coding. She was a very 'good' narrator, in that she told the details of events in vivid form, describing locations and characters well, but also interwove these details with interpretation and reflection. Her ability to convey both detail and interpretation as well as some emotion would relate well to some aspects of the construct of 'accuracy' as described by Singer et.al. (2013), in that she offered detailed descriptions of events. However, her descriptions and her reflections sometimes showed some lack of emotional connection as already noted, which also raises interesting questions relating to 'good' storytellers who are perhaps not connecting to their felt sense, which has implications for therapists who have clients who 'perform' very well in therapy, leaving questions around another aspect of 'accuracy', which is the need to connect to the emotion of events being described.

3.3.2 Narrative identity

3.3.2.1 The narrative script and identity positioning

Many examples of socially-situated narrative identity were found in all three sets of data. A problematic narrative script (expressions of dominant, maladaptive, over-general views of self and relationships marked by a lack of agency) was particularly evident in Zara's narratives, whose narrative-emotion markers were mostly External and Narrative Script. Almost all of her narratives were characterised by very limited social freedoms and her identity was strongly tied to these narrative themes. In a story where she talks about what she did that week, she discusses mainly staying indoors doing housework and looking after her family. Her therapist is trying to challenge her to leave the house more, to which Zara seems resistant.

Th: And so if you left more often, would you, do you worry about them?

Zara: Yeah

Th: Does it feel scary that something would happen to them or...

Zara: Um, I think I'm scared for my older sister...they will always go against me, this is why I think that it can't happen, I won't have support, like he will kick me out of the house or probably like kill me because of stupid religion laws

It is clear that Zara fears leaving the house, relating her reasons to both her sister's illness and her religion. Here and elsewhere she expresses an internal struggle that is inseparable from her idea of what is expected of her. She cares about her family, in particular her unwell sister, but she also craves greater freedom than what she feels she has, and clearly resents the 'stupid' religious rules she is bound by. This was further illuminated with the Identity Position (IP) coding, which highlighted how many of Zara's relatively short bursts of narrative would reveal her feeling caught between her desires and her feeling of guilt and worry about her family.

For both Mary and Alan, narrative scripts were also an interweaving of personal and familial/cultural narratives. Mary would often express her difficulty with letting her partner go in terms of positioning herself against his wife. "I can't bear to lose him to her, I feel like I have to win, after all these years and all the effort I've put it, how could he still choose her over me?" Often all the power was being given to him to 'choose'. This resonated with her familial-narrative of being abandoned by her father, and arguably with wider systemic power dynamics between men and women. However, as already seen, there were many more moments of being able to 'see' these external narratives and reflect upon them, again signaling her shifting narrative identity.

Interestingly, Alan's narrative script seemed to be influenced not only by his familial narratives as explored above, but also societal and mental health narratives which contributed to Alan not knowing what the 'cause' for his low mood was. Here, Alan has just told a story about an argument with his partner, where his partner has said to him "you should go back on the pills", which causes Alan to shout at him.

Alan: You know, then I carried on, be a big man, don't get into a mood like you usually would, but ...I don't know, I don't know what it is...I think downstairs maybe I should be on the bloody pills, I don't want to be on them but I'm trying to work out if there's something different...if it's something else that's actually, is it the depression that's making me do this? I don't know

In this we can see references both to Alan's familial and cultural narratives to 'just carry on' as his father would and to 'be a big man', as well as the conundrum of 'what' is 'making him do this' suggesting a medical illness narrative is clearly central to his attempt to understand his main problem of fluctuating mood. This medical narrative emerges frequently throughout the first session, but less so in the second and third sessions, by which point the therapist has re-framed the 'issue' as being primarily to do with his relationship and communication patterns. Alans' IP coding revealed narratives in which he positioned himself in accordance with others as primarily trying 'not to upset them' by saying what he thinks or how he feels, and also in terms of describing a kind of 'mechanism' which makes him repress any negative feelings, again illustrating two external narratives which he is grappling with: his relation and power dynamic with others, and his relation and power dynamic with his own biological mental functions.

Interestingly, possibly due to Mary's large amount of reconceptualising sequences compared to the other two clients, her IP code seemed to position her less against an external narrative or Other per se, but mostly against her own *former* self. She frequently fluctuated between two temporal selves: past and present. This was evidence of her identity being very much *in* the process of change. Many of her narratives showed her positioning her current self as like her former self whom she describes as 'needy', a position she is eagerly and actively trying to change. This will be explored further in the reconceptualizing section.

Another interesting dimension to the IP code was that it enabled me to notice which identities were being sought. Although this was not an aspect explicitly discussed in the original NOI (Hiles & Ćermak, 2017), it struck me that for each client, there were identities relating to having greater agency that they were either explicitly or implicitly reaching for. For Alan, many of his narratives were framed in terms of a struggle for his own sense of purpose and joy, without worrying about what others would think of him or might need from him. By the third session, his narratives are very enthusiastic and there is a sense of him 'reaching' the desired identity, able to detach from the intensity of his emotions and focus on his own desires: "so you have to look ahead, and that's what I have to do now, I've got to focus on trying to enjoy things more, for me, sod everyone else". Mary's narratives throughout her three sessions were thematically oriented around search for a new identity, a new way of viewing both herself and others:

Mary: And he, I think he's like trying to provoke me, and get a reaction out of me and I don't want to give him that, I want to be like quite calculated and mindful in interactions and responses I give to him but it's hard because I have to keep remembering every time I feel like calling or telling him to call me

The desired identity that Mary is explicitly seeking involves being not just mindful, but *calculated*, bringing in the sense again of wanting to 'win', but not against her partner or his wife, but against her former self. Her new 'less needy' identity is the prize she is seeking. Considering identities sought also revealed more of Zara's identity positioning, who used illustrating characters as a means of exploring her desires, clearly kept from her in any 'real' form, including, in many ways, an articulated form. She evidently had a rich internal fantasy world. Here, her therapist manages to invoke her visual skill, and she is able to express how she feels about living with her religion, likening it to a physical external structure she cannot break through but that she would like to ideally.

Zara: 'Yeah, I feel like it's like, I wouldn't say prison but, I would say it's just a big barrier that I cannot break'

Th: mmm

Zara: But I really want to break

Th: mmm...What does the barrier look like? What does it feel like? If you were to draw the barrier

Zara: Rules, like a wall

Th: Like a wall of rules of things you can't do?

Zara: Yeah, that's what it's like

Th: mmm...and is there any way to break it?

Zara: Well, I try to, if I was stronger maybe I could but it's got like...a force around it, I can't destroy it, I would need more powers

There are moments here which break substantially from the narrative tones in the rest of Zara's sessions. Asserting, for example, that she 'really wants' to break the rules, and that she would need 'more powers' is perhaps the closest she ever comes to stating her desire to challenge the external narratives in her world. Her need to do so 'in code' through her artistic language is revealing of just how limited her agency and realistic sense of change might be.

3.3.2.2 Alternative plot

Similar dynamics can be seen in how all the clients viewed the options available to them with regards to narrative identity position. As already noted, Zara's narratives seemed to indicate the least amount of agency, and, correspondingly, she also had the most limited number of alternative plots available to her. Even though she clearly fantasized about alternatives, her external reality contained strong cultural narratives which prohibited her from acting on them, such as for instance her desire to date a man she met online who is not a Muslim: "that's why we can't do anything". This contrasted with both Mary and Alan's narratives, which both contained high numbers of alternative plot sequences, although Alan's were mainly concentrated in the second and last session transcribed. It could also be argued that both Alan and Mary had far more societal freedoms than Zara, (being white, British, and in Mary's case, middle class), as well as access to 'healing' or therapy meta-narratives that could facilitate the positioning of alternative plots. In the following excerpt, Mary is responding to a friend who accuses her of still being 'obsessed' with her partner.

Mary: And I was like, "yeah, well I'm on a journey" and so it felt good saying that to her, and like being ok with where I am at this moment in time

Th: Yeah

Mary: And obviously she's on a different part of her journey, but like, I don't have to be a part of that, or limit myself to what she thinks of what I'm doing

Her use of the 'journey' metaphor implies that she has internalised a sense of 'healing' as being a process that she is on, and that she does not need to be 'limited' to how others position her, she can position herself differently, with the help of this metaphor. What was striking across Alan's three sessions was how radically the frequency of 'alternative plots' changes, from almost none in session one to more than a dozen in the third session. Initially, his options appeared very few, yet it seemed that the processes of connecting to and articulating emotion, as well as a considerable amount of meaning-making and reflection, did result in Alan being far better able to 'see' more options available to him, correlating with an apparent narrative identity shift.

3.3.2.3 Reconceptualization narratives

Highly related to alternative plots was the reconceptualization narrative code. Being able to see a situation from a meta-view was a key feature of this original ‘Innovative Moment’ code (Gonçalves et.al., 2012) that implies a turning point moment for clients. For Zara there was only one reconceptualization sequence, occurring in the third session in which she described feeling some ‘hope’ for having a relationship with a non-Muslim after being told by her sister that her mother was not a Muslim when she met her father. She expresses being able to imagine a future where her father might understand her wishes. Given that the previous two and half sessions were concerned with her position as being unable to communicate her desires to her family, or even in the therapy room, this articulation did seem to offer the small possibility of a shift towards greater agency and possible change.

Alan only conveyed reconceptualization sequences towards the end of the second and throughout the third session transcribed, in which there were several extended narratives which ended with flexible interpretations of possible futures. However, unlike for Zara, thematically these sequences were highly imbued with a sense of increased agency. They also seemed inextricably linked to strong meaning-making and the quest for an alternative plot, related to well-being and identity change. Towards the end of the third session transcribed, Alan spoke in a way that conveyed both redemption imagery over the past, and also of enhanced autonomy.

Alan: Cos I’m starting to realize now that I know more than I am letting on

Th: Yeah...you really do, and you need to own that more and more

Alan: Mmm...and I think that’s what’s making me feel stronger, not being that kid at the back of the class who can’t hear, which is how I felt for years

Th: Really?

Alan: Yeah, I’ve always thought that I was not very clever, I never thought of myself as academic, erm...and so I never felt I could speak up or say things

Th: Ok

Alan: but maybe it’s time to start approaching things rather than putting them on the back burner, you know you might think that I’m a complete bastard, and I might not wanna hear that, but you know, does it really matter..?

Here, he has recounted a story about being more honest with his boss, and whilst doing so he also re-positions his identity with regards to past narrative scripts, ending with a tone of autonomy and assertiveness. Similarly, Mary's consistent reconceptualization sequences across her three sessions indicated themes of increased agency and change. An interesting finding in Mary's reconceptualization sequences was that of a connecting of selves, where she frequently reflected on her identity before and after her decision to 'change' her narrative script. For Mary, this reflection was very explicit, as her main thematic thrust was exactly this – trying to embody her 'new' self. The following ensued from a narrative in which she was recounting her 'new' way of relating to men in the context of going on a date with someone that week.

Mary: Just in general with Mark, and more recent situations and just I guess knowing I feel like I know much more about myself and I'm much more like ok

Th: Mmm

Mary: Acutely aware of me within a relationship and my tendencies now than I ever was when I was with James and before I met Mark, so it's kind of like having that awareness is a bit scary as well because now, it's like I know when I'm acting that way

There are key phrases here which indicate that Mary can 'see' her old ways of being, and that this knowledge is even a bit daunting, perhaps as it makes her more acutely aware of not only the increased agency she has, but also of the responsibility that this bestows upon her to *choose* to behave differently.

3.3.3 Meta-narratives & co-construction

3.3.3.1 Dialogical analysis

The Dialogical coding revealed much regarding the interactional dynamics of the sessions. There was a strong sense in all three dyads that therapists were invested in collaboratively working with their clients' meanings and emotions, as well as being actively involved in the facilitation of new, more agentic and empowering narrative threads. Depending on the stage in therapy, these processes were more or less frequent. For instance, in Mary's sessions, her narrative and emotion processes were largely left to *her* to construct, with her therapist interjecting in Mary's lengthy narratives and reflections only occasionally. Zara's therapist was far more pro-active in creating meaning, often encouraging Zara to talk about certain topics as

Zara was not very forthcoming, often holding back or remaining silent. Alan's sessions were a mixture of the two, although he took considerably more control of the narrative-emotion sequences in session three.

A striking observation for all three dyads, however, was an encouragement (at times more active than others) of certain *kinds* of narratives. For both Mary and Alan, there were several segments where their therapists referred to their processes as a kind of 'journey' or a 'battle'. For instance, in the second session, Alan's therapist is reflecting on a story just told in which Alan feels overwhelmed by the negativity of close people around him.

Th: And it seems to come up in your life in many different areas, it strikes me, that so many situations bring up this same dynamic, this is what you're being challenged with now

Alan: And it's a huge challenge, god! (sighs)

Th: Yes absolutely, it is a huge challenge, but that is what this whole period is giving you it's really bringing that into focus for you, it's a battle you're fighting, you know, but the good news is that you're here, you're doing it

There are several aspects of this segment which reveal his therapist's narrative. The implication that his challenge is a kind of 'gift' implies that he will become stronger as a result of it. This kind of narrative is reminiscent of both McAdams' (2008) 'Redemption' narrative and Franks' (2012) 'Quest' narrative of overcoming obstacles and challenges and of a positive outcome as a result of the difficulties experienced. Later in session three, and without any particular prompting, Alan uses very similar language on several occasions to convey his new-found feeling of strength and triumph "Yeah, it will happen, I will find where I want to go, I've got to keep fighting this", potentially indicating an internalisation of this kind of framing. Similarly, Mary referred to her process as a kind of 'journey' more than once across all three sessions, which was also echoed by her therapist who reassures her in session three "you've come so far" and "this is process, you're in a process". Mary demonstrated high levels of reconceptualization and alternative plot sequences across all three sessions, suggesting that this kind of narrative had been strongly internalised, whereas Alan exhibited more of these codes in sessions two and three, implying that his sessions were a kind of turning point from his previous narrative *into* his new 'quest' narrative.

When further observing the narrative constructions encouraged by the therapists, the congratulatory nature with which all three therapists met any narrative which contained reconceptualization or alternative plot sequences was also noticeable. Phrases like ‘Well done! That’s fantastic!’ were frequent from Zara’s therapist at any indication of Zara moving towards more agency (such as leaving the house for example). Also noticeable was the encouragement of a distancing from past or negative/destructive behaviours, evident in this segment from Mary’s second session, in which her therapist is responding to Mary’s confession that she has wanted to text her partner several times over the week.

Th: it's is a pattern that he's done before, and then he started to pull back once more, and now you're starting to feel shit about yourself, again so, we're kind of getting back into this cycle, um, and those are exactly, so being very very aware and careful and then, not, that not prompting you into then changing back into your original patterns

Mary: I think I

Th: Which it doesn't sound like you're doing

Mary: No I definitely haven't gone back to my, original patterns

In this segment, there is some insight into a narrative in which the therapist has positioned Mary as being ‘at risk’ of falling ‘backwards’ into something bad and dangerous. Her response (‘no I definitely haven’t’) falls in line with the fact that the main theme in most of her lengthy narratives across all three sessions revolved around ‘not doing the same thing as before’ and struck me as perhaps being a kind of performance *for* her therapist, her audience as it were (Riessman, 2008). The same could also be said for many of Alan’s narratives in session three, in which he seemed to have internalized much of the framing offered by his therapist in session one regarding ‘not giving up’ and ‘fighting against the negativity’. A concise insight into the transfer of this kind of triumphant narrative from his therapist to Alan himself can be seen towards the end of the first session, with the following exchange in which the therapist is encouraging Alan to confront his partner.

Th: Something has to change...and soon

(eight second pause)

Alan: I'm gonna have to do it this weekend... I have got to go to work next week at least I would have said something, it might make life a bit easier

Here, the strong implication of the need for change is taken on by Alan with a dramatic level of conviction. The pause before his response makes the response itself even more convincing, and it felt partly as though he were making a solemn oath *to* his therapist, again invoking a performative aspect in consideration of his audience.

Alan and Mary's willingness and ability to collaboratively adopt and perform what appeared to be their therapists' narratives regarding challenges, changes and journeying was contrasted by Zara's sessions, in which many of the suggestions made by her therapist were met with stilted responses or ones that would negate any way 'forward'. Partly, this might have been due to her being early on in her therapy treatment and still feeling unsure in the relationship. However, when considering their interactions in terms of the 'stories held by each individual' (Frank, 2012), it also seemed as though there was also some conflict between the narrative configurations both Zara and her therapist might hold about their time together. Zara spoke of lying to her family about being in therapy, and generally seemed to follow the 'rules' of therapy less than the other clients (less reflection, less narrativization of past events etc.), possibly indicating that her conceptualisation of the 'therapy process' was different to Mary or Alan's, as she seemed unsure of what to do or say a lot of the time; combined no doubt with other factors such as her age, developmental stage, and growing up in a fairly infantilizing environment. Due to Zara's often inchoate reflexive and emotional sequences, her therapist found it difficult to 'stay' with her, leading her to 'fill in' by suggesting Zara's possible thoughts or reflections, or prompt meanings in line with her desired narrative for Zara, such as 'do think maybe that means you should talk to him?' after Zara has been crying about her father's strict rules. Towards the end of the first session, Zara begins scratching her arm (she had been referred initially due to self-harm issues) in the middle of her therapist trying to encourage her to have a conversation with her sister, who Zara said had been acting 'moody'. Her therapist notices and suddenly mentions the scratching.

Th: You're scratching?

Zara: Yeah, um, the, Eczema...so um, it makes me do things (silence)

Th: I know, but I hope we can start finding other ways for you to cope because it's, it's not ideal is it?

Zara: No

Th: But you haven't felt like you've needed to for a while?

Zara: No (pause)

Th: So I mean it's very difficult with your sister isn't because...

Here, Zara's therapist chooses to stay with the narrative theme of her sister rather than moving on to Zara's physical symptoms, perhaps partly because Zara herself does not seem to offer any further reflection on the act having been noticed. It is however interesting that the therapist does not consider that the therapeutic work itself might be a source of stress for Zara. This kind of inchoate expression was typical of Zara's responses, and it was understandably difficult for her therapist to 'stay with' the incoherence, or even her silence at times.

It seemed that for all therapists, their narrative constructions of what their clients needed in order to 'change' or 'heal' were related also to their modalities. Zara's systemic therapist often tried to bring the discourse back to her positioning in her family system as seen above; Alan's therapist often brought Alan back to considerations of taking 'action' to change, including writing down things he would do that week in his homework diary ('talk to partner'); and Mary's psychodynamic therapist often brought Mary's attention back to unconscious processes that might 'sabotage' her progress.

For all three therapists, there was a clear sense of strong investment in these narratives and of desiring their clients to collaborate in them. The differences lay in the clients' apparent ability to take on the healing discourses, with the relative social and cultural positioning seeming to have some bearing on this. For Alan and Mary, both white, secular, middle-class and with relative degrees of autonomy already present in their lives, it did not appear too difficult for them to internalise their therapy narratives and to actively participate in the reflective, meaning-making sequences 'typical' of talking therapies in general. For Zara, whose socio-economic background, education, religion and ethnic minority status contributed to her feeling like being in therapy was itself a transgressional act in itself, the therapy 'narrative' itself may have been something she had not previously had any access to.

3.3.3.2 Attunement

Noticing levels of attunement was also a focus of the Dialogical code, and it seemed clear that all therapists showed high levels of this, with many instances of empathy towards client's emotions, connecting and resonating emotions back to their clients. This was of course at times indicative of the therapist's own desired narratives as explored above, but in equal measure there was a sense that the therapists were genuinely attempting to resonate back to the client

their own, authentic process. Of particular note was the tendency for both Alan and Zara's therapists to connect to and articulate their clients' feelings for them, in instances where they were perhaps connecting to and trying to label their feelings in inchoate ways, as their meanings were still only just emerging. This happened frequently between Zara and her therapist due to Zara's high levels of inchoate coding, and largely the interpretations made were affirmed to be accurate and furthered Zara's meaning-making process. The following ensues from a story in which Zara has discussed ambivalence about leaving the house, and her therapist asks what it would feel like if she did leave.

Th: What does that feel like to you?

Zara: I feel sad, and sort of happy, because sometimes I'm still struggling and it's nice to have them around me even though they can be a pain

Th: So, so actually, you like to feel them close by, and the support that you give each other, but also you feel sad?

Zara: yeah because also they can make me feel really down, and like I just want to be away from them, but I feel bad if I leave them if something else bad happens

Th: I can see how that must be really hard, like you want to leave but you also want to stay?

Zara: Yeah

We can see here how the therapist is able to capture the essence of what Zara is saying whilst simultaneously expanding on her core ambivalence: wanting to leave but also wanting to stay. It did seem that these interventions were of particular import to Zara's ability to have a more accurate understanding of both her internal and external world. For Alan, there were similar moments at which his therapist helped articulate his emerging emotion within the context of telling a story, often by recruiting his own felt sense too: "I can really feel your excitement and your passion, so I can imagine how frustrated you must have felt when he said 'Oh no I don't like that'". This empathic expanding of a client's process is a central tenet of humanistic therapy in particular, so it was striking to note that all therapists seemed to engage in this to a high degree.

Interestingly, in Mary's sessions there were also instances where her therapist seemed to challenge Mary to reflect more deeply on her feelings about a situation, such as "And so what does that mean do you think, *really?*", which could reflect two things. One is that, as discussed, Mary is quite adept at articulating, reflecting on and making-sense of her emotions in response

to events that have happened, possibly due to being in therapy for a long time. It also reflects the psychodynamic meta-narrative, with its tendency to challenge a client's subconscious defenses as explored above. In either case, these interventions were often met with a willingness on Mary's part to accept and further explore the 'defense' in question, again signaling an 'accurate' attunement on the part of the therapist (or possibly, an elaborate defense mechanism involving performing/pleasing her therapist through narrative co-construction for fear of rejection, depending on one's conceptual interpretation). This challenging was not present with the other two clients, again, partly because this is not necessarily a part of CBT or Systemic work and/or due to shorter time in therapy, and also due to a more fragile client earlier on in therapy, and a less established working alliance.

The high levels of attunement that were present could go some way to explaining why all three of dyads were reported by the therapists as being good outcomes, either empirically measured in the case of the CBT dyad, or by the client and therapist ending with an agreed sufficient amount of change towards the therapy goals. Another point of interest was noticing moments of attunement to self in sessions, which for all clients emerged to varying degrees in sessions, where there was a shift between noticing an emotion or feeling state and being able to draw some meaning from it automatically, without the therapist doing this for them or prompting them to do so. Zara had fewer of these moments than the other two clients, but she did do so on a couple of occasions and it certainly seemed as though this was a skill she was picking up from her therapists' modeling of attunement to her, such as with "I did feel happier that day, I think it was cos I was distracted...I remember that about sixth form and having friends, it did help my mood, I do feel better when I'm with my friends and not in my house". Similarly, Alan was able to reflect on and make sense of his emotions considerably more in session three than in session one, as though it were also something he was picking up from his therapist, with narratives naturally ending with self-attuned meaning-making reflections like "So yeah, it was partly work and partly home, I think the trigger was a combination of the two, and that will always be there, and I think a lot of frustration comes with the bad mood itself".

For Mary, her meaning-making and reflection were less about her emotions, and more about the significance of events that happened and how they related to her identity position of 'wanting to change'. She also had far fewer moments of emotion connection as discussed already, and this is perhaps because there was less attunement to self.

3.4 Summary

As has hopefully been illustrated to some degree, the codes and the frame of analysis reveal the high levels of interconnectedness of the narrative-emotion processes, as well as how it might relate to narrative identity, change and agency. There were common patterns relating to lack of agency and evidence of change for all clients, although to varying degrees. These aspects will be further reflected on and discussed in the following chapter.

3.5 Reflections on the use of blended narrative analysis

I found the plurality and openness of the narrative analysis approach devised for this study both appealing and daunting. Being able to select my own mix of interpretative foci and models meant I could tailor the analysis both the requirements of my project and to what I perceived to be the salient features of each participant's text. For instance, given the length of all the material, it was useful to be able to colour code sections of all the transcripts according the narrative-emotion processes being predominantly used in sections of text, which later made it easier to see patterns when drawing meanings from them and synthesising the findings. Furthermore, the fact that much of each transcript consisted of a succession of thematically organised segments, some containing explicitly recognisable 'stories', some less so, meant that by allowing for the coding of dialogical interactions, any reflections or meanings made from or before explicit story segments could be contextualised according to salient processes that might be occurring during the wider session itself.

By combining elements of structural analysis along with some aspects of both the content and the form of the text, I was able to zoom in and out, and in the process illustrate how story-making in sessions was used to make-sense of each client's presenting problems. However, I was also wary of opening my work up to the charge of arbitrariness: why use this conceptual coding and not that one? The relative freedom afforded by a narrative approach thus meant added responsibility for my methodological and interpretative choice, and I spent a considerable time weighing my options and making sure the combination of narrative lenses eventually adopted would be both appropriate and coherent.

In more practical terms, I occasionally struggled to follow some of the requirements in coding for the narrative-emotion processes I chose according to the original NEPCS 2.0 method. The

real-life application of codes was at times challenging, as some segments were an overlap of two codes. For example there might be a segments of text that could be coded as both Reflexive (what I called 'explicit meaning-making') as well as emotional or Internal; and I wondered to what extent the need to code for one or the other would hinder the stated aim of this particular research to see the codes in a more holistic, interconnected way. Overall, though, I appreciated the clarity of this part of the approach, and I made a note if there was need to 'layer' the codes and see if any new glimmer of meaning could emerge from these levels in the final reading.

A decision I had struggled with was whether to present each participant's analysis as individual narrative vignettes, discussing the codes as they appeared within the narratives as a whole. This was initially my preferred option, as I felt it would give a more intuitive and immediate sense of the variations in the codes as they appeared in each dyad and would have also been easier to make sense of for the reader. Another option, however, was to discuss each of the narrative codes individually, separating them out from the participants' narratives. After some consideration and discussion with my supervisor, it was decided that in order to really elucidate what came up in relation to each narrative process coded for, the second option would be best. I feel this decision was the right one in terms of illustrating each narrative mode coded for, although I think that it is perhaps slightly confusing for the reader who has to keep switching between the different participants' narratives. The inclusion of the overall client narrative as vignettes at the start of the analysis chapter was designed as a way to orient the reader if they needed to remind themselves of each individual case.

My experience in viewing the stages of analysis through the analytic lens adopted was quite different and to my relief, seemed to work quite fluidly. In following Crossley's (2000) advice to allow the meanings and narratives to emerge from the text, I found this analytical framework to be a useful 'listening' device. Being able to 'hear' the polyphony of voices present within the clients' narratives, whilst also observing how and when therapist and client were co-constructing meaning, enabled the narrative-emotion processes to come to life and feel more authentic. I also felt more openly involved in the meaning-making process, more of a witness than just a 'coder'. However, greater freedom also raised doubts. Writing about the narrative felt at times like writing fiction, albeit fiction created with each participant in mind and supported by their texts. Would I end up romanticizing their narratives, or using them to fit my own narratives of them, accusations previously levelled at narrative researchers (Bury, 2011)? And most importantly, would the results be robust enough? Keeping an eye on the explicit

criteria for evaluating narrative studies proposed by Lieblich and her associates (1998) – width, coherence, insightfulness and parsimony – provided some reassurance. So did my efforts to firmly ground the interpretations in the dyads' accounts, in line with my critical realist epistemological stance.

Still, I derived great satisfaction from being able to pay attention to form, content, and structure, and from being able to recast each account using an empathetic awareness of their emotional processes as well as the internalised narratives which might be limiting them. In the process I developed more intricate readings of their meaning-making processes, in which the cyclical patterns and dynamic exchanges in their sessions took on new importance.

Chapter 4: Discussion

4.1 Overview

This chapter represents an attempt to synthesise and discuss the findings in relation to the research question and the analytic frame used. I summarise both the applicability of the findings as well as the findings themselves, outline important limitations of the present study, and suggest avenues for future research.

4.2 Part one: Synthesis & discussion

I was aware during the analytic process and in writing this discussion of the various planes of interpretation available to me in exploring the material. Squire (2008) warns against broad narrative research being overly-interpretive, using over-psychological frameworks or simplifying assumptions, suggesting that researchers use more context-rich frameworks that pay attention to social discourses. I was thus mindful of remembering my analytic lens of symbolic interactionism, and of understanding the self as both a purposive 'I' and a socialised 'Me', with internalised social narratives; and endeavoured to stay true to this lens in synthesising the heuristic methods used during analysis. There is also some reflection on my own professional practice with regards to some of the data, and some ways in which the findings may be of use to counselling psychology are considered throughout the discussion. At the end there is a summary table of the main findings and explicit discussion of its applications to counselling psychology.

4.2.1 Narrative Identity

In the present study, there was evidence of conflict between narrators' own desires and the internalised expectations of others. When clients expressed their conflicting desires, or when they felt their behaviour would be undesirable to others, they appeared to display much of the emotional conflict they were presenting with. For example, wanting to please others by not saying how they felt, or feeling angry with themselves for not being able to confront or change their implicit responses to situations. The multi-layered narrative analysis allowed for a deeper interrogation of these internal and external elements of the situated self, and how these may change at different points in therapy.

Mary's narrative identity presented the highest frequency of reconceptualization narratives, in which she spoke in terms of having overcome her difficulties and was aware of and wise to the 'journey' she was on. These narratives and sentiments were almost equally present throughout all three of her transcribed sessions. This could be said to be reflective of her lengthy time in therapy thus far, having already experienced thirty-two psychodynamic sessions before the first transcribed recording.

Conversely, when analysing Alan's sessions, the level of variance of both reconceptualization and alternative plot narratives between his first and third transcriptions was striking. From demonstrating little awareness of his extreme mood fluctuations, low narrative coherence and very little interpersonal agency in his first session, he displayed remarkably high levels of reconceptualization narrative by the third session. The second session however, contained frequent meaning-making sequences and several narratives that connected to both his past and his cultural-narrative identity. It could therefore be said that his was possibly a typical representation of a 'middle' process of therapy, bearing in mind he was in the midst of his twelve-week run of CBT, presenting sessions six, seven and eight. Here, arguably, we see how incoherence and bleak outlook can, through reflective meaning-making and connection to emotion, become a story with more alternative plots and strong redemptive narrative features.

However, an observation of their identity positioning, emotion-narrative processes and Dialogical co-construction may reveal more about these narrative modes than meets the eye. Despite Mary's narratives containing largely redemptive and reconceptualised elements, she also positioned herself as being caught between two identities; one belonging to the past, the other to the present and future. In this duality, her past self is represented as problematic and needy, and is clearly frowned upon by Mary herself; whereas her present, sometimes idealised self is wise and victorious. This tension between the 'old' and the 'new' was not yet fully reconciled, and there was some indication that the new identity was partly a co-constructed performance of its own. This view can be further expanded when observing the Dialogical coding, which demonstrated high levels of narrative-co-construction in the form of encouraging and congratulating any actions, thoughts or feelings which negated the inclinations of the old self.

Taking this further, when considering that Mary's narrative identity script contained patterns of wanting to 'win' and to overcome feelings of abandonment by male figures in her life, it is possible to speculate that her new identity is still connected to her Narrative Script, manifest in the incoherence between these two selves: her 'loser' self of the past, and her 'winner' self of the present and future. Correspondingly, despite Alan displaying increased Alternative Plot and Reconceptualization sequences by the third transcribed session (session eight overall), his narrative identity change could be said to remain tied to his maladaptive Narrative Script of either being overly positive or wracked with anxiety and negativity. Despite there being plenty of evidence of exploration of past events and connection and exploration of emotion, the internalised familial-narrative of being positioned as either having a positive outlook to life, or a negative one still appeared to be present in the ebullient, highly positive tone in the third session. Furthermore, the Dialogical coding here likewise revealed how his therapist seemed to strongly encourage the positive over the negative, often presenting Alan with narratives which framed him fighting a 'battle' to overcome his negativity, which seemed to be later internalised by Alan himself, raising perhaps some questions regarding the location of his 'meaning-bridges'; were they coming from an internal, authentic place, or where they more connected to the interpretations and desired narrative of the therapist?

The psychological construct of change is discussed in the research and literature presented by Angus & Greenberg (2011) and Singer et.al. (2013) as being evidenced partly by an individual containing both reflective and more redemptive/reconceptualization narrative sequences (Angus & Shaffer, 2006). However, I wondered whether the quantitative correlational results regarding levels of reflection and redemptive/ reconceptualising sequences leading to 'good outcome therapy' might benefit from follow-up observation at one-year intervals, to observe how *robust* these elements are as correlates of narrative identity change, or whether they reflect more 'in the moment' narrative arcs in a single session of therapy.

Further, with regards to Mary's past and present identity positioning, I reflected upon whether suggestions by the identity theorist Mayra Schechtman (2011) might be useful to such conceptualisations of change. Schechtman (2011) proposes that a successful, long-lasting transition from one identity to another involves the *integration* of a past self with a present 'changed' self. She suggests that a narrative perspective regarding coherence from past to present states is a key aspect of this, but that further to this is the vital component of having an internalised sense of *empathy* for past selves. Simply moving from one identity to the next,

even if there has been a logical and coherent tracking of exactly *how* one has transitioned, what events have taken place, what they mean etc., does not necessarily entail an acceptance of the various aspects of the self which are involved. She asserts that without this acceptance and empathy, the self-identity remains unable to achieve full integration.

I also reflected more generally on the tendency for some therapists (myself included) to avoid challenging what we see as ‘positive’ narratives, as this can be hard to bear for both client and therapist. A major aspect of this is of course how much time we feel we have left with our clients, and when nearing the end of a treatment course, or when working in a short-term outcome-based service centre, we as therapists may also feel the need to wrap things up with a ‘happy’ ending. This can also be said to be true throughout the course of therapy, regardless of how much time there is left, and depending on the severity of the inchoate and/or limited freedoms apparent in the individual narratives displayed to us. The Dialogical coding in Zara’s transcripts demonstrated many instances where her therapist was actively engaged in trying to repair Zara’s story, and offer her alternative plots where she is able to be confrontational and reach her desired goals. When this is met with ambivalence, or when actions and behaviours seem to convey feelings of being trapped or hopeless, the therapist finds it difficult to stay in those moments with her.

The difference shown by Zara’s almost total lack of reconceptualization codes across all three sessions could convey several things. It could be due developmental stages, or to her being early on therapy, although technically speaking she has had the same number of sessions as Alan (the difference being she still has almost a year left, so that her ‘beginning’ is measured on a different scale). However, looking at Zara’s narrative identity positioning, one might also wonder how much access to alternative plots affects clients’ ability to move towards them, echoing Franks (2012) notion of examining the available narratives open to an individual by observing their social and cultural worlds.

There were several cultural and social differences amongst the three dyads which pointed towards ways in which their ability to connect to and explore such alternative behaviours might occur in session. As stated, all clients deployed a range of narratives in which they had conflicting roles and identities. However, whilst Alan and Mary were highly able to adopt alternative plot and reconceptualization narratives, Zara was not. Ruminating on the limits surrounding these shifts, it seemed that when clients were reflecting on possible alternatives

offered by their therapist, their internalised perception of others influenced whether they would accept or disregard any possible alternative. In both Mary and Alan's narratives, their significant others appeared to be people they felt they *could* challenge, whereas for Zara, there was clear sense that a confrontation with her significant other was terrifying, possibly even life-threatening. Such observations seemed to point to having to become even more aware of internalised discourses and of the levels of *actual* agency available to clients in the context of their physical lived realities.

Using the Dialogical code as further reflection on the availability of alternative plots, which in theory is 'transitional' and is what leads to reconceptualization narratives and change if followed up by action (Angus & Greenberg, 2011), coincided with Frank's (2012) notion that the polyphony of voices internalised by an individual in crisis will also interact with the narratives of those involved in having 'healing' discourses with them. Therefore, having an understanding of the self in terms of multiple identities that could be interacting with the narratives surrounding healing and therapy itself, may be beneficial.

An identity that is defined by society and the self as one-dimensional or inherently limited, as opposed to one full of openness and possibility, will affect the undertaking of identity change in 'healing' practices such as therapy. This dichotomy can be seen when contrasting the cultural narrative assumptions held by Zara as opposed to those of Alan and Mary. Zara's presence in therapy was itself a secret she felt she had to keep from her family. Her access to notions of therapy as a 'good' place to 'heal' oneself are already challenged within her own conceptualisation, as seen when she states the internal conflict inherent in with fact of lying about her therapy on the one hand, and her religious obligation not to lie. Alan and Mary, on the other hand, seemed to fully embrace and absorb the roles ascribed to them by the therapy session. I wondered whether the same can be said for having both internal and external access to the narrative construction of 'change' in therapy, and whether an explicit consideration of the assumptions of what this might look like for both client and therapist may be beneficial. This relates to the recent BPS (2017) practice guidelines for psychologists to identify social exclusion and tailor interventions appropriately.

4.2.2 Narrative-emotion processes

Clients in the present study all presented their emotional, embodied feelings as a means of accessing their deeper selves, often displaying painful vulnerability, fear and anger towards themselves and /or others. There was a strong tendency to follow an articulated embodied sense or past emotion automatically with a reflexive meaning making sequence, supporting previous findings for good outcome therapy (Angus & Bortiz 2010; Angus & Hardtke,1999). Gendlin's (1962) original research and theory surrounding the felt sense found that the key criteria that would determine whether clients in therapy experienced improved symptoms, was whether or not the client had the ability to notice embodied feelings and reflect upon them. Studies have also shown that clients who had less meaning making (reflexive) sequences after an emotional activation made less progress, and those who had either too much emotion without meaning making, or very little emotion also made less progress (Angus & Hardke,1999).

This latter tendency was also visible in the present study, most prominently in Zara's transcripts. Zara would often display involuntary expressions of emotion, which she frequently found hard to articulate. She would also occasionally veer away from reflection on these emotions into more factual aspects of narrative after bringing in an emotional theme, rather than staying with it and trying to understand it. There was evidence too of her therapist following her into her External, factual narratives or changes of topic, again suggesting that Zara's inchoate emotional processes were difficult to bear. Research has shown that both under-regulated and over-regulated emotions in sessions are correlated with less meaning making (reflexive) sequences, and less coherent life-narratives (Angus & Shaffer 2010, Adler, 2012). Such research, supported by the present study, highlights the need to appreciate the narrative organization of emotional experience and its relation to the situated self as key markers of what is "really going on" in the inner world of intention, hopes and desires (Angus & Greenberg, 2011), and of remaining highly attuned to these narrative-emotion processes in order to notice important shifts, such as whether or not there is a shared avoidance of reflecting on or staying with inchoate emotional processes.

However, enabling clients to locate their own meaning was also challenging at times for *all* dyads. As discussed above, there was some strong articulation of 'ideal' narrative arcs that were pursued by all therapists at all three stages of treatment. The desire to harmoniously integrate internal experiences with their external realities may said to be an implicit

characteristic of therapy's aims, particularly when there are strong interpersonal conflicts at the source of the problem as there were for these sessions (McLeod, 2011). The present study has some potentially interesting insights with regards to the narrative construct of therapy and the 'accurate' (Singer, 2013) labelling of emotion. Connecting to, describing or labelling emotions seemed to be actively offered by some clients without any prompting from the therapist, as though it were the expected norm in session. Furthermore, this skill seemed to dramatically evolve over the course of the three sessions for Alan, and though less so for Zara, she still showed evidence of this increasing over time.

Mary seemed to have this skill down to fine art, never failing to offer an extended reflective narrative sequence after having labelled an emotion, or vice-versa, perhaps illustrating the ease that may come with these self-initiated emotion-narrative moments with longer time in therapy. However, it was curious to note that Mary displayed far less *embodied* emotion than the other two clients, that is experiencing of the felt sense in session. Instead, she seemed to reflect on past feelings, or if directly asked to 'check in' with her current feeling, she would intellectually describe it more than seemingly connect to it. This may be because she is beyond her crisis mode and has less intense emotion overall, or that she remains unable to go beyond an intellectual, and potentially therapist-pleasing, understanding of her somatic/emotional experiencing. It could also be that her 'new' narrative identity might not include an overly-emotional self. In any case, it was interesting that in the study the two clients who seemed to have a greater acceptance and access of the rules of engagement in the therapy setting, seemed to offer their articulation and meaning making of emotions almost as a demonstration of this 'knowledge', once again bringing to light the importance of having access to the meta-narratives of the therapeutic encounter itself.

Also of note in these self-initiated emotion-articulation moments was the sense of empowerment and agency that accompanied them, as opposed to when clients were prompted or probed to explore their emotions. It could be that these moments foster an increase sense of ownership over one's mental states; it could also imply that in order to engage in such reflection, one needs a certain level of agency and access to this construct in the first place. The correlation between self-generated emotion-narrative sequences and agency has been implied in theory but not before mentioned explicitly in previous research, which points toward an original contribution made by the present study.

With regards to the relationship between emotional connection and alternative plots or change narratives, the narratives in the present study illustrated the emotional process as instances that often provided signposts to guides for future behaviours. In line with Bucci's (2012) ideas, and supporting previous findings by Gendlin (1962), it seemed that narratives interspersed with emotional connection and reflection created insights which allowed the narratives to move in new directions, ones which seemed to honour the meaning inferred from the feeling.

Actively moving into a new way of being was a core theme for both Alan and Mary, who both used their emotional reflections as indicators for 'what to do next', often exploring possibilities that were hitherto unconceived. Conversely, a resistance to taking action towards changing the status quo was characteristic of Zara's attitude throughout her sessions, and her often inchoate emotional experiences seemed mainly to confirm the limitations in her options. This also has implications for agency, and to the meaning-bridges referred to by Anderson (2010). If the preferred meaning bridge is one that relates back to the inner self and emotion, what can be said about clients whose emotion seems to support what has been identified as the 'problem' narrative? Is it the 'wrong' emotion? Again, this draws attention to the meta-narrative of therapy being towards empowerment and healing. There must sometimes be re-consideration of what an ideal outcome might be for each client. Despite the fact that Zara had listed to 'leave home' among the goals of her therapy, exploring her feelings often made her less convinced that this was possible. This seemed at times to be a point of frustration for her therapist, who, perhaps understandably, wanted to feel like she was helping Zara move in the 'right' direction.

Overall, however, the more a client was able to both connect to their emotional landscape and reflect upon it, the more their narrative plots widened to include more integrated, coherent and agentic views of a future self, supporting theory and research by the number of researchers who indicate that in therapy, narrative identity re-construction occurs in the embodied self, and emerges in the social landscape, if there is a facilitative listener present to receive the new stories as they emerge (Angus & McLeod, 2011).

This pattern was most clearly demonstrated by Alan with regard to his narrative identity change over the three sessions. Alan expressed the greatest frequency of articulated embodied emotion, which was often described using metaphor or visual imagery to capture the essence or feeling of difficulties, hopes and desires. This supports work done using Metaphor Analysis (Lakoff & Johnson, 1980) which highlights the ways that metaphor seems to more accurately convey

the client's experience than literal language. It also supports assertions made by Singer et.al., (2013) Gendlin (1962) and Bucci (1996; 2012) regarding the importance of *accurate* labelling of an embodied feeling, with an expansion in the ways used to articulate it, and an awareness that language, and indeed narrative, cannot 'capture the essences' of things, as both ultimately gain their power from textual manoeuvres and cultural conventions (Gergen, 2007, p 108).

However, it also highlights the inherent difficulty in accurately labelling embodied feelings if this language is not accessible, highlighted by the fact Zara's fullest and most frequent expression of any coherent inner emotional state arose through her drawings. It prompts questions as to whether more awareness of different ways to express emotion might be helpful for clinicians. This is an aspect of emotion not explicitly explored by Angus & Greenberg (2011) in their narrative-emotion manual and may benefit from further consideration in future expansion of this emerging field. Further, it may hold some application for counselling psychology, which at present does not include training for any non-verbal form of therapeutic intervention, such as body therapy or art therapy. Here in some sense we might discern the edge of the usefulness of linguistic narratives - though images may themselves be subject to structural and content analysis of a related kind.

Finally, the relationship between 'accurate' labelling of past events along with emotional responses that may have been infused in such events (Singer, et.al.,2013) was a point of interest in this study. The External code highlighted the ways in which each client conveyed the more factual, descriptive elements of events in their stories and revealed very two patterns; one related to the use of factual storytelling as a possible reflection of inchoate meaning-making and emotional process, the other related to descriptive storytelling as a potentially performative act. It seemed that mere description of events, without enough reflection and/ emotional connection, could indicate a lack of coherent integration at some level of narrative identity.

Conversely, in narratives where there did indeed appear to be a relationship between a greater frequency of connecting to and understanding the emotional implications of past events as well as factual and descriptive elements, this was accompanied by enhanced themes of autonomy in the telling of redemption and reconceptualization narratives. It was notable that the more an individual had been able to coherently make sense of past events, the more they seemed able to assert a sense of power and control over their current identities.

Furthermore, the more there was a coherent sense of meaning making in relation to the past, the more there seemed also to be an articulated awareness of a 'split self' and of language that incorporated images of errors in the way the self was operating or feeling in the past, and the insightful and more positive ways of operating in the present or desired future. When observing this through some of the ways it was articulated emotionally, there were themes and images which echoed a sense of integration, almost like a kind of 'object retrieval' narrative (Jung, 1961), in which a lost aspect of the self is retrieved and re-introduced in order to move forward with greater self-awareness and growth. However, as discussed above, these moments were not necessarily stable features in the new identities, and they would wax and wane as clients would move backward and forward between their perhaps more insightful, connected/embodied selves, and their deeply-ingrained narrative scripts.

4.2.3 Dialogical Co-construction and Attunement

The importance of 'feeling felt' is said to have specific impacts on the client's own sense of self awareness and empathy (Siegel, 2010). Siegel (2010) has suggested that attunement to narratives themselves, specifically the micro-narratives told about events as they unfold, provides a rich tapestry within which to locate and gain deeper insight into the embodied emotional landscape that is seeking to emerge; and highlights the importance of evoking an attuned sense to emotions emplotted within narratives, in order to facilitate the construction of new, emotionally coherent narrative accounts for what happened, why it occurred, what was felt, in relation to whom, and about what need.

Reception of feelings by therapists often seemed a key aspect of facilitating new meaning making, supporting previous findings (Bucci, 2012, Greenberg, 2008). Feeling felt was observed in therapists echoing back clients' feelings, or by re-packaging salient parts of narrative to include the key emotional themes, and also in being co-constructively involved in 'spiralling' narrative building (Anderson 2011). This could be said to demonstrate that there were good levels of attunement present in all dyads, and corresponds with the positive outcomes in therapy reported by all therapists, further supporting meta-research carried out in this area (Norcross, 2010).

However, as previously discussed, there may be scope for increased attunement to clients' *unfolding* narrative-emotion processes. In several instances, the therapist in each dyad could

be observed finishing sentences in the client's narratives whilst the client was struggling to articulate their thoughts or feelings. On occasion, the interpretation offered did not seem to be accurate for the client, and these moments could belong to what has been raised as the 'preferred' therapy narrative desired. In my own clinical experience, I became observant of such processes in myself during this research project. I often times found myself feeling frustrated with 'long' stories being told, or with stories that didn't seem to be 'getting anywhere' or making any salient points or self-insights, instead of paying attention to them for their own sake, or for what they revealed in a broader sense. For example, reflecting on how a person is positioning themselves in a story, what the themes are, what underlying emotions might be being subtly symbolized; all of these can provide clues as to what the meaning might be (Angus & Greenberg, 2011).

Even a simple story about how the client caught the bus to get to the session may contain within it fragments that could be picked up on and connected to narrative-emotion processes and identities. In particular, 'smaller', less emotionally complex stories may be even more important to really *listen* to for clients who, for whatever reason (length of time, cultural access) may find it hard to articulate themselves with great depth. This could be most directly applied to Zara's transcripts, in which she often tells short, less detailed narratives which her therapist responds to by trying to move explicitly to more 'important' matters such as her sister's illness, or mothers death. Whilst this is an understandable and important intervention (ie., to move the client to more emotional planes) there may also be missed opportunities in encouraging Zara to further articulate the meaningful aspects of the narrative she was *choosing* to tell. There is of course a fine line between this and colluding with avoidance, and this balance between delving deeper and listening to storytelling (Bucci, 2012) is not straightforward. Bucci (2012) advocates attunement as means of more accurately symbolising the embodied self as a means to overcome internal defences by *using* emotions felt in transference. Siegel (2010) suggests that therapists listen to coherent and incoherent narratives, and use their 'sense' of this coherence to further understand and evolve the client's life-story. Observations from this study would suggest that both of these attunement practises are important in narrative-emotion processes.

The narratives in the sessions additionally displayed evidence of what Siegel calls 'internal attunement'. These moments were often analogous with the client's self-generated emotional articulation and reflection sequences, and similarly demonstrated enhanced themes of

empowerment and agency. Even for Zara, who only displayed this aspect once in all three sessions, it was a moment of empowerment as she spontaneously noticed a feeling she had and immediately commented on a (positive) action she could take as a result of it. Upon reflecting on these moments in the narratives, I considered how this dimension could also relate to Guggenbühl-Craig's (1971) discussion relating to the archetypal positioning of the patient-healer dynamic, in which he states that the ultimate goal in such a dynamic is for the inner healer archetype, what Jung might also call a 'motif', to be activated, in order that the client may hold power over their own healing. It struck me that it could be of benefit for this self-attunement dimension to be heightened by both an active awareness of its emergence and encouragement of its development within narrative-emotion processes.

Table 1.2 Summary of main findings

Mary	
Narrative Identity	<ul style="list-style-type: none"> • Highest level of reconceptualization narratives and seemed aware of the 'journey' she was on. • Identity Position revealed tension between 'old' self and 'new' self. • Showed links to Narrative Script to 'Win' manifest in incoherence between 'loser' self of past and 'winner' self of future.
<i>Implications relating to Agency & Change</i>	<ul style="list-style-type: none"> • <i>Schechtman (2011) conceptualises that successful long-term identity change involves integration between past self with present 'changed' self. Coherence is key to this, but so is empathy for past self – without acceptance and empathy, self-identity remains unintegrated. Also relates to the Dialogic code, where the 'new' identity is preferred by therapist too.</i> • <i>Is able to 'access' the meta-narratives of therapy including change due to availability of this concept internally and externally.</i>
Narrative-Emotion Processes	<ul style="list-style-type: none"> • High levels of self-initiated emotion-articulation followed by self-reflection. • However, lowest levels of embodied emotion.
<i>Implications relating to Agency & Change</i>	<ul style="list-style-type: none"> • <i>High levels of agency and empowerment followed self-initiated emotion-articulation followed by self-reflection sequences.</i> • <i>However, tended to intellectualise feelings, possibly relating to wanting to be a 'good' client and continue the 'new' narrative identity of 'winning', therefore successful long-term change may be problematic (as above) and location of 'meaning-bridge' also questionable (as below).</i>
Dialogic & Attunement	<ul style="list-style-type: none"> • High levels of narrative co-construction. • Performative elements. • The 'right' narrative encouraged by therapist. • Overall, good attunement and positive relationship.

<i>Implications relating to Agency & Change</i>	<ul style="list-style-type: none"> • <i>There seemed to be a desire to please the therapist by showing high levels of intellectual reflection as well as distancing from 'old' self.</i> • <i>Location of 'meaning-bridges'; are they authentically 'internal' or coming from desired narrative of the therapist?</i>
Alan	
Narrative Identity	<ul style="list-style-type: none"> • Very high level of variance in reconceptualization and alternative plot narratives between 1st & 3rd transcripts. Low levels of coherence and agency at start, and high levels of both by end. 2nd Session had increased reflexive and meaning-making sequences. • However, this dramatic shift also showed links to familial Narrative Script of 'overly positive' or 'wrecked with negativity'.
<i>Implications relating to Agency & Change</i>	<ul style="list-style-type: none"> • <i>Demonstrates how bleak outlook and incoherence, through reflective meaning-making, can turn to a story with strong redemptive features, agency and coherence, supporting previous research.</i> • <i>Relates to Dialogic code in that the therapist also seemed to dichotomise his 'battle' between 'positivity' and 'negativity'.</i> • <i>Is able to 'access' the meta-narratives of therapy including change due to availability of this concept internally and externally.</i>
Narrative-Emotion Processes	<ul style="list-style-type: none"> • Highest levels of articulated embodied emotion, often using metaphor. • Self-initiated emotion-articulation moments – used as 'what to do next'.
<i>Implications relating to Agency & Change</i>	<ul style="list-style-type: none"> • <i>Supports idea regarding accurate labelling, and moving through to greater coherence and change.</i> • <i>However, later meaning-making aspects may provoke questions regarding the accuracy of 'meaning-bridges' made (as below).</i>
Dialogic & Attunement	<ul style="list-style-type: none"> • CBT Therapist strongly encouraged positive over negative, framing narrative as 'battle', which were later internalised. • Overall good attunement and positive relationship.
<i>Implications relating to Agency & Change</i>	<ul style="list-style-type: none"> • <i>Location of meaning-bridges; are they authentic 'internal' or coming from desired narrative of the therapist? has implications for long-lasting change.</i>
Zara	
Narrative Identity	<ul style="list-style-type: none"> • Almost total lack of reconceptualisation, little alternative plot, not able to shift her outlook towards seeing a more 'positive' outcome.
<i>Implications relating to Agency & Change</i>	<ul style="list-style-type: none"> • <i>Socio-cultural narrative may limit ability to access the notion of challenging the 'Other'- as well as levels of actual agency in physical reality.</i> • <i>Access to notions of therapy as place to 'heal' are challenged in her conceptualisation (therapy is a secret) also possibly meta-narratives of change.</i>
Narrative-Emotion Processes	<ul style="list-style-type: none"> • Involuntary emotions which she found hard to accurately label or articulate. When they were articulated, they were found to re-enforce the 'problem' narrative. • Moved away from reflecting, stayed in factual storytelling mode. • Most alternative plots and meaning making seem to be articulated through her drawings.

<i>Implications relating to Agency & Change</i>	<ul style="list-style-type: none"> • <i>Supports previous research that unregulated emotions are correlated with less meaning making sequences and less coherent life narratives.</i> • <i>These instances of unregulated emotion seem to confirm her lack of agency to her.</i> • <i>Relates to Dialogic code as therapist found it hard to ‘stay’ with her often inchoate or problem mode.</i> • <i>Locating ‘accurate’ (Singer, 2013) label for emotion was difficult – implications related to availability of therapy meta-narratives.</i>
Dialogic & Attunement	<ul style="list-style-type: none"> • Therapist actively trying to repair her story at times, offering her alternative plots and desired goals. • Therapist seemed frustrated by her move away from the initial goal to leave home. • Evidence of some positive effect of attunement and this affecting self-attunement • Overall good attunement positive relationship.
<i>Implications relating to Agency & Change</i>	<ul style="list-style-type: none"> • <i>Changing the narrative to more ‘important’ themes may have taken away an opportunity to attune to the stories she was telling more fully.</i> • <i>Locating ‘own’ meaning was difficult, therefore meaning bridges made may have not always been internally located.</i>

4.3 Applications to Counselling Psychology

This research provides insights which relate to the social and contextual perspectives of the individual, as such making them valuable to the field of Counselling Psychology.

Supporting previous findings by Gendlin, (1962), Bucci (2012) and Angus and Boritz (2010), it found that narratives with greater emotional connection and reflection created insights which allowed the narratives to move towards change. It also found that the more an individual has been able to coherently make sense of past events, the more they seemed able to assert a sense agency over their current identities, again supporting previous research.

However, there were also novel insights with regards to the narrative construct of therapy and the ‘accurate’ (Singer, 2013) labelling of emotion. A key finding was that enabling clients to *locate their own meaning* was challenging at times. Partly, this was due to some strong articulation of ‘ideal’ narrative arcs pursued by all therapists at all three stages of treatment. These were most clearly evident in two characteristics of the use of ‘External’ storytelling: 1)

descriptive storytelling as potentially performative, and 2) factual storytelling as a possible reflection of inchoate meaning-making and emotional processes.

The first of these was related to high levels of narrative-co-construction through encouraging and congratulating actions, thoughts or feelings, often encouraging the positive over the negative. This raises important questions regarding the location of ‘meaning-bridges’; it may be useful for therapists to question whether meanings-made are coming from an *internal*, authentic place in the client or if they are more connected to the interpretations and desired narrative of the therapist. A rapid shift in narrative identity from a ‘positive’ to ‘negative’ outlook, whilst supporting ‘good outcome’ therapy measures, may not hold up over a longer time frame. Further, it could result in an unintegrated narrative identity, with a ‘positive’ new self at odds with the negative ‘old’ self. It may be helpful for therapists to be aware of such processes and to be mindful of cultivating *acceptance* of the various aspects of the self, by encouraging a sense of *empathy* with the former self.

The use of factual storytelling in the face of an inchoate narrative identity was also linked to the tendency of therapists to steer clients towards ‘positive’ outcomes, especially where inchoate emotional processes were difficult to bear. It revealed the need for a re-consideration of what an ideal outcome might be for each client, and highlights the sensitivity needed to notice if a client is connecting to an inner felt sense which *seems* to re-enforce the ‘wrong’ narrative. Rather than trying to ‘correct’ the narrative, there may be a need instead for an increased attunement to the clients’ *unfolding* narrative-emotion processes. If clients have more factual, less emotionally complex or ‘smaller’ stories, there may be even more need to *really listen* to and appreciate the narrative organization of their emotional experience. It may help to notice the ‘situated self’ in these stories as a key marker of what is ‘really going on’ in the inner world of intention, hopes and desires (Angus & Greenberg, 2011). For example, reflecting on how a person is positioning themselves in a story, what the themes are, what underlying emotions might be being subtly symbolized can all provide clues as to what the meaning might be. Siegel (2010) suggests that therapists listen to coherent and incoherent narratives and use their ‘sense’ of this coherence to further understand and evolve the client's life-story. It may also help to remain highly attuned to the narrative co-construction, noticing important shifts, such as whether or not there is a shared avoidance of reflecting on or staying with inchoate emotional processes. Observations from this study would suggest that these attunement practices are important in narrative-emotion processes.

There are also important socio-cultural implications as the findings highlight the inherent difficulty in accurately labelling embodied feelings if appropriate language is not accessible (for cultural reasons or otherwise). This has several implications for counselling psychology. On a practical level, it calls attention to the fact the training does not include specific focus on any non-verbal form of therapeutic intervention, such as body therapy or art therapy. On a broader level, it relates to recent BPS (2017) practice guidelines for psychologists to identify social exclusion and tailor interventions appropriately. Clients with a greater acceptance of and access to the rules of engagement in the therapy setting, seemed to offer their articulation and meaning-making of emotions as a demonstration of this ‘knowledge’, highlighting the importance of having *access* to the meta-narratives of the therapeutic encounter, and specifically to the construct of desired ‘change’ in a therapeutic context. This supports Frank’s (2012) notion of examining the available narratives open to an individual by observing their social and cultural worlds, as well as observing the levels of *actual* agency available to clients in the context of their physical lived realities. It also highlights his notion that the ‘polyphony’ of voices internalised by an individual will interact with the narratives of those having ‘healing’ discourses with them. This calls for an awareness of *multiple identities* that could be interacting with the narratives surrounding healing and therapy itself.

4.4 Conclusion

The primary focus of this study was to explore narrative identity processes in therapy, and the ways in which we understand and create it using internal and external narrative constructs, and furthermore, how the combination of these factors may relate to the constructs of agency and change. What emerged from this research is confirms much of the previous findings in the area of narrative-emotion processes regarding the coherence of integration of self through meaning-making and connecting to the felt sense.

A key finding of this study, revealed through the addition of dialogical processes, was to highlight the importance of an awareness of the ‘story’ *of* therapy, and how different social groups will have different access to this story and to what the implicit ‘rules’ of engagement are. Similarly, it highlighted how psychotherapy meta-narratives might influence the co-construction and meaning-making processes involved in narrativization, which may have further implications in terms of acceptable, long-term change, and the accuracy of the location

of the internal 'self' in meaning-bridges constructed (Anderson, 2011), as opposed to relating back to a self that is trying to 'please' by conforming to the meta-narrative of therapy. This has implications for both agency and change, in that if meaning-bridges are not located within the self, if the story is not 'owned' by the client on a deep, core, fundamental level, the 'new' identity created, whilst 'healthier', may also be somewhat disconnected and long-term change may be precarious (Schechtman, 2011). Further, and related to this, the emotion-narrative processes observed in micro-narrative telling of self-initiated emotion-articulation appeared to lead to a more active exploration of meaning, agency, and for ideas of 'what to do next'; although it was also found that in the case of inchoate narrative-emotion processing, this may tend towards re-emphasising the problematic Narrative Script, perhaps until some coherence is found upon which an alternative might be built.

It also revealed how remaining acutely attuned to 'smaller' narrative processes in therapy, alongside connection with the therapist's own felt sense, may be important; especially with clients who cannot access the forms of storytelling which may include periods of reflection or elaboration. By staying with the client's own manner and means of articulation, there may be ways to 'sense' both the emerging narrative coherence as well as an underlying emotion which may be terrifying, yet still searching for symbolisation (Siegel, 2010, Bucci, 2012). Finally, it found that moments of self-attunement were accompanied by a strong sense of agency, and that perhaps this should be explicitly recognised and encouraged when considering narrative-emotion and identity change in therapy.

Kierkegaard (1844) wrote 'Life can only be understood backward, but it must be lived forward'. To understand who we are in the present, we must make sense of our past, but doing this is far from straightforward. From a narrative view, we have already internalised so many different versions of who we are, and of events that have happened, that trying to 'sort through the muck' and finding a coherent sense of sense of self that can move forward with greater freedom and ownership is a complicated part of being a human being. Therapy has been criticised by McLeod (2011) for failing to truly disentangle the numerous narrative identities which we all consume and construct on a daily basis, including those constructed by therapy itself. It is hoped that this study goes some way in helping therapists to address the endlessly unique, and myriad ways each person makes sense of their past experiences and themselves, and remains attuned to what is present beneath the stories, and that may be searching for a

coherent, integrated and more accurate symbolization, leading to a truthful awareness of the story that has led us to the present moment.

4.5 Part two: Evaluation of the study

4.5.1 Summary of applications to counselling psychology

Though perhaps minor, I believe a very valuable outcome of this study has been simply a better understanding of narrative-emotion processes in therapy. From the perspective of counselling psychology, this has the potential to develop a more attentive listening to clients' stories, and suggests new priorities for interventions. The ability to think about storytelling in a different way may be important to maintaining counselling psychology's valuable 'radical edge' (Strawson, 2008) which traditionally highlighted the importance of having greater awareness of the social constraints operating on an individual, and of the central importance of a good working alliance, of which attunement and empathy are both key ingredients.

As part of the original aim, the present study focused its inquiry apropos the role external narratives that had been internalised by clients, and the implications of these for the internal experience regarding narrative-emotion processes and narrative identity change. Disempowering narratives both reflect and contribute to the feelings of guilt, anger or frustration that an individual might experience but be unable to articulate. Through exploring these narrative-emotion processes, along with considering more helpful ways to think about and work with them, it is hoped that the study provides a means of challenging such constructions and empowering clients and therapists alike in questioning meaning making based on more 'authentic-self' (Anderson, 2010) parameters. The unique role of counselling psychologists as therapists, as researchers, and as important sources of learning and supervision, provides an important opportunity to promote reflective dialogues that resonate more fully with the individual, that have the potential to impact on therapeutic work in all modalities.

My subjective impression was that overall, the moments in which clients were able to connect to their emotions in storytelling and explore alternative possibilities were deeply empowering for them. A further finding in this study points to the importance of examining the meta-narrative of therapy itself as a healing process, and to question how invested we as therapists

may unwittingly be in promoting this narrative or assuming this narrative even exists within our clients, at the expense of their own authentic process. These are already aspects which clinicians from all backgrounds reflect upon, however any potential enhancing of these processes can aid our own professional attempts in encouraging greater self-knowledge, authenticity, agency and the alleviating of pain in individuals who come to us seeking support in the midst of deep personal struggle.

4.5.2 Suggestions for future research

It is hoped that the broad and exploratory nature of the present study might provide helpful indicators of possible avenues of further inquiry, specifically regarding the notion of the long-term viability and survival of narrative identity change. In the original quantitative coding of the NEPCS 2.0 the correlational results revealed that higher levels of both ‘reflection’ (called explicit meaning-making in this study) and ‘alternative outcomes’ (reconceptualization code here) led to a more coherent narrative identity (Angus & Greenberg, 2011) and ultimately to ‘good outcome therapy’. The same result could be said to have been replicated here, were it not for the added dimensions of Dialogical coding and Identity Positioning. Through these additional analytic frames, the qualitative analysis revealed that the robustness of positive narrative identity changes might be questioned on two aspects. The first related to the apparent internalisation of the meta-narratives brought in by therapists. In Alan's CBT sessions, this resulted in a very fast rate of narrative identity change. So, whilst many of the insights and new ways of viewing the self were undoubtedly highly authentic and valuable, it may be that a year or more later, these changes would not have been ‘internalised’ enough as the meaning-bridges made might relate more to the external meta-narrative of the therapeutic encounter in which they were made. CBT itself has been criticised, with claims that its cognitive-restructuring exercises, and their emphasis on *reframing* reality, might not be dealing with the true problem. Furthermore, research has shown that positive self-evaluations may be dysfunctional and maladaptive in themselves if they are largely incorrect (Sun, 2008). It could be that further research measuring Dialogical processes with narrative-emotion processes could reveal deeper aspects of these criticisms across modalities, but in particular with therapies which place a greater emphasis on the ‘reframing’ of thoughts and beliefs in shorter time-frames.

Additionally, the added dimensions of Dialogical coding and Identity Positioning shed light on identity debates regarding what makes an ‘acceptable’ long-term identity change. This was

particularly evident in Mary's transcripts, which, whilst demonstrating the highest amount of narrative identity change through her reconceptualization sequences, also appeared to have an unintegrated sense of identity position between her 'former' and her 'new' selves, often showing strong disdain and lack of empathy for her former self - a narrative seemingly perpetuated by her therapist's comments and guidance. Perhaps an analytical frame such as the one used in this study could be further applied to the full duration of therapy processes, with the specific aim of observing the narrative identity change process itself, either during or after its apparent occurrence, with the added construct of 'empathy for former self' or something similar, to make some inferences again regarding the long-term acceptability of such changes.

4.5.3 Limitations of the present study

This was a broad, exploratory study that used client narratives in therapy sessions to explore a range of narrative and emotional processes, based on an equally wide range of theoretical paradigms. Trying to draw together new a new analytic frame was perhaps overly ambitious, as much of what the elements brought up in the analysis had already been discussed by previous researchers. However, the work still remains of value, with some novel discussions around that relationship between narrative-emotion processes, co-construction and agency.

Due to the small size of the sample, the study's findings can only be used to point to possible similarities/dissimilarities with other narrative-emotion research and theories; beyond this, generalisation cannot be the aim. The intention was not for the six participants to serve as representative of all people engaged in psychological treatment sessions. Further, all studies are limited by the socially constructed language of the teller (Patton, 2002), and my lens should not be the only one through which the present narratives are viewed.

Clients in the present study were recruited from various sources, and comprise a heterogeneous sample in terms of their age, the seriousness of their presenting problem with regards to their social worlds, and whether they were still living in the midst of great turmoil or whether they considered it to be more in their past. While clients were racially diverse, their stories are by no means presented to represent racial norms or variations. The study included one male and two female clients, and one client was homosexual whilst two were heterosexual, but the data was not discussed in terms of gender or sexual identities or norms.

Therapists in this study were, conversely, recruited from very similar sources, all being second- or third-year trainees on a counselling psychology doctoral course, and therefore studying the same practice methods with a humanistic grounding. However, they were also diverse in that each had different experiences in terms of previous mental health work, life experience and placements during the course. Indeed, all three were operating in different modalities, which was not something explicitly considered by this study, although it is interesting to note that the same processes seemed to operate regardless of modality. There was no racial diversity amongst therapists, and although there was one male and two females, neither gender nor sexuality were considered in this study.

Despite these limitations, I believe there is much to be learned from the narratives shared in this study and the narrative-emotion processes they illustrate. Although many of the findings support previous research and theory, to my knowledge this is the only study to explore all of the different constructs presented together here in real life therapy sessions using a qualitative methodology. Given the exploratory aims of the present study and its narrative approach, I believe the heterogeneity of the sample does not detract from its validity. Rather, I feel the breadth of experiences included to be an asset, as it provides a strong basis to view what processes may be common to many, despite such differences. It is my hope that the sessions the three dyads shared may offer some ideas around how to better help clients ‘sort through the muck’ of complex life issues, and to integrate emotional processes with coherent narratives, to create greater attunement to self, a greater sense of agency and overall long-lasting change.

4.6 Final Researcher reflections

In endeavouring to make the research process as transparent as possible, issues of reflexivity have been addressed throughout the preceding chapters, incorporating my motivations for conducting this research and my subjective positioning within the analytic data. The aim of this section is to reflect upon the study from the perspective of completion.

I found the research process a demanding but ultimately very fulfilling one. There were several occasions when I felt I had completely lost the focus of my research, predominantly due to trying to put together such a wide-ranging and concepts, each of which in themselves where entire fields of study in their own right. This often left me swimming amongst different ideas and concepts that I could not see how to connect together, which at times felt like an impossible

task. In these moments I was fortunate to be able to discuss my ideas with others, including my supervisor, who never failed to re-align my intentions. Through this iterative process I ultimately found much satisfaction developing deeper insights into the topic area.

My initial interests began with the idea of universal myths and archetypes that might be observable in the therapy process, but slowly turned to hypothesising about neuropsychology and memory processes. Keeping my research question in mind was vital to staying on solid conceptual ground, as it kept me focused on literature and research relevant to the question itself and enabled me to compile the knowledge base for what would become my analytic frame. I had initially hoped to carry out a 'bottom-up' approach, simply observing what narrative processes I could find in therapy sessions and how they could relate to the literature I was reading. As I began doing this, I found that I was indeed seeing things that had been found in a few other 'bottom-up' studies before, so I began to embark on expanding upon what had been found.

The process of expanding an already existent analytic frame to apply onto my data was daunting, and it led to what felt like an over-ambitious attempt to synthesise a 'new' methodological framework. On reflection there were significant periods of denial, when I refrained from asking important questions about the reality and practicality of what I was trying to achieve. I felt my own sense of ego take over at these points, followed by the crashing realisation that I actually had no idea what my focus was, and what I was trying to achieve. Ultimately, what I found was that my resistance came from being uncomfortable with the social constructionist position of much narrative theory, and of a desire to further expand on the ideas of integrating the felt sense processes with meaning making, and to consider how this relates to our sense of self. Eventually, with my supervisor Daphne's help, I found some guides to help me construct a lens with which to achieve these aims.

The broad research questions and broad scope of sessions in the present study, though making for a long and at times cumbersome analytic process, are what I feel to be its most valuable feature. I felt I was truly led by the session material, despite deductively applying 'codes' on top of it. The comfort in this process came from the fact that I could indeed see these codes occurring and interacting in fascinating ways in the data. I felt that through this analytic process, I was more able to hear the narrator's voice and the polyphony of voices present, and they were able to emerge without me having to impose too much interpretation onto them.

I allowed my thinking to take as many turns as the material pointed to, as I engaged in repeated questioning and coding of the material, and standing back from it, which I felt allowed for deeper reflections that only emerged over time. Immersing myself in the subject through my own clinical work, keeping a reflective journal - though resulting in ideas and reflections that were a challenge to combine in a focused way - added to the core material and my own thinking. Furthermore, continuous reflective questioning led to an evolving understanding of my subjective positioning with regard to the study as I navigated the research process. In my desire to understand how people 'expressed' their narratives, and how they did or did not connect to their embodied emotions, I recognised a particular need on my part to understand and explain the latter. I found I was alarmed when narrators expressed no emotions in making sense of their experiences, anxious when they expressed no resolution, and almost relieved when they demonstrated emotional connection. It seemed I wanted to prove their inherent ability to 'feel', but that I also struggled to accept the presence of too much emotion. I was at times bringing my own anxiety and ambivalence into the research, which in turn led me reflect on the expectations and preconceptions that I myself carried with me with regards to the processes I was observing.

From the perspective of the research endeavour, it has prompted me to return to my initial interest in reflecting more deeply on how we as practitioners might receive others' stories, and in turn how we might affect how richly textured these stories are. I could see how I was at times bringing in my own bias into these individuals' stories, leading me to further question how I may do the same thing in my work as a counselling psychologist. This feeds into larger questions, pertinent to narrative inquiry in therapy, about how the 'story of therapy' might be 'creating' a particular client's story, and what ways being aware of this process might enhance our practice as counselling psychologists (Squire et.al., 2012).

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Department of Psychology
City University London

PARTICIPANTS NEEDED FOR
RESEARCH IN:

THE WAYS WE TELL STORIES IN THERAPY

We are looking for volunteers to take part in a study on
narratives in the therapeutic encounter

If you are either in therapy, you would be asked to allow one session
(apprx. 50-60 mins) to be recorded and submitted for analysis.

For more information about this study, or to take part,
please contact:

*Juliana Ormrod or Courtney Raspin in the
Psychology Department*

Email: [REDACTED]

Tel: [REDACTED]

Email: [REDACTED]

Tel: [REDACTED]

This study has been reviewed by, and received ethics clearance
through the *[insert committee name here]* Research Ethics Committee, City
University London *[insert ethics approval code here]*.

If you would like to complain about any aspect of the study, please contact the Secretary to the
University's Senate Research Ethics Committee on [REDACTED] or via email:
[REDACTED]

Appendix B – Transcript Example

Topic 2:	[Th: Yeah because we talked about that before]	Commented [MOU1]: TH reminding him of earlier point he made
'I really love you to bits'	Cl: Yeah really and god I love you to bits and really I really loved having	
But the mood changed	her down but this, and we were having such great fun up, up until it happened and then the mood just changed	
IP: Am I selfish / I feel like something was taken away	Th: yeah yeah	
I SUPPOSE THAT'S WHY... (MEANING MAKING)	Cl: And it's like I don't know if saying something was taken away if that sounds too selfish but I feel like something was taken away from me and I suppose that's why	
Therapist: 'It's suffocating'	[Th: Yeah, yeah your Mum's down your sisters down and everything suddenly becomes about Chris with coupled with that over-the-top anxiety it is quite suffocating any way at the best of times]	Commented [MOU2]: More emphatic, descriptive, emotive meaning-making offered by therapist
'You must call your mother! She'll be mortified!'	Cl: But She just said to Chris you know phone your mum have you phoned your mum yet Chris, was saying that and I said I will, just give me I will do it when I'm ready, "your mother will be mortified she'll	
They're not as emotional as my mum	absolutely beside herself", knowing probably she won't be because they are very matter of fact they're not as emotional as my mum	
She's so exaggerated	Th: Yeah	
Tell her? / She'd take it the wrong way	Cl: So she just exaggerated everything and I hate saying this about her but it is just so	Commented [MOU3]: Re-iteration of what TH said earlier on...
Just like the paracetamol	[Th: How would it feel to say this to her because you've got such a strong relationship with your mum]	Commented [MOU4]: Suggests he could tell his mother...
	Cl: She'd take it the wrong way	
	Th: Yeah	
	Cl: Just like that that paracetamol I wasn't biting her head off I just said	

<p>Sister & mum always fight but are always ok</p> <p>IP: Sister can confront mum/ But I cannot</p> <p>Questioning position in family/ relationship to mother</p> <p>I'm closed...that's' going back years</p> <p>More open now</p> <p>Identity as a gay man ?</p> <p>Topic 3::</p> <p>IP: Very close / Can't talk</p> <p>I gave her wine... she relaxed, she's hilarious</p> <p>She can't relax</p> <p>Constant worrying</p>	<p>we don't need to get any more we've got a full pack here 'don't bite my head off'... <u>but the relationship between her and my sister is very, they can fight like cats and dogs</u></p> <p>Th: Mmm/</p> <p>Cl: /But come out of it smelling of roses it's just how they are it's just how they interact with each other you know</p> <p>Th: <u>How do you fit in with that?.. or how do you interact with your mum let's say?</u></p> <p>Cl: (pause) I think I am still, I'm still sort of quite closed still quite, I only tell her what I want to sort of tell her, I don't bring forward all the information yeah yeah I don't know why that's probably going back years it's just that I think that I've never really done that, I think I'm more open with her now</p> <p>Th: <u>Do you think it's down to, from that kind of, having to lead a slightly secret life?</u></p> <p>Cl: Yeah I think so I think it absolutely is I am still very close I am still kind of, its such as you know she's such, and then on the first day you know I actually gave 1/2 a glass of wine and she was drunk she doesn't drink you know so she's had a glass of wine and she is very funny when she's drunk it's hilarious quite tipsy more tipsy than drunk yeah, but it's like when she's like that she just chills out she relaxes and it's like she can't relax</p> <p>Th: Yeah</p> <p>Cl: You know it is just worry constantly worrying, worrying, worried -</p>
---	--

Commented [MOU5]: Probing into relationship with mother

Commented [MOU6]: Implication: being a gay man

Appendix C

Reflexivity questions: Taken from Langdrige, D. (2007). *Phenomenological Psychology: Theory, Research and Method* (pg. 59). Harlow: Pearson Education.

Below are a series of questions that a researcher might wish to reflect on in the context of a research project taking reflexive issues seriously:

1. Why am I carrying out this study?
2. What do I hope to achieve with this research?
3. What is my relationship to the topic being investigated?
 - Am I an insider or outsider?
 - Do I empathize with the participants and their experience?
4. Who am I, and how might I influence the research I am conducting in terms of age, sex, class, ethnicity, sexuality, disability and any other relevant cultural, political or social factors?
5. How do I feel about the work?
 - Are there external pressures influencing the work?
6. How will my subject position influence the analysis?
7. How might the outside world influence the presentation of findings?
8. How might the findings impact on the participants?
 - Might they lead to harm and, if so, how can I justify this happening?
9. How might the findings impact on the discipline and my career in it?
 - Might they lead to personal problems, and how prepared am I to deal with these should they arise?
10. How might the findings impact on wider understandings of the topic?
 - How might your colleagues respond to the research?
 - What would the newspapers make of the research?
 - Does the research have any implications for future funding (of similar research and/or related organizations)?
 - What political implications might arise as a result of the research?

Appendix D



Psychology Research Ethics Committee
School of Arts and Social Sciences
City University London
London EC1R 0JD

25th September 2015

Dear Juliana Ormrod

Reference: PSYETH (P/L) 14/15 236

Project title: The Hero's Journey: An exploration of story structure in the therapy process

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

- (a) Recruit a new category of participants
- (b) Change, or add to, the research method employed
- (c) Collect additional types of data
- (d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee [REDACTED] in the event of any of the following:

- (a) Adverse events
- (b) Breaches of confidentiality
- (c) Safeguarding issues relating to children and vulnerable adults
- (d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards



Research Information Sheet



"An exploration of narrative structure in the therapy process"

Juliana Ormrod

What is the purpose of the research?

The purpose of this research is to better understand the language and narrative processes used in therapy in young people. The aim is to better understand the way young people conceptualize therapy by doing an analysis of the language they use.

What happens in the research?

- Six therapy session recordings are given to the researcher
- Nothing outside of session is required – i.e, no follow up is needed
- You will not meet the researcher personally (unless you wish to do so)
- Your session will be its normal length (usually 50-60 minutes)
- Your session will be in its usual place
- Your session will be listened to by ONE person (the researcher) and will be destroyed soon after the research is complete.
- Your recording will have a code name, no one will ever know your real name (except your therapist)

What do I have to do?

You will not have to do anything other than attend your therapy session as normal.

What happens if I participate?

Participation is completely voluntary and even if you decide to take part, you can still withdraw from the research up to two months after the last recorded session is submitted. Taking part research does not affect your treatment in any way

What are the possible disadvantages and risks of taking part?

You may not feel comfortable with the idea of being recorded. If this is the case, you may stop recording at any time. It is important that you feel free to talk to your therapist about how you feel about being a part of the study. You may also withdraw from the study up to two months after the last submission. As is normal in any therapy session, difficult emotions or memories may arise for you. You should always feel free to talk about any aspect of these with your therapist who will be trained in helping you express them.

What are the possible benefits of taking part?

Your participation would contribute to the further understanding of how talking-therapy works for young people, as we still have a lot to discover about this kind of therapy. You may also find it useful reflect on your own processes in therapy.

What will happen when the research study stops?

When the research is over, your recordings and transcripts will be destroyed. All identifiers possibly linking anything to you will also be destroyed.

Will my taking part in the study be kept confidential?

- All identifying details will be changed or removed in the transcript used i.e, your name, where you live, your work, or any other details that could identify you in any way.
- The only persons with access to the recording will be your therapist and the researcher
- Audio recordings will be kept with a code (not your name) on a private computer under an encrypted password
- None of your personal information will be recorded or used in any way in the future
- The only restriction to your confidentiality will be between you and your therapist (i.e, if you tell your therapist that someone's life is seriously threatened, they may have to tell someone)
- All data will be stored under encrypted computer password or in a locked filing cabinet and will be destroyed after the final aspect of the work is completed.

What will happen to the results of the research study?

The findings of the study will be written up for a Doctorate in Counselling Psychology at City University. Only very small excerpts of the transcript (the

written up version of the sessions) will actually be used. The recordings themselves will never form a part of the final work.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is:

An exploration of story structure in the therapy process

You could also write to the Secretary at:

[REDACTED]

Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB

[REDACTED]

This study has been approved by City University London, Research Ethics Committee, Reference: PSYETH 14/15 236

Further information and contact details

Researcher : Juliana Ormrod [REDACTED]

Tel: [REDACTED]

Research supervisor [REDACTED]
City University

Thank you for taking the time to read this information sheet.



A Research Study

Title: The Hero's Journey: An exploration of story structure in the Therapy Process

Juliana Ormrod

Before you decide whether you would like to take part in this research study it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Please contact me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

A large part of a therapy session consists of one person telling another person stories about their lives. In my research I am interested in exploring the ways in which we talk in therapy, and the therapeutic process in general.

In order to research this topic I would be very keen to listen to some examples of real – life therapy sessions, and to hear how clients might tell their stories as well as how therapists might encourage this process.

Why have I been invited?

You are being asked to participate because you are a therapist or counsellor with a BACP, UKCP and /or HSCPC accreditation.

What happens if I want to take part?

If you would like to take part in this study, you need to be currently seeing clients in a private or charity setting that is not within the NHS – this is because if you are within the NHS getting clearance for this project would be extremely difficult! Participation is completely voluntary and even if you and your client decide to take part, you can both still withdraw two months after the last recorded session is submitted. I would like to emphasize that this research will not affect your practice in any way either now or in the future. I am only interested in the styles of telling and listening in the therapy process, rather than how you practice as a therapist.

If you wish to take part, please contact me at

████████████████████

You will then be asked to provide consent for your therapy session

What will happen if I take part?

- *You would be asked to pass on six therapy session recordings, which are sequential (i.e. 6 consecutive weeks), to the researcher.*
- *You would need to discuss the idea with your client, bearing in mind the exclusion criteria below.*
- *Nothing outside of sessions is required – i.e, no follow up is needed (unless desired by any participants)*
- *You do not have to meet the researcher personally (unless you wish to do so)*
- *Your therapy session will be its normal length (usually 50-60 minutes)*
- *Your session will be listened to, to look for any structures*
- *Your session will be in its usual place*

What do I have to do?

You will not have to do anything other than carry out and record your session as normal. In fact it would be better if you do not try to change anything.

Exclusion criteria for of clients

Please be aware that it will be up to you, the therapist, to decide if your client will be safe during the recordings, emotionally and physically. It will also be up to you to decide if your client meets any of the study's exclusion criteria. The exclusion criteria include any severe mental health condition currently experienced (i.e, those in remission would be included). These would include any diagnosis likely to affect the cognitive capacities of the client and their ability to engage in 'logical' sequences of narration; such as severe depression or forms of psychosis, but also any mental condition that may present particular vulnerabilities for the client. For instance, if a client is extremely emotionally vulnerable, it should be considered that even asking them to take part in a research study would be potentially upsetting.

Severe drug/alcohol addiction likely to affect cognitive processes of forming sequences substantially as well as mental disabilities affecting such processes will also be a part of the exclusion criteria.

What are the possible disadvantages and risks of taking part?

You may not feel comfortable with the idea of being recorded. If this is the case, you may stop recording at any time and/ or withdraw from the study up to two months after the last submission. You may feel you didn't have a 'good' session and might feel exposed/ embarrassed. If this is the case, I would like to re-iterate that your skills as a therapist are not being judged here, simply the kinds of stories that are being told. You may wish to discuss any emotions that come up with regards to the session with your own therapist or supervisor.

What are the possible benefits of taking part?

Your participation would contribute to the further understanding of how the way we talk in therapy works. You may also find it useful reflect on your own talking (or listening) processes in therapy. Furthermore, every participant will receive a £10 gift voucher.

What will happen when the research study stops?

When the research is over, your recordings and transcripts will be destroyed. All identifiers possibly linking anything to you will also be destroyed.

Will my taking part in the study be kept confidential?

- All identifying details will be changed or removed in the transcript used i.e, your name, where you live, your work, or any other details could identify you in any way.
- The only persons with access to the recording will be yourself and the researcher
- Audio recordings will be kept with a code (not your name) on a private computer under an encrypted password
- None of your personal information will be recorded or used in anyway in the future
- All data will be stored under encrypted computer password or in a locked filing cabinet and will be destroyed after use.

What will happen to the results of the research study?

The findings of the study will be written up for a Doctorate in Counselling Psychology at City University but may also be disseminated more widely through journal publications and academic conferences. Future

publications may include the BPS journal and the Counselling Psychology Quarterly Review. It is important to make you aware that in both the report and the future publications, some direct quotes from your sessions may be used. However all personal details will be changed and so it will not be possible for readers to identify you. If you would like a copy of either your session transcript or a summary of research findings, once the study has been completed, you can contact me directly at any point thereafter and I will ensure that you receive it by post. My contact details can be found at the end of this document.

What will happen if I don't want to carry on with the study?

You are free to withdraw from the study at any time for up to two months after the last recording is submitted.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone [REDACTED] You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: ***The Hero's Journey: An exploration of story structure in the Therapy Process***

You could also write to the Secretary at:

[REDACTED]
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: [REDACTED]

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London [*insert which committee here*] Research Ethics Committee, [*insert ethics approval code here*].

Further information and contact details

Researcher : Juliana Ormrod Email: [REDACTED]

Tel: [REDACTED]

Research supervisor [REDACTED]
City University

Thank you for taking the time to read this information sheet.

Appendix G



Title of Study: *[exactly as on ethics application form]*

Ethics approval code: *[Insert code here]*

Please initial box

1.	<p>I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.</p> <p>I understand this will involve</p> <ul style="list-style-type: none">• being in therapy with a qualified professional• allowing six therapy sessions to be audiotaped	
2.	<p>This information will be held and processed for the following purpose(s): For the analysis of the therapeutic process.</p> <p>I understand that the following steps will be done to protect my identity from being made public: My name will be changed entirely, any identifying factors such as my location, my work, or any specific details (specific age, specific number of partners etc) will be changed to ensure that it will be extremely difficult for me to be identified.</p>	
3.	<p>I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.</p>	
4.	<p>I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.</p>	
5.	<p>I agree to take part in the above study.</p>	

Name of Participant

Signature

Date

Name of Researcher

Signature

Date

When completed, 1 copy for participant; 1 copy for researcher file.

Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

Appendix H



Title of Study: *[exactly as on ethics application form]*

Ethics approval code: *[Insert code here]*

Please initial box

1.	<p>I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.</p> <p>I understand this will involve</p> <ul style="list-style-type: none"> • being an accredited member of a recognised body (e.g,BACP, UKCP) • allowing six therapy sessions to be audiotaped 	
2.	<p>This information will be held and processed for the following purpose(s): For the analysis of the therapeutic process</p> <p>I understand that the following steps will be done to protect my identity from being made public: My name will be changed entirely, any identifying factors such as my location, my work, or any specific details (specific age, specific number of partners etc) will be changed to ensure that it will be extremely difficult for me to be identified.</p>	
3.	<p>I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.</p>	
4.	<p>I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.</p>	
5.	<p>I agree to take part in the above study.</p>	

Name of Participant

Signature

Date

Name of Researcher

Signature

Date

When completed, 1 copy for participant; 1 copy for researcher file.

Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

Appendix I



PARTICIPANT DEBRIEFING FORM

Title of study: *The Hero's Journey: An exploration of story structure in the Therapy Process*

Brief Description of the Research Project: Thank you for participating in this research project. The information you have provided will be analysed using narrative analysis techniques, which attempt to understand the function of story telling for both clients and therapists during the therapy process and how both client and therapist conceptualise the therapy process in terms the of kinds of stories they tell or encourage, and how these stories may be influenced by wider, psychological, cultural and social ideas

If you would like to be informed about the outcome of this research, please let me know so a summary report can be prepared for you

You remain free to withdraw from the project for a period of two months after the final session that was recorded by notifying me, either in person or using the contact details below, stating the Participant ID Number given at the top of this form. Should this situation arise, all contributions made to the recorded therapy session will be erased from the recordings and transcripts, although surrounding comments by the other person in the session will remain in tact. Withdrawn participants' data will not be analysed and will not be published.

If your participation in this research has evoked concerns of queries about any aspect of your participation, please do not hesitate to raise them with me. Should you wish to you can arrange a meeting with me where your concerns can be discussed in confidence and assistance will be provided to find you further support as necessary.

If you wish to contact me or my research supervisor in relation to this research, please find contact details below

Researcher: Juliana Ormrod. Email: [REDACTED]

Research Supervisor: [REDACTED]

City University

Ethics approval code:

Appendix J

SF 1

C So, so I have been, um, kind of occupying, like being occupied, just speaking to different people on the app, again, um, and like a potentially I think at the moment, I'm going swimming with a guy on Sunday,

A swimming? Okay

C Yeah, well he was talking about ocean swimming, and I was like well I do that as well, so we could go together

A mmm

C um, So yeah, so I have kind of been, um, yeah just talking to different people, not really setup anything concrete, there is potentially a couple but, um, that I I could maybe like go for coffee with, or something next week, but it was quite interesting because the guy on Monday night, um, ... wanted to go out for a drink to a wine bar, and I had, so I had done this the this city to Surf race last Sunday, and I had sort of said to myself, like after I had done the race, I've got six weeks until I go to Vegas, I'm not doing a complete drinking ban, but I made a decision that I wasn't going to drink in the week, so when he is suggested going for a drink, I was a bit like oh, not really what I kind of wanted to do, but yeah I will go because it's a date, and then when this other guy suggested going swimming I was like that is so much more appealing to me because it doesn't feel like a date,

A mmm

C It feels like something I actually would enjoy doing, and it's less, I guess like, what's the word, like I just find dates really awkward,

A mm

C You know, like first dates especially like over a drink is quite like, you're watching the time going cool yeah I've run out of awkward conversation now

3

SF 1

Sort of sat looking like you don't really know what to say, or trying to find something to say,

t. mmm

c. Whereas at least if you are doing something then that kind of eliminates that because there is like an activity,

t. mm

c. So it kind of highlighted to me how, if I am going to try this, then, probably the way it will work for me is if I try and do some light activity based stuff with people, and it feels less like I am dating and feels more just that I am doing stuff that I enjoy and it happens to be with a guy who also likes, enjoys doing that

t. mmm,

c. um, So I don't know so I kind of feel Active on it, um, obviously I haven't been any dates yet, um, and I am still sort of same... Kind of trepidation that I was week, to kind of trying it, it's like sort of 1 foot in one foot out (laughter) um...

t. So you're not fully committed?

c. Well, no, in the sense, well I guess until I have been on a date, that's probably what I mean in terms of, at the minute, I've taken the first step

t. mmm

c. I've got the app, I'm talking to people, like having chats and stuff, but I haven't made that next step, of like okay, all let's try and change that chat into like a face-to-face meeting, and proactively meeting someone,

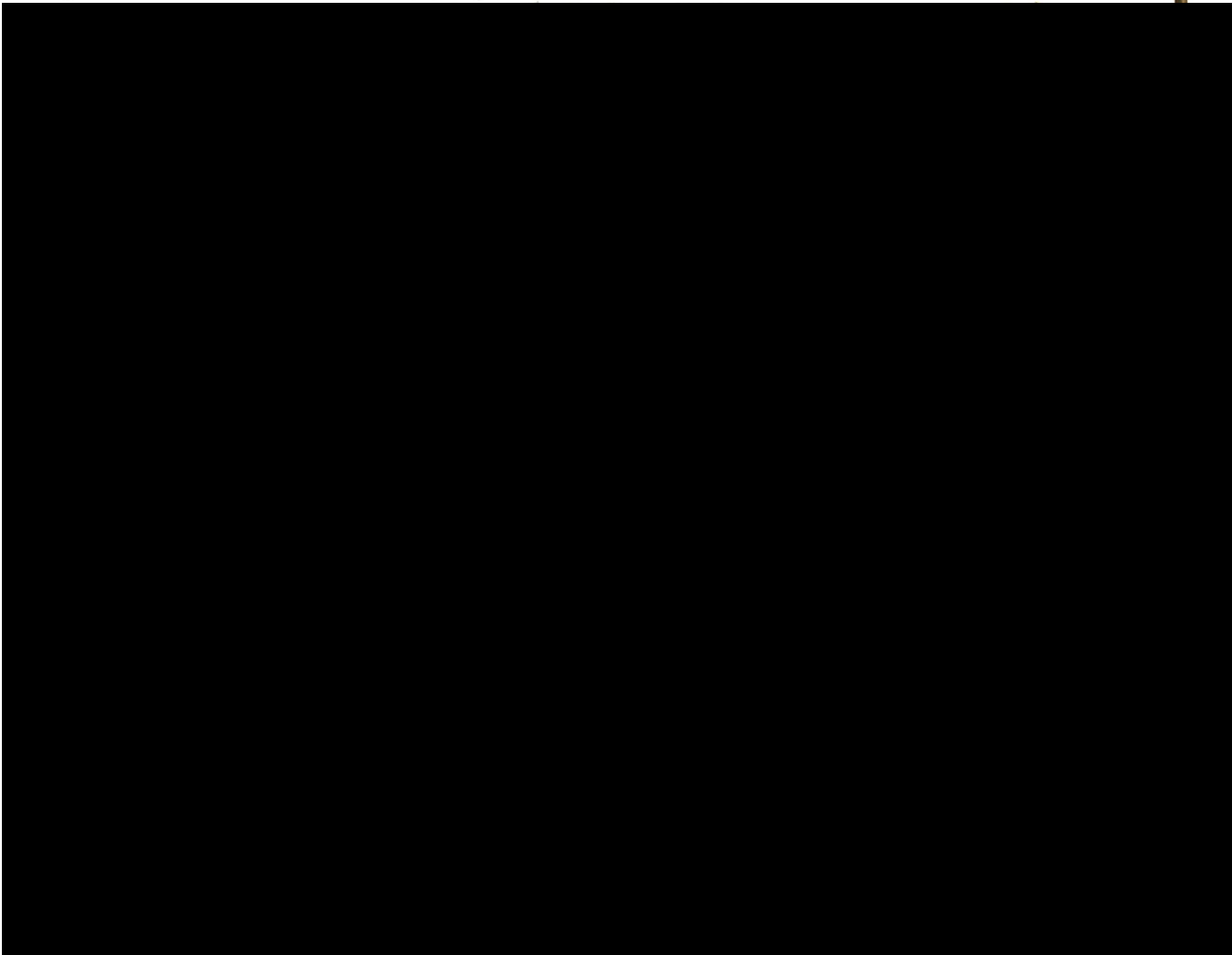
t. mmm

c. So, so that's what I mean kind of.

t. mmm, Well its only been one week,

c. Exactly, and I don't/

4



SF 1

L: mmm

C: At the end of the day, like, you can choose to spend your money and your holiday
Time how ever you wish, and, um, perhaps we should just Park the idea of you
and I going on holiday and reassess the situation at Christmas, if necessary, like if
it's still something to reassess kind of thing, and he/

L: /When you sent that, sorry, just when you sent that text what do you think your
intention was? Did it feel like it came from a sort of centred place or did it feel
like you were may be trying to get a reaction from him?

C: No I kind of wanted to almost draw a line under it, and just, I didn't want him to
feel like, I could, it was almost like, I wasn't nagging him but it wasn't that kind of
feeling

L: mmm

C: And I wanted, I didn't want him to, like the way he is with me when I get like that
is just that he is very dismissive of it and I almost wanted him to like know that I
didn't really care, because actually, I don't, not that I don't care, but like if there
track that I am starting on now continues, it's not even going to be a problem to
worry about because ~~we probably wouldn't go on holiday next year so it's a bit~~
frustrating/

L: /Why not?

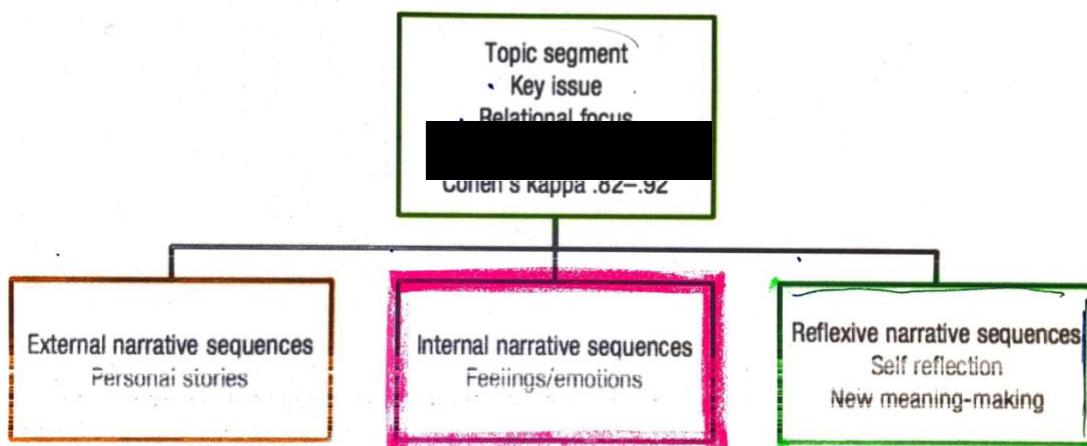
C: So if, if, we weren't, you know, if he wasn't in my life

L: Right okay

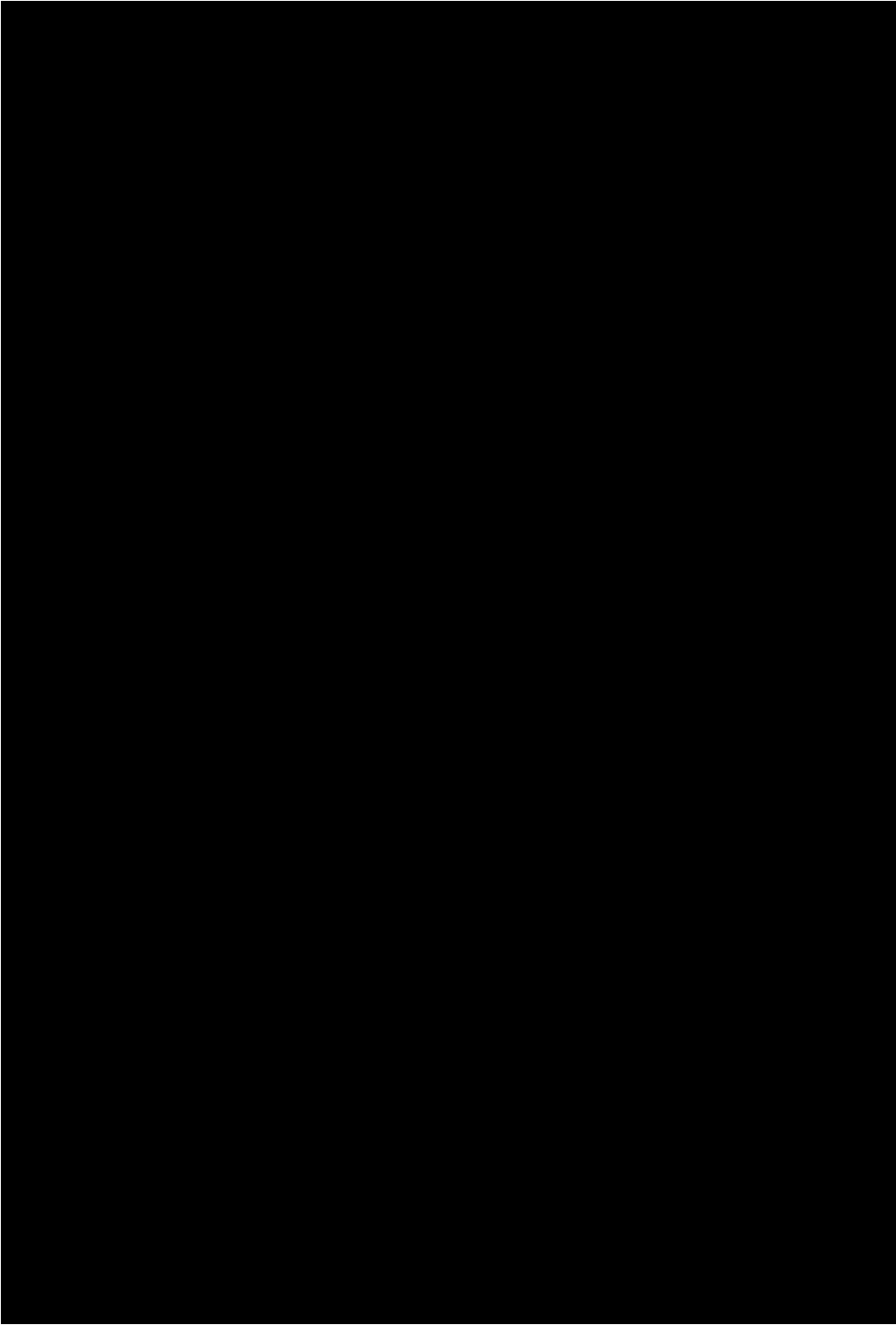
C: Or if I, if I, you know had met someone else, or something like that, it's not even,
it's a bit of a moot point to have a conversation now about something that may
not even be worth having a conversation about

L: mmm...Okay

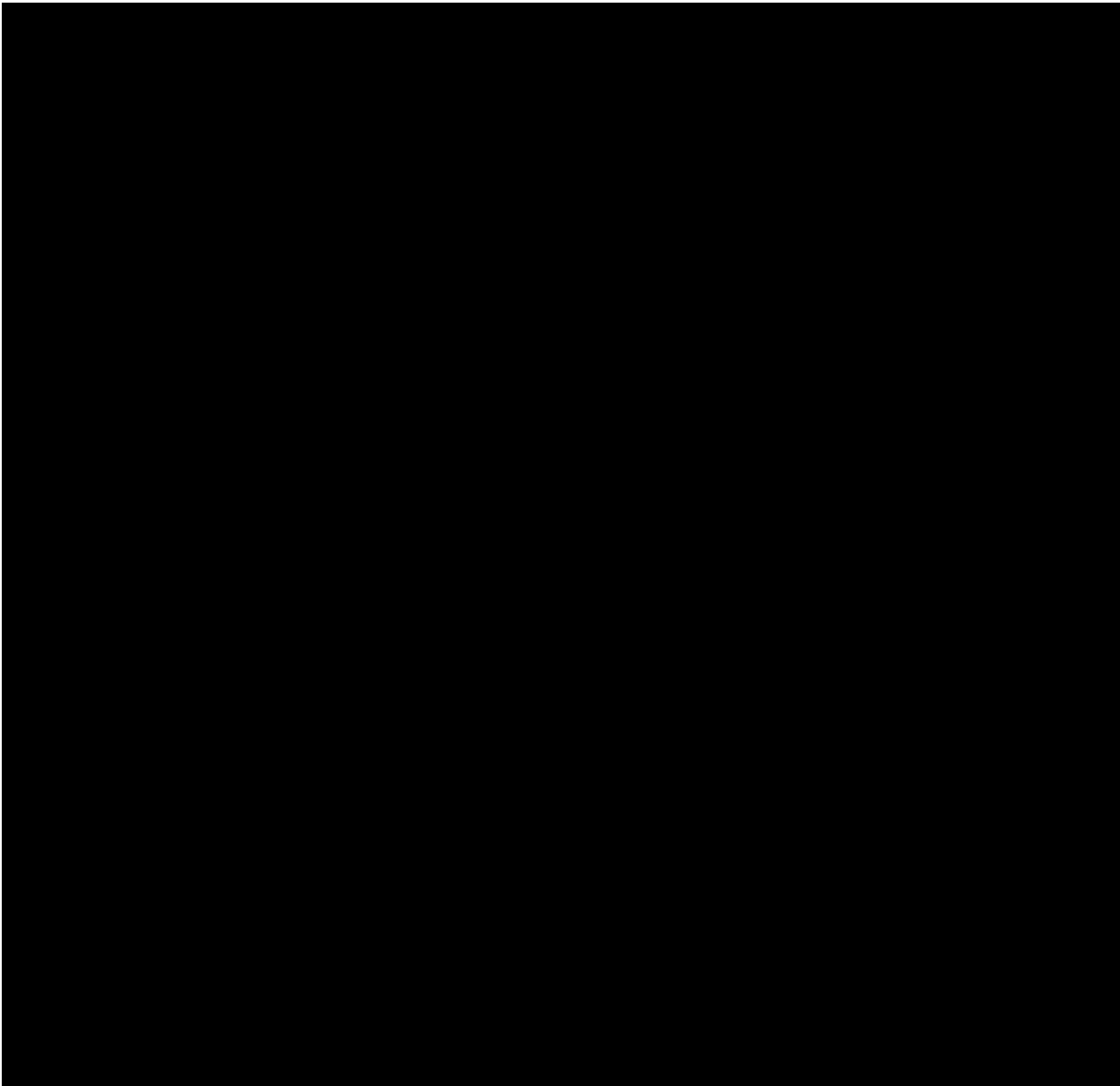
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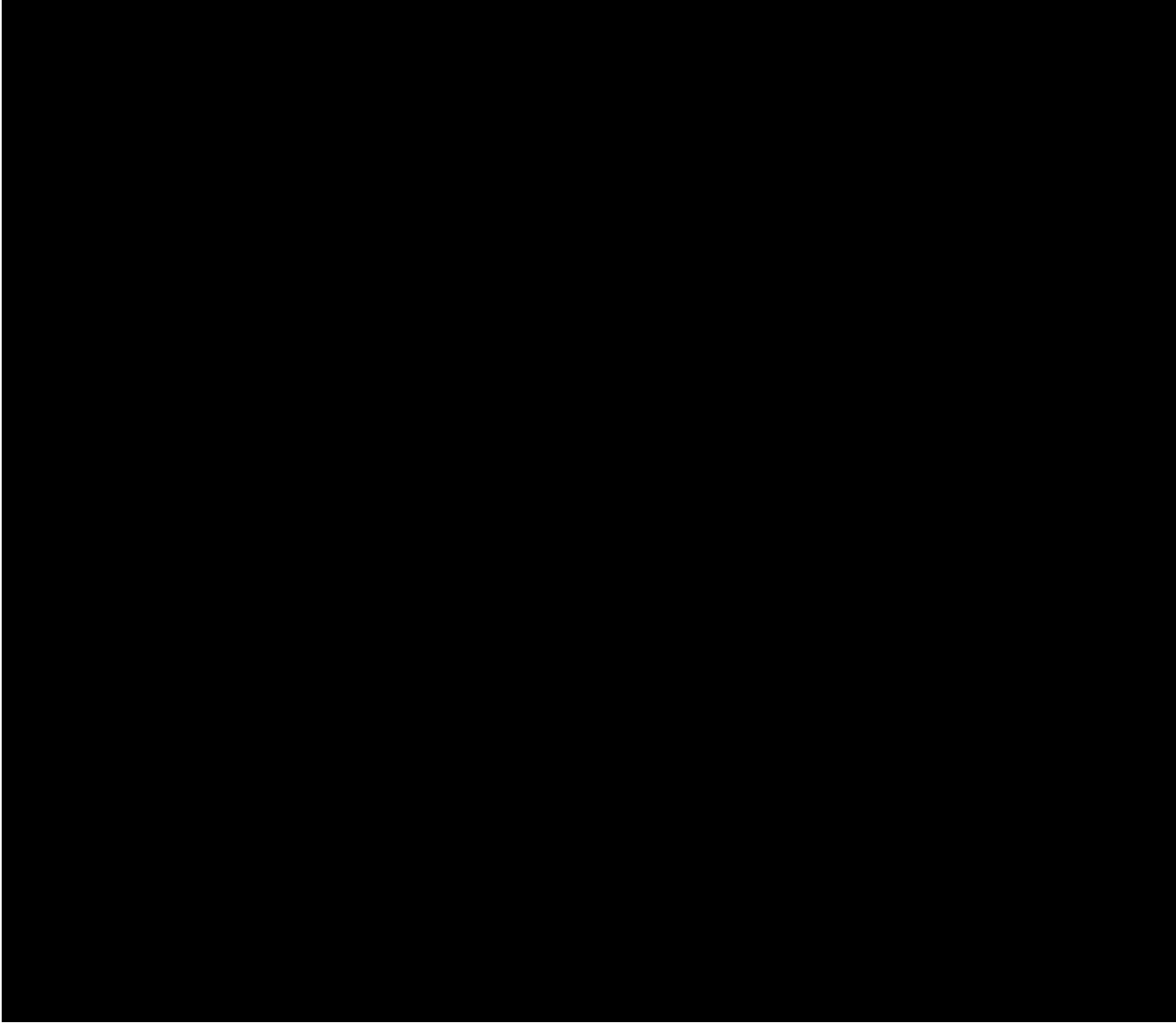


Appendix K

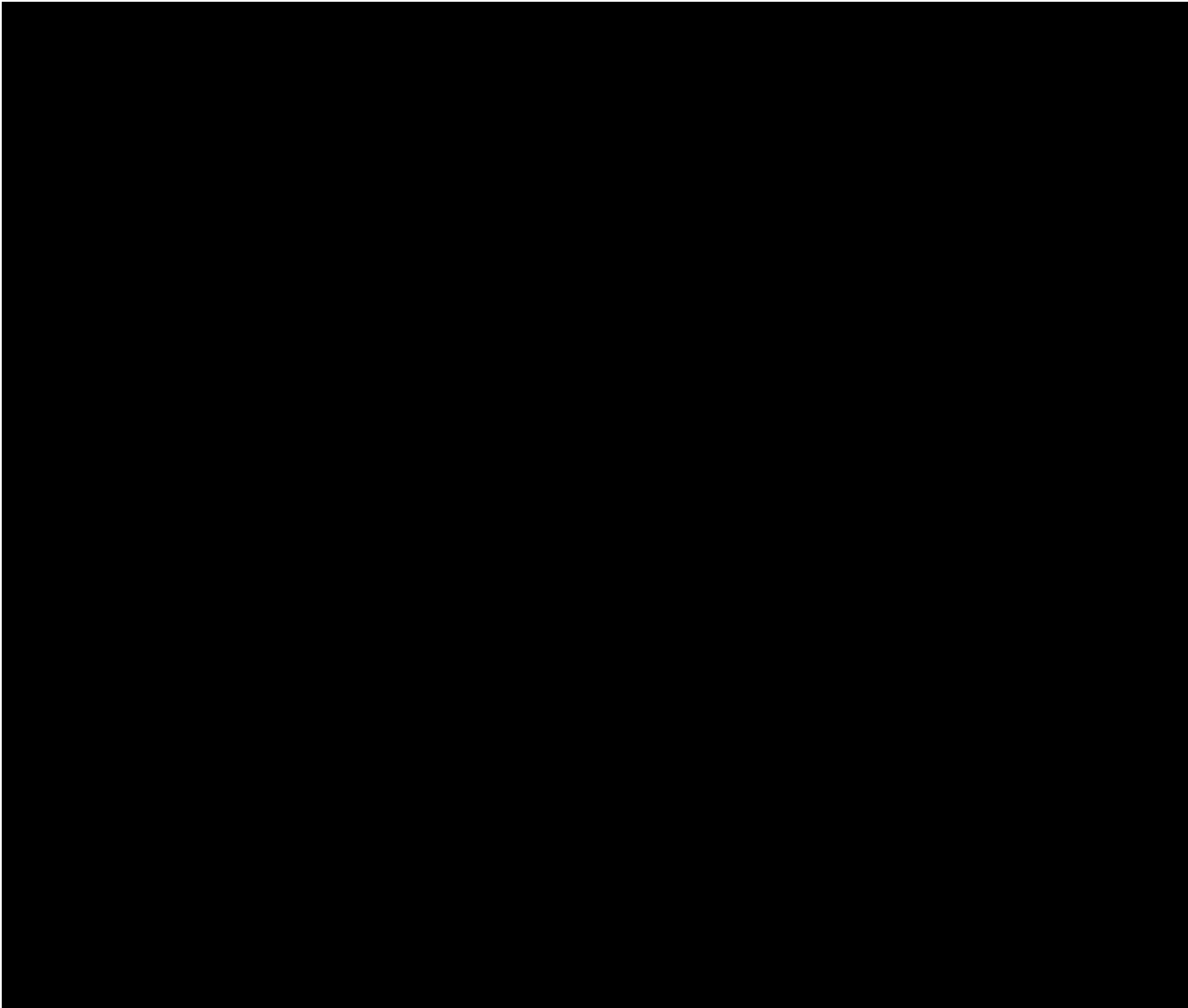


Appendix L

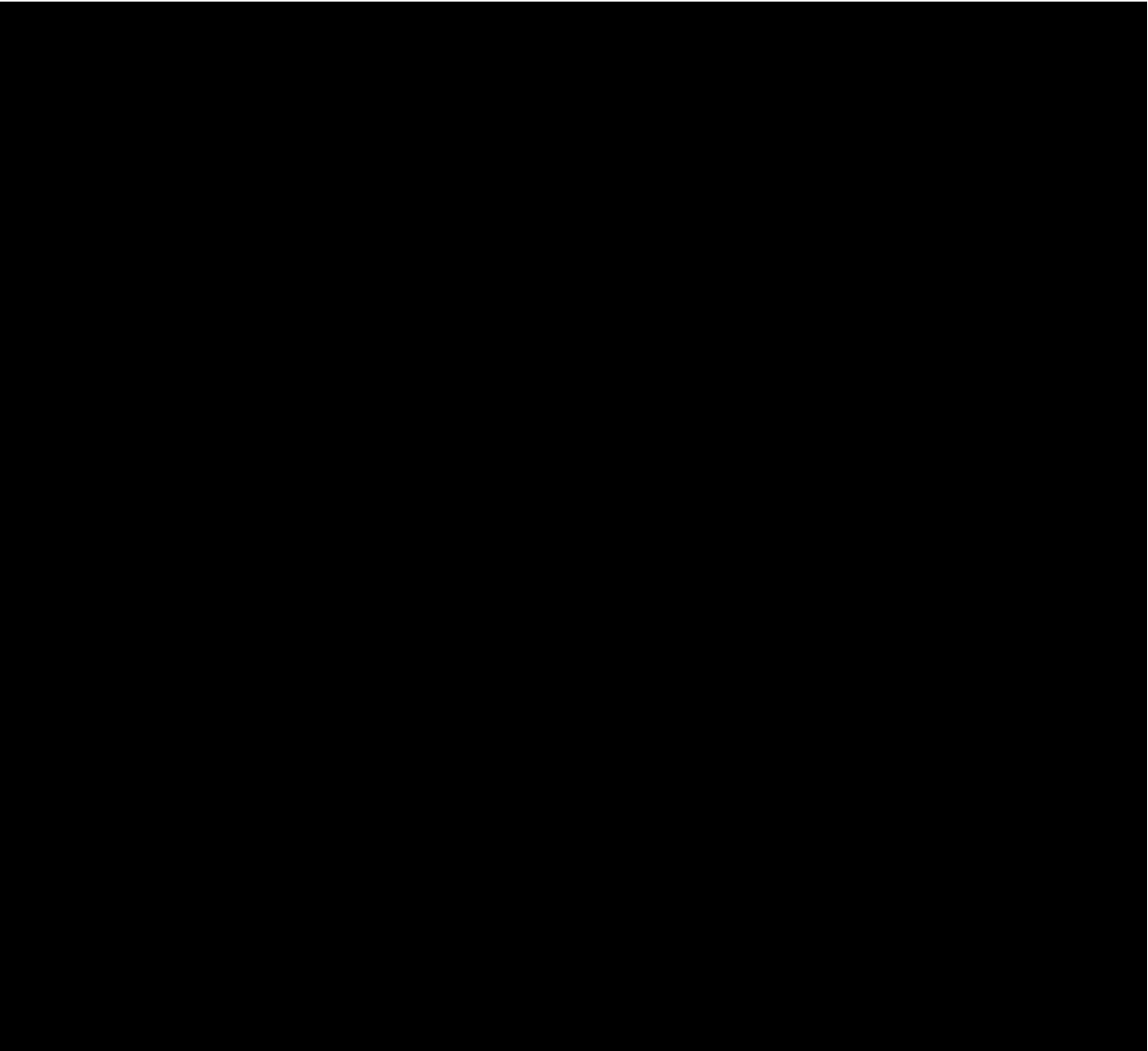




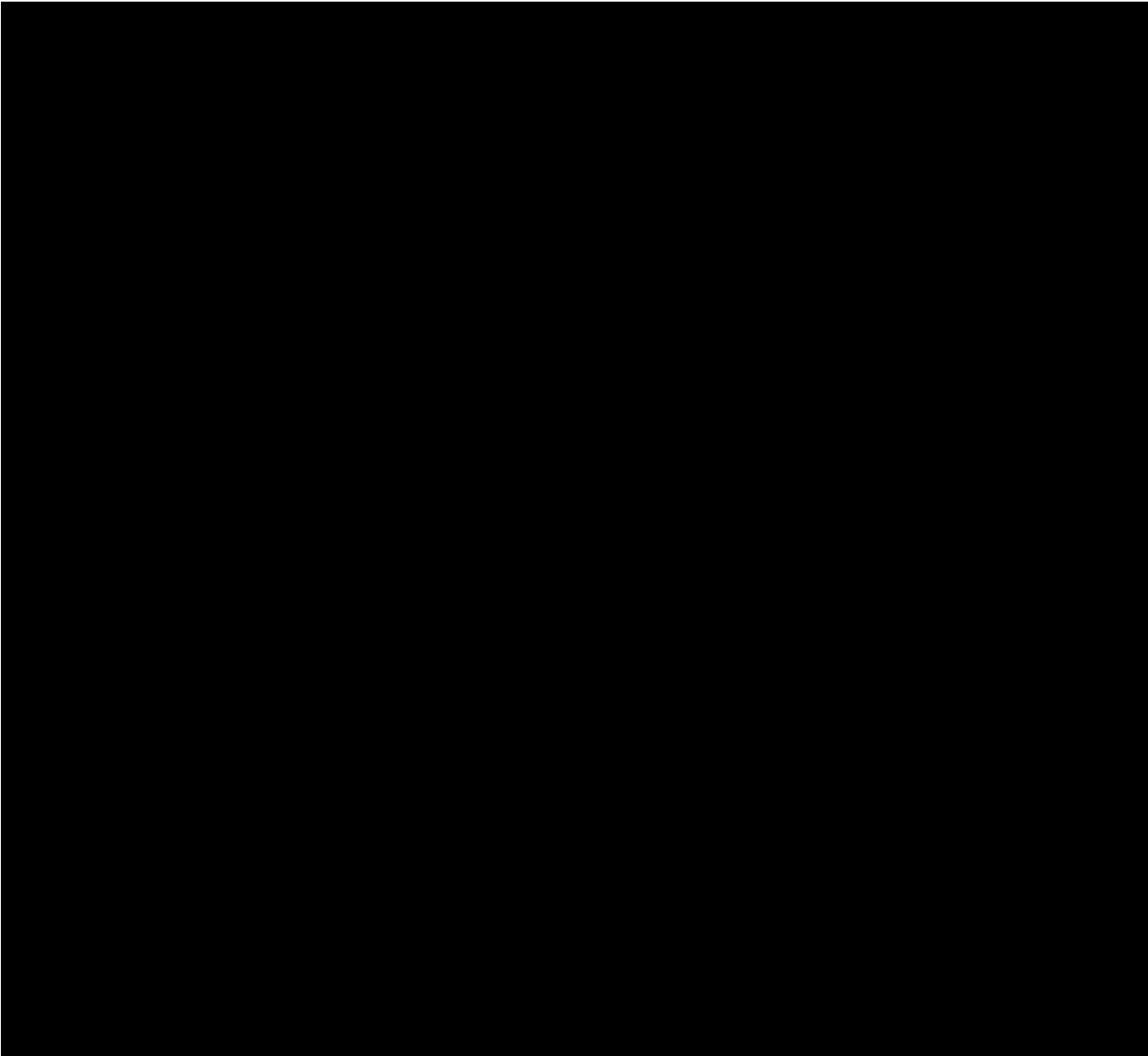
Appendix M



Appendix N



Appendix O



Appendix P

Problem Story
Metanarratives
Stuck Patterns

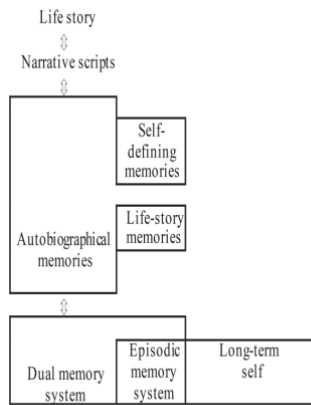
External
Descriptive
Storytelling of Events

Emotion
Connection
to Affect

Reflection
Emotional Meaning
Explicate / Differentiate

Unique Outcome
Unexpected Outcome
Alternative View

Self-Identity Change
Meta-position
New understanding of Self



- LF Grows in complexity, predictive of

Conceptual Self (non-temporal self-concepts
e.g narrative scripts, possible selves, internal

Demonstrates emotional symbolization which

and the co-constructive input from therapists

Part Two: Journal Article:

Exploring internal and external narrative processes: A multi-layered narrative analysis of psychotherapy sessions

For submission to the The Journal of Psychotherapy Research (criteria found in Appendix A)

Authors: [REDACTED]

City University, London, UK

[REDACTED]

1.Introduction

1.1 Clinical or Methodological Significance of this Article

This article presents the findings of a study using an adapted methodological and analytical framework. It assesses the validity of this framework by analysing narrative processes in 9 in-vivo therapy sessions. The significance has applications to clinical and methodological areas of psychotherapy and counselling research.

1.2 Abstract

Processes involved in narrativisation in therapy have not been subject to as much research as might be expected for such an integral aspect of the encounter. This qualitative study used a blended form of narrative analysis, creating a methodological framework observing meaning-making, emotion, narrative identity and dialogic processes which was applied to recordings of three consecutive sessions shared by three therapist-client dyads, each at different stages in therapy. This offers a multi-layered understanding of how internal and external elements affect the meaning-making processes central to counselling psychology and psychotherapy practice. Suggestions are made regarding therapeutic work, the need for a greater awareness of these processes in clients, and implications of the meta-narratives of therapy itself.

1.3 Identifying Methodological Gap in Previous Research

This research seeks to build on quantitative research carried out in the area of narrative and emotion processes in therapy (Angus & Hardtke, 1999, Boritz et.al., 2013, Angus & Boritz, 2015, Angus et.al., 2017) by expanding the methodological framework previously used by researchers. It has been suggested by Mörtl & Gelo (2015) that the quantitative coding system used in conducting ‘narrative-emotion’ (Angus & Greenberg, 2011) research in therapy

sessions could yield insightful results if applied to a qualitative methodology. Furthermore, recent literature in psycho-social narrative research suggests that narrative and emotion codes used in previous research may benefit from expanding the original, qualitatively-derived constructs to include broader psycho-social narrative theory (Mörtl & Gelo, 2015).

1.4 Literature Review

Narratives from therapy sessions have been used as primary sources to descriptively analyse and observe therapy processes since Freud first established the ‘talking cure’ in the late 19th century. Moves to empirically systematize narrative processes only emerged in the early 1990’s following the ‘narrative turn’ (Mörtl & Gelo, 2015). Luborsky and colleagues (Luborsky & Crits-Christoph, 1990; Luborsky, Barber & Diguier, 1992; Luborsky, 1994) created a framework for analysing the content of stories told by clients in therapy, called the Core Conflictual Relationship Theme (CCRT) and Russell (1993) constructed a framework for coding three levels of narrative organization: structural connectedness, representation of subjectivity, and complexity. However, these early frameworks focused more on linguistics and did not incorporate much narrative theory in their work, such as ideas relating to coherence, time and identity (Bruner, 1991, Sarbin, 1986, Polkinghorne, 1988).

Since 1994, a group led by Lynn Angus has developed their coding system alongside continuing developments in narrative theory, amending it to include more complex elements of narrativization up to the present day. Angus & Hardtke (1994, 1997, 1999) first developed their Narrative Process Coding Scheme (NPCS) upon reflecting that the term ‘narrative’ has several meanings that can be condensed into three primary groups: (1) micro-narratives as stories that clients tell therapists during sessions, (2) ‘the narrative’ or meta-narrative, an extended, coherent story-line, and (3) narrative processes, referring to three modes through which client and therapist strive to understand the client: External (factual), Internal (emotion) and Reflexive (meaning-making). However, despite these codes being derived from a combination of observation and theory, the analytic focus remained on statistics, rather than *meaning-making* processes that might reveal the complex interaction between internal, subjective expressions and external conditions, such as social or familial narratives and attunement or co-construction from the therapist.

A later version of the system focussed more on the relationship between emotional connectedness and narrative processes in therapy. Incorporating elements of Bucci's (1987) RA scale, Angus and colleagues cited the importance of 'a detailed description of episodic memories and events eliciting emotional schemata' (Angus et al., 1999). Using an adapted NPCCS model on three short-term therapy dyads, Angus et al. (1999) found that Client-Centred (CC), Emotion Focused Therapy (EFT), and Psychodynamic Therapy dyads differed significantly in terms of both the number and the type of identified narrative sequences. In the psychodynamic sessions, a pattern of reflexive (40%) and external (54%) narrative sequences predominated. In contrast, the EFT dyad balanced internal (29%) and reflexive (46%) narrative sequences. Compared with the other two dyads, the proportions of internal narrative sequences in EFT sessions were three times higher than in the CC treatment sessions and five times higher than in the psychodynamic sessions. Similar studies comparing EFT models indicated that by following client exploration of experiential states (i.e., internal narrative sequences) with meaning-making inquiries (i.e., reflexive narrative sequences), new feelings, beliefs, and attitudes could be better contextualized and understood.

Gennaro & Salvatore (2011)'s 'Two-Stage Semiotic Model' (TSSM) meaning-making model of therapy defines the alternation of two processes: deconstructing existing, old meanings and constructing new meanings. The clinical process aims to reduce the compelling power of the patient's maladaptive assumptions (Gennaro et al., 2011; Salvatore et al., 2010), promoting the development of new superordinate meanings. TSSM and RA share a biphasic view of the therapy process with EFT theory, supporting the idea that the clinical exchange works through the alternation of 'dismantling' elaborated and affectively connected moments.

In 2011, Greenberg & Angus used their own research, the TSSM research and the RA model to publish a practice manual entitled 'Working with Narrative in Emotion-Focused Therapy' (2011), outlining specific client and therapist strategies to enhance narrative and emotion integration for productive therapeutic outcomes. Using a dialectical-constructivist model, the authors identify 'narrative-emotion' client markers which can guide clinicians in practice. These markers were further expanded upon and synthesised in the Narrative-Emotion Process Coding System 2.0, or NEPCS 2.0 (Boritz, Bryntwick, Angus, Greenberg, Constantino, 2013; Angus et al., 2017), which identifies significant narrative-emotion process markers within psychotherapy sessions. The NEPCS 2.0 is a standardized measure consisting of 10 clinically-derived markers that capture a client's capacity to disclose, emotionally re-experience, and

reflect on salient personal stories in video-taped psychotherapy sessions. These 10 markers are classified into three subgroups:

1. *Problem* (Same Old Story, Empty Story, Unstoried Emotion, and Superficial Storytelling)
2. *Transition* (Reflective, Inchoate, and Competing Plotlines Storytelling)
3. *Change Markers* (Unexpected Outcome, and Discovery Storytelling).

However, several of these still lack the humanistic dimension narrative theory has offered, reducing meaning-making and emotion processes to ‘categories’³. Other narrative researchers have focused on instances of self-reflexivity in stories, noticing the kinds of *subject positions* that people seek to claim, modify or resist (Squire et al., 2014). To these researchers, reflexivity often emerges as an internal dialogue in both narrator and audience, and as such serves as a useful indicator for levels of subjective awareness and performativity. Here we could argue that apart from seeing reflexivity as a quantifiable category, we could also view it qualitatively as a dimension which relates to aspects of agency. In other words, it could reflect the freedoms and connections available to an individual in their culturally inflected meaning-making journey.

Furthermore, reflexivity has been connected to aspects of attunement and to auto-noetic consciousness as discussed above. As such, the dimension of reflexivity as a process code used to gather empirical data could be enhanced by integrating broader narrative theoretical discourses and using a qualitative method of analysis. Coding for ‘inchoate’ resonates with the notion of coherence, or indeed, incoherence. Here, the emphasis is on coding for narratives which do not make-sense due to lack of a recognizable plot structure. Their definition echoes Arthur Franks (1995) coding for ‘Chaos Narratives’ in his research into illness narratives. Rather than simply focusing on language and grammar as with Lubrosky and colleagues (1994), this does examine coherence in relation to sense-making of events (Bruner,1990). However, once again, its empirical categorization limits the possibility of analysing its presence in transcripts with regards to the *incremental changes* in narrative identity that may or may not emerge over time in therapy sessions, or with regards to social narratives.

³ Thanks to David Hiles for this observation

Finally, the competing plotline dimension looks for the presence of alternative desires and other possibilities being articulated. This could be theoretically related to Singer and colleagues (2013) finding of the need for a flexible view of the self. This research suggests that being able to engage with other possible selves involves ‘accessing’ notions of change and growth and may be strongly influenced by the sociocultural discourses available and by proximal connections to others (Tedeschi & Calhoun, 1995). Therefore, this dimension could offer further insights by expanding its analysis of statistical frequency to a qualitative analysis including humanistic narrative theory dimensions, discussed further in the following chapter.

The ‘unexpected outcome’ and ‘discovery storytelling’ sequences in the Change dimension relate to moments in storytelling when another perspective of a situation is explicitly made possible. Greenberg & Angus (2011) explicitly link these to Epston & White’s (1990) ‘unique outcome’ marker in their Narrative Therapy practice. As in Narrative Therapy, Greenberg & Angus (2011) suggest capturing these stories and deepening their hold on the client, for them to eventually change their maladaptive beliefs, or ‘same old story’. It is possible to further connect these sequences to the type of meaning making found in redemption narratives (McAdams, 2005), drawing similarities with descriptions of ‘turning point’ moments in life-narratives. The idea of ‘turning points’ in therapy has been connected to greater agency (McAdams, 2005, Adler, 2015), allowing the individual to not only be actor but author in their narrative (Sarbin, 1986). In separate but related research, Gonçalves et. al. (2009) focus on what they call ‘Innovative Moments’ (IMs) in therapy, aiming to code for these ‘turning points’. With ‘Reconceptualization IMs’, they code for moments where the client is able to articulately reflect on the *former self* and the *emergent self*, denoting an ability to adopt other ‘I’ positions, or a meta-position. This de-centering of the self is described as constituting turning points or breakthroughs in therapeutic sessions, which tend to be most prominent towards the end of therapy - as a result of reflection, connection to affect, autobiographical specificity, and attunement. Therefore, it may be appropriate to add to the dimensions of discovery storytelling and unexpected outcomes by analysing them in conjunction with the theme of agency and a separation of former ‘Self’ (less agentic, with less possibilities) and the emergent ‘Self’ (more agentic) explicitly using a qualitative analysis.

2. Methodology

2.1 Aims

The primary aim of analysing narratives in sessions is to explore how stories told are *internal*, subjective, authentic expressions of how a client grasps their world; yet equally, how there might be *external* conditions that limit what the client can access of this world. A secondary aim is to explore how these may relate to the constructs of agency and change.

2.2 Data

Transcripts of three sessions from each of three separate client-therapist dyads were analysed. Names have been changed for protection of privacy. The clients will be identified here as:

Mary, in the late stages of a year-long process of psychodynamic therapy, with the stated therapeutic aim to escape patterns of addictive and compulsive behaviour around her relationship with her married partner.

Alan, in the mid-stages of a 12-session CBT process, with the aim of addressing mood swings and self-doubt following a period of time on anti-depressant medication and dismissal from work.

Zara, in the early stages of systemic therapy, having been referred by a youth service to address issues around depression and self-harm.

2.3 Using a Blended Narrative Analysis

As stated by Riessman (1993) ‘there is no single method of narrative analysis but a spectrum of approaches to texts that take narrative form’ (p.25). Depending on research aims, attention is typically paid to one or more of the following: what is told, how it is told and why it is told; in other words, content, structural and context approaches (Squire et al., 2014). Riessman (2008) labels these: thematic analysis, of the content of narratives; structural analysis, looking at narrative form, including stylistic and linguistic features; and dialogic analysis, examining interactive construction and performance.

Mörtl & Gelo’s (2015) outline of qualitative methods typically used in counselling and psychotherapy forms along two main dimensions: content vs structure and inductive vs deductive. The ‘big four’ methods (grounded theory, phenomenology, qualitative types and

objective hermeneutics) focus mainly on content and employ an inductive approach. Inductive QCA and deductive QCA, as discussed above, also both deal with the content of a text. Discourse analysis and conversation analysis are partially deductive, being theory-driven, and focus on the structure of narration, how something is communicated, and on context, asking what socially constructed forces are at play. The original NEPCS 2.0 method involves aspects of inductive content analysis (the categorization of topics), structural conversation analysis (how is it communicated, coherence) and aspects of deductive content analysis (is the narration internal, external or reflexive?).

However, to more explicitly address the contextual, socially-situated self, dialogic aspects of other narrative approaches were recruited. Frank's (2012) Dialogical Narrative Analysis (DNA) asserts that when interpreting stories told by individuals, there is a need to respect underlying layers of imagination and the polyphony or heteroglossia of voices inherent in the individual's search for meaning. This aspect allows for exploration of the self's positioning amongst other voices in their world, and the extent to which these voices have been internalised. Additionally, Hiles and Ćemak (2017) address the situated self in their Narrative Oriented Inquiry (NOI) with a contextual aspect labelled 'identity position' (The Teller). Here, there is interest in observing levels of meta-narrative and the social identities associated with them within the micro-narratives constructed about specific events or incident). Elements of dialogic and contextual analysis are important when carrying out qualitative narrative analysis as they enable the researcher to situate individual narratives within the context of dominant discourses and illuminate the impact of these broader social, familial and cultural contexts upon the identity construction of the individual.

2.4 Narrative Analysis of Transcripts

Outlined below are the 8 stages of a blended NEPCS 2.0 as I applied them⁴.

Stage 1 – Identifying narratives and segmenting into meaning units

⁴ For guidelines to the quantitative standardised approach to the full NEPCS 2.0, readers may refer to Angus, Boritz, Bryntwick, Carpenter, Macaulay and Khattra, 2017

I began by reading each entire transcript to capture the main narrative of the session, summarising this in a few sentences. I then identified individual stories within these, noting shifts in topics to divide the transcript into meaningful sections. Topic segments are interactional units which may contain verbal interchanges between clients and therapists (Angus, 1995).

Stage 2 – External narrative mode

The External narrative mode entails a description of a specific event, a general description of repeated similar events, or a composite of many specific events, to offer the therapist the scene, setting and actions (Angus & Hardtke, 1999). I identified these descriptive parts of micro narrative using Hiles & Čermák's NOI (2017) on the Labovian distinction between *fabula* and *sjuzet*. The *fabula* refers to the factual aspects of narrative and is coded for in NOI (Hiles & Čermák, 2017) by examining the text in relation to the sequence of events, *excluding* perceptions, thoughts or emotions about them (*sjuzet*).

Stage 3 – Internal sequences containing embodied emotion or emotional description

This stage concerned the emotional qualities present within narratives. Using the original Internal code from the Angus & Hardtke (1999) NPCCS, this category is applied when an individual describes experienced emotions or bodily felt sensations. It identifies a description of one's feeling in relation to an event, to others or one's self. I added the NEPCS 2.0 elaboration, observing silences and tone to code for emotions which are not articulated but perceivable as present nonetheless.

Stage 4 – The narrative script and identity positioning

I then explored the socially-situated narrative identity presented by the client. The NEPCS 2.0 code for 'same old story' identifies expressions of dominant, maladaptive, over-general views of self and relationships, marked by a lack of agency or 'stuckness' in thoughts or behaviours. Singer et. al., (2013) suggest the NEPCS 2.0 'same old story' code identifies the narrative script, adding that the more the researcher knows about the person, the further its validity will

be strengthened. I referred back to the overall problem narratives identified in stage 1, adding to it the presenting problems supplied to me by the therapist themselves. I then coded for the Narrative Script, paying particular attention to lack of agency in relation to other voices. Further to this, I added the NOI (Hiles & Čermák, 2017) aspect noting the positioning of the self in relation to the Other.

Stage 5 - Dialogical analysis

Related to identity position, I have chosen to present dialogical analysis as an independent stage, as the NEPCS 2.0 does not specifically refer to analysis of the interactional dynamics of the therapy situation, and I was influenced by others in this regard (Frank, 2012, Bucci, 2011, Siegel, 2010). This involved examining how narratives were interactively constructed and performed treating the therapist as an ‘audience’ (Reissman, 2008). I looked at ways in which individuals dramatized aspects of their narratives using stylistic features such as direct speech, pauses and so forth.

Stage 5b Attunement

Within these observations, I noted the levels of attunement between the client and therapist by noting therapists' internally- and externally-focused interventions, moments of silence and any verbal and non-verbal ‘experiencing’ of client by therapist as outlined by Adams (2010), returning with further reflections and noting the limitations of attempting to observe this. My assumption was that the level of attunement would influence the accuracy of narratives, and that the client's perception of their therapist's attunement would shape their narratives.

Stage 6 – Inchoate storytelling

At this stage, I focused specifically on any lack of coherence demonstrated by the client in narrative or emotional articulation. The NEPCS 2.0 seeks to identify those expressions of emergent emotions and bodily felt sense awareness which are searching for symbolization in words or images; or when logical sequencing in narratives seems fractured or disconnected. McAdams (2005) suggests this be undertaken with reflection on the kinds of stories understandable and available to people in a context, so this element was also later considered in relation to the narrative script, identity positioning and dialogical analysis.

Stage 7 – Explicit meaning-making moments

This stage explored shared and reciprocal analysis of experiences and generation of meanings. This noted interpretations made by both the client and therapist of event descriptions or subjective experiences, and any explicit attempt to make sense of the client's own feelings or actions. This code is broken down into different sub-sections in the NEPCS 2.0 but is coded for as one category in the original NPCCS (Angus, 1995) using the name 'Reflexivity'. This influenced all aspects of the analysis, particularly that of the transition codes such as 'Alternative Plots' and dialogical aspects such as Attunement.

Stage 8 – Alternative plot

At this stage, I noted signs of change processes, following the NEPCS 2.0 marker of 'unexpected outcome', signalling a shift in the problematic narrative script. Client expressions of a surprising event or unexpected outcome denoting positive change were underlined. In addition, Franks' (2012) discussion of exploring other narrative plots available to narrators was used, by noting sequences in which alternative possibilities for future actions or alternative interpretations of past events were actively explored or rejected. Singer et al (2013) suggest that individuals able to revise past experiences in light of new perspectives or information demonstrate 'flexibility'.

Stage 8b – Reconceptualization narratives

I used the Reconceptualization category identified by Gonçalves et al (2009) in their 'Innovative Moments' coding scheme, defined as when a client is able to hold a meta-view of their past and present self, in which they present not only as actor in but also author of their story, able to narrate the emotional transformation of that change. This is comparable to the NEPCS 2.0 change marker of 'discovery storytelling', where clients describe a positive transformation in overall life story and express a new view of self. Furthermore, it strongly resembles McAdams' (2006) redemption narratives, and Franks' (2012) quest narratives, whereby the protagonist discusses overcoming difficult challenges, becoming wiser and more able to 'give back' to their communities by the story's end. Analysis of their identity position and narrative scripts helped to inform this exploration of how the client might bring in a

different sense of identity, as did the examination of the reflexive, meaning-making sequences in the transcript.

2.5 Ethics & Recruitment

Individual therapists were initially contacted via adverts in therapy centers in London and then through a counselling psychology training university. Three therapists, all trainee counselling psychologists, agreed to take part in the study. The therapy sessions obtained were weekly, hour-long sessions guided by whichever orientation the therapist was using, in the location where their session would normally have taken place. No special or different measures or interventions were required. The transcription process was carried out by the researcher verbatim. Explicit and detailed consent was given by all participants, and ethics approval was granted prior to the study commencing by City University.

3. Analysis

The analytical frame used to interpret the data consisted of the same analytical codes applied to the transcripts, organised into overarching conceptual categories derived from the literature review (see table 1.1) to further illuminate the salient aspects of the research question. However, some observations emerged from the analysis, generating new elements to discuss. This is characteristic of the circular nature of deductive qualitative analysis, as discussed in the methodology section.

Table 1.1 Conceptual Groupings: the analytic framework used in synthesis and discussion

<i>Conceptual Grouping</i>	<i>Process</i>
Initial Segmentation	Identifying narratives and segmenting into meaning units (1)
Narrative-Emotion Processes	Explicit meaning-making moments (7) Internal sequences containing embodied emotion or emotional description (3) Inchoate storytelling (6) External narrative mode (2)
Narrative Identity	The narrative script and identity positioning (4) Alternative plot (8) Reconceptualization narratives (8b)
Dialogic Co-Construction	Dialogical analysis (5) Attunement (5b)

3.1 Narrative-Emotion processes

Explicit meaning-making moments

The cyclical pattern of telling a story of events followed by exploring and making ‘meaning-bridges’ to understand the story was present in all sessions to varying degrees. The highest and most consistent levels of explicit meaning-making in narrativization were found in Mary’s sessions.

Mary: So, it’s weird because I am kind of looking at it, the sequence of events and like from last week to this week, and the patterns that he has had in the past, of you know me pulling away, him feeling it, him coming back and being everything I want him to be

Th: Exactly

Mary: And saying the right things and doing the right things, but now I’m seeing it like with a bit of distance, so I can see that happening

Mary indicates feeling strangeness at how events during the week reflect similar patterns of events in the more distant past. She frames the final reflection as ‘seeing it with distance’, invoking visual perspective. The meaning-bridge here seems to build from the ability to ‘see’ meaning behind patterns of behaviour. This passage was also marked as a ‘reconceptualization’ moment, highlighting the inherent interconnectedness of these codes and that for Mary, narrating followed by meaning making often directly led to a meta-position and thus a further *move towards a narrative identity shift* which offered more freedom from the ‘addictive’ nature of the relationship.

As Alan’s sessions progressed, there were more explicit meaning-making sequences following narrativization, but not until the third session transcribed was there also a frequent accompaniment of reconceptualization. The second session provided several meaning-making sequences in which connections to the distant past were made following a narrative telling of current events. The following came after a story regarding his mother’s response to his partner’s illness, which had left Alan feeling like ‘shutting down’ due to her being ‘overly emotional’.

Alan: My dad was like that

Th: Oh really?

Alan: yeah, he, him and his brothers they were just, you know, "just carry on" ... they were farmers, and when things got tough it was, don't get upset, don't get emotional just just keep going'

Th: right

Alan: whereas mums' side, they're always worrying, just all the time, all the time

Here there is sense that a 'new' meaning-bridge is being made, indicated by the therapist's surprised and inquiring tone. There is also strong identity positioning, with implications of a familial meta-narrative being 'exposed', offering a direct link to narrative identity processes that feedback new meanings relating to external narratives; in other words, making a connection between narratives external to us and linking those back to self-identity.

In contrast, Zara's meaning-making sequences were almost always prompted by her therapist (as were many narratives told). There was a level of meaning-making that occurred when she was asked to explain her drawings however, which appeared to be thinly-veiled versions of herself, portrayed for instance through a female character who 'uses shields to protect herself from shots and stuff'.

Internal sequences containing embodied emotion or emotional description

For Alan and Mary, the articulation of embodied, felt sense emotion was frequently present. This was especially so for Alan in the first and second sessions, with very strong feelings of sadness, anger and some suicidal ideation, which he was able to articulate and describe, allowing him to continue to explore and try to make-meaning verbally.

Alan: I feel really really heavy, I don't know (pause)...it's, it's not been a good one this week at all, just awful, awful

Th: Oh!

Cl: I don't know where it's coming from this week, it's just horrendous (pause)

Th: Tell me

Alan: 'I'm pretty, I'm on a...self-destructive path mentally

Th: Ok

Alan: erm... (pause, zip noise) I have...I've just jot things down

The sequence of naming an embodied feeling followed by meaning-making through narrativization was also the case for Mary's articulated embodied emotion in almost all cases, though for Mary, there were far fewer moments of articulated embodied emotion than for Alan or Zara.

Zara also often expressed emotion in a way that would lead to a narrative that might explain it. However, although her narratives did start by connecting to her emotional state, they wouldn't often return to the emotion state unless prompted. Zara preferred to stay in the external narrative mode, rather than the meaning-making mode. Below she refers to her feeling state and connects it to a visit to the hospital.

Zara: I don't know why... I've been panicky, like anxiety

Th: Have you?

Zara: Yeah

Th: What do you think that's about?

Zara: I think it's the hospital... I get dizzy, I don't know...I don't like the way they do injections, they're meant to use alcohol, but they didn't, I asked them to cos it helps with the pain

Th: No, the alcohol isn't for the pain, it's really to disinfect the area

In this passage, Zara begins by stating how she has been feeling in response to being asked about her feelings over the week, but after connecting to a possible meaning-bridge of going to the hospital, which, given her mother's recent death and sister's cancer would understandably be distressing, she stays with the technicalities of blood tests and never returns to her feeling state or connects the narrative back to her anxiety.

Mary offered far fewer moments of embodied description or moments where she suddenly felt strong emotions in sessions

Mary: I can't even remember what it was about but I was just really angry that I'd been drawn into a conversation where I was just like, why did I just have this conversation? it's

just a bit silly, and I was, the way I was reacting was I playing the victim role again and like, you know I could see it playing out in front of me but just couldn't get out of it

Therapist: Ok

Mary: It's like I felt trapped in it, and I was just so frustrated and angry that I'd let that happen

Here Mary seems to describe her emotion, rather than connect to it in the session per se. This was so common a way for Mary to relate to emotions in session, that she almost seemed to have already reflected and come to therapy with prepared narrative-emotion processes to convey.

Inchoate storytelling

Zara found it difficult to explore her emotions from a narrative, meaning-making position. Instead, she often had what felt like sudden and confusing moments of intense emotion that did not have room for expression in other areas of her life, except maybe her drawings. These moments often surfaced with Zara becoming tearful upon mentioning either her mother or family dynamic.

Zara: (quiet crying)

Th: And what is it that is making you feel tearful now, is it of remembering it? Is it about your mum?

Zara: I don't know...maybe...both... my mum and my dad

Th: mmm (Silence) what do you feel about you dad?

Zara: I hoped that.... he wouldn't do it again

Th: Do you think that he would do it now?

Zara: Yeah (silence)

Th: That must be very scary, so what do you do?

Zara: Just, stay away

Th: Mmm (silence)

Here we can see how difficult it is for Zara to articulate and make-sense of her feelings and to put events that have happened into a narrative structure. There is some reflection in her stating

she had hoped her father would no longer beat her after their mother died, but it also seems clear that there is a high degree of unprocessed trauma.

There were some inchoate moments in Alan's first and second sessions too, but they were quickly followed by some kind of articulated meaning-making as he would slowly find the words to describe confusing, intense, or fluctuating emotions. There were no moments of inchoate emotions or storytelling for Mary, possibly because she was by now very skilled at talking about and reflecting on her emotions in the context of events that had happened and was no longer 'in' her crisis mode, as well as contextual and social factors that will be explored further on.

External Narrative mode

Zara displayed the highest frequency of External narrative code. When she spoke about events, whether current or historical, she seemed most comfortable describing the factual aspects, or *fabula*. She did not then go onto to interpret these events, or 'make-meaning' about them with much ease, although she usually was able to do so to a limited degree when prompted by her therapist.

In contrast, Alan and Mary's external sequences were very often followed by either explicit meaning-making, emotional expression or another form of *connecting* the events to something meaningful. Mary also had very high frequencies and by far the highest quantity of external narrative coding. She was a very 'good' narrator, giving details of events in vivid form, describing locations and characters well, but also interweaving these details with interpretation and reflection. However, her descriptions and reflections sometimes lacked emotional connection, raising interesting questions relating to 'good' storytellers who are perhaps not connecting to their felt sense, which has implications for therapists whose clients 'perform' very well in therapy, leaving questions around another aspect of 'accuracy', connecting to the emotion of events being described.

3.2 Narrative identity

The narrative script and identity positioning

Almost all of Zara's narratives were characterised by very limited social freedoms and her identity was strongly tied to these narrative themes. In a story about her week, she discusses mainly staying indoors doing housework and looking after her family. Her therapist is trying to challenge her to leave the house more, to which Zara seems resistant.

Th: And so if you left more often, would you, do you worry about them?

Zara: Yeah

Th: Does it feel scary that something would happen to them or...

Zara: Um, I think I'm scared for my older sister...they will always go against me, this is why I think that it can't happen, I won't have support, like he will kick me out of the house or probably like kill me because of stupid religion laws

Here and elsewhere she expresses an internal struggle based on her idea of what is expected of her. She cares about her family, in particular her sick sister, but also craves greater freedom, and clearly resents the 'stupid' religious rules she is bound by. This was further illuminated with the Identity Position (IP) coding, which highlighted how many of Zara's relatively short bursts of narrative would reveal her feeling caught between her desires and her feeling of guilt and worry about her family.

For both Mary and Alan, narrative scripts also interwove personal and familial/cultural narratives. Mary would often express difficulty with letting her partner go in terms of positioning herself against his wife. "I can't bear to lose him to her, I feel like I have to win ... how could he still choose her over me?"

Alan's narrative script was influenced not only by his familial narratives, but also societal and mental health narratives which contributed to Alan not knowing what the 'cause' for his low mood was. This medical narrative emerges frequently throughout the first session, but less so in the second and third sessions, by which point the therapist has re-framed the 'issue' as being primarily to do with his relationship and communication patterns.

Mary's IP code seemed to position her less against an external narrative or Other per se, but mostly against her own *former* self. This was evidence of her identity being very much *in* the process of change. Many of her narratives showed her positioning her current self as like her former self whom she describes as 'needy', a position she is eagerly and actively trying to change. This will be explored further in the Reconceptualizing section.

Alternative plot

Similar dynamics can be seen in how all the clients viewed their options for Narrative Identity Position. Zara had the most limited number of alternative plots available to her. Though she clearly fantasized about alternatives, her external reality contained strong cultural narratives which prohibited her from acting on them, such as for instance her desire to date a man she met online who is not a Muslim: 'that's why we can't do anything'. This contrasted with both Mary and Alan's narratives, which both contained high numbers of alternative plot sequences, although Alan's were mainly concentrated in the second and third sessions transcribed. It could also be argued that both Alan and Mary had far more societal freedoms than Zara, (being white, British, and in Mary's case, middle class), as well as access to 'healing' or therapy meta-narratives that could facilitate the positioning of alternative plots.

What was striking across Alan's three sessions was how radically the frequency of 'alternative plots' changes, from almost none in session one to more than a dozen in the third session. It seemed that the processes of connecting to and articulating emotion, as well as a considerable amount of meaning-making and reflection, did result in Alan being far better able to 'see' more options available to him, correlating with an apparent narrative identity shift.

Reconceptualization narratives

For Zara there was only one Reconceptualization sequence, occurring in the third session in which she described feeling some 'hope' for having a relationship with a non-Muslim after being told by her sister that her mother was not a Muslim when she met her father. She expresses being able to imagine a future where her father might understand her wishes. This articulation did seem to offer the small possibility of a shift towards greater agency and possible change.

Alan only conveyed Reconceptualization sequences towards the end of the second and throughout the third session transcribed, in which several extended narratives ended with flexible interpretations of possible futures. However, unlike for Zara, thematically these sequences were highly imbued with a sense of increased agency. They also seemed inextricably linked to strong meaning-making and the quest for an alternative plot, related to well-being and identity change.

Alan : Cos I'm starting to realize now that I know more than I am letting on

Th: Yeah...you really do, and you need to own that more and more

Alan: Mmm...and I think that's what's making me feel stronger, not being that kid at the back of the class who can't hear, which is how I felt for years.

Here he has recounted a story about being more honest with his boss, and whilst doing so, repositions his identity with regards to past narrative scripts, ending with a tone of autonomy and assertiveness. Similarly, Mary's consistent Reconceptualization sequences across her three sessions indicated themes of increased agency and change. Mary's Reconceptualization sequences entailed a connecting of selves, where she frequently reflected on her identity before and after her decision to 'change' her narrative script.

3.3 Meta-narratives & co-construction

Dialogical analysis

The dialogic coding revealed much regarding the interactional dynamics of the sessions. Mary's narrative and emotion processes were largely left to *her* to construct, with her therapist interjecting in her narratives and reflections only occasionally. Zara's therapist was far more pro-active in creating meaning, often encouraging Zara to talk about certain topics as Zara was not very forthcoming, often holding back or remaining silent. Alan's sessions were a mixture of the two, although he took considerably more control of the narrative-emotion sequences in session three.

A striking observation for all three dyads, however, was an encouragement (at times more active than others) of certain *kinds* of narratives. For both Mary and Alan, there were several segments where their therapists referred to their processes as a 'journey' or a 'battle'. For

instance, in the second session, Alan's therapist is reflecting on a story just told in which Alan feels overwhelmed by the negativity of close people around him.

Th: And it seems to come up in your life in many different areas, it strikes me, that so many situations bring up this same dynamic, this is what you're being challenged with now

Alan: And it's a huge challenge, god! (sighs)

Th: Yes absolutely, it is a huge challenge, but that is what this whole period is giving you it's really bringing that into focus for you, it's a battle you're fighting, you know, but the good news is that you're here, you're doing it

There are several aspects of this segment which reveal his therapist's narrative. The implication that his challenge is a kind of 'gift' implies that he will become stronger as a result of it. This kind of narrative is reminiscent of both McAdams' (2008) 'Redemption' narrative and Franks' (2012) 'Quest' narrative of overcoming obstacles and challenges and of a positive outcome as a result of the difficulties experienced. Similarly, Mary referred to her process as a kind of 'journey' more than once across all three sessions, which was also echoed by her therapist who reassures her in session three 'you've come so far' and 'this is process, you're in a process'. Mary demonstrated high levels of reconceptualization and alternative plot sequences across all three sessions, suggesting that this kind of narrative had been strongly internalised, whereas Alan exhibited more of these codes in sessions two and three, implying that his sessions were a kind of turning point from his previous narrative *into* his new 'quest' narrative.

Alan and Mary's willingness and ability to collaboratively adopt and perform what appeared to be their therapists' narratives regarding challenges, changes and journeying was contrasted by Zara's sessions, in which many of the suggestions made by her therapist were met with stilted responses or ones that would negate any way 'forward'. When considering their interactions in terms of the 'stories held by each individual' (Frank, 2012), it also seemed as though there was some conflict between the narrative configurations both Zara and her therapist might hold about their time together. Zara spoke of lying to her family about being in therapy, and generally seemed to follow the 'rules' of therapy less than the other clients (less reflection, less narrativization of past events etc.), possibly indicating that her conceptualisation of the 'therapy process' was different to Mary or Alan's, as she seemed unsure of what to do or say a lot of the time; combined no doubt with other factors such as her age, developmental stage, and growing up in a fairly infantilizing environment. Due to Zara's often inchoate

reflexive and emotional sequences, her therapist found it difficult to ‘stay’ with her, leading her to ‘fill in’ by suggesting Zara’s possible thoughts or reflections, or prompt meanings in line with her desired narrative for Zara, such as ‘do think maybe that means you should talk to him?’ after Zara has been crying about her father’s strict rules.

Attunement

All therapists showed high levels of empathy towards client’s emotions, connecting and resonating emotions back to their clients. This was at times indicative of the therapist’s own desired narratives as explored above, but in equal measure there was a sense that the therapists were genuinely attempting to resonate back to the client their own, authentic process. Of particular note was the tendency for both Alan and Zara’s therapists to connect to and articulate their clients’ feelings for them, in instances where they were perhaps connecting to and trying to label their feelings in inchoate ways, as their meanings were still only just emerging. This happened frequently between Zara and her therapist due to Zara’s high levels of inchoate coding, and largely the interpretations made were affirmed to be accurate and furthered Zara’s meaning-making process.

For Alan, there were similar moments at which his therapist helped articulate his emerging emotion within the context of telling a story, often by recruiting his own felt sense too ‘I can really feel your excitement and your passion, so I can imagine how frustrated you must have felt when he said “Oh no I don’t like that”’. This empathic expanding of a client’s process is a central tenet of humanistic therapy in particular, so it was striking to note that all therapists seemed to engage in this to a high degree.

A point of interest was noticing moments of attunement to self in sessions. Zara had fewer of these moments than the other two clients, but she did do so on a couple of occasions and it certainly seemed as though this was a skill she was picking up from her therapists’ modeling of attunement to her, such as with ‘I did feel happier that day, I think it was cos I was distracted...I remember that about sixth form and having friends, it did help my mood, I do feel better when I’m with my friends and not in my house’. Similarly, Alan was able to reflect on and make sense of his emotions considerably more in session three than in session one, as though it were also something he was picking up from his therapist, with narratives naturally ending with self-attuned meaning-making reflections like ‘So yeah, it was partly work and

partly home, I think the trigger was a combination of the two, and that will always be there, and I think a lot of frustration comes with the bad mood itself'.

4. Discussion & Indication for future research

4.1 Identity

There was evidence of conflict between narrators' own desires and the internalised expectations of others. When clients expressed conflicting desires, or when they felt their behaviour would be undesirable to others, they appeared to display much of the emotional conflict they were presenting with. For example, wanting to please others by not saying how they felt, or feeling angry with themselves for not being able to confront or change their implicit responses to situations. The multi-layered narrative analysis allowed for a deeper interrogation of these internal and external elements of the situated self, and how these may change at different points in therapy.

An observation of their identity positioning, emotion-narrative processes and dialogic co-construction reveals more about these narrative modes. Despite Mary's narratives containing largely redemptive and reconceptualised elements, she also positioned herself as being caught between two identities; one belonging to the past, the other to the present and future. In this duality, her past self is represented as problematic and needy, and is clearly frowned upon by Mary herself; whereas her present, sometimes idealised self is wise and victorious. This tension between the 'old' and the 'new' was not yet fully reconciled, and there was some indication that the new identity was partly a co-constructed performance of its own. Taking this further, when considering that Mary's narrative identity script contained patterns of wanting to 'win' and to overcome feelings of abandonment by male figures in her life, it is possible to speculate that her new identity is still connected to her 'narrative script', manifest in the incoherence between these two selves: her 'loser' self of the past, and her 'winner' self of the present and future.

Correspondingly, despite Alan displaying increased alternative plot and reconceptualization sequences by the third transcribed session (session eight overall), his narrative identity change could be said to remain tied to his maladaptive narrative script of either being overly positive or wracked with anxiety and negativity. Notwithstanding there being plenty of evidence of

exploration of past events and connection and exploration of emotion, the internalised familial-narrative of either having a positive outlook to life or a negative one still appeared to be present in the ebullient, highly positive tone in the third session. Furthermore, the dialogic coding here likewise revealed how his therapist seemed to strongly encourage the positive over the negative, often presenting Alan with narratives which framed him fighting a ‘battle’ to overcome his negativity, which seemed to be later internalised by Alan himself, raising questions regarding the location of his ‘meaning-bridges’; were they coming from an internal, authentic place, or where they more connected to the interpretations and desired narrative of the therapist?

The dialogic coding in Zara’s transcripts demonstrated many instances where her therapist was actively engaged in trying to repair Zara’s story, and offer her alternative plots where she is able to be confrontational and reach her desired goals. When this is met with ambivalence, or when actions and behaviours seem to convey feelings of being trapped or hopeless, the therapist finds it difficult to stay in those moments with her. Looking at Zara’s narrative identity positioning, one might also wonder how much access to alternative plots affects clients’ ability to move towards them, echoing Franks (2012) notion of examining the available narratives open to an individual by observing their social and cultural worlds.

An identity that is defined by society and the self as one-dimensional or inherently limited, as opposed to one full of openness and possibility, will affect the undertaking of identity change in ‘healing’ practices such as therapy. This dichotomy can be seen when contrasting the cultural narrative assumptions held by Zara as opposed to those of Alan and Mary. Zara’s presence in therapy was itself a secret she felt she had to keep from her family. Her access to notions of therapy as a ‘good’ place to ‘heal’ oneself are already challenged within her own conceptualisation, as seen when she states the internal conflict inherent in with fact of lying about her therapy on the one hand, and her religious obligation not to lie. Alan and Mary, on the other hand, seemed to fully embrace and absorb the roles ascribed to them by the therapy session. I wondered whether the same can be said for having both internal and external access to the narrative construction of ‘change’ in therapy, and whether an explicit consideration of the assumptions of what this might look like for both client and therapist may be beneficial. This relates to the recent BPS (2017) practice guidelines for psychologists to identify social exclusion and tailor interventions appropriately.

4.2 Narrative-emotion

Clients in the present study all presented their emotional, embodied feelings as a means of accessing their deeper selves, often displaying painful vulnerability, fear and anger towards themselves and /or others. There was a strong tendency to follow an articulated embodied sense or past emotion automatically with a reflexive meaning making sequence, supporting previous findings for good outcome therapy (Angus & Bortiz 2010; Angus & Hardtke,1999).

However, Zara tended veer away from reflection on emotions into more factual aspects of narrative after bringing in an emotional theme, rather than staying with it and trying to understand it. There was evidence too of her therapist following her into her more ‘external’, factual narratives or changes of topic, again suggesting that Zara’s inchoate emotional processes were difficult to bear. Research has shown that both under-regulated and over-regulated emotions in sessions are correlated with less meaning making (reflexive) sequences, and less coherent life-narratives (Angus & Shaffer 2010, Adler, 2012). Such research, supported by the present study, highlights the need to appreciate the narrative organization of emotional experience and its relation to the situated self as key markers of what is “really going on” in the inner world of intention, hopes and desires (Angus & Greenberg, 2011), and of remaining highly attuned to these narrative-emotion processes in order to notice important shifts, such as whether or not there is a shared avoidance of reflecting on or staying with inchoate emotional processes.

It was interesting that in the study the two clients who seemed to have a greater acceptance and access of the rules of engagement in the therapy setting, Alan and Mary, seemed to offer their articulation and meaning making of emotions almost as a demonstration of this ‘knowledge’, once again bringing to light the importance of having access to the meta-narratives of the therapeutic encounter itself.

The present study offers potentially interesting insights with regards to the narrative construct of therapy and the ‘accurate’ (Singer, 2013) labelling of emotion. Connecting to, describing or labelling emotions seemed to be actively offered by some clients without any prompting from the therapist, as though it were the expected norm in session. Furthermore, this skill seemed to dramatically evolve over the course of the three sessions for Alan, and though less so for Zara, she still showed evidence of this increasing over time. Also of note in these self-initiated

emotion-articulation moments was the sense of empowerment and agency that accompanied them, as opposed to when clients were prompted or probed to explore their emotions. It could be that these moments foster an increase sense of ownership over one's mental states; it could also imply that in order to engage in such reflection, one needs a certain level of agency and access to this construct in the first place.

4.3 Dialogic co-construction and attunement

There may be scope for increased attunement to clients' *unfolding* narrative-emotion processes. In several instances, the therapist in each dyad could be observed finishing sentences in the client's narratives whilst the client was struggling to articulate their thoughts or feelings. On occasion, the interpretation offered did not seem to be accurate for the client, and these moments could belong to what has been raised as the 'preferred' therapy narrative desired.

The narratives in the sessions additionally displayed evidence of what Siegel calls 'internal attunement'. These moments were often analogous with the client's self-generated emotional articulation and reflection sequences, and similarly demonstrated enhanced themes of empowerment and agency. Even for Zara, who only displayed this aspect once in all three sessions, it was a moment of empowerment as she spontaneously noticed a feeling she had and immediately commented on a (positive) action she could take as a result of it. This dimension could also relate to Guggenbühl-Craig's (1971) suggestion that the ultimate goal in the patient-healer dynamic is for the inner healer archetype to be activated, in order that the client may hold power over their own healing. It could be of benefit for this self-attunement dimension to be heightened by both an active awareness of its emergence and encouragement of its development within narrative-emotions processes.

5. Conclusion

Through these additional analytic frames, the qualitative analysis revealed the importance of an awareness of the 'story' of therapy, and how different social groups will have different access to this story and to what the implicit 'rules' of engagement are. Similarly, it highlighted how psychotherapy meta-narratives might influence the co-construction and meaning-making processes involved in narrativization, which may have further implications in terms of acceptable, long-term change, and the accuracy of the location of the internal 'self' in meaning-

bridges constructed (Andrews, 2011). Further, and related to this, the emotion-narrative processes observed in micro-narrative telling of self-initiated emotion-articulation appeared to lead to a more active exploration of meaning, agency, and for ideas of ‘what to do next’. It also revealed how remaining acutely attuned to ‘smaller’ narrative processes in therapy, alongside connection with the therapist's own felt sense, may be important; especially with clients who cannot access the forms of storytelling which may include periods of reflection or elaboration.

6. Limitations

Due to the small size of the sample, the study's findings can only be used to point to possible similarities/dissimilarities with other narrative-emotion research and theories; beyond this, generalisation cannot be the aim. The intention was not for the six participants to represent all people engaged in psychological treatment sessions. Further, all studies are limited by the socially constructed language of the teller (Patton, 2002), and my lens should not be the only one through which the present narratives are viewed.

Therapists in this study were, conversely, recruited from very similar sources, all being second- or third-year trainees on a counselling psychology doctoral course, and therefore studying the same practice methods with a humanistic grounding. However, they were also diverse in that each had different experiences in terms of previous mental health work, life experience and placements during the course. Indeed, all three were operating in different modalities, which was not something explicitly considered by this study, although it is interesting to note that the same processes seemed to operate regardless of modality. There was no racial diversity amongst therapists, and although there was one male and two females, neither gender nor sexuality were considered in this study.

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Appendix A Journal Submission Criteria

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All authors submitting to medicine, biomedicine, health sciences, allied and public health journals should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, prepared by the International Committee of Medical Journal Editors (ICMJE).

Structure

Authors will need to include a separate 2-3 sentence summary labelled "Clinical or Methodological Significance of this Article" and should also include a word count with their article.

Word limits

Manuscripts reporting results of quantitative or qualitative research generally should not exceed 35 double-spaced pages (including cover page, abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a 12-point font. Concise manuscripts are favored over lengthier manuscripts, as long as quality is not compromised in abbreviating a paper. For manuscripts that exceed these page guidelines, authors must provide a rationale in their cover letter to justify the length of their paper. Papers that do not conform to these guidelines will be returned to authors without a peer review.

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Please use APA (American Psychological Association) style guidelines when preparing your paper, rather than any published articles or a sample copy.

Please use American, British-ize spelling style consistently throughout your manuscript.

Please use double quotation marks, except where "a quotation is 'within' a quotation". Note that long quotations should be indented without quotation marks.

Formatting and templates

Papers may be submitted in any standard format, including Word and LaTeX. Figures should be saved separately from the text.

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An EndNote output style is also available to assist you.

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All authors are required to follow the ICMJE requirements on privacy and informed consent from patients and study participants. Please confirm that any patient, service user, or participant (or that person's parent or legal guardian) in any research, experiment, or clinical trial described in your paper has given written consent to the inclusion of material pertaining to themselves, that they acknowledge that they cannot be identified via the paper; and that you have fully anonymized them. Where someone is deceased, please ensure you have written consent from the family or estate. Authors may use this Patient Consent Form, which should be completed, saved, and sent to the journal if requested.

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