

Characterizing Therapy Focus and Exploring Client Process:
Investigating Therapeutic Modalities from a Narrative Approach

by

Karen Kristin Hardtke

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fulfilment of the requirements for the degree of

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Waren K. Hardtke

a thesis submitted to the Faculty of Graduate Studies of York
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Abstract

The aim of this exploratory study was a systematic investigation of three inter-related areas, a discovery-oriented macro to micro analysis of therapy discourse.

The first study goal involved the application of the Narrative Processes Coding System (NPCS; Angus, Hardtke and Levitt, 1992) as a heuristic to explore, rather than to verify, possible differences in the reconstruction and co-construction of the self macro narrative both within therapy dyads exposed to the same treatment modality, as well as across therapeutic approach.

Developed within the conceptual framework of the Narrative Processes Theory of Therapy (Angus & Hardtke, 1994), the NPCS is a comprehensive categorization system which first characterizes therapy transcripts according to shifts in topic content and then according to narrative process type. The NPCS also identifies the role of client and therapist in shifting therapy content and narrative process.

The NPCS was applied to each therapy session of six good-outcome dyads recently involved in a National Institute Mental Health (NIMH) Study of Depression. Three dyads participated in short-term client-centred therapy while

three were exposed to short-term process-experiential therapy.

The second aim was the identification of the predominant relationship theme in one dyad from each therapy modality represented in this study. Emerging from this second objective, the third and final aim was to explicate this interpersonal theme from the therapy transcripts in order to conduct a comparative analysis of the clients' experience of self, and self in relation to other, by the application of the Client Experiencing Scale (Klein, Mathieu, Gendlin & Kiesler, 1970).

Both descriptive and statistical analyses were used. Results from the macro analyses suggested differences in both frequency and pattern of narrative process across therapeutic approach. Differences regarding the role of client and therapist in shifting content and process were also found across approach.

Results from applying the Client Experiencing Scale (Klein et. al., 1970) to the explicated interpersonal theme in the two dyads selected for the micro analyses of this study suggested that the process-experiential therapy dyad achieved a higher general level of experiencing of self in relation to other.

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Without the wings of my partner, my brother and friends I could not have soared so high. Thank you, particularly to Les and Barb. Tante Ibbby, I could not have come this far

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Introduction

Interest in the area of psychotherapy process research grew tremendously in the late 1950s and 1960s (Rice, 1992). During that time research designs were primarily comparative outcome studies (Rice, 1992). This focus was largely due to an earlier challenge regarding the efficacy of psychotherapy raised by Esylenck in 1952. By the 1970s, however, Esylenck's challenge had been met. Research indicated not only that psychotherapy in general was effective, but also that different therapeutic approaches yielded approximately equal results (Bergin & Lambert, 1978). Consequently, the direction of psychotherapy process research shifted away from outcome studies to the examination of the differential effects of specific therapeutic modalities and intervention strategies (Rice, 1992).

Over the last three decades, an array of psychotherapy process measures has been developed, focusing on a wide variety of discourse characteristics (e.g., Referential Activity Scale, Bucci, 1978, 1985; Narrative Strategies of Telling and Talking, Chambon & Tsang, 1993; Experiencing Scale, Klein, Mathieu, Gendlin & Kiesler, 1970; Client Vocal Quality Scale, Rice & Kerr, 1986; Cognitive-Semantic Analysis, Sherman & Skinner, 1988; Level of Client Perceptual Processing, Toukmanian, 1986). A review of such

measures reveals that, in many instances, its founder has been guided in the formulation of the measure by assumptions stemming from a particular therapeutic modality. Different therapeutic approaches assign priority to different therapeutic strategies which are assumed to facilitate positive client change. Furthermore, each rating system may specify a different unit of transcript text for evaluation on that particular psychotherapy process measure. As a result, a number of obstacles confront process researchers interested in using multiple psychotherapy process measures to compare and contrast key characteristics of the therapeutic discourse which reflect different therapeutic approaches. The psychotherapy research community is beginning to draw on the concept of narrative, not only as a methodological strategy in the attempt to understand client change in the therapy session, but also as a fundamental approach in the understanding of human nature.

Narrative in Psychotherapy: An Overview

Narrative as a Fundamental Approach to Explain Human Nature.

Two fundamental approaches in the study of human nature are currently represented in psychotherapy process research (Rennie, 1995; Rennie & Toukmanian, 1992). Each approach is characterized by its own philosophy of human nature and hence, its own methodological strategies of investigation.

Psychotherapy process researchers have traditionally adopted a positivistic, paradigmatic approach to the study of human nature (Bruner, 1986; Rennie & Toukmanian, 1992). Positivistic, paradigmatic explanation assumes that a reality may be addressed independent of the observer and that verification of hypotheses regarding observed phenomenon may be taken as evidence of general laws. Consequently, research methodologies incorporated in this deductive approach include quantification, inter-observer agreement on measure ratings and experimental control (Rennie & Toukmanian, 1992).

However there has been increasing dissatisfaction regarding the ability of the positivistic, paradigmatic approach to capture the complexity of human nature. In psychotherapy process research, increasing recognition is being given to the contextual impact and the role of intentionality on action, as well as the co-constructed nature of experience. As a result, contemporary researchers and clinicians are beginning to draw upon the concept of narrative as a pragmatic approach to understanding how human experience is made meaningful and how this experience is organized into a coherent life story (Baumeister & Newman, 1994; Howard, 1991; Polkinghorne, 1988; Russel, in press; Spence, 1992).

According to Bruner (1986), narrative represents a distinct "way of knowing" and is specific to each individual. Unlike positivistic, paradigmatic explanation which is deductive, demonstrative and quantitative, narrative explanation is inductive, hermeneutical and qualitative (Rennie & Toukmanian, 1992).

Narrative as a Mode of Inquiry in Human Meaning Making.

In psychotherapy process research, the term "narrative" has also come to represent a mode of inquiry in how we make meaning of our experience. Psychotherapy process researchers have begun to explore the role of narrative reconstruction in the therapy dialogue in an attempt to gain insight into how significant self change occurs within, and possibly across, psychotherapy sessions.

A review of the literature reveals, however, that only a limited number of empirical studies have attempted to address the role of narrative within the context of the psychotherapy discourse itself (For a review see McCleod & Balamoutsou, 1996). An underlying reason may be a lack of consensus among researchers regarding how to best conceptualize narrative as a research unit in the context of therapy discourse (Angus & Hardtke, 1994).

Narratives or Stories

To date, most of the research has defined narrative as the external description of events or stories which occur within the context of the therapy hour (Luborsky & Crits-Cristoph, 1990; Luborsky, Popp, Luborsky & Mark, 1995; Rennie, 1994). Utilizing this definition, narratives are viewed as having definable boundaries in the therapy discourse. They can be identified as a discrete unit of text, or transcript, which can be decontextualized from the session for more intensive analysis. Moreover, several different narratives may be told within the context of a single therapy session.

Working within this definition, Luborsky (Luborsky, Barber & Diguier, 1992; Luborsky et. al., 1995) defines relationship episodes as relatively discrete narratives about self and/or self in relation to others. Similar to the plot of a story, narratives are typically defined as having a beginning, a middle and an end. Narratives within Luborsky's system are evaluated by trained raters for completeness. Only those narrative episodes judged as sufficiently detailed are selected for further analysis.

Using a definition of narratives similar to that articulated by Luborsky (Luborsky et. al., 1995), Rennie (1994) intensively explored clients' experiences of story-

telling within the context of a single therapy hour. Using an Interpersonal Process Recall procedure (IPR: Kagan, 1975), Rennie (1994) qualitatively analyzed the first person accounts of research participants. In light of this analysis, Rennie (1994) conceptualized that, for all participants, the activity of telling a story was cathartic while serving as a way of keeping distant, initially at least, from an inner disturbance. Within this general experience and intention, however, some participants had the additional intention of moving with the disturbance whereas others intended to manage defensively their belief about the inner disturbance. Finally, the storyteller often came to a new realization while telling the story, and thus underwent a therapeutic experience, regardless of the nature of the secondary intention motivating the story.

Goncalves (1994), building upon the foundation of a cognitive-constructivist model, also elected to focus on paradigmatic client narratives in his exploration of problem-focus and narrative construals of self. Goncalves, however, has more broadly conceptualized the role and functions of narrative. In his "Cognitive Narrative Psychotherapeutic Approach", a complete short-term psychotherapy is focused on successive stages of narrative reconstruction. Explicitly endorsing constructivist

assumptions in his approach, Goncalves (1994) identified the following five stages for his narrative therapeutic approach: recalling narratives; objectifying narratives; subjectifying narratives; metaphorizing narratives; and, projecting narratives. At each of these five stages two distinct, although complementary, types of work are carried out. At the synchronic level, the therapy dyad applies the narrative attitudes to current life experiences, thus enabling the client to explore and deal with some of his or her immediate symptomatic concerns. At the diachronic level, the dyad applies the narrative attitudes learned from each stage to the central themes of the client's life experiences. (For a more detailed description of the processes and objectives incorporated in each of the five stages of Goncalves' system, see Goncalves, 1994).

The Client's Narrative and Self Identity

The term "narrative" has also been increasingly used by researchers and clinicians to refer to clients' development of an overall perspective, or sense of self, in which discrete events are placed in a temporal sequence and are meaningfully organized along a set of intra-personal and inter-personal themes (Bruner, 1990; Gergen & Gergen, 1983; Howard, 1991; White & Epston, 1990).

Drawing upon the work of Baumeister and Newman (1994), Angus (Angus et. al., 1994) proposed that the term "micro narratives" be used to identify the prose-type stories told in the therapy hour while the term "macro narrative" be used to refer to the client's life story which she/he implicitly and explicitly describes and reconstructs over the entire course of the therapy relationship (Spence, 1982). The "macro narrative", then, may be seen as analogous to a ongoing autobiography. It is the unfolding, co-constructed story of what people experience, how people feel and what people think. In essence, each chapter of the individual's "macro narrative", or life story, may be viewed as being comprised of "micro narratives": distinct, sequential events and the subjective experience and interpretation of those particular events. The thematic ordering of the client's "micro narratives" may be viewed as a key factor in the structure of the overall "macro narrative."

Angus' perspective on the therapy dialogue is in keeping with Schaffer's (1981, 1992) notions of narration in psychotherapy in which he argues that oral narratives in therapy sessions are not like "literary fiction" in which there is usually a clear beginning, middle and end to the story. For Schaffer (1992), the act of narrating, giving an account, presenting a version, developing a story-line,

revising and reinterpreting are central to psychotherapy and make up the core vocabulary of the narrational approach. Angus is in agreement with Schaffer's insistence that in the context of the spoken therapy discourse, the telling of micro narratives is an active process in which stories are continually revisited and revised in the context of constructing a coherent and meaningful life story or macro narrative. A central task for both client and therapist is the development of integrating themes in the therapy discourse which knit together the fragmentary pieces of the client's life experience.

Angus (Angus et. al., 1994) proposes that three types of narrative processes contribute to the generation and/or reconstruction of the client's "macro narrative" about self, and self in relation to others. The description of events, the articulation of subjective experiences associated with those events, and the reflexive analysis and interpretation of experience, are all viewed as facilitating the explication of a more differentiated, coherent and meaningful understanding of the self, and the self in relation to others (Angus & Hardtke, 1994). Furthermore, new thematic connections emerge as a function of the shifting between narrative processes, resulting in the

creation of a new macro level narrative of self, and self in relation to others.

In a recent article, Baumeister and Newman (1994) address the interplay between description of events (i.e., a focus on the articulation of specific, context bound information) and the interpretation of those events (i.e., a focus on the identification of general rules or laws) in human meaning making. These authors submit that both propositional (or paradigmatic) thought and narrative modes of thought (i.e. narrative modes of thought as defined by Bruner (1990) in his seminal book Acts of Meaning) contribute to the process of making sense of one's experience on an ongoing basis. The narrative mode of thought involves stories about particular personal experiences and is temporally structured and context sensitive. It provides the basic grounding for the identification of general themes or patterns of the self which are subsequently built upon by means of reflective and abstractive processes, characteristic of paradigmatic thought. Furthermore, Baumeister and Newman (1994) propose that "each event must be understood in narrative form, in order to grasp what is actually happening, before abstract inferences or generalizations can be made from it" (p. 679). In this manner, these authors address the possible cyclical

nature and pattern of narrative and paradigmatic processing in human discourse.

To summarize at this point, the literature reveals not only a lack of consensus regarding the role of narrative in how we make meaning of our experiences, but also how narrative may be conceptualized as a research unit.

The Narrative Processes Model of Therapy

Angus (1992) has argued that a comprehensive analysis of narrative processing in psychotherapy should be able to characterize therapist-client verbal interactions in terms of contributions made by the following three distinct process types: 1) the description of events (actual or imagined); 2) the articulation of subjective experiences and feelings associated with those events; and, 3) the reflexive analysis of feelings and events which have happened in the past, are occurring in the present or are anticipated for the future.

According to this narrative processes model (Angus et al., 1994), the goals of productive therapy are threefold. First, the client and therapist focus on the articulation of current or past events (actual or imagined) in order to fill in the gaps of what has been forgotten or never fully acknowledged. Secondly, the dyad undertake a detailed unfolding and exploration of associated perceptions,

sensations and emotions, such that the lived experience of the event can be engaged, and perhaps articulated, for the first time. The final goal of therapy entails the reflexive analysis of the articulated experience such that a new understanding, or story, is formed which either supports or challenges the implicit beliefs about self and others that underscore the client's "macro narrative".

The Narrative Processes Coding System

The Narrative Processes Coding System (NPCS: Angus, Hardtke & Levitt, 1992) was built within the conceptual framework of Angus' Narrative Processes Model of Therapy and her conception of narrative (Angus & Hardtke, 1994). The NPCS was developed to provide researchers with a systematic and reliable method of identifying and characterizing narrative process types, regardless of therapeutic modality. The NPCS is a two-step process which enables the researcher to: 1) subdivide and characterize therapy session transcripts into topic segments according to thematic content shifts; and, 2) further subdivide and characterize these topic segments in terms of three narrative process types. The narrative process types are: the external description of events (actual or imagined; current, past and/or future); the subjective/experiential description

associated with those events; and, the reflexive analysis and interpretation of experience.

The NPCCS is a categorical system requiring intensive analysis. Each topic segment is labelled according to the central issue and relationship foci thus providing the contextual framework - the what of the client's story. Characterizing topic segments according to the NPCCS provides researchers with a method of linking the content fragments of the clients' macro narrative within and across therapy sessions. Furthermore, the clients' unique experiences are summarized during this stage as the description is grounded in the transcript discourse.

The second stage of the NPCCS may reflect a more paradigmatic approach to understand how we make meaning of self, and self in relation to others. During this stage, topic segments are further subdivided according to shifts in narrative process type - the how of the client's story. The narrative sequence coding of the topic segments may provide researchers with a template of the pattern of narrative process shifts engaged in by client and therapist across the therapy hour as the dyad actively reconstructs and co-constructs the client's macro narrative.

Furthermore, the initiator of both topic segment and narrative sequence shifts can be identified with this coding

system. This may provide insight into the role of both client and therapist in the reconstruction of the client's macro narrative during the therapy hour.

Finally, either topic segments or narrative sequences may be used by researchers as a standard unit for application of other psychotherapy process measures. The NPCS was developed, in part, to provide psychotherapy process researchers with a systematic method of unitizing therapy session transcripts, regardless of therapeutic modality. Instead of the practice of rating pages or talk-turns, the NPCS may prove to be a pragmatic method of overcoming the obstacles confronting researchers interested in comparing and contrasting different therapy approaches on multiple process measures.

A Summary of Previous NPCS Research

Applying the NPCS to the early, middle and late sessions of three poor-outcome and three good-outcome brief dynamic therapy dyads, Angus (Angus et al., 1991) reported results suggesting both differences in frequency of topic segment shifts, and differences in the frequency and pattern, over time, of narrative sequence types between outcome groups. The participants for this pilot study were drawn from a subject pool of short-term dynamic therapy dyads who participated in a Therapeutic Alliance Study

conducted at the Clarke Institute in Toronto. The subject pool included 42 patients presenting nonpsychotic psychological symptoms. Patients were paired with 15 psychodynamically oriented therapists who averaged 12 years of post-graduate experience as practising clinicians.

Results from the analysis of 18 transcripts coded according to the NPCS in the Angus study (Angus et al., 1991) indicated the following: not only did the poor-outcome group have more topic segment shifts, this group also had a greater overall percentage of internal and external narrative sequences occurring in their therapy sessions. In contrast, the good-outcome dyads had a progressively higher percentage of reflexive narrative sequences coded in their therapy sessions. These results suggested that the good-outcome dyads had more opportunities than did the poor-outcome dyads to reflexively process current and past experiences within the therapy sessions analyzed.

In a recent study, Levitt (1993) reported that narrative process sequences identified by the NPCS in an early, middle and late session of good-outcome dyads representing each of three distinct therapeutic approaches (process-experiential, psychodynamic and perceptual-processing) were found to be significantly different in

terms of both frequency and pattern of narrative sequence type. The results from this study indicated that internal narrative sequence types occurred approximately three times more often in the process-experiential dyad sessions than the perceptual-processing dyad, and six times more than the psychodynamic sessions (Levitt, 1993).

The NPCS has been applied to both individual (Angus et al., 1991; Jackson, 1994; Levitt, 1993) and group therapy session transcripts (Marziali & Tsang, 1995). The NPCS has also been used to explore narrative reconstruction in both client-centred and process-experiential psychotherapy. It is to a more in-depth exploration of the application of the NPCS in these two therapeutic modalities that this study will now turn.

Narrative Processes and the Therapeutic Approaches

Client-Centred Theory of Practice

The basic motivational force in Rogerian theory is the tendency of the human organism to self actualize. Rogers' central hypothesis is that "the individual has within him or herself resources for self understanding, for altering the self concept, basic attitudes, and his or her self-directed behaviour - and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided" (Rogers, 1979, p. 205).

Adopting a more experiential view, Gendlin (1974) introduced the concept of "experiencing" as being of central importance in client-centred theory. "Experiencing" is defined as "everything that is going on in the organism at any given moment that is potentially available to awareness" (Greenberg, 1987, p.45).

According to Rogers (1951), feelings are the unknown elements of self. Rogers argued that due to social constraints and constraints imposed by past experiences, it may have been damaging to experience our feelings freely and fully. By not experiencing fully, a discrepancy emerges in what Rogers called our "real self" and our "ideal self". According to Rogers, the therapeutic environment should allow the client to feel and experience the immediate moment, to close the gap between the real and ideal self.

Rogers (1951) proposed that the therapy process involves the movement in verbal content from rigidity to insightful statements, showing understanding between past and present behaviours. Personality change, according to Rogers, may be regarded as a continuum. At one end of the continuum, the individual lives in the context of rigid, inflexible constructs based on past experience. At the other extreme of this continuum is an individual who is

continually in flux, experiencing the immediate moment (see Figure 1).

Figure 1. Therapeutic movement along a continuum from rigidity to flow according to the client-centred approach (after Rogers, 1951).

rigid/unfeeling; feelings denied or defended against	----->-----	immediate experience of feelings; feelings deeply owned or accepted
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Rogers (1957) postulated that six definable therapeutic conditions were both necessary and sufficient to the process of constructive personality change in the client. Included among these therapist conditions are congruence, genuineness, unconditional positive regard and empathy (Rogers, 1957).

Narrative Processes in Client-Centred Therapy

The NPCS has previously been applied to the official transcripts of the three, half-hour sessions with "Gloria" (Shostrom, 1966). These three sessions included an example of Rogers' client-centred therapy, Perls' gestalt therapy (Perls, 1951) and Ellis' rational-emotive therapy (Ellis, 1976).

Results from this study (Angus, Hardtke & Levitt, 1993) indicated that Rogers' session with "Gloria" was

characterized by more frequent narrative sequence type shifts as compared to the other two therapy modalities (see Table 1). These results suggested that a more varied exploration in terms of narrative processes type was more characteristic of a client-centred approach and less characteristic of the other two therapeutic modalities examined. Consistent with Rogerian theory, the client-centred session was rated as having more internal narrative sequences than the other two modalities.

Table 1
Results from the Application of the NPCS to the Three, Half
 Hour Sessions with "Gloria" (Shostrom, 1966).

Therapy Modality	# of Narrative Sequences	% of EXTERNAL	% of INTERNAL	% of REFLEXIVE
client-centred	32	25	19	56
gestalt	25	32	8	60
rational-emotive	9	33	0	67

Results from this NPCCS study (Angus et al., 1993) also yielded an interesting comparison regarding the patterning of narrative sequence types across each of the half hour sessions examined. In accordance with the tenets of the Rational-Emotive therapeutic approach, results indicated that Ellis adhered to the reflexive narrative sequence type throughout most of his session with "Gloria". Perls, in his session with "Gloria", immediately delved into the internal and reflexive processes. Rogers, however, began his session with "Gloria" with shifts between the external and reflexive process types. This story-telling process then moved into a stage characterized by shifts between the internal and reflexive process types. Rogers' session with "Gloria" concluded by cycling between the external and reflexive narrative process types.

The results from applying the NPCCS to Rogers' session with "Gloria" seemed to confirm tenets of the client-centred therapy model. According to Rogers, the therapeutic environment should allow the client to feel and experience the immediate moment, to close the gap between the "real" and "ideal self". The higher frequency of internal narrative sequence codes in Rogers' session indicated that "Gloria" explored her subjective experiences and feelings with him. Furthermore, Rogers postulated that the therapy

process involves the movement in verbal content from rigid to insightful statements, showing understanding between past and present behaviours (Rogers, 1951). Results from applying the NPCS suggested that the session shifted from the articulation of external events to an exploration of subjective experience. The therapy process, as conceptualized by client-centred theory, seemed to be captured by the NPCS narrative sequence coding.

These results suggested that the NPCS may be a heuristic in the comparative investigation of the processes involved in the reconstruction and co-construction of the client's macro narrative across different therapeutic modalities.

Narrative Processes in Process-Experiential Therapy

Process-Experiential Theory of Practice

Process-experiential therapy is a process-marker-guided therapy based on Greenberg's gestalt/person-centred model. The process-experiential approach combines various elements of the client-centred and gestalt therapy approaches (Greenberg, Rice & Elliott, 1993).

Process-experiential therapy postulates that the basic motivational force in human functioning is the growth tendency. Similar to Rogers' actualizing tendency, the growth tendency is "essentially a biological tendency to

survive and meet one's needs in a complex social environment" (Greenberg, et al., 1993, p. 72).

According to the process-experiential therapeutic approach, the construction of meaning and experience of self involves two sources of information: one's immediate sensorimotor response in the moment (i.e. one's immediate emotional response); and, the activation of a set of schematic emotion modules that give one information about one's reactions based on previous experience. Emotional experience, therefore, involves the pick-up of information from both the environment and from the organism itself (Greenberg & Safran, 1989).

According to process-experiential theory, two kinds of emotional dysfunction may occur. First, there may be a failure to acknowledge elements of one's immediate experience causing a breakdown in the individual's ability to adapt to his/her environment. A second type of dysfunction may result from the activation of maladaptive schemes. Emotional schemes guide the way one makes meaning and result from one's interaction with the environment. Many different aspects of self are involved in the workings of these schemes - - cognition, motivation, affect, and relational responses.

The process-experiential approach assumes that the activation of relevant schematic processing in therapy will bring about vivid experiencing of the troubling material. The therapist focuses on the client's present experience and internal processing in order to facilitate emotional change and experiential processing. By actively shifting a client's attention to different aspects of experience, the therapist helps the client to bring new information into awareness. An environment of safety, understanding and trust, together with a mutual collaboration between client and therapist on therapeutic goals and tasks, are two important aspects of process-experiential therapy.

Narrative Processes in Process-Experiential Therapy

In a recent study, Levitt (1993) examined an early, middle and late session from three good-outcome courses of therapy representing three therapeutic modalities - - psychodynamic, perceptual-processing (Toukmanian, 1986) and process-experiential therapy (Greenberg & Pinsof, 1986). Each of the 9 sessions selected was segmented and coded according the NPCS manual (Angus, Hardtke & Levitt, 1992). These units were subsequently rated on the Client Experiencing Scale (Klein et al., 1970) and the Levels of Client Perceptual Processing Scale (LCPP; Toukmanian, 1986).

Results from Levitt's study (1993) indicated that the number of topic segments across the therapy approaches were almost identical (see Table 2). The results suggested, however, both differences in frequency, and type, of narrative sequence codes across the three therapies (Levitt, 1994). A log-linear analysis confirmed that the three therapeutic approaches were significantly different from one another in terms of both number of identified narrative sequences ($p > 0.001$), and the type of narrative sequences (external, internal or reflexive units) across the three therapy dyads ($p > 0.001$).

According to Levitt (1993), the differences between the therapeutic approaches appeared to be manifested in the number of shifts between narrative processes types, not the shifts between topic. Results indicated that the process-experiential approach had approximately 25% more narrative sequences than the other two therapies (see Table 2). It appeared that in this process-experiential dyad, although the same number of topics were addressed, shifts between narrative process codes (i.e. external, internal or reflexive) occurred more frequently during the exploration of these topics.

Table 2
Frequency of Topic Segments (TS) and Narrative Sequences
(NS) By Therapy Approach (Levitt, 1993).

Therapeutic Approach	# of TS in Nine Sessions	# of NS in Nine Sessions
process-experiential	112	229
perceptual-processing	107	162
psychodynamic	113	170

Results from Levitt's study (1993) also indicated that the process-experiential dyad had a significantly higher percentage of internal narrative sequence types as compared to the other two therapeutic modalities (see Table 3). The process-experiential dyad appeared to be characterized by a relatively higher percentage of internally and reflexively referenced discourse, with an overall lesser emphasis placed on externally focused discourse. The psychodynamic dyad appeared to be characterized by a higher percentage of the external processes type, while the perceptual-processing dyad was characterized by a higher percentage of the reflexive narrative processes type (See Table 3).

Table 3
Percentage of Narrative Sequence Types Across Therapeutic
 Modality (Levitt, 1993).

Therapeutic Approach (N = 9 sessions)	% External	% Internal	% Reflexive
process-experiential	25	29	46
perceptual-processing	36	10	54
psychodynamic	54	6	40

The primary aim of process-experiential therapy is to assist clients in developing functional emotional schemes. Levitt's (1993) analysis suggested that interventions directed towards this goal tended to incorporate a process of focusing clients on emotional or experiential states, and then analyzing the ensuing information. The high number of reflexive sequences may have indicated an analysis of experiential states which may have provided the client with opportunities to create new understandings of their emotional experiences in therapy.

In her study, Levitt (1993) also examined patterns of narrative processes within and across therapeutic modality. When examining patterns of narrative sequence type, Levitt (1993) found that the characteristic narrative sequence type for each modality was most frequently contextualized within the reflexive narrative sequence type. For example, in the process-experiential dyad, the internal narrative sequences were usually preceded and followed by reflexive narrative codes (77% and 74%). The primary aim of process-experiential therapy is to assist clients in developing functional emotional schemes (Cræenberg et al., 1992). Levitt (1993) interpreted the above narrative sequence pattern as suggesting that interventions directed towards this goal tended to incorporate a process of focusing

clients on emotional or experiential states and then analyzing the ensuing information. By doing so, the client may have had the opportunity to create new understandings of their experience.

Furthermore, results from this study indicated that the process-experiential dyad was the only one in which strings of three internal narrative sequence types occurred in the session transcripts. This result suggests that, while exploring different facets of a content area, this dyad was able to remain in an internal mode of processing. This phenomenon did not appear in the other two therapeutic modalities examined.

Experiential Engagement and the Narrative Processes Coding System

In order to explore the role of experiential engagement in the context of narrative sequences in process-experiential psychotherapy, Levitt (1993) applied the Client Experiencing Scale (Klein, Mathieu-Coughlan, Gendlin & Kiesler, 1970) to the sample sessions already coded in her study according to the NPCCS.

The Client Experiencing Scale (Klein et al., 1970) is a psychotherapy process measure developed to study the depth of client processing within the therapy session. The Client Experiencing Scale, derived from the work of both Gendlin

(1962, 1964) and Rogers (1958, 1962), is a seven-level measure of the client's involvement in therapy. The scale examines the construct of "experiencing" which refers to "the quality of a person's participation in therapy; by which we mean the extent to which inner referents become the felt data of attention, and the degree to which efforts are made to focus on, expand, and probe those data" (Klein et al., 1986, p. 21).

Process-Experiential Therapy and the Experiencing Scale

Of the three therapeutic approaches examined in her study, Levitt (1993) found that the process-experiential therapy dyad had the highest level of experiencing based on ratings according to the Client Experiencing Scale. Mean Experiencing ratings for both modal and peak scores were found to be the highest in the internal narrative sequence type. Levitt (1993) accounted for the higher Experiencing scale ratings in the process-experiential dyad as being attributable to the internal nature of that specific therapeutic approach. Of the three approaches examined in her study, the process-experiential dyad had the highest frequency of internal narrative sequence types.

Levitt (1993) reported no correlation between the Client Experiencing Scale ratings and session number. In other words, experiencing did not appear to increase as

therapy progressed. Based on the premise of this approach, one would have expected an increase in the level of experiencing in good-outcome dyads. Levitt (1993) proposed that, as Client Experiencing Scale ratings have been found to be positively associated with gestalt interventions (Greenberg, 1982), the ratings may have risen or fallen depending on the initiation and degree of these interventions.

Addressing Limitations of Previous NPCCS Studies

To date, studies that have utilized the NPCCS in conjunction with other psychotherapy process measures have, by their design, resulted in a number of limitations. A major limitation of these previous studies has been the sessions selected for analysis. For example, Levitt (1993) chose to examine only an early, middle and late session of each dyad to compare therapeutic approach.

Instead of analyzing all sessions of a client's experience in therapy, psychotherapy process researchers have traditionally opted to select certain sessions for exploration. Time restraints and limited funding may be suggested as factors contributing to the practice of randomly selecting sessions from a greater number of clients, instead of intensively exploring one client's experience of therapy. This raises the concern in practice,

however, that the sessions selected for analysis may not be representative of the therapy process. The design of the present study addressed this concern. In order to make research clinically more useful, a comprehensive sequential analysis of each session of six therapy dyads was conducted. A main objective of this study was to apply the NPCS as a heuristic to explore, rather than verify, the narrative sequence types and patterns which may be involved in the clients' reconstruction and co-construction of their macro narrative within and across different treatment modalities.

Furthermore, the development of a more detailed characterization of the topic segments was carried out in order to better represent the therapy content and the relationship focus in order to propose of method of linking together fragments of a client's stories within, and across, therapy sessions. A more refined summary of content discourse would provide the contextual framework, or the what of the client's story, thereby creating an increasingly meaningful unit for subsequent analysis of processes involved in the clients' reconstruction and co-construction of their macro narrative. A more refined, updated version of the NPCS was incorporated in the present study.

Previous studies using the NPCS have not attempted to control for a therapist individual difference variable. For

example, both in the Levitt study (1993) and the study which examined the Shostrom transcripts with "Gloria" (Shostrom, 1966), each dyad was represented by a different therapist. An ideal research design exploring client change across therapeutic modality would include the same therapist, utilizing different therapeutic approaches, with the same client. In this design, differences attributed to therapist and client variability would be minimized. This in turn would provide a stronger premise to suggest that similarities and differences may be attributed to the therapeutic approaches examined. The present study attempted to come one step closer to this ideal design by holding the therapist variable constant. One therapist will have had a different client in each of the therapeutic modalities examined.

Furthermore, in the context of different therapeutic approaches, an interesting and important variable which has not been extensively addressed in the previous literature, but can be accessed by the NPCS, is the role client and therapist play in terms of initiating both topic content and narrative process shifts during the therapy hour. For instance, is the client more active in shifting therapy content in client-centred therapy, with its emphasis on client agency and exploration? Conversely, in process-

experiential psychotherapy, with its specific therapist interventions, does the therapist assume a more active role in shifting narrative process?

An ad hoc analysis of therapist activity also revealed evidence to support therapist adherence to the therapeutic modality. By holding the therapist variable constant, the present analysis proved to provide a marker of therapist adherence in that it explored the role of the participants according to the transcribed discourse, as opposed to post hoc adherence measures filled out by the therapist themselves.

The Present Study

Overview

Narrative construction and the explication and further examination of relationship themes within psychotherapeutic discourse was explored by applying the Narrative Processes Coding System (NPCS) as a heuristic to the completed therapeutic episodes of six good-outcome dyads recently involved in a NIMH study of depression. Three dyads were chosen from the group randomly assigned to short-term process-experiential therapy (PE). The three remaining dyads represented the group having participated in short-term client-centred therapy (CC).

The aim of this exploratory study was a systematic exploration of three inter-related areas, a discovery-oriented macro to micro analysis of therapy discourse. The first goal involved the application of the NPCS as a heuristic to each session of the six dyads in order to generate an overview of narrative construction within, and across, both session and therapeutic modality. Working within the framework established by the application of the NPCS, the second goal was directed at the identification and explication of the predominant relationship theme in one dyad selected from each therapy modality. The results from the macro analyses suggested that the two dyads that were selected for the micro analyses were the best exemplars of each therapeutic approach. The third goal involved the application of the Client Experiencing Scale (Klein et al., 1970) to the relationship themes of these two dyads to investigate how the clients experienced themselves, and themselves in relation to the most frequently talked about other, over the course of the therapy.

In the present study, each of the three therapists had one client in the CC therapy group, as well as one client in the PE therapy group. This design allowed the investigation of therapist activity in the two modalities. Furthermore, if the therapist was successful in adhering to each of the

two treatment modalities, results regarding therapeutic change may be suggested as attributed to factors stemming from the client and therapeutic modality, as opposed to the therapists themselves.

Hill and Corbett (1992) have coined the phrase "uniformity of process myth" when criticizing researchers who assume that an event would have the same impact, regardless of its context in therapy. Elliott (1989) has emphasized that events take their meaning from their contextual position. He proposed that examining events out of context renders them meaningless. Stiles & Shapiro (1989) argued what was needed was a process research model that examined multiple sessions. By analyzing all therapy sessions for each dyad, the present study addressed the above concerns and therapy focus and pattern of narrative process were meaningfully explored.

In addition, the present study identified the initiator of both the topic segment shifts, and the narrative process shifts, in order to explore the role of both therapist and client in the reconstruction and co-construction of the clients' macro narrative. This co-construction was then compared across therapeutic approach. The relative frequency of both client and therapist initiation of topic segment and narrative sequence shifts revealed, in part, the

degree to which the therapists adhered to the therapist role specified by the differing therapeutic modalities. Moreover, the capacity of therapists to shift from one therapeutic modality to another was explored with the present design.

After the sessions were segmented and coded according to the NPCCS, the focus shifted to the identification and explication of the predominant relationship theme in one dyad selected from each therapy modality. The micro analysis of two dyads, as opposed to examining all six dyads in this study, was made, in part, on the basis of time constraints.

This second aim of this study was in part methodological. It attempted to establish the topic segmenting stage of the NPCCS as a systematic method of tracking therapy content in order to provide psychotherapy process researchers with a tool to track and link clients' micro narratives both within, and across, therapy sessions. The present study tracked discourse representing self, and self in relation to a predominant other, across all therapy sessions. A profile of relationship focus within and across therapy sessions was constructed.

In order to identify and track the content within the session discourse, the topic segmenting stage of the NPCCS

was further refined and standardized, while reserving its ability to capture the idiosyncrasies of the text. The labelling of topic segments included the identification of the relationship focus, and the topic segment content or issue being discussed.

During the course of the NIMH study of depression from which the six dyads were selected, an elaboration and severity rating of three of the participant's current conflicts were outlined in the pre, mid, post, six-month and eighteen-month follow-up administration of the Target Complaints Questionnaire (TC: Battle, Imber, Hoehn-Sacric, Stone, Nash, & Frank, 1966). In addition, the participants were asked to complete the Personal Questionnaire (PQ) (Mulhall, 1976; Phillips, 1986). The PQ is a list of 10 individualised statements identifying the client's most pressing issues which were agreed upon by the dyad before the start of therapy. Prior to each therapy session, these issues were rated by the participant on a Likert scale for current severity.

A recent study (Stiles, Barkham, Shapiro & Firth-Cozens, 1992) suggested that progress on a particular problematic theme may depend on whether the chosen treatment is appropriate to the problem's stage. For example, Stiles et al. (1992) submit that when a client presents problems

which are poorly formulated and unfocused, they may respond better to an exploratory therapeutic modality. In contrast, when presenting problems that are clearly formulated, clients may respond better to prescriptive techniques. In one of the two dyads selected for the micro analysis, the client exposed to client-centred therapy clearly identified her husband as the source of current conflict on both the PQ and TC Questionnaires. The process-experiential client, on the other hand, had a less differentiated articulation of her conflict on the above mentioned questionnaires. She stated that she had problems expressing herself, yet did not identify a particular relationship in which this conflict was experienced. In light of the Stiles' findings (Stiles et al., 1992), one aspect of the present study tracked the relationship theme and compared its reformulation in the two therapeutic modalities represented in this study.

Madhill (1994) suggested that there can be little progress towards resolution if there is no consensus between client and therapist of what the problem to be addressed in the therapy hour is. During the course of their therapy, each member of the six therapy dyads periodically completed the Working Alliance Inventory (Horvath & Greenberg, 1989). This instrument is a measure of therapeutic alliance whose items address the therapeutic issues of bond, task and goal

(Bordin, 1979). In each case the inventory suggested that the participant's area of conflict was recognized by both members of the dyad and that the therapy indeed addressed those concerns.

Madhill's (1994) study and the importance of a good working alliance were taken into consideration when selecting only good-outcome clients for the present study. This present study was, in part, an attempt to track client progress regarding an interpersonal issue over the clients' therapy experience. Consequently, it became important to ensure that the dyads chosen represented a therapy experience during which both the client's issues were identified and a working climate was created in which these issues were addressed. In poor-outcome cases, not only the therapeutic alliance may be in question, but there is also concern about the dyad's success in identifying and addressing the client's issues. It will be the role of further studies to investigate therapy content and narrative processes in completed therapeutic experiences of clients who have failed to resolve issues in their therapy.

Once the relationship theme had been identified within the therapy sessions, the third goal of this study was to investigate how the clients experienced themselves, and themselves in relation to the emergent predominant other.

Experiencing was be examined by applying the Client Experiencing Scale (Klein et al., 1970) to the discourse representing these two relationship foci.

Independent studies conducted by Jackson (1993) and Levitt (1993) reported similar NPCS patterns in dyads exposed to the perceptual-processing therapeutic approach. Furthermore, both studies reported significant differences in NPCS patterns between the process-experiential and perceptual-processing dyads examined in their studies.

Jackson (1993) found little evidence to suggest that the narrative processes as identified by the NPCS may be used as a outcome discriminator in perceptual-processing psychotherapy. Jackson (1993) found, however, that the reflexive narrative sequence type may be related to outcome when combined with complex mental operations as assessed by the Levels of Perceptual Processing Scale (Toukmanian, 1986). In general, "good" outcome clients showed a progressive increase in the number of reflexive narrative sequence types and a concomitant increase in the utilization of more complex processing operations as rated by the Levels of Client Perceptual Processing Scale (Toukmanian, 1989). In contrast, results indicated that the "poor" outcome clients' processing remained fairly static throughout therapy (Jackson, 1993).

Results from the Jackson (1993) study suggested that, although the NPCS cannot discriminate between therapy outcome, it appeared to be able to discriminate between therapeutic modalities. Accordingly, it was the patterns of experiencing contextualized within the NPCS narrative sequence types and topic segments that become a focus of interest for this study.

Levitt (1993), who also included only good-outcome participants, found extremely high or extremely low scores on the Client Experiencing Scale (Klein, Mathieu-Coughlan & Kiesler, 1986) in the reflexive narrative sequence type. By focusing the micro analysis of the present study on discourse material representing the relationship theme of self, and self in relation to other, a focused analysis of experiencing was be conducted. Rating only this therapeutic material, as opposed to the entire session, provided a more meaningful measure of experiencing.

Of particular interest in the micro analysis was the characterization of topic segments to identify discourse units that were then rated on the Client Experiencing Scale. Both therapeutic modalities examined in this study focus on self experience and meaning making pertaining to self. The Client Experiencing Scale focuses on identifying shifts in level, and depth, of experiencing of the self. As a result,

it was of particular interest investigating those topic segments identified as discourse representing self, and self in relation to predominant other, in order to explore whether a general level of experiencing, which would be identified by rating the entire therapy transcript as in the Levitt (1993) study, differed from rating specific discourse as was conducted in the present study.

Method

Research Participants

This study includes the complete set of therapy sessions of six participants from a National Institute of Mental Health study on depression conducted by Dr. L. Greenberg of York University, Toronto, Canada. The NIMH study is an ongoing study which began in September, 1992. The six cases were all determined to have had successful therapeutic experiences according to conventional outcome criteria.

In the NIMH study, individuals currently suffering from depression were recruited via a newspaper article in the Toronto Star, radio spots on the Canadian Broadcasting Corporation and advertisements posted throughout York University. Initial phone interviews, followed by two, two-hour assessment interviews, were conducted to determine the

severity of the depression, and the subsequent eligibility of the applicants. Those individuals classified as high risk (e.g. suicidal), currently in therapy, or on medication for their depression, were excluded from the study. The individuals selected were not paid, but instead, were offered 16 sessions of free psychotherapy if they consented to participate in the study. Participants were informed that they could withdraw from the study at any time.

Once the assessment interviews and consent forms were completed, participants were randomly assigned (names were drawn from a hat) to one of two therapeutic modalities: process-experiential (PE) therapy or client-centred (CC) therapy.

Participants completed a battery of questionnaires before, during, and upon completion of their therapy experience including the following standard measures of symptom intensity: the Beck Depression Inventory (BDI; Beck, 1967), the Symptom Check List-90 (SCL-90; Derogitis, Rickels & Roch, 1976), the Inventory for Interpersonal Problems (IIP; Horowitz, Rosenberg, Baer, Ureno & Villasenor, 1988) and the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965).

All therapy sessions were audio-taped and video-taped with the participants' consent. An audio-taped post-therapy

interview was conducted. Six and eighteen-month follow-up interviews were conducted.

Of the six dyads chosen for the present study, three participated in PE therapy while three dyads were chosen from the group exposed to CC therapy. Each therapist had a different client in each of the two therapy approaches. The participants (therapist initials and client codes) and the number of therapy sessions are described pictorially in Figure 2 (Note: the clients represented by the codes 306 and 305 were chosen for the micro analysis in the present study).

Figure 2. Representation of participants. (N = number of therapy sessions.)

THERAPIST	THERAPY MODALITY	
	client-centred	process-experiential
T1	305; N = 17	312; N = 18
T2	015; N = 16	103; N = 16
T3	309; N = 16	306; N = 16

All therapy sessions were approximately 50 minutes long. The three therapists were female doctoral students. Table 4 contains a summary of client demographics.

Table 4
Client Demographic Characteristics (N = 6)

Variable		N	
Gender	Male	1	
	Female	5	
Marital Status	Never Married	Male	Female
	Married	0	0
	Divorced	1	4
Age	20 ~ 29	0	1
	30 ~ 39	1	2
	40 ~ 49	0	1
	50 ~ 59	0	1

Training of Therapists

Eleven psychotherapists, each with a minimum of 2 years professional experience in conducting CC and/or PE therapy, participated in the NIMH study. In addition, therapists underwent 24 weeks of training in both therapeutic modalities prior to the study. Training manuals were supplied to therapists (Greenberg, 1980b), along with supervision under Dr. L. Greenberg, a therapist considered an expert in both process-experiential and client-centred psychotherapy. Adherence measures were utilized to assess the degree to which the participating therapists incorporated the key therapist tasks identified by each model.

Transcription of Therapy Session Transcripts

The therapy sessions were transcribed by five graduate students trained on the use of the psychotherapy transcription standards outlined by Mergenthaler and Stinson (1992). With this system, the idiosyncrasies of the dialogue are preserved by instructing the transcribers to include all audible utterances, pauses, intonations and expressions (e.g. crying, laughing). Identifying details were omitted. Names appearing in the text were given codes (i.e., alphabetical letter). These codes were summarized in a legend at the beginning of each transcript

(ex. Legend: A. = client; B. = husband). Incomprehensible words or phrases were also identified in the transcript to ensure that the text was reproduced in its entirety. The occurrence and length of pauses in the discourse were also identified.

Psychotherapy Process Measures

The Narrative Processes Coding System (NPCS)

The Narrative Processes Coding System (NPCS) is a systematic method of unitizing therapy transcripts, regardless of therapeutic modality. The Narrative Processes Coding System is a two-step process which enables the researcher to: a) subdivide therapy session transcripts into topic segments according to content shifts in verbal dialogue, and b) to further subdivide these topic segments into narrative sequences which are characterized in terms of one of three narrative process modes:

1. external description of events (actual or imagined);
2. subjective/experiential description of feelings associated with an event; and,
3. reflexive analysis of feelings and events that have happened in the past, are occurring in the present, or are anticipated for the future.

The NPCS is a form of discourse analysis dealing with interactional units which can include both client and therapist turn taking. The client and therapist speech are

taken into consideration fairly equally in the identification and the categorization of units. This reflects the co-constructive nature of the process of making meaning in therapy and of the reconstruction of the client's macro narrative.

In terms of Kiesler's (1973) descriptive classification of psychotherapy process measures, the NPCS is a nominal method for the categorization of psycholinguistic dimensions of the therapeutic interaction. Given that the entire therapy session transcript is used for the identification of topic segments and narrative sequences, the NPCS can also be characterized as a comprehensive category method (Angus & Hardtke, 1994).

The Client Experiencing Scale (Klein et al., 1986)

The Client Experiencing Scale is a seven point ordinal scale designed to be applied to audio recordings or transcripts of psychotherapy (Klein, Mathieu-Coughlan & Kiesler, 1986). The levels of the scale define the progression of client involvement in inner referents. This progression is described as moving from the impersonal or superficial to direct inner referents, and finally to the resolution of issues relating to the clients' experiential state. Level 1 of the scale represents an external, impersonal focus. Levels 2 and 3 reflect the clients'

increasing reference to their inner state. A shift takes place at level 4, at which point the clients' focus of discussion becomes their experiential state. Level 5 clients' discourse represents a purposeful exploration of their feelings and experiencing. Clients' discourse at Level 5 must include two necessary components: firstly, the client must define a problem, proposition or question about self in terms of feelings; and, secondly, the client must explore or work with this problem in some personal way. Level 6 reflects a further exploration and felt sense of an inner referent. Level 7 reveals clients' steady and expanding awareness of immediately present feelings and internal processes.

Each unit of text selected for analysis on the Client Experiencing Scale is given both a modal and a peak rating. The modal rating characterizes the most general or frequently occurring experiencing level of that segment. The peak rating is given to any point in the text in which a higher level of experiencing is reached. When no clear peak is found, the modal and peak rating are the same.

Narrative Processes Coding System - Interrater Agreement

Two graduate students had previously unitized and coded a perceptual processing therapy transcript achieving an agreement level of 89% in identifying topic segments and an agreement level of 83% in identifying and classifying narrative sequence into the three types - - external, internal and reflexive. Prior to this, these same two raters identified a total of 72 topic segments from 5 therapy transcripts and achieved an overall agreement level of 84%. Using the NPCS to further subdivide and code the identified topic segments in terms of one of the three narrative sequence types (external, internal or reflexive), the two raters achieved an interrater agreement level of 88% (Cohen's Kappa = .75) (Angus & Hardtke, 1994). After considerable experience applying the NPCS to transcribed text representing various therapeutic modalities, including both individual and group therapy sessions, these two raters were enlisted as trainers for this study. Their rating of the transcripts were considered to be "expert" ratings.

Two graduate students (Rater A; Rater B) and a 4th year undergraduate student (Rater C) were recruited and participated in approximately 25 hours of training on the NPCS under the supervision of the above mentioned "experts."

In identifying topic segment shifts from three sessions representing both therapeutic approaches used in this study, the three raters achieved an overall agreement level of 79.4%, 89.5%, and 81.7% with the experts.

When identifying topic segment shifts, raters simultaneously characterized each segment according to relationship focus, and the content or issue being discussed within the segment. In calculating the reliability of these characterizations, the two experts mutually discussed and judged them for accuracy.

Rater A achieved an overall agreement level with the experts of 89.5% in labelling the relationship focus and 89.5% in labelling the issue of the segment. Rater B achieved an agreement level of 93.2% in labelling the relationship focus and 93.2% in identifying the issue. Rater C achieved an agreement level of 95.1% in labelling the relationship focus and 92.7% in identifying the issue.

Regarding the identification and classification of narrative sequence types (external, internal or reflexive), these three raters achieved an agreement level of 93.2%, 100% and 92% with the experts on the three sessions.

The Client Experiencing Scale - Interrater Agreement

Two clinical psychology graduate students, previously trained on the Experiencing Scale, agreed to be raters in this study. Reliability between these two raters (Rater D and Rater E) on topic segments chosen from an early, middle and late session of client-centred therapy transcripts and an early session from a participant in the process-experiential group was also good. The Pearson r for modal ratings was 0.92. The Pearson r for peak ratings was 0.89.

Procedure

Macro Analyses

The aim of the macro analyses in the present study was to examine narrative reconstruction within and across both the client-centred (CC) and process-experiential (PE) therapeutic approaches. A simultaneous analysis of the role of client and therapist in the reconstruction of the client's macro narrative, as well as an examination of relationship theme within each dyad, were also aspects of these macro analyses.

In order to generate this overview of narrative construction and relationship theme within, and across, both session and therapeutic modality, the NPCS was applied to each transcribed session of the six therapy dyads.

The NPCS first required the raters to divide all session transcripts into topic segments. During this initial topic segmenting process, the raters labelled each segment according to: a) relationship focus (whether the client was talking about self or self in relation to another); and, b) the topic segment content or issue that was being discussed. The raters also charted whether it was the therapist or the client who initiated the shift from one topic segment to a new topic segment.

Percentage of topic segments according to relationship focus were calculated and summarized across therapy sessions for each dyad. Percentage of therapist and client initiated topic segment shifts were also calculated and charted.

The second stage of the NPCS required the raters to further subdivide topic segments into narrative sequence types (NST) by the use of the following NST codes: external, internal or reflexive. Again the raters identified the initiator of the NST shift from one process mode into another.

Descriptive and statistical analyses were conducted on the NPCS findings. Firstly, an independent samples *t*-test was conducted to investigate whether the two therapies differed in mean number of topic segments.

Percentage distributions examining the prevalence of the different narrative sequence types across therapeutic modality were charted. Percentage of narrative sequence shifts initiated by client and therapist were charted. The percentage of each pattern of narrative sequence type within, and across, therapeutic modality were calculated and charted.

Log linear analyses were conducted on the frequency and type of narrative processes codes by therapy and by therapist. Log linear analyses are similar to an elaborate Chi-square and are specifically designed for categorical data. With this procedure, the frequencies of sequences across the therapy approaches, as well as within different nominal NST categories, could be analyzed. Analogous to statistical procedures which test variance within and between quantitative data, a log linear analysis allows categorical variables such as therapeutic modality (CC versus PE), narrative processes type (external, internal versus reflexive) and dyad to be examined.

In the present study, the log linear analyses also allowed for the interaction among the categorical variables to be examined. Table 5 presents an example of this analysis followed by an illustration of the questions which may be addressed.

Table 5
Example of Log Linear Analyses and Questions the Analysis Might Address.

Independent Variable (Effect)	Dependent Variable EXTERNAL Narrative Sequence Type
i) Therapy	
ii) Therapist	
iii) Therapy/Therapist	Chi Square Probability Calculations

- i) Are there the same frequency of External Narrative Sequence Types in each therapy?
- ii) Are there the same frequency of External Narrative Sequence Types by each therapist?
- iii) Is there a difference in the frequency of External Narrative Sequence Types when the same therapists do the different therapies - PE versus CC?

Finally, a post hoc analysis of the number of lines in each of the narrative sequence types for all the therapy sessions was conducted. This analysis was conducted to complement the narrative sequence type data generated by the NPCS analysis. According to the NPCS Manual (Angus, Hardtke & Levitt, 1992), the minimal number of lines for each narrative sequence must be four. Initial results from this study indicated that the range of lines both within and across narrative sequence type varied considerably. With this analysis, both the CC dyads and PE dyads could be compared in terms of the overall percentage of narrative sequence types, as well as the degree of elaboration within each narrative sequence type.

Micro Analyses

The goal of the micro analyses in the present study was to examine therapeutic process within the therapeutic content framework established by the application of the NPCS. These analyses involved, in part, the application of the Client Experiencing Scale (Klein et al., 1970) to two dyads selected from the original pool of six.

Of the three dyads representing the CC therapy group, the dyad represented by client 305 and therapist T1 was selected for the micro analyses. The dyad represented by client 306 and therapist T3 was selected from the PE therapy

group. The predominant relationship focus which emerged from the NPCS findings in the macro analyses was identified in each dyad. In each case, the predominant relationship focus which emerged was the client in relation to her husband.

In these two dyads selected for the micro analyses, the total number of transcript lines in topic segments whose relationship focus identified discourse reflecting "self" and "self/husband" were calculated. This analysis was conducted to examine the degree of elaboration within each relationship foci in each therapeutic modality. The percentage of these totals to the total number of lines in each session was computed.

To explore therapeutic process, the Client Experiencing Scale was applied to topic segments pertaining to "self" and to the next most frequently occurring relationship focus. In each of the two dyads, the second most frequently occurring relationship category was "self in relation to husband."

In these two dyads selected for the micro analyses, topic segments whose relationship focus identified discourse reflecting "self" and "self in relation to husband" were highlighted on a clean copy of the session transcripts. This procedure was done to ensure that the Experiencing

Scale raters were blind to both the relationship focus and the narrative processes type of the unit they were asked to rate. These segmented transcripts were then given to the trained Experiencing Scale raters recruited for this study. The raters were instructed to assign both modal and peak ratings to each client talk turn. These ratings were then summarized according to narrative sequence type and subsequently summarized for each topic segment. At each summary stage, a modal score was calculated for the modal rating and the peak score was assigned the peak rating. On the occasion that the modal rating summary (at both the narrative sequence and topic segment stage) was an even split between two levels of experiencing (for example, a topic segment with 10 talk turns, 5 talk turns assigned a modal rating of 2 and 5 talk turns were rated at a level of 3 on the Experiencing Scale) Rater D re-rated the unit to avoid a modal rating of 2.5.

T-tests of independent means were conducted in order to compare the level of Experiencing within "self" and "self in relation to husband" discourse between the two therapy modalities. Data generated from the macro analyses indicated that 61 topic segments representing "self" discourse were identified in the CC dyad, whereas 63 "self" topic segments were identified in the PE dyad. Furthermore,

116 "self in relation to husband" topic segments were identified in the CC dyad versus 118 "self in relation to husband" topic segments in the PE dyad. In order to conduct these analyses using the t-tests, two topic segments in both relationship foci in the PE dyad were randomly selected by using a table of random markers (Minium, 1978). The result was an equal number of topic segments for both dyads in the two relationship foci ("self" N = 61; "self in relation to husband" N = 116).

The final aim of the micro analyses in this study was an attempt to integrate the findings from the macro analyses to identify portions of the therapy transcripts which illustrate, not only the processes that may contribute to the reconstruction and co-construction of the clients' macro narrative, but also the role of client and therapist in that process. The excerpts attempt to show how these processes differed in each of the therapy modalities yet appeared to help the client facilitate the explication of a more differentiated and meaningful understanding of self, and self in relation to others. Furthermore, this analysis attempted to identify portions of the therapy hour which best represented that particular therapeutic modality which may, in turn, provide researchers with a method of identifying key therapy moments.

Statistical consultation was provided by the Institute of Social Research, York University.

Results

In this chapter, the findings emerging from the NPCPS macro analyses of all six therapy dyads will be discussed first. A comparison of number of topic segments and the role of client and therapist in initiating these topic segments will be presented. This comparison will be presented both within, and across therapy modality. A descriptive summary of therapeutic content (i.e. description of relationship focus) will also be provided. The percentage of topic segments illustrating the various relationship foci across therapy sessions for each dyad will be presented graphically.

This is followed by a presentation of the frequency of narrative sequences and the percentage of narrative sequence type across therapy, as well as across each dyad. Results comparing the mean number of transcript lines coded for each narrative sequence type, with the percentage of narrative sequence types within each dyad and therapy type, will be presented. An analysis of the role of client and therapist in shifting into, and from, narrative process type will be presented. Finally, an examination of the narrative

sequence type triples patterns across therapeutic modality will conclude the overall NPCS analysis.

The chapter will then turn to the micro analysis of dyads 305 and therapist T1 from the CC modality and the dyad 306 and therapist T3 from the PE therapy group. A descriptive summary of each client, including a summary of the clients' target complaints, will be presented first. Next, a detailed analysis of relationship focus across their therapy sessions will be presented. This will be followed by a comparison of the role of client and therapist in shifting topic segments to a focus on self, and self in relation to husband, in the two therapy approaches.

The chapter will then turn to a report of the findings from the analysis of the results of applying the Client Experiencing Scale to the two dyads selected for the micro analysis. Client Experiencing Scale ratings on discourse representing self, and self in relation to husband, by session will be presented. This is followed by both descriptive and statistical analyses examining the level of experiencing within relationship foci between the two dyads. The chapter will conclude by presenting excerpts from therapy sessions which attempt to illustrate an integration of the findings of the macro analyses.

Macro Analyses

The Narrative Processes Coding System and the Therapeutic Approaches.

Topic Segments (TS) and Initiators of TS Shifting

In comparing the number of topic segments identified in the transcripts of the six dyads representing the two therapeutic approaches, it appeared that the number of topic segments were similar: 759 segments ($\bar{X} = 253$; range = 190 - 334) within the client-centred (CC) therapy and 720 segments ($\bar{X} = 240$; range = 219 - 269) in the process-experiential (PE) therapy (see Table 5). An independent samples *t*-test conducted on the mean number of topic segments for each dyad suggested that there were no significant differences between the therapeutic approaches ($t(1,4) = 0.2054$; $p < .001$). (Readers will note that the small sample size brings into question the appropriateness of conducting a *t*-test in this case. The test was conducted to help with the description of possible trends in the data. Caution will be used in the interpretation of these results).

An investigation into the role of both client and therapist in initiating topic segment shifts revealed interesting differences between the two therapy approaches (See Table 6). Overall, clients in the CC therapy appeared

to be responsible for a greater number of topic segment shifts than their CC therapists. In the CC therapy, 69% of topic segment shifts were initiated by the clients; 31% of the topic segment shifting was done by the CC therapists. This is compared to 56% of client initiated topic segment shifts in the PE therapy. The PE therapists were thus responsible for 44% of the topic shifting in that modality.

Table 6
Mean Number of Topic Segments and Mean % of Topic Segment Shifts
Initiated By Therapist and Client By Therapeutic Modality.

Therapeutic Approach	\bar{X} # of Topic Segments	\bar{X} % of Shifts Initiated By: Therapist	Client
CC	253	31%	69%
PE	240	44%	56%

These results appeared to reflect the tenets of each therapeutic approach analyzed in this study. For example, the numbers suggest that the client is far more active in shifting topic segments in the CC therapy as compared to the PE therapy. CC therapy is a non-directive therapeutic approach in which a therapeutic environment is created in which the client may explore aspects of experience. Other than the six necessary and sufficient therapeutic conditions outlined by Rogers (1957), the CC therapeutic modality does not prescribe active therapist interventions.

PE therapy, on the other hand, is a process-directive therapeutic approach which outlines specific therapist interventions. "Empty chair" and "two chair" PE interventions require the therapist to actively shift the client's focus. According to the NPCS, a topic segment shift is defined as a shift in topic or a shift in facets of the same topic. It was noted that shifting in facets of the same topic often occurred during chairing interventions in the PE therapy in which the therapist actively shifted the client from one chair to another. For example, in the "critic's chair", the therapist encouraged the client to articulate other's expectations of her. At the appropriate moment, the therapist then shifted the client to the "experiencing chair" and encouraged her to articulate her

wants and needs. Although perhaps in the same interpersonal context, the shift from discussing other's expectations to an articulation of her needs would represent a topic facet shift.

One might then expect, and indeed the results indicate, that the PE therapist is more active in shifting topic segments when conducting PE therapy versus their role as CC therapists (see Table 7). (Note: although a number of non-parametric rank order statistical tests were conducted on the number of therapist shifting across therapeutic approach, they were deemed meaningless due to the small sample size).

When the role of both client and therapist in initiating topic segment shifts by therapeutic approach was investigated, initial results revealed that the therapist in one PE dyad (312 and T1) may not have strictly adhered to tenets of the PE therapy. As is indicated in Table 6 the number of topic segment shifting was almost equal for the client and the therapist in two PE dyads, 103 and T2. and 306 and T3. In the PE dyad 103 and T2, both therapist and client initiated 50% of the topic segment shifts. Similarly, the PE therapist, T3 initiated 49% topic segment shifts and her client was responsible for 51% of the shifting. In contrast, PE therapist T1 initiated far fewer

shifts, 34%, than her PE client, 66%. However, it is noted that the PE therapist did shift topic segments more often when she conducted PE therapy versus her role as a CC therapist.

Table 7
Mean Percentage of Therapist and Client Topic Segment Shifting By
Dyad By Therapeutic Approach.

Therapeutic Approach	Dyad (Therapist & Client ID)	\bar{X} % of Shifts Initiated By:	
		Therapist	Client
CC	T1 & 305	13	87
	T2 & 015	37	63
	T3 & 309	44	56
PE	T1 & 312	34	66
	T2 & 103	50	50
	T3 & 306	49	51

Returning to the transcripts, an examination of the number and type of interventions in the PE dyad (T1 and 312) appeared to shed some light on the less active role taken by this PE therapist.

No therapist interventions were attempted in the first three sessions of this dyad's therapy. In session 4, as the therapist attempted to initiate an intervention, the client disclosed her difficulty in visualizing her parents in the other chair. The following excerpt is taken from this session.

T: so can you tell them kind of I'm different, I want you to see that I'm different or that I'm unique or that - does that feel funny?

C: uh yeah (laughs) because I can't really see them sitting in this chair (laughs).

T: because it would be too hard or because?

C: because - I feel like my parents as I said like really never understood that I'm a person

Although the therapist was able to initiate an intervention in session 5, during which the client's father was placed in the other chair, no interventions were initiated until session 9. In session 9, the client felt uncomfortable with the intervention. The following excerpt is taken from session 9.

T: you know you've talked before about your father and quite a lot of feelings you've mentioned today and things you struggle with seem to go back to that relationship and I was thinking it might be good to go back to working the way we once did a few weeks ago with bringing your father into the room. would you feel comfortable to try that again?

C: no (laughs).

T: no because?

C: (sigh) of because I'm just so, I'm just, I'm so angry about all these things and I realize that it affects me so much now

The therapist was able to initiate process-experiential interventions in sessions 10 through 16 as the client became more comfortable with the technique. No such interventions were initiated in the last two sessions of therapy. In summary, only 9 of the 18 sessions (50%) of this PE dyad included active therapist interventions. The transcripts revealed a higher number of therapist interventions in the other two PE dyads. Twelve of the 15 sessions (80%) in the PE dyad 306 and T3, and 10 of the 15 sessions (67%) in the PE dyad 103 and T2 included active therapist interventions. The fewer number of interventions by PE therapist T1 may have been a factor in the less active role taken by the therapist in this dyad.

Although therapist-completed adherence measures suggested that this therapist was indeed adhering to the PE therapy model, initial examination of the transcripts using the NPCS raised into question the strength of modality

adherence concerning therapist T1. Due to the lack of substantiating evidence upon which to base this claim, however, the decision was made to continue the analyses first including, and then excluding, PE therapist T1. The results for both cases are presented. Both cases were interpreted without prejudice as they both represented different sample sets and were interpreted as such.

The Narrative Processes Coding System: Tracking Relationship Focus Across Therapy

The percentage of topic segments representing the four most prominent relationship foci, including self, for each dyad are presented according to therapeutic modality in Tables 7 and 8. In each case, the remaining relationship foci for each dyad were collapsed into a category labelled "other." See Appendix A for a complete description of all the percentage frequencies of all relationship foci for each dyad. After presenting a table in which the four predominant relationship foci for each therapy group is summarized, a representation of the patterns of relationship foci across therapy sessions for each dyad are presented pictorially in Graphs 1 through 6.

The three dyads representing the CC therapeutic approach will be presented first, followed by the three dyads from the PE group. Trends within and across

therapeutic modality will conclude this section on relationship focus.

Tracking Relationship Foci in the Client-Centred
Therapy Dyads.

The percentage of topic segments addressing the four predominant relationship foci across the therapy sessions in the dyads representing the CC therapy group are presented in Table 8.

Table 8
Percentage of Topic Segments According to Relationship Focus -

CC Group.

Dyad	Percentage of Topic Segments / Relationship Focus				
305& T1	Husband 35	Self 18	Therapist 18	Daughter 10	Other 19
015& T2	Self 38	Husband 18	Children 15	Therapist 14	Other 15
309& T3	Self 32	Therapist 16	Father 14	Wife 13	Other 25

CC Dyad: 305 and T1

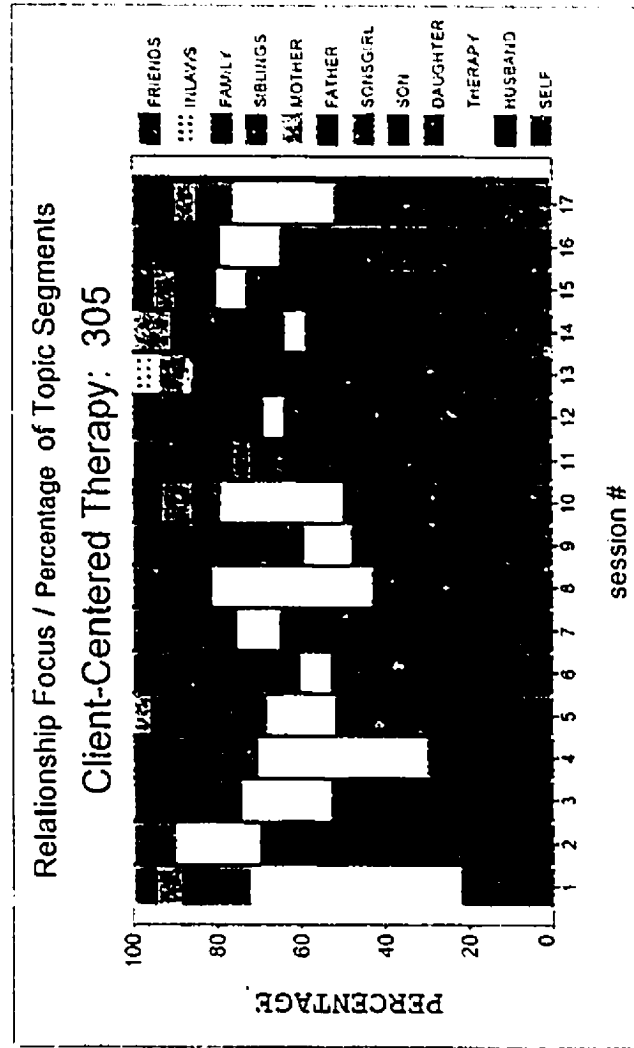
In the CC dyad, 305 and T1, the client's husband emerged as the predominant relationship focus. The relationship focus in 35% of all topic segments identified in this CC therapy was labelled as "self in relation to husband." On both the Target Complaints Questionnaire (TC) and the Personal Questionnaire (PQ), this client identified issues regarding her husband as a concern she wanted to address in therapy. As this client's therapy sessions began, her husband quickly became the focus of therapeutic content (See Graph 1).

The relationship focus in 18% of the topic segments labelled according to the NPCCS were described as revolving around "self." Of note in tracking the self focus is its relatively late emergence in the therapy sessions of this CC dyad.

Eighteen percent of the topic segments involved issues involving the therapist and/or therapy. Ten percent of the topic segments represented issues regarding "self in relation to her daughter." Nineteen percent of the remaining topic segments were labelled according to the client's relationship with others in her life.

Graph 1 presents the results of all the relationship foci labelled in the topic segmenting stage of the NPCS for dyad 305 and therapist T1

Graph 1



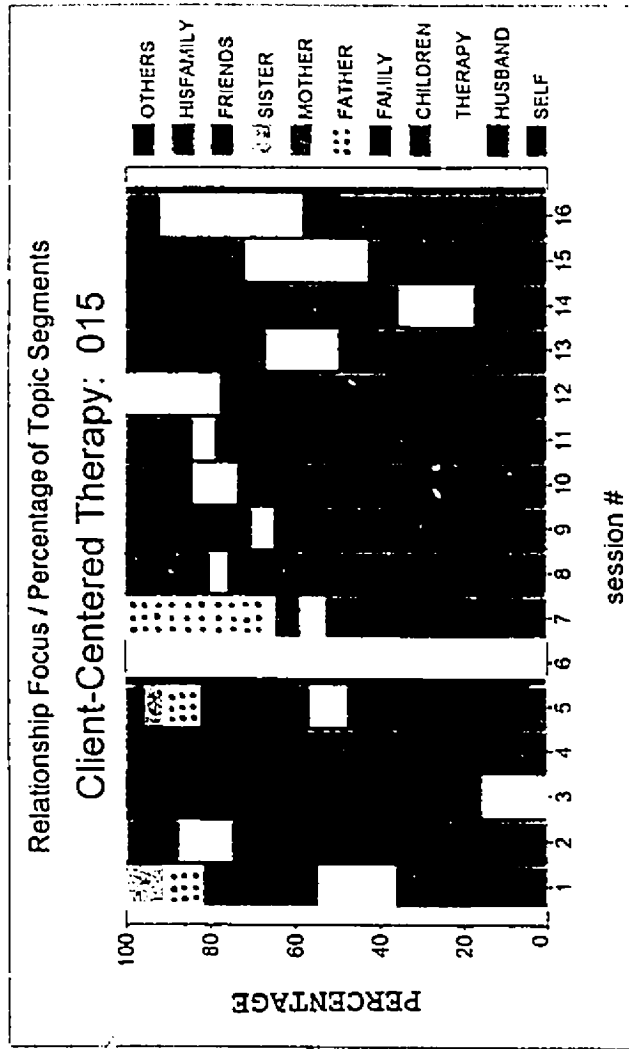
CC Dyad: 015 and T2

In the CC dyad, 015 and T2, the "self" emerged as the predominant relationship focus. The relationship focus in 38% of all topic segments across this CC therapy was labelled as "self." On both the TC and PQ Questionnaires, this client isolated the following issues she hoped her therapy would address: a) worrying about things; b) loss of enjoyment; and, c) being judgemental. These issues appeared to revolve around herself as no specific relationship context was provided by the client. In session 4 of this dyad, 60% of the topic segments were labelled as "self." With the exception of session 5 (session 6 of this dyad was not available due to equipment failure) topic segments labelled as "self" became the most frequent relationship focus for the remainder of this client's therapy sessions.

The relationship focus in 18% of the topic segments labelled according to the NPCCS were described as issues revolving around "self in relation to husband." Fifteen percent of the topic segments represented issues regarding "self in relation to her children." 14% of the topic segments involved issues involving the therapist and/or therapy. Fifteen percent of the topic segments were labelled according to the client's relationship with others in her life.

Graph 2 presents the results of all the relationship foci labelled in the topic segmenting stage of the NPCS for dyad 015 and therapist T2

Graph 2



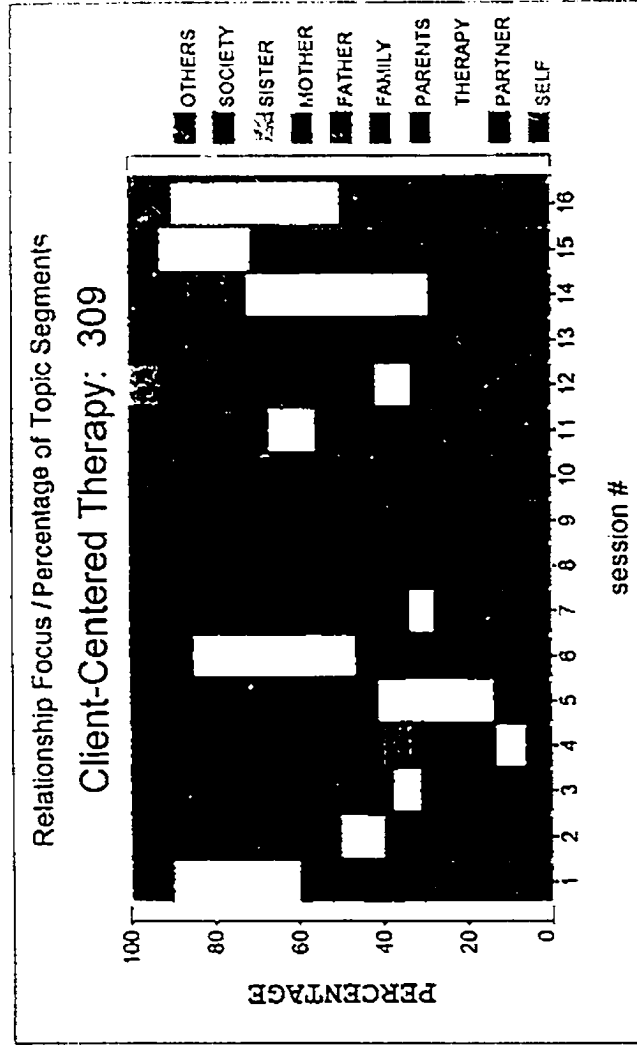
CC Dyad: 309 and T3

In the CC dyad, 309 and T3, the "self" also emerged as the predominant relationship focus. The relationship focus in 32% of all topic segments across this CC therapy was labelled as "self." The client isolated the following two issues on both the TC and PQ Questionnaires: a) lack of confidence and feelings of doubt and; b) worrying too much. According to the TC Questionnaire, these issues occurred in daily life, not in the context of a particular relationship.

Sixteen percent of the topic segments involved issues involving the therapist and/or therapy. The relationship focus in 14% of the topic segments labelled according to the NPCS were described as issues revolving around "self in relation to his father." Thirteen percent of the topic segments represented issues regarded "self in relation to his current female partner." Twenty-five percent of the topic segments were labelled according to the client's relationship with others in his life.

Graph 3 presents the results of all the relationship foci labelled in the topic segmenting stage of the NPCS for dyad 309 and therapist T3.

Graph 3



Tracking Relationship Foci in the Process-Experiential
Therapy Dyads.

The percentage of topic segments addressing the four predominant relationship foci across the therapy sessions in the dyads representing the PE therapy group are presented in Table 9.

Table 9
Percentage of Topic Segments According to Relationship Focus - PE
Group.

Dyad	Percentage of Topic Segments / Relationship Focus				
312& T1	Self 42	Father 12	Parents 11	Therapist 7	Other 28
103& T2	Husband 31	Self 17	Therapist 16	Mother 8	Other 28
306& T3	Husband 43	Self 25	Father 10	Therapist 8	Other 14

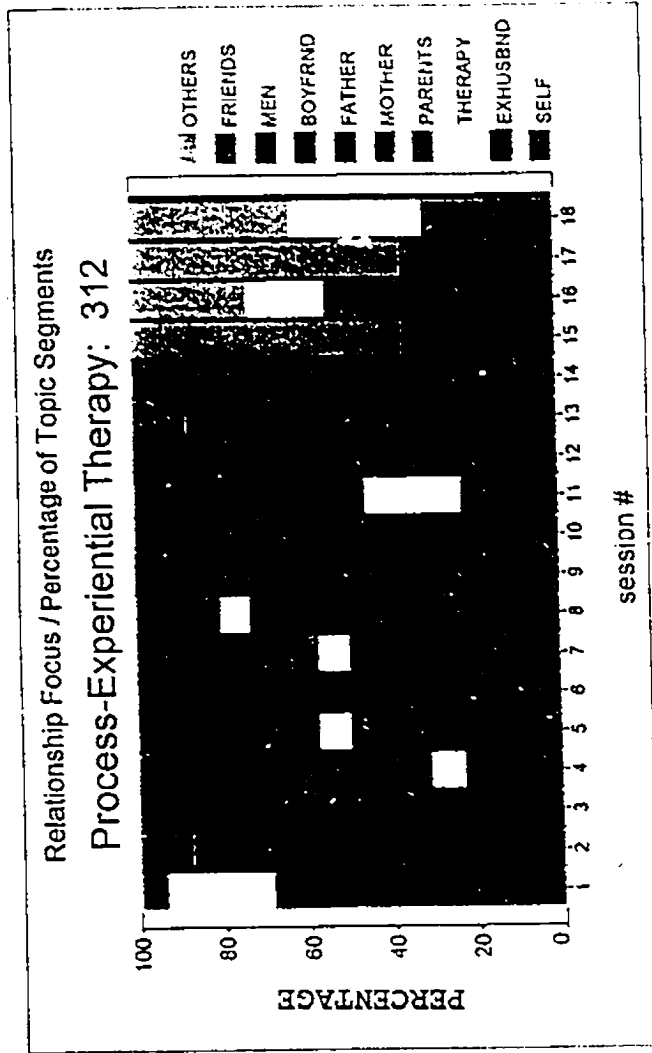
PE Dyad: 312 and T1

In the dyad, 312 and T1, issues regarding "self" emerged as the predominant relationship focus. The relationship focus in 42% of all topic segments across this PE therapy was labelled as "self." On both the TC and PQ Questionnaires, this client identified the following problem areas she hoped her therapy would address: a) being unable to physically move on things; b) lack of confidence in social situations; and, c) inability to be assertive. According to the client, the last issue presented itself primarily in her relationship with men. From the start of her therapy, the client appeared to focus on "self." This focus on "self" continued across her therapy sessions (see Graph 4).

The relationship focus in 12% of the topic segments labelled according to the NPCS were described as issues revolving around "self in relation to her father." Eleven percent of the topic segments represented issues regarding "self in relation to her parents." Seven percent of the topic segments involved issues involving the therapist and/or therapy. Twenty-eight percent of the topic segments were labelled according to the client's relationship with others in her life.

Graph 4 presents the results of all the relationship foci labelled in the topic segmenting stage of the NPCS for PE dyad 312 and therapist T1.

Graph 4



PE Dyad: 103 and T2

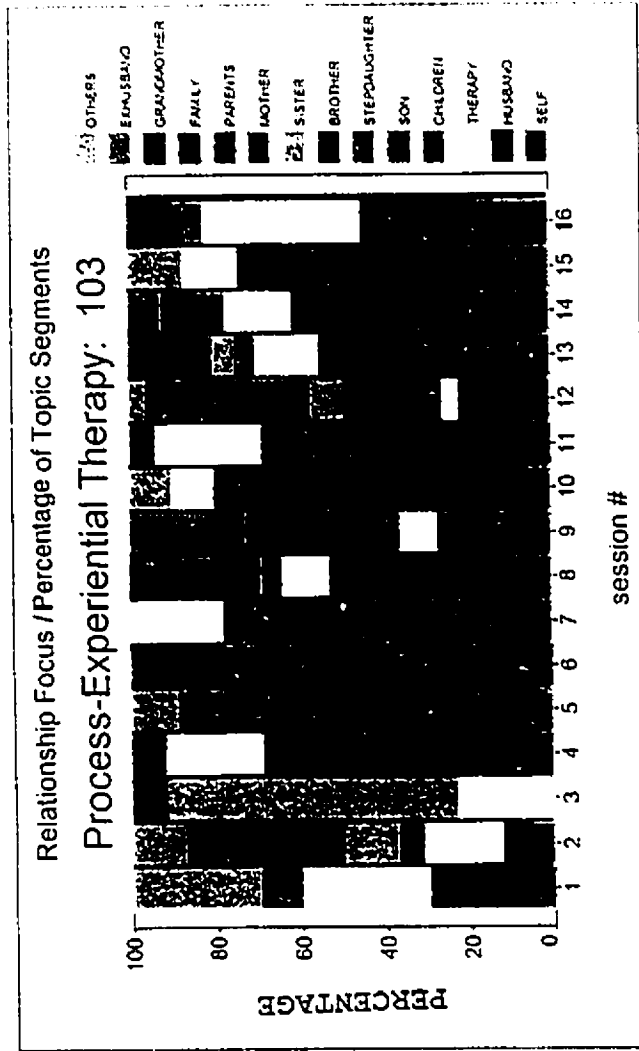
In the PE dyad, 103 and T2, the client's husband emerged as the predominant relationship focus. The relationship focus in 31% of all topic segments across this PE therapy was labelled as "self in relation to husband." On both the TC and PQ Questionnaires, this PE client identified the following issues she hoped her therapy would address:

a) not feeling in control of her life and emotions; b) lack of direction regarding career; and, c) lack of openness and communication with husband primarily about financial issues. According to the topic segment labelling, the client's husband became the focus early in this client's therapy (see Graph 5).

Seventeen percent of the topic segments in this PE dyad involved issues around the therapist and/or therapy. The relationship focus in 16% of the topic segments labelled according to the NPCCS were described as issues revolving around "self." Eight percent of the topic segments represented issues regarding "self in relation to her mother." Twenty-eight percent of the topic segments were labelled according to the client's relationship with others in her life.

Graph 5 presents the results of all the relationship foci labelled in the topic segmenting stage of the NPCS for PE dyad 103 and therapist T2.

Graph 5



PE Dyad: 306 and T3

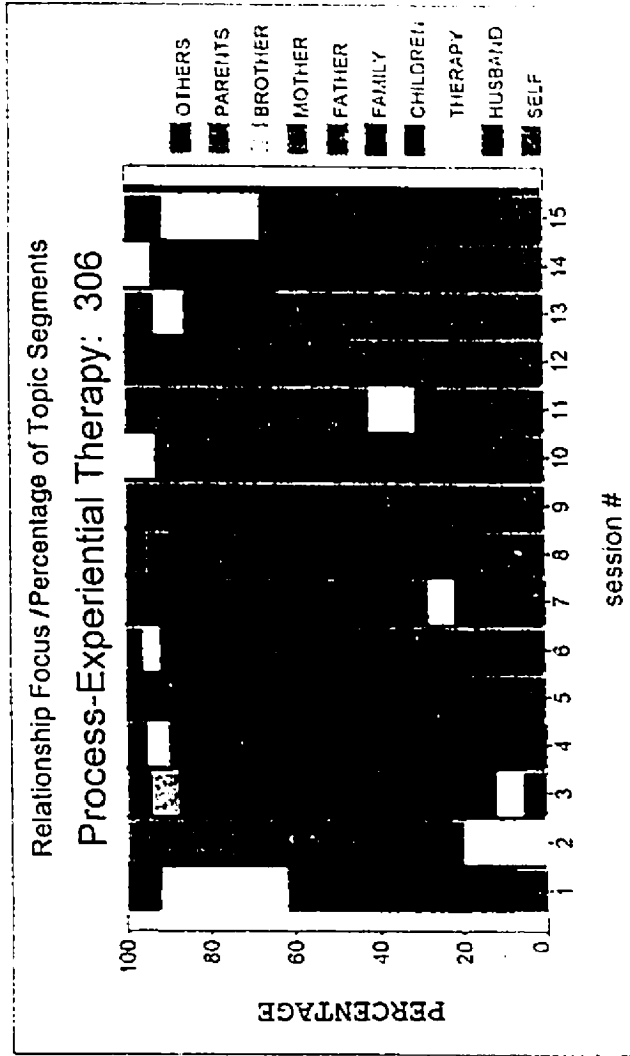
In the PE dyad, 306 and T3, the client's husband also emerged as the predominant relationship focus. The relationship focus in 43% of all topic segments across this PE therapy was labelled as "self in relation to husband." This client's primary complaint, according to the TC Questionnaire, was her confusion about feeling depressed and sad, as well as guilt and resentment towards her family. The following two issues were identified on both the TC and PQ Questionnaires: a) the client's fear that people were going to hurt her; and, b) difficulty expressing herself. According to the TC Questionnaire, the former issue was most severe when the client was alone or after an argument with her husband. The latter issue played itself out in most of her relationships. In this client's therapy, her husband quickly became the focus of therapy and this focus continued across her therapy sessions (see Graph 6).

The relationship focus in 25% of the topic segments labelled according to the NPCS were described as issues revolving around "self." Ten percent of the topic segments represented issues regarding "self in relation to her father." Eight percent of the topic segments involved issues involving the therapist and/or therapy. Fourteen

percent of the topic segments were labelled according to the client's relationship with others in her life.

Graph 6 presents the results of all the relationship foci labelled in the topic segmenting stage of the NPCS for PE dyad 306 and therapist T3.

Graph 6



Tracking Relationship Foci: A comparison of CC versus PE therapy.

By visual inspection, interesting similarities and differences emerge between the two therapeutic modalities when tracking relationship focus across sessions. It appears that, in general, with the exception of the PE dyad 312 and T1, the percentage of topic segments labelled "self" increased as therapy progressed. This shift is most dramatically represented by dyad 305 and T1 in the CC group. In the early sessions of this dyad, the focus of therapeutic content was clearly on the husband. In session 9, it appears that the client shifted away from a focus on husband to a focus on self. By session 16, 60% of the topic segments included a relationship focus identifying therapy content as representing self.

This shift to a focus on self may suggest evidence to support Roger's hypothesis of the therapy process. According to Rogers (1951), the therapy process involves the movement in verbal content from rigidity to insightful statements, showing understanding between past and present behaviours. Referring back to this client's therapy sessions, it appears that the focus of discourse on the husband included her describing issues and events that seemed to support her feelings of resentment towards her

husband. For example, she described his lack of understanding of her needs by not supporting her when her parents became incapacitated. In her later sessions, however, this focus on her husband's behaviour shifted to a focus on self.

In each of the dyads representing both therapeutic modalities, the client's relationship with his/her therapist appeared in the top four relationship foci identified by the NPCCS. The percentage of topic segments labelled "self in relationship to therapist/therapy" ranged from 7% in the PE dyad 312 and T1 to 18% in the CC dyad 305 and T1. Although the range is large, the finding that the therapist was included in each dyad's top four relationship foci appears to highlight the important role the therapist has in the client's experience of therapy, regardless of therapeutic modality. Discourse captured in the label "self/therapist" primarily reflected issues of therapeutic alliance, introductory comments leading into the session and, in the PE group, introducing therapeutic interventions.

Establishing a specific relationship focus, and continuing with that focus for the majority of the therapy session, appeared to occur more often in the PE therapies than the CC therapies. This is most clearly illustrated by PE dyad 306 and T3. For example, in session 4 of this dyad,

90% of the topic segments were labelled "self in relation to husband." Staying with a particular relationship focus may be attributed to the therapeutic techniques of this modality. Identifying unfinished business with another or a conflict, and subsequently using the chairing techniques representative of PE therapy to explore the conflict, appears to have been captured by the topic segmenting stage of the NPCS in that the relationship focus of the session was maintained for a longer period of time.

A number of concerns may be raised by tracking relationship focus across all therapy sessions. One major concern addresses therapy transcripts selected by process researchers for analysis.

It is evident that, by examining the graphs illustrating relationship focus, that there was significant variability in predominance of topic foci across sessions. For example, in Graph 6, (PE dyad 306 and T3), although the client's husband appears to emerge as the predominant relationship focus in her therapy, he was not talked about in sessions 2, 3, and 9. Had these sessions been selected as representative of early and middle therapy, it may be argued that the analysis would not be representative of the entire therapy. This was again apparent in dyad 309 and T3 in the CC group. In sessions 2, 4, 9 and 11, the client did

not mention his wife, although she emerged as the predominant relationship focus. These results highlight the danger of adopting a research design primarily selecting early, middle and late therapy sessions for analysis.

Percentage of Narrative Sequence Type (NST) Across
Therapeutic Approach

When comparing the number of narrative sequences identified in the therapy transcripts, results suggested differences between the two therapeutic approaches (see Table 10). Narrative sequences are those units identified within topic segments that are subsequently characterized according to one of the following narrative processes types: external, internal, or reflexive.

A total number of 1633 narrative sequences were identified in the three dyads from the CC therapeutic approach, whereas 1407 narrative sequences were identified in the PE therapy group. A log linear analysis confirmed that the two therapy approaches were significantly different in the total number of narrative sequences identified across therapeutic approach ($p < 0.001$).

A subsequent analysis excluding therapist T1 and her CC dyad 305, as well as her PE dyad 312, indicated no significant differences between the two therapy approaches in terms of total number of narrative sequences identified

($p < 0.0615$). In this analysis, 895 narrative sequences were identified in the CC therapy and 960 sequences were identified in the PE therapy (see Table 10).

Table 10
Frequency of Narrative Sequences and Percentage of Narrative
 Processes Type By Therapeutic Approach.

Therapeutic Approach	Total # of Narrative Sequences	% of Narrative Sequence Type		
		External	Internal	Reflexive
CC	1633	37	15	48
PE	1407	23	18	59
*CC * T1 excluded	895	31.5	14.5	54
*PE * T1 excluded	960	23	22	55

When examining the division of the narrative sequences types rated within the therapy transcripts, both differences and similarities appeared when the two therapeutic approaches were compared (see Table 9). The first comparison will be discussed in terms of the overall percentage of narrative processes types across each therapeutic approach. This will be followed by a comparison across therapeutic approach without therapist T1 and her CC and PE clients.

Thirty-seven percent of all narrative sequences identified in the CC dyads were coded external. In contrast, only 23% of the narrative sequences were coded external in the PE therapy group. A log linear analysis indicated a significant difference in the number of external narrative processes type between the two therapy groups ($p < 0.001$). These results indicated that the CC dyads had a significantly higher percentage external narrative sequence types suggesting that, overall, they shifted into describing external events more often than did the PE dyads, overall.

A subsequent log linear analysis conducted on the frequency of external narrative sequence types across therapeutic modality, but excluding therapist T1 and her dyads CC 305 and PE 312, also indicated a significant

difference between the therapy groups ($p < 0.001$). In this analysis, 31.5% of the narrative sequence types were coded external in the CC therapy. This is compared to 23% of the sequence types coded external in the PE therapeutic modality. These results complement the initial results which suggested that the CC dyads had a significantly higher frequency of external narrative processes types compared to the PE dyads.

Overall, 15% of the narrative sequences were coded internal in the CC therapy group. A similar overall percentage of narrative sequences were coded internal in the PE dyads, 18%. A log linear analysis confirmed that the number of internal narrative processes type identified in the two groups was not significantly different ($p < 0.2604$).

A subsequent analysis of internal processing, without including therapist T1 and her CC and PE clients, suggested a significant difference between the two therapeutic modalities. In this case, 14.5% of the narrative sequence types were coded internal in the CC group. This is compared to 22% of internal narrative sequence types coded in the PE therapy group. A log linear analysis confirmed that, without the PE dyad 312 and T1 and the CC dyad 305 and T1, there appeared to be a significant difference in the frequency of internal processing between the two groups ($p <$

0.001). These results suggest that the PE therapy had a higher frequency of internal processing than did the CC therapy.

Overall, 48% of the narrative sequences identified in CC therapy approach were coded reflexive. Fifty-nine percent of the narrative sequences identified in the PE therapy group were coded reflexive. A log linear analysis confirmed that there was no significant difference in the number of reflexive narrative sequence types identified between the two therapy groups ($p < 0.3971$). No significant differences in the frequency of reflexive narrative sequence types were found when therapist T1 was removed from the analysis ($p < 0.1816$). In this analysis, 54% of the sequences were coded reflexive in the CC group and 55% were coded reflexive in the PE dyads (see Table 10).

Percentage of Narrative Sequence Type (NST) Across Each Therapy Dyad

The following analysis compared the percentage of narrative sequence types across each therapy dyad. The results are presented in Table 11.

Table 11
Percentage of Narrative Sequence Type (NST) By Therapy Dyad.

Therapist ID	Therapy Type & Client ID	Percentage of NST		
		External	Internal	Reflexive
T1	CC: 305	43	15	42
	PE: 312	26	07	67
T2	CC: 015	36	09	55
	PE: 103	36	14	50
T3	CC: 309	27	20	53
	PE: 306	10	30	60

Although the log linear analysis did not suggest a significant difference in the overall frequency of internal narrative sequence types across therapeutic approach when therapist T1 was included in the analysis, Table 10. illustrates a fairly high range in the number of internal NST within each therapeutic modality. For example in the PE therapy, both dyad 306 and T3 and dyad 103 and T2 had a higher percentage of internal sequences compared to the percentage of internal processing when the same therapist conducted CC therapy. Thirty percent of the NST in therapist T3's PE therapy were coded internal versus 20% when the same therapist conducted CC therapy. Fourteen percent of the NST in therapist T2's PE therapy were coded internal versus 9% when the same therapist conducted CC therapy.

In contrast, the percentage of internal narrative sequences coded in the PE and CC therapies of therapist T1 showed the reverse of this trend. A higher percentage of narrative sequences were coded internal in this therapist's CC therapy (14%) compared to her PE therapy (7%).

During session 18 with therapist T1, client 312 in the PE therapy disclosed that she had difficulty recognizing, and consequently verbalizing, her feelings. The following excerpt is taken from the beginning of that last session:

C: but I'm really um hoping that what we did with the chairs for instance, that I'm not doing it with the chairs, but like I said, I'm doing it on paper.

T: mm-hm.

C: that, and I feel that really is a helpful tool. like just to get out all this contradicting messages and feelings

T: kind of sort it all out

C: yeah, yeah. let it all out (laughs). and that kind of, that's the main thing for me. like what happened during the whole session, or all the sessions, I really didn't let out my feelings. number one, I didn't recognize them. like when I felt, especially with the negative or bad feelings

T: mm-hm.

C: whenever I had like any kind of bad feelings like towards another person, I just, I don't know if it's a Christian thing or whatever, or a principle, I just was unable even to admit to myself you know.

As mentioned earlier in this chapter, the PE dyad 312 and T1 had fewer sessions which included active therapist interventions as compared to the other two PE dyads. According to the above excerpt from session 18, it appears that the client was also not able to verbalize her feelings in therapy. This may account for the lower percentage of internal narrative sequences in this PE therapy and, in turn, give further credence to the argument that this dyad may not have been representative of the PE therapeutic approach, although the client was deemed a good outcome.

Before turning to an examination of narrative processing patterns across therapeutic approach, an analysis of the degree of elaboration within each narrative processes type will be presented.

Degree of Elaboration Within Narrative Sequence Type

According to the NPCCS Manual, narrative sequence types should be no less than four transcript lines and topic segments no less than ten lines. The rationale for this designation was to provide researchers with enough transcript material to be subsequently rated on other psychotherapy process measures.

Initial results based on the number of transcript lines within a sample of narrative sequence types randomly selected across the six dyads included in this study indicated a wide range of lines within each process mode. In order to investigate the degree of verbal elaboration within each narrative sequence type, the mean number of lines in each narrative sequence type, for each session dyad, was calculated. The results, together with the percentage of narrative sequence type, are presented in Table 12.

Table 12
Percentage of Narrative Sequence Type & Mean Number of Transcript
 Lines by Narrative Sequence Type By Therapy Dyad.

Dyad ID	External			Narrative Sequence Type (NST) Internal			Reflexive	
	% NST	\bar{X} Line #	Line #	% NST	\bar{X} Line #	Line #	% NST	\bar{X} Line #
CC 305	43	24	24	15	10	10	42	22
CC 015	36	25	25	9	12	12	55	32
CC 309	27	29	29	20	13	13	53	46
CC Total	37	25	25	15	12	12	48	32
PE 312	26	15	15	7	11	11	67	34
PE 103	36	34	34	14	18	18	50	41
PE 306	10	14	14	30.5	11	11	59.5	28
PE Total	23	24	24	18	12	12	59	33

The similarity of mean line numbers within narrative sequence type across therapeutic modality is curious considering the approximately 80,000 transcript lines calculated for this analysis. The mean number of lines within the external code for the CC therapy was 25. The mean number of transcript lines for this same process mode was 24 in the PE therapy.

The mean number of transcript lines for the internal process mode for the CC therapy was 12. The same mean number of lines, 12, was calculated for the internal processes mode in the PE therapy.

For both therapeutic modalities, the mean number of transcript lines in the reflective narrative sequence type was higher than in the other two narrative codes. The mean number of lines for the reflexive sequence type in the CC therapy was 32. The mean number of lines for this processes type in the PE therapy was 33.

Firstly, these results indicated that, in general, the verbal elaboration in the internal processes mode was far less than that calculated in the other two processes types. It was found, however, that pauses in speech often occurred when the client was processing internally. Although these results suggested that the client elaborated less in terms of words in the internal code, they did not suggest that

actual time spent in this internal processing mode was less than in the other two codes.

Secondly, these results suggested that across both therapeutic modalities, the greatest amount of verbal dialogue occurred in the reflexive narrative sequence type. Instead of the majority of the dialogue representing details of external events, these results suggested that it was in the meaning making analytical processes mode that these good-outcome clients had the greatest amount of verbal elaboration.

Patterns of Narrative Processes Across Therapeutic Approach.

In this section, the patterns of narrative sequences type across therapeutic approach will be presented. The first analysis addresses the narrative processes shifts from one process type into another. Shifts from one narrative sequence type to another narrative sequence type may represent a shift between or within a topic segment. Shifts from a narrative sequence type to the same narrative sequence type (e.g. from external to external) indicates a shift in topic segment.

This initial analysis of shifts from, and to, narrative sequence types will be followed by an analysis of strings of three consecutive processes types. Both analyses reveal

similarities and differences between the two therapeutic approaches.

The percentage of shifts from one narrative processes type into another is presented in Table 13.

Table 13
Percentage of Processes Shifts Between Narrative Sequence Types
By Therapy Approach.

Therapy Approach	% Shifts from EXTERNAL To:		% Shifts from INTERNAL To:		% Shifts from REFLEXIVE To:	
	Internal	Reflexive	Reflexive	External	External	Internal
CC	8	32	13	6	30	12
PE	4	26	22	2	26	20

The most frequent shift between processes type in the CC therapy is from the external into the reflexive narrative code. Overall, 32% of all shifts in this therapy type is represented by this pattern. The second most frequent shift in the CC therapy is from the reflexive narrative sequence type into the external process code, 30%. The predominant shifting between external and reflexive narrative processes suggests that the CC dyads are involved in describing external events and then shifting to reflecting upon those events. It also appears that reflexive analysis is followed by grounding of these analyses in external events.

The most frequent shift between processes type in the PE therapy is from the external code to the reflexive code and similarly from the reflexive into the external processes mode. Both patterns accounted for 26% of the shifts, respectively, from one code into another.

These results suggested that, regardless of therapeutic modality, the most frequent shifts occurred between the external and reflexive narrative sequence codes. These results may indicate empirical support for the role of narrative and propositional thought in human meaning making forwarded by Baumeister and Newman (1994).

Shifting between the external and internal narrative sequence types appeared to be the least frequent pattern in

both of the therapeutic modalities. In the CC therapy, 8% of the shifts occurred from the external narrative sequence type into the internal processes mode. Six percent of the total percentage of shifts in this therapy were attributed to shifts from the internal code into the external processes mode.

In the PE therapy, only 4% of the total number of shifts occurred from the external narrative code into the internal narrative processes type. A mere 2% of the shifts occurred from the internal narrative sequences type into the external processes mode in this therapeutic modality.

These results suggested that, in both the CC and PE therapy, it was very seldom that the dyads shifted from talking about events to exploring their subjective feeling surrounding those events. Similarly, it was not common for the dyad to shift from exploring a feeling state to talking about external events.

The differences between the two therapeutic modalities in terms of shifting from one process code into another appears to involve the reflexive and internal narrative sequence types. In the PE therapy, a comparable number of shifts occurred between the internal and reflexive narrative sequence types. Twenty percent of the shifts were rated as occurring from the reflexive processes mode into the

internal code. Twenty-two percent of all shifting in the PE therapy was from the reflexive code in the internal processes mode. This is compared to the CC therapy where shifts from the reflexive to the internal accounted for 12%, and shifts from the internal to the reflexive accounted for 13% of all narrative sequence type shifting.

These results suggested interesting differences in terms of the kind of talk in the PE therapy as opposed to the CC therapy. The process of shifting to, and subsequently reflecting upon, one's emotions appeared to be much more a part of the therapeutic process in the PE therapy as compared to the CC therapy.

Before presenting a summary of the clients' and therapists' role in shifting narrative processes type, a summary of analyzing strings of three narrative processes types will be presented (i.e. external to internal to reflexive; external to external to external). A comparison of the most frequent strings of three narrative processes types in each therapy will be presented. For a summary of all 27 possible combinations of this type of patterning, see Appendix B.

The most frequent overall pattern of this nature, in both therapeutic modalities, was from the reflexive to external to the reflexive. Overall, this accounted for 18%

of the triples patterns in the CC therapy and 15% in the PE therapy. These results appear to suggest further support for the possible cyclical nature of event descriptions and reflexive thought forwarded by Baumeister and Newman (1994).

Differences between the two therapy groups emerged when an examination of the second most frequently occurring pattern of triples was conducted. In the CC therapy group, the second most frequently occurring pattern of triples was from an external into a reflexive into an external narrative sequence type. Twelve percent of the overall triples patterns in the CC group was of this nature. The results suggest that there was a tendency for the CC dyads to shift from an external description of events to a process of making meaning of the event followed by further external description of experience.

In the PE therapy, however, two patterns of triples represented the second most frequently occurring string of three narrative sequence types. The first of these two triples patterns involved a shift from the reflexive to the internal to the reflexive narrative processes type, 13%. The results suggested that a frequent pattern of processing in the PE group was the shift from making meaning of experience to an exploration of the subjective description of experience followed by further reflection on experience.

The role of internal processing as a type of bridge between reflexive processing also emerged as a predominant pattern in the analysis of PE therapy in the Levitt study (1993). According to Levitt (1993), this pattern may reflect tenets of the PE therapy approach. The client, with the aid of therapist interventions, shifts to a focus on internal processing. The internal processing is subsequently analyzed and reflected upon by the dyad in an attempt to articulate new meanings of the client's experience.

The second triples pattern in the PE therapy was represented by a string of three reflexive narrative sequence types. Strings of similar process types occur when there is a shift in topic segment, yet the dyad remain in the same mode of processing. For example, a client may reflect on a number of past and present experiences, each in a different interpersonal context. Changing the content focus would result in a shift in topic. Staying in the reflexive processes mode, however, would result in strings of this processes type.

Thirteen percent of triples patterns in the PE therapy were of this nature. In comparison to the CC therapy group, these results suggested that the PE dyads tended to maintain a process in which the dyad explored the meaning making aspects of experience.

Role of Client/Therapist in Initiating Narrative
Sequence Types Across Therapeutic Approach

Interesting differences between the two therapeutic modalities emerged when the role of the therapist and client shifting of narrative processes types was examined. The initiator of the narrative sequence type shift was identified as the member of the dyad who first articulated dialogue rated as a shift in processing. The following example illustrates how the initiator of the shift was identified in this analysis. The client had just described an altercation he had had that morning. The therapist asked the client how he felt after the altercation. The client described his intense feelings of anger. In this example, it was the therapist who initiated the shift from an external description of an event, to an exploration of the subjective feelings surrounding the event. As a result, the therapist would be identified as the initiator of the NST shift.

Table 14 illustrates the percentage of NST shifting initiated by client and therapist across the two therapeutic approaches. The following analyses included, and then excluded, therapist T1.

Table 14
Percentage of Narrative Sequence Shifts Initiated by Therapist
and Client Across Therapeutic Modality.

Therapeutic Modality	Percentage of Shifts Initiated By:	
	Therapist	Client
CC	26%	74%
PE	39%	61%
*PE *312 excluded	46.5%	53.5%

In the CC therapy, 26% of the narrative sequence type shifts were initiated by the therapist. Therapists in the PE therapeutic modality were responsible for a significantly higher percentage of narrative sequence type shifting, 39%. When therapist T1 was removed from the PE group, the percentage of therapist initiated NST shifts rose to 46.5%

Clients in the CC therapy initiated 74% of the shifts between narrative sequence types. This is compared to 61% of the narrative sequence type shifting initiated by the client in the PE therapy. The percentage of client initiated NST shifts decreased to 53.5% when the PE dyad 312 and therapist T1 was removed from the analysis.

These results indicate that, when adhering to the PE therapeutic model, the therapists are far more active in shifting narrative processes than when practising the CC approach. These results can also be interpreted as providing empirical support for both the therapeutic models examined. PE therapy is a process-directive therapy. As such, one would propose that the therapist has a far more active role in shifting process in the therapy hour. CC therapy, on the other hand, does not postulate specific therapist interventions. One would therefore expect a less active role attributed to the therapist in this therapeutic modality. The results suggest that this is indeed the case.

Furthermore, these results suggest that the NPCCS may be an effective empirical method to systematically evaluate both the level of client, and in particular, therapist activity level for the purpose of assessing adherence to the therapeutic model.

A comparison of the NST shifting by client and therapist, by dyad, yielded some interesting results (see Table 15). These findings, in part, address whether the same therapist was indeed more active in shifting process when conducting PE therapy versus their role as a CC therapist.

Table 15
Percentage of Narrative Sequence Shifts Initiated by Therapist
and Client By Dyad

Therapeutic Modality	% of NST Shifts Initiated By:			% Shifts
	Therapist ID	% Shifts	Client ID	
CC	T1	17	305	83
	T2	25	015	75
	T3	37	309	63
PE	T1	24	312	76
	T2	45	103	55
	T3	48	306	52

In her CC therapy, therapist T1 was responsible for 17% of the narrative processes shifts. The client in this dyad was attributed 83% of the process shifting. In her PE therapy, therapist T1 was responsible for a slightly higher percentage of the narrative sequence type shifting, 24%. The client in this PE dyad shifted the processes 76%. This pattern is consistent with the percentage of topic segment shifts initiated by members of this dyad identified earlier.

Therapist T2 was responsible for 25% of the NST shifting in her CC therapy. The CC client in this dyad shifted the processes types 75%. In her PE therapy, however, therapist T2 had a far more active role in shifting client process. 45% of the narrative sequence type shifting was attributed to therapist T2 in the PE therapy. The client in this PE dyad had a significantly less active role than her CC counterpart by shifting the processes 55%.

Therapist T3 initiated 37% of the narrative sequence type shifting in her CC therapy. Sixty-three percent of the shifting was attributed to the client in this therapeutic modality. Similar to therapist T2 in her PE therapy, therapist T3 assumed a far more active role in shifting process type in her PE therapy. In her PE therapy, therapist T3 was responsible for 48% of the narrative

sequence type shifting. The client contributed 52% of the processes shifts.

These results suggested that the therapists did in fact assume a different role when conducting the two different types of therapy. According to the results generated by applying the NPCS to the transcripts, the therapists appear to have been far more active in shifting client process when adhering to the PE therapy model versus their role as CC therapists. This more active role by the therapist is amplified when the therapist T1 is removed from the analysis.

Table 16 illustrates the results, without the therapist T1, regarding the activity of the client and therapist in shifting narrative processes types. Included in this table is the therapist in the Levitt study (1993), Dr. L. Greenberg, the founder of PE therapy.

Table 16
Percentage of Narrative Sequence Type Shifts Initiated by Client
and Therapist Across Therapeutic Modality
(excluding Therapist T1)

Therapeutic Modality	% of Narrative Sequence Type Shifting By: Therapist	% of Narrative Sequence Type Shifting By: Client
CC	31	69
PE	46.5	53.5
PE-Greenberg	51	49

The total number of narrative sequence type shifts by the CC therapists, without therapist T1 was 31%. Sixty-nine percent of the shifting was attributed to the CC clients. The results indicated a less active role in shifting process on the part of the therapist and a more active role attributed to the clients in the CC therapeutic modality.

Without therapist T1, the PE therapists came extremely close to the role of shifting attributed to Dr. Greenberg in the Levitt study (1993). In her study, Levitt reported results indicating that Dr. Greenberg shifted narrative processes types 51% of the time while the client was responsible for 49% of the process shifting. Excluding therapist T1, the PE therapists in this study shifted narrative sequence types 46.5% of the time, while the clients were responsible for 53.5% of the shifting. The results indicated that the activity of these two therapists was remarkably similar to the role the founder of this therapeutic modality assumed when conducting PE therapy.

The Percentage of the Client and Therapist Initiated
Narrative Sequence Type Shifts Across Therapeutic
Approach.

This analysis compared both the clients and therapists role in shifting narrative sequence type in both the CC and PE therapeutic modality. Table 17 illustrates the role of both the clients and therapists in shifting between narrative sequence type across therapeutic modality.

Table 17
The Percentage of Client and Therapist Initiated Narrative
 Sequence Type Shifts By Therapeutic Modality.

Therapy Approach	% SHIFTS FROM:			
	EXTERNAL TO: T. C.	INTERNAL TO: T. C.	REFLEXIVE TO: T. C.	
CC	Internal 12 6	Reflexive 12 14	External 10 37	
PE	Internal 6 2	Reflexive 19 26	External 14 34	
CC	Reflexive 44 27	External 2 8	Internal 21 7	
PE	Reflexive 30 25	External 1 2	Internal 30 12	

In the CC group, the most frequent shift initiated by the therapists was from the external narrative processes type into the reflexive processes mode, 44%. These results suggested that, as the dyad was describing the external aspects of experience, the therapists were actively involved in shifting the clients' to reflect upon these events.

The clients in the CC therapy group shifted most frequently from the reflexive processes mode into the external narrative sequence type, 37%. This pattern of shifting from the reflexive to the external was also the most frequent for clients in the PE therapy modality, 34%. These results suggested that, regardless of the therapeutic modality examined in this study, it was the clients' tendency in their therapy to ground their reflexive analysis of events in the description of external events. When adhering to the CC model, the therapists most frequently shifted the client processing back to a reflexive analysis of those events. Therapist activity, however, appeared to take a somewhat different role when these same therapists conducted the PE therapy.

Two patterns accounted for 60% of therapist shifting of narrative sequence type in the PE therapy. Similar to their role when conducting CC therapy, 30% of therapists' shifting involved directing the client away from the external

description of events to a reflexive analysis of those events. A similar percentage, 30%, represented therapist shifting from the reflexive narrative sequence type into an internal processes mode. This is compared to 21% of therapist shifting of this type in the CC group. The results suggest that when conducting PE therapy, the same therapists are far more active in focusing the client on the internal aspects of experience.

Percentage of Narrative Sequence Type Shifts Initiated
by Client and Therapist By Therapy Dyad.

The first aim of the following analysis was to investigate therapist adherence to the two therapeutic models examined in this study. This comparison was based on the number of narrative sequence type shifts initiated by each therapist in both therapeutic modalities. For example, Table 18 illustrates the role of therapist T1 in shifting processes type with her client in the CC group, 305, as well as her client in the PE group, 312.

The rationale for basing this analysis of therapist adherence on NST shifting was due the nature of the two therapy models. As the PE therapeutic approach incorporates in its theoretical model a number of therapist interventions proposed to heighten client experiencing, one might expect the therapist to assume a more active role in shifting

processes type. This analysis, then, investigated if each therapist was indeed more active in directing process when conducting PE therapy, particularly shifts involving internal processing.

The second aim of this analysis was to compare the frequency of narrative sequence type (NST) shifts initiated by each client examined in this study. This investigation addressed the similarities and differences of client-initiated NST type shifting both within, and across, therapeutic approach.

The results of these analyses will be presented as a separate table in which the results for each therapist are summarized. Each table also includes the results for each therapist's two clients. Following each table, the results describing the role of the therapist will be presented first. The focus will then shift to percentage of NST shifts initiated by the CC and PE client of that particular therapist.

Table 18 illustrates the total percentage of NST shifts initiated by the therapist T1 in her capacity as both a CC and PE therapist, together with the frequency of NST shifts initiated by her CC client 305 and her PE client 312.

Table 18
Therapist and Client Initiated Narrative Sequence Type Shifts -
Therapist T1 and CC client 305 and PE client 312.

Therapy Approach	% SHIFTS FROM:								
	EXTERNAL TO:		INTERNAL TO:		REFLEXIVE TO:				
	T.	C.	T.	C.	T.	C.			
CC	Internal	17	9	Reflexive	10	8	External	7	36
PE	Internal	3	2	Reflexive	13	10	External	19	45
CC	Reflexive	49	28	External	1	12	Internal	16	6
PE	Reflexive	50	36	External	0	1	Internal	17	7

Therapist T1

In her CC therapy, therapist T1 most frequently shifted her client from an external narrative sequence type (NST) into a reflexive NST, 49%. This was also the most frequent pattern of NST shifts for T1 in her PE therapy. Fifty percent of the shifts T1 initiated in her PE therapy involved a movement from the external processes mode into a process of having the client reflect on her experience.

With regards to internal processing, 17% of therapist T1 NST shifting in the CC modality was from the external NST to an internal NST. When conducting PE therapy, only 3% of the NST shifts initiated by this therapist was from the external to the internal NST.

In her role as a CC therapist, 10% of therapist T1's NST shifting occurred from an internal processing mode to a reflexive narrative sequence. When conducting PE therapy, this same therapist shifted from the internal to the reflexive narrative processes mode 13% of the time. Therapist T1 had approximately the same percentage of shifts from the reflexive NST to an internal NST when she conducted CC and PE therapy. As a CC therapist, 16% of the process shifts were from the reflexive processes mode to an internal NST. As a PE therapist, this same therapist initiated 17% of her shifts from the reflexive to the internal NST.

CC Client 305 and PE Client 312

The most frequent NST shift initiated by the CC client 305 was from the reflexive NST to an external NST. Thirty-six percent of the NST shifts initiated by this CC client represented this type of processes shift. This was also the most frequent NST shift initiated by the PE client 312. Forty-five percent of this client's NST shifting involved the movement from reflexive analysis of experience to an external story-telling processes mode.

The second most frequent type of NST shift initiated by both the CC client 305 and the PE client 312 was from the external NST to a reflexive narrative sequence type. Twenty-eight percent of the shifts initiated by the CC client 305 and 33% of the NST shifts initiated by the PE client 312 represented this type of shift.

These results suggested that, regardless of therapeutic modality, the tendency for both of therapist T1's clients was to shift from a reflexive analytical mode of processing their experience to a grounding of their experience in concrete external story-telling.

The difference between these two clients appeared to be manifested in the percentage of shifts from the internal NST to the external NST. Twelve percent of the NST shifts initiated by the CC client 305 represented a movement from

internal processing to an external narrative mode. Only 1% of this type of NST shift was initiated by the PE client 312.

Table 19 illustrates the total percentage of NST shifts initiated by the therapist T2 in her capacity as both a CC and PE therapist, together with the percentage of NST shifts initiated by her CC client 015 and her PE client 103.

Table 19
Therapist and Client Initiated Narrative Sequence Type Shifts -
Therapist T2 and CC client 015 & PE client 103.

Therapy Approach	% SHIFTS FROM:								
	EXTERNAL TO:		INTERNAL TO:		REFLEXIVE TO:				
	T.	C.	T.	C.	T.	C.			
CC	Internal	9	4	Reflexive	9	9	External	17	42
PE	Internal	8	4	Reflexive	14	16	External	18	44
CC	Reflexive	53	33	External	0	6	Internal	13	6
PE	Reflexive	35	28	External	3	4	Internal	22	5

Therapist T2

In her CC therapy, therapist T2 most frequently shifted from her client from an external NST into a reflexive NST, 53%. In her PE therapy, this same therapist most frequently initiated the same type of processes shift. Thirty-five percent of therapist T2 shifts in her PE therapy involved a movement from an external processes mode into leading the client to reflect on her experience. These results suggest that, according to the most frequent type of process shifting across both therapeutic modalities, the role of therapist T2 is similar to that of therapist T1.

With regards to internal processing, 9% of therapist T2 NST shifting in the CC modality was from the external NST to the internal NST. When conducting PE therapy, 8% of this therapist's NST shifting was from the external into the internal processes mode.

In her role as a CC therapist, 9% of therapist T2's NST shifting occurred from an internal processing mode to a reflexive NST. When conducting PE therapy, this same therapist shifted from the internal to the reflexive narrative processes mode 14% of the time.

A difference between therapist T1 and therapist T2 appeared to be manifested in the frequency of shifts from the reflexive NST to the internal NST. Although therapist

T1 had approximately the same percentage of shifts from the reflexive NST to the internal NST when she conducted CC and PE therapy, therapist T2 appeared to have assumed a different role. As a CC therapist, 13% of the process shifts initiated by therapist T2 were from the reflexive processes mode to an internal NST. As a PE therapist, however, this same therapist initiated 22% of her shifts from the reflexive to the internal NST.

As an emotionally focused therapy with specific therapist interventions, the PE therapist, as compared to a CC therapist, would be expected to be more active in shifting the client into internal processing. The above results suggested that therapist T2 was indeed more active in shifting her PE client into an internal processes mode when conducting PE therapy versus her role as a CC therapist.

CC Client 015 and PE Client 103.

The most frequent NST shift initiated by the CC client 015 was from the reflexive NST into an external NST. Forty-two percent of the NST shifts initiated by this CC client represented this type of processes shift. This was also the most frequent NST shift initiated by the PE client 103. Forty-four percent of this client's NST shifting involved

the movement from reflexive analysis of experience into an external story-telling processes mode.

The second most frequent type of NST shift initiated by both the CC client 015 and the PE client 103 was from the external NST to the reflexive NST. Thirty-three percent of the shifts initiated by the CC client 305 and 28% of the NST shifts initiated by the PE client 312 represented this type of shift.

Similar to the results for therapist T1's CC and PE clients, these results suggest that, regardless of therapeutic modality, the most frequent tendency for both of therapist T2's clients was to shift from a reflexive analytical mode of processing their experience to a grounding of their experience in concrete external story-telling.

The difference between therapist T2's two clients appeared to be manifested in the frequency of shifts from the internal NST to the reflexive NST. Nine percent of the NST shifts initiated by the CC client 015 represented a movement from internal processing to a reflexive analysis of her subjective experience. This is compared to 16% of this type of NST shift initiated by the PE client 015.

Table 20 illustrates the total percentage of NST shifts initiated by the therapist T3 in her capacity as both a CC

and PE therapist, together with the percentage of NST shifts initiated by her CC client 309 and her PE client 306.

Table 20
Therapist and Client Initiated Narrative Sequence Type Shifts -
Therapist T3 and CC client 309 and PE client 306.

Therapy Approach	% SHIFTS FROM:								
	EXTERNAL TO:		INTERNAL TO:		REFLEXIVE TO:				
	T.	C.	T.	C.	T.	C.			
CC	Internal	10	6	Reflexive	16	25	External	5	33
PE	Internal	7	1	Reflexive	29	51	External	4	12
CC	Reflexive	30	21	External	4	6	Internal	35	9
PE	Reflexive	6	12	External	1	1	Internal	53	24

Therapist T3

Compared to the other two therapists in this study, therapist T3 appears to have taken on a different type of role as therapist in both therapeutic modalities. Unlike therapist T1 and therapist T2, both of whom most frequently shifted their CC and PE clients from an external NST to the reflexive NST, therapist T3 most frequently shifted her two clients from the internal NST to the reflexive narrative code. As a CC therapist, therapist T3 initiated a shift from the reflexive NST to an internal NST 35% of the time. In her PE therapy, this same therapist even more frequently initiated the same type of processes shift. Fifty-three percent of therapist T3's shifts in her PE therapy involved a movement from the reflexive processes mode to the internal NST.

As a CC therapist, the second most frequent processes shift initiated by therapist T3 was from an external processes mode into a reflexive narrative code, 30%. In her PE therapy, the frequency of this type of shift was much lower at 6%.

Ten percent of therapist T3 NST shifting in the CC modality was from the external NST to an internal NST. When conducting PE therapy, 7% of this therapist's NST shifting was from the external to the internal processes mode.

The percentage of therapist-initiated NST shifting from the external NST to the internal NST is similar for both therapist T3 and therapist T2 for both therapeutic modalities. The difference in the frequency of this type of shifting appears to concern therapist T1. The results suggested, however, that therapist T1 was more active in shifting her CC client from the external NST to an internal processes mode compared to the other two therapists in this study.

In her role as a CC therapist, 16% of therapist T3's NST shifting occurred from an internal processing mode to a reflexive NST. When conducting PE therapy, this same therapist shifted from the internal to the reflexive narrative processes mode 29% of the time.

The difference between therapist T1 and the other two therapists in this study appeared to be manifested most dramatically in the percentage of shifts from the reflexive NST into the internal NST. Although therapist T1 had approximately the same percentage of shifts from the reflexive NST to an internal NST when she conducted both CC and PE therapy, therapist T2 and therapist T3 appeared to have assumed different roles in the two types of therapeutic approaches. As a CC therapist, 13% of the process shifts initiated by therapist T2 were from the reflexive processes

mode into an internal sequence type. As a PE therapist, however, this same therapist initiated 22% of her shifts from the reflexive to the internal NST. As a CC therapist, 35% of the process shifts initiated by therapist T3 were from the reflexive processes mode to an internal NST. As a PE therapist, however, this same therapist initiated 53% of her shifts from the reflexive to the internal processes code. In other words, over half of the NST shifts initiated by PE therapist T3 may be described as shifting her client from analyzing her experience to a focus on an internal, subjective description of her experience. As an emotionally focused therapy which outlines specific therapist interventions proposed to heighten client's experiencing, one may expect the PE therapist to be more active, as compared to the CC therapist, in shifting the client into internal processing. The above results suggested that both therapist T3 and therapist T2 were indeed more active in shifting their PE clients into an internal processes mode when conducting PE therapy versus their role as a CC therapists.

CC Client 309 and PE Client 306.

Similar to the most frequently initiated NST shift reported for clients 305, 015, 312 and 103, the most frequent NST shift initiated by the CC client 309 was from

the reflexive NST to an external NST. Thirty three percent of the NST shifts initiated by this CC client represented this type of processes shift. Again, similar to the four clients described above, the second most frequent NST shift initiated by the CC client 309 was from the external NST to the reflexive processes mode.

The results suggest, however, a different type of predominant NST shifting for the PE client 306. The most frequently initiated NST shift for this PE client was from the internal NST to a reflexive NST. Fifty-one percent of the NST shifts initiated by this PE client represented a movement from internal processing to a reflexive analysis of her subjective experience. The second most frequent NST shift initiated by this client was from a reflexive NST to an internal NST.

This shift between internal and reflexive processing distinguished this client, not only from the other client exposed to the same therapist in the CC therapy modality, but also from the five other clients examined in this study.

Micro Analysis

Using the results generated from the macro analyses as a framework, the aim of the micro analyses in the present study was threefold. Firstly, the analyses addressed the ability of the NPCS to identify and track the pretreatment client-identified areas of conflict, as well as identifying the role of client and therapist in addressing these concerns in the therapeutic context. A second goal was to examine therapeutic process within the therapeutic content framework established by the application of the NPCS to the transcripts. These analyses were conducted, in part, to further investigate the ability of the NPCS to generate meaningful transcript units that may subsequently be rated on established psychotherapy process measures. The final aim addressed the ability of the NPCS to identify portions of the therapy transcripts as being perhaps representative of the therapeutic modality which may, in turn, provide researchers with a method of identifying key therapy moments.

Two dyads from the original pool of six examined earlier in this study were selected for these micro analyses: the dyad represented by client 305 and therapist T1 was selected from the CC therapy group; and, the dyad represented by client 306 and therapist T3 was selected from

the PE therapy group. The results generated by the macro analyses suggested that these two dyads were the best exemplars of each therapeutic approach. For example, the results suggested that the CC therapist T1 remained non-directive in her therapy with her CC client 305. This non-directive role was evidenced, in part, by the low frequency of both topic segment, and narrative processes shifts, initiated by this CC therapist. PE therapist T3, on the other hand, appeared to best exemplify the PE therapeutic approach by assuming a less active role in shifting therapy content, but, a much more active role in shifting process, particularly a shift to internal processing.

This section will begin by providing a brief description of both the CC client 305 and the PE client 306. This description will include a summary of each client's demographics, as well as the issues they identified as being of concern on the pre-treatment TC and PQ Questionnaires.

On both the TC and PQ Questionnaires, the CC client 305 had identified issues regarding her husband as being associated with her depressive symptoms. In contrast, the issues articulated by the PE client 306 on these questionnaires appeared to be less differentiated, particularly in the relationship context in which her issues occurred. However, for both the dyads selected for these

analyses, the predominant relationship focus that emerged by applying the NPCS to the transcripts was the client's relationship with her husband.

Following the descriptive summary of each client before the start of therapy, this section will revisit the tracking of relationship focus for each of the two clients. This investigation will address, in part, how quickly each of the therapeutic modalities ascertained a relationship focus in their therapies and how this relationship focus developed over the course of therapy. This will be followed by an investigation into the role of both client and therapist in initiating topic segments labelled as "self" and "self in relation to husband" across therapeutic modality. This investigation was conducted to examine whether it was client, or therapist, who shifted into these relationship foci.

The degree of elaboration within the topic segments labelled "self" and "self in relation to husband" will be addressed by examining the number of lines of discourse in these two relationship foci compared to the total number of transcript lines. As the number of sessions differed between the two clients selected for these micro analysis, the proportion of discourse to the total number of discourse lines in each dyad, was calculated.

This section will then present the results generated from application of the Client Experiencing Scale (Klein et al., 1970) to the discourse representing both "self" and "self in relation to husband" for both dyads. An examination of level of experiencing across all sessions will be followed by a statistical analysis of level of experiencing across therapeutic approach.

The final aim of the micro analyses in this study was an attempt to integrate the findings from the macro analyses to identify portions of the therapy transcripts which illustrated, not only the processes that may contribute to the reconstruction and co-construction of the clients' macro narrative, but also the role of client and therapist in that process. The excerpts show how these processes differed in each of the therapy modalities yet appeared to help the client reach a more differentiated and meaningful understanding of self, and self in relation to others. Furthermore, this analysis attempted to identify portions of the therapy hour which best represented that particular therapeutic modality which may, in turn, provide researchers with a method of identifying key therapy moments.

A Descriptive Summary of CC Client 305 Upon Entering
Therapy.

Upon entering the NIMH Study of Depression, 305 was a 60 year old married woman with two adult children. She was a self described upper middle class individual, owning both a house and a cottage. Although she never worked outside the home, she did volunteer work and took pride in her role as mother and home-maker.

305 entered therapy with symptoms of depression. Early in her therapy she ascribed her depressive symptoms to issues regarding her relationship with her husband and overwhelming family responsibilities.

305 entered therapy at a time when many changes were occurring in her life. Her husband of 34 years was preparing to retire. In the last years, his work had been his focus and she found he had had little time for neither her nor their relationship. Although the children were now into their adulthood, instead of growing together, 305 felt that she and her husband were beginning to lead separate lives. Woven into this issue was her sense of guilt at leaving her husband alone when she attended social events. She was an avid dancer and although her husband did not share her enthusiasm towards dancing, she felt guilty attending dances alone. She attributed this sense of guilt to her generation

which she described as more comfortable attending social events with their spouses, as opposed to taking the initiative and attending them alone.

305 had spent her life seeing to the household and raising her children. The anticipation of her husband's retirement, therefore, became an issue for her. She had noticed the negative impact that her father's retirement had had on her mother and her mother's role as home-maker. Apparently after her father retired, he subsequently took over the responsibilities in the home and as a result assumed much of the role that had contributed to her mother's sense of identity. Feeling that she had spent her life attending to the needs of others, 305 resented her husband for his lack of recognizing her needs and this was articulated by 305 as the most pressing issue on both the PQ and TC Questionnaires.

Included among the changes in her life was the upcoming marriage of her daughter. Except for her time at university, 305's daughter had always lived at home. Although she liked her future son-in-law, 305 felt that the marriage meant she was losing her daughter. As she was feeling increasingly more distant from her husband, 305 anticipated future feelings of loneliness. Furthermore, assuming the traditional role attributed to the parents of

the bride, 305 became heavily involved in the wedding preparations. This contributed a great deal of stress to her life. Her daughter was the first of her children to marry.

Her son was studying at a university in Western Canada. He had become involved with, and moved in with, a woman that 305 could not tolerate. She had met her son's girlfriend for the first time while 305 was in therapy. Her concern for her son, and her intense dislike of his girlfriend, also became issues for 305.

At the time of therapy, 305's father had recently died. After his death, she had arranged for her mother to be put into a nursing home. When they were both alive, 305 had assumed responsibility for their care, visiting them daily and bringing them meals. This time was not easy for 305, nor was the death of her father. At the start of therapy she indicated some resentment towards her siblings for leaving her responsibility of caring for her ailing parents.

A Descriptive Summary of PE Client 306 Upon Entering Therapy.

Upon entering the NIMH Study of Depression, 306 was a married woman in her late twenties. She described herself as coming from a working class background. When she entered therapy, she was at home taking care of her two young

school-age children. She indicated in her first therapy session that she would prefer therapy twice a week. This preference was due to the fact that she was actively seeking work and was concerned about her availability once she had secured a position. By the end of her therapy, she had found a part-time job.

Both of 306's parents were still alive and apparently in good health. Her brother, her only sibling, was diagnosed schizophrenic and was on, and off, medication. Her brother lived at home with their parents. This living situation concerned the client. The client felt that her father not only minimized her brother's illness, but also ignored her mother's fears regarding the son's behaviour when he was off medication.

Early in her therapy, 306 expressed resentment towards both parents. The client felt she had missed her childhood as her mother had apparently placed the care-giving responsibilities of her brother upon her. A struggle between resenting her mother for her missed childhood on the one hand, and wanting to forgive her mother on the other, emerged early in therapy.

306 described both her father, and her husband, as very controlling. Her husband, with whom she lived, was addicted to gambling. She felt manipulated by him and unable to

stand up for herself. She struggled with the idea of leaving him or staying and trying to change his addictive behaviour. As she was the major care-giver at home, she felt trapped and isolated.

In the pretreatment TC Questionnaire, 306 indicated that she was questioning why she was feeling so down. This was accompanied by feelings of sadness, guilt and resentment towards her family. She also expressed that she found difficulty expressing herself to her family, but did not specify a particular relationship in which this was most dominant.

Articulation of Pre-Treatment Problem and The NPCS:
Tracking Relationship Focus - CC Client 305 and PE
Client 306

Tracking the relationship focus for these two dyads became interesting in light of the Stiles findings alluded to in the Introduction (Stiles et al., 1992). According to the Stiles' study, progress on a particular problematic theme may depend on whether the chosen treatment is appropriate to the problem's stage. For example, Stiles et. al. (1992) submit that when a client presents problems which are poorly formulated and unfocused, they may respond better to an exploratory therapeutic modality. In contrast,

clients' presenting problems which are clearly formulated may respond better to prescriptive techniques.

In the two dyads selected for this micro-analysis, both the TC and PQ Questionnaires suggested that, upon entering therapy, the issues of concern for client 305 appeared to be more articulated and focused compared to those articulated by client 306. On both the TC and PQ Questionnaires, 305 articulated her main concern as being her resentment towards her husband and, to a lesser extent, resentment towards her siblings. She felt that her needs were not being met by her husband and she resented her siblings for relinquishing the responsibility for the care of her ailing parents to her. According to these pre-treatment questionnaires, it appears that the issues that brought the CC client 305 into therapy were well articulated and focused.

According to the pre-treatment questionnaires filled out by the PE client 306, the issues and concerns she articulated appeared much less focused than those articulated by the CC client 305. Target complaint number one on the TC Questionnaire identified the number one problem of the PE client in the form of a question. The question revolved around her feelings of being depressed or down, with feelings of guilt and resentment towards her family. On the PQ Questionnaire this PE client identified a

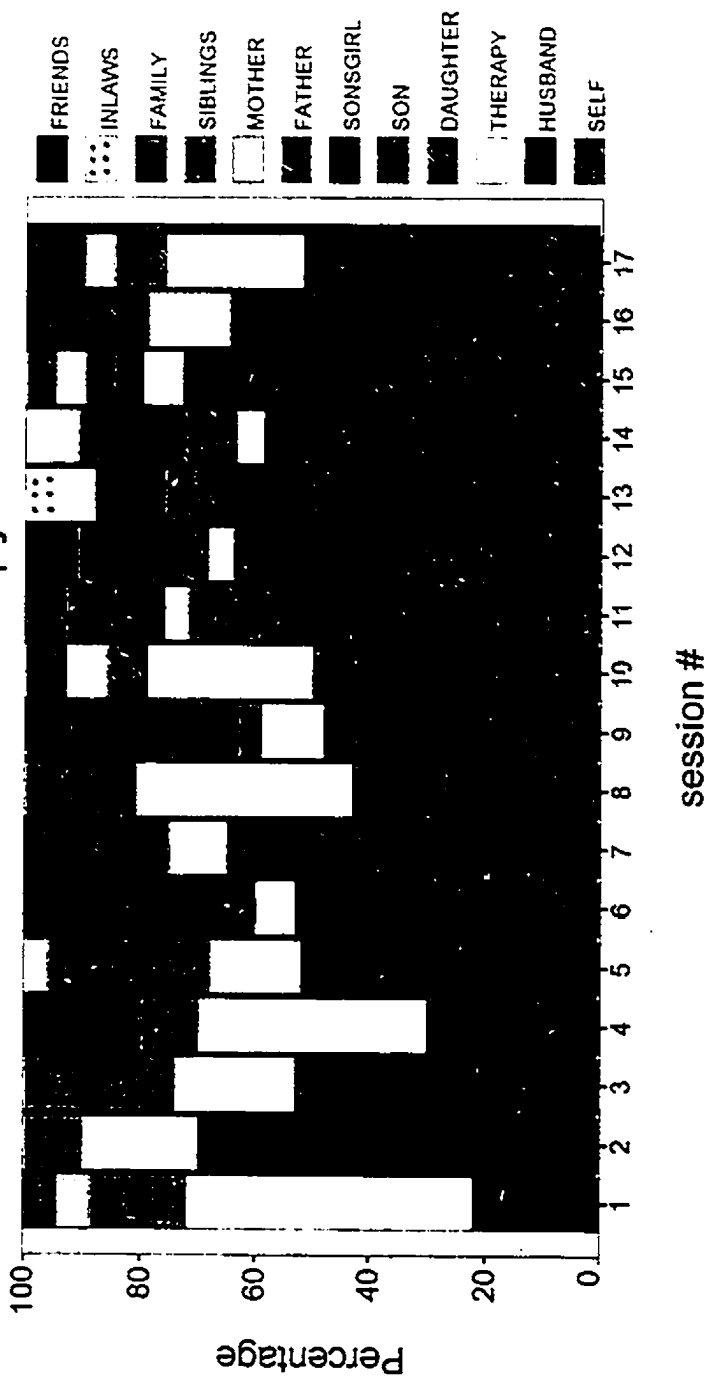
difficulty in expressing herself as her main concern. According to these pre-treatment questionnaires, it may be suggested that the concerns raised by the PE client 306 were somewhat less differentiated and unfocused compared to those articulated by the CC client 305.

CC Client 305

According to the articulation of each of the client's presentation of therapy issues it may be suggested that the CC client 305 may have been better suited, according to Stiles et. al. (1992), to a more prescriptive therapeutic modality. Although this client was exposed to an exploratory therapeutic modality, tracking the relationship focus across therapy for this client reveals that the dyad was able to quickly establish a focus on the husband and continue with that focus until the therapeutic content shifted onto a focus on self (see Graph 7).

Graph 7 Relationship Focus / Percentage of Topic Segments

Client-Centred Therapy: 305



According to the NPCS findings, 50% of the topic segments in this CC dyad's first therapy session revolved around issues regarding the therapist and/or therapy. This first session also involved discourse around the client's husband (22% of the topic segments), the client's daughter (10% of the topic segments), the client's father (6% of the topic segments), the client's mother (6% of the topic segments) and the client's family (6% of the topic segments).

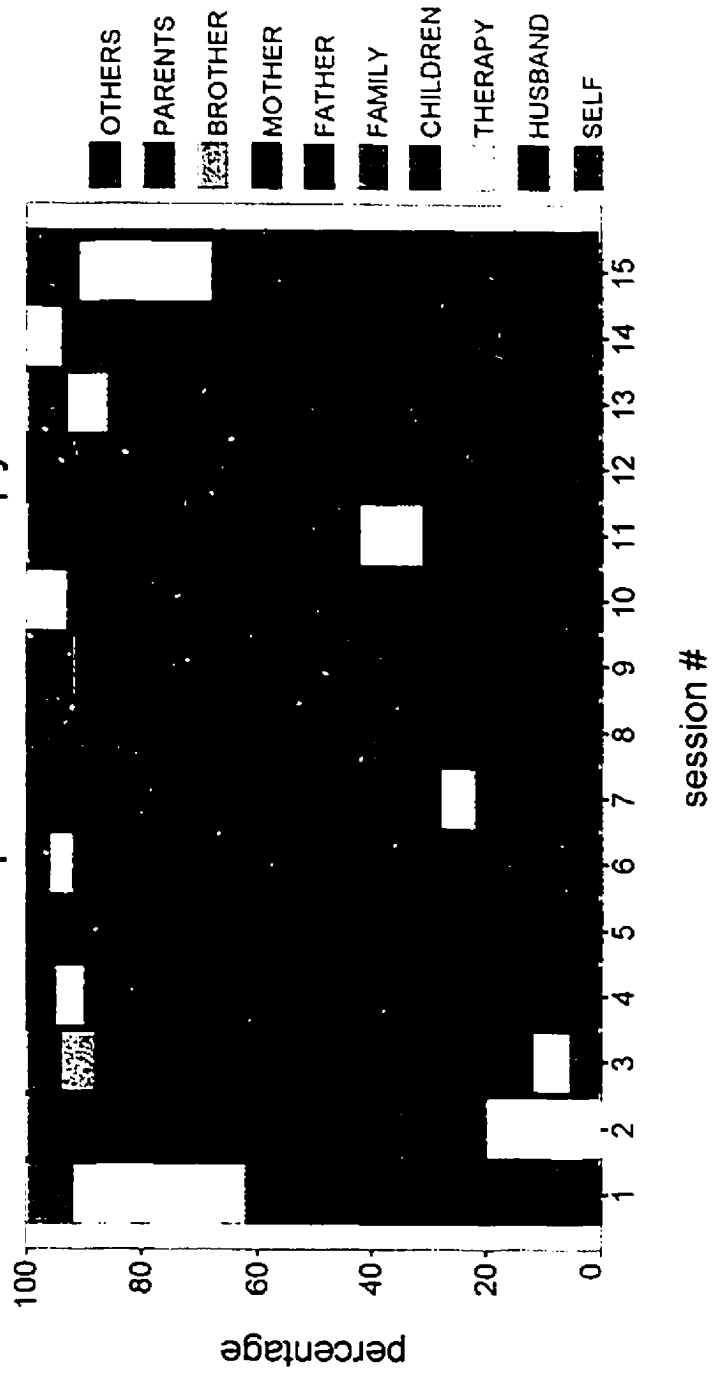
By the second therapy session, the dyad had established a focus on the client's relationship with her husband. Seventy percent of the topic segments in the second session were labelled "self in relation to husband." The client's husband appeared to remain most predominant relationship focus throughout this client's therapy experience.

According to the NPCS findings, topic segments labelled as discourse regarding "self" emerged only in later sessions in this CC dyad (see Graph 7). The earlier sessions of this client's therapy appeared to focus on others until session 9. At this point the client appeared to have shifted to a focus on self which continued until therapy ended.

PE Client 306

According to Stiles et. al. (1992) a more exploratory modality may be better suited to a client who presents, at the onset of therapy, a less differentiated and unfocused articulation of their current concerns. It was, therefore, interesting to examine the relationship focus across sessions for the PE Client 306. As mentioned above, this client articulated a problem expressing herself, yet failed to give a specific relationship context in which this issue manifested itself. Tracking the relationship focus for this client, however, appeared to suggest that the PE dyad was able to quickly establish a relationship focus in which the client's concerns were manifested (see Graph 8). Her concern in expressing herself, of feeling stuck, became an issue in her relationship with her husband and this focus appeared to be established early in this PE therapy.

Graph 8 Relationship Focus / Percentage of Topic Segments
Process-Experiential Therapy: 306



According to the NPCS findings, 54% of the topic segments in session 1 of this PE dyad represented discourse regarding "self in relation to husband." Although the client's relationship with her husband was not mentioned in sessions 2 or 3, in session 4, 90% of the topic segments were labelled "self in relation to husband." The intense focus on husband in this, and subsequent sessions, may be attributed largely to the PE therapy model. During these sessions chairing interventions involving the husband established a focus for the session. Unlike the CC dyad who continued a consistent focus on husband, this PE dyad apparently had fewer sessions, but rather more intense focus on husband across the client's therapy.

Role of Client and Therapist in Shifting Into Topic Segments Labelled as "Self" and "Self in Relation to Husband."

After having established that it was the client's relationship with her husband that became the predominant relationship focus for these two dyads, the following analysis investigated the role of both client and therapist in initiating topic segments to this relationship focus. Table 21 illustrates the overall percentage of client and therapist initiated shifts into topic segments labelled

"self" and "self in relation to husband" for the two dyads examined in this micro analysis.

Table 21
Percentage of Client and Therapist Initiated Topic Segment Shifts
Into Discourse Representing "Self" and "Self in Relation to
Husband."

Dyad ID	Relationship Focus			
	Self		Husband	
	Therapist	Client	Therapist	Client
CC305 & T1	12%	88%	8%	92%
PE306 & T3	62%	38%	47%	53%

The results suggest that the CC client was far more active than the PE client in initiating shifts into topic segments labelled as discourse representing both "self" and "self in relation to husband".

Shifting the Focus onto Self Discourse

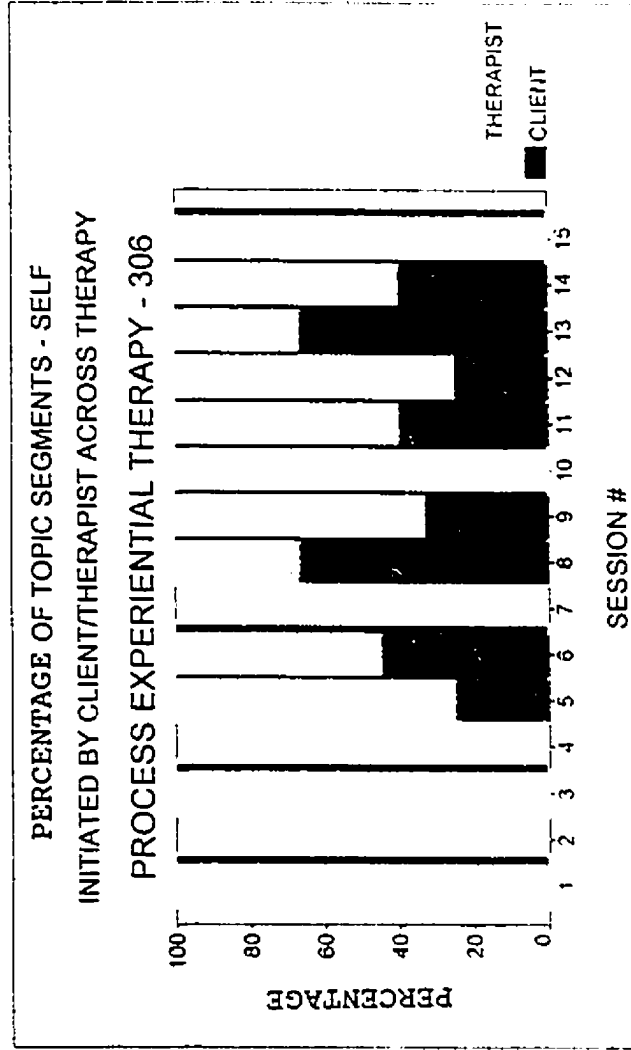
Eighty-eight percent of the topic segments representing discourse regarding "self" were initiated by the client in the CC therapeutic modality. This is compared to 38% of the shifts to "self" attributed to the PE client. The results suggest that the CC client was much more active in shifting content focus onto "self" than was the PE client.

In turn, the PE therapist shifted to topic segments labelled as "self" 62% of the time. Twelve percent of the topic segments labelled "self" were initiated by the CC therapist. These results suggest that, compared to the CC therapist, the PE therapist was much more active in shifting her client to focusing on self.

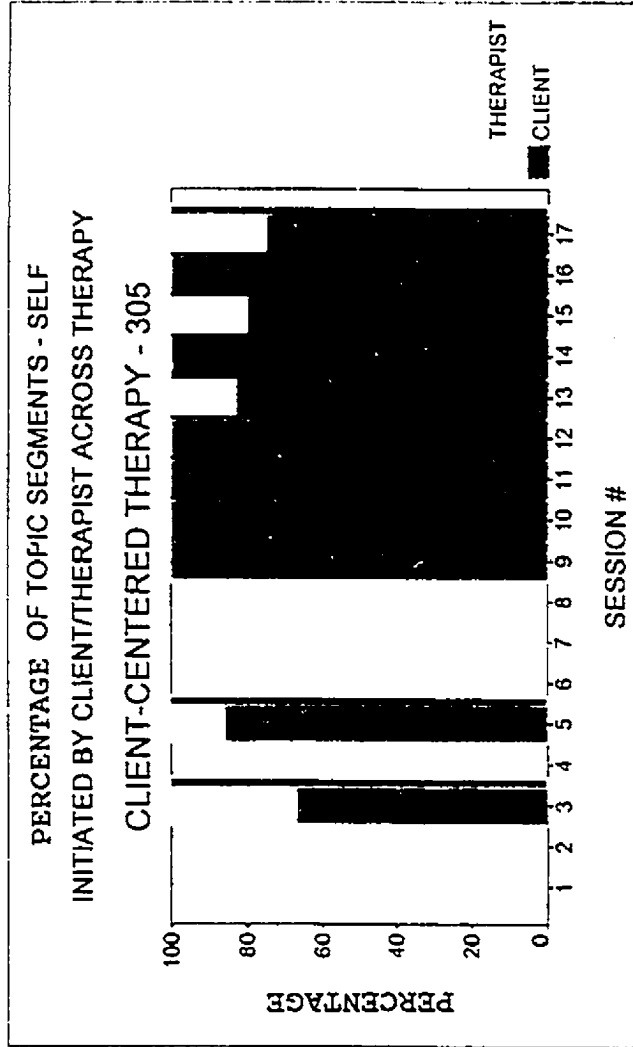
Graphs 9 and 10 illustrate the role of both client and therapist in initiating shifts into the topic segments labelled "self" across the therapy sessions for both dyads. Early in the PE therapy, it was the therapist who initiated all shifts into self discourse. By session five in this PE therapy, it appears that the client began to assume a role in shifting the focus onto self (see Graph 9).

In the CC therapy dyad, on the other hand, the client assumed an active role in shifting focus early in therapy and continued with this role across all the therapy sessions (see Graph 10).

Graph 9



Graph 10



Shifting the Focus onto Husband Discourse

With regards to focus on husband, the CC client assumed the predominant role in shifting to discourse representing this relationship focus. Ninety-two percent of the topic segments labelled "self in relation to husband" were initiated by the client in the CC therapeutic approach. 8% of the topic segments which shifted to a focus on "self in relation to husband" were initiated by the CC therapist.

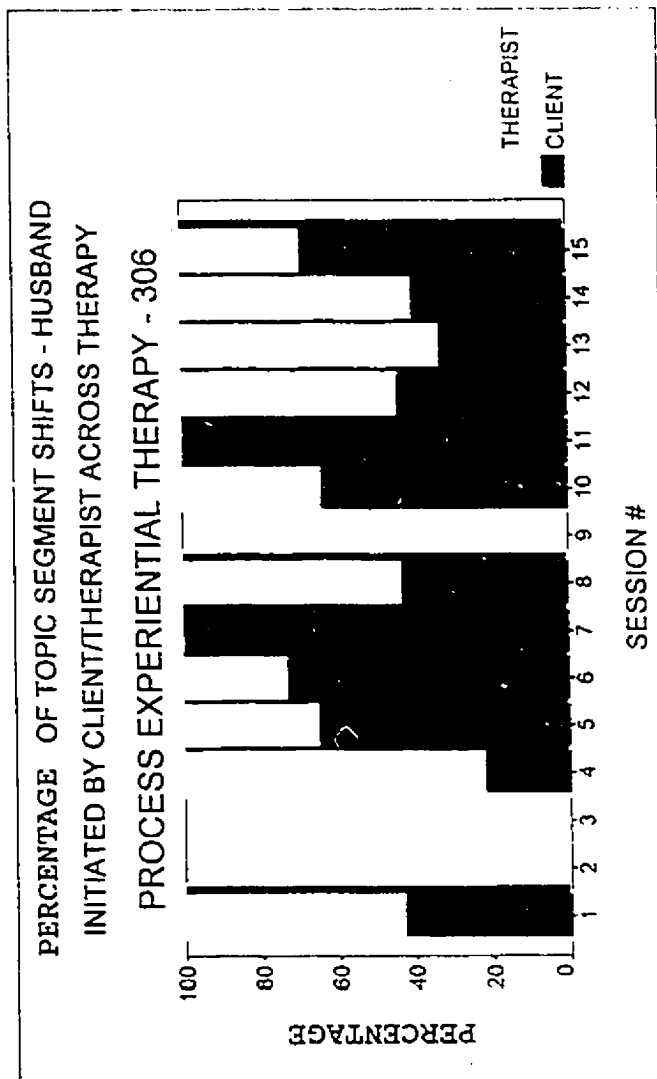
This is compared to the PE dyad in which 53% of the topic segments initiated by the client to discourse representing "self in relation to husband." Forty-seven percent of the topic segment shifts to this relationship focus were initiated by the therapist in the PE dyad.

Graphs 11 and 12 illustrate the role of both client and therapist in initiating shifts into the topic segments labelled "self in relation to husband" across the therapy sessions for both dyads. Early in the PE therapy, it was the therapist that most frequently initiated shifts to discourse representing the husband. As therapy progressed, however, it appears that the PE client assumed increasing responsibility in shifting to discussion about her husband (see Graph 11).

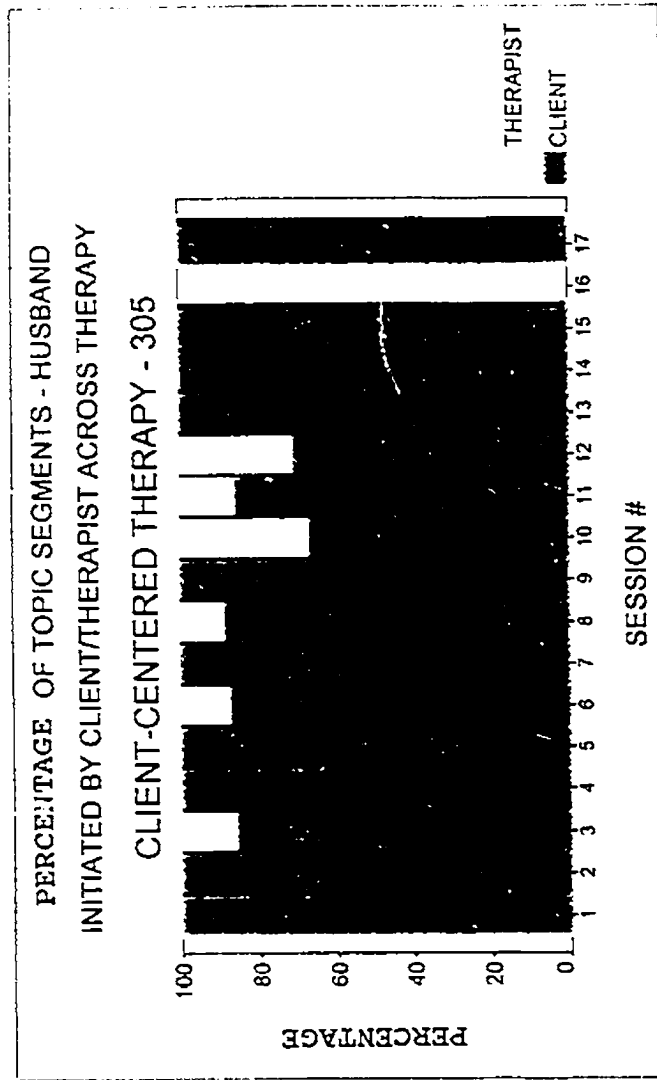
In the CC therapy dyad, on the other hand, the client assumed an active role in shifting focus onto husband early

in therapy, and continued with this role across all the therapy sessions (see Graph 12).

Graph 11



Graph 12



Degree of Elaboration in "Self" and "Self in Relation to Husband" Discourse Across Therapeutic Modality - A Summary of Transcript Lines.

In order to examine the degree of elaboration within the relationship foci self and husband across the two therapeutic approaches, the number of transcript lines were calculated and the proportion of lines to the total number of transcripts lines was computed. These results are presented in Table 22.

Table 22
Proportion of Transcript Lines Calculated for "Self" and
"Husband" Discourse Compared to the Total Number of Transcript
Lines Across Therapeutic Approach

Therapy Dyad	Total # of Transcript Lines	Relationship Focus	
		Self	Husband
CC 305 & T1	18 879	17%	41%
PE 306 & T2	11 044	21%	50%

The total number of transcript lines calculated for the CC Dyad 305 and T1 was 18,879. Seventeen percent of the total number of lines were attributed to topic segments identified by the NPCCS as representing discourse regarding "self." Forty-one percent of the total number of lines for this CC dyad were contextualized in topic segments labelled "self in relation to husband".

The total number of transcript lines calculated for the PE dyad 306 and T3 was 11,044. The lower number of total lines in this dyad, as compared to the CC dyad, may be accounted for, in part, due to the fewer therapy sessions of this dyad. Whereas the CC dyad had a total of 17 therapy sessions, the PE dyad had 15 sessions.

In the PE dyad, 21% of the total number of lines were attributed to topic segments identified by the NPCCS as representing discourse regarding "self." Fifty percent of the total number of lines for this PE dyad were contextualized in topic segments labelled "self in relation to husband".

These results suggest that the degree of elaboration for both relationship foci was slightly higher in the PE therapy dyad as compared to the CC therapy dyad. The results further suggest that the CC dyad appeared to have elaborated more with regards to the client's relationship

with others in her therapy experience. When the proportions of self and husband discourse is calculated for the total number of lines representing these two relationship foci, the differences between the therapy dyads appears to be minimized.

Table 23 illustrates the total number of transcript lines calculated for topic segments labelled as "self" and "self in relation to husband" for the two dyads. Also presented in Table 22 is the degree of elaboration of self and husband discourse within these parameters.

Table 23
Proportion of Transcript Lines Calculated for "Self" and
 "Husband" Discourse in Topic Segments Labelled According to These
 Two Relationship Foci

Therapy Dyad	Total # of Transcript Lines	Relationship Focus Self	Relationship Focus Husband
CC 305 & T1	10 785	29%	71%
PE 306 & T3	7 818	30%	70%

For the CC dyad, the total number of transcript lines calculated for topic segments labelled "self" and "self in relation to husband" was 10,785. Twenty-nine percent of the total number of lines in this case were attributed to topic segments identified by the NPCCS as representing discourse regarding "self". Seventy-one percent of the total number of lines for this CC dyad were contextualized in topic segments labelled "self in relation to husband".

For the PE dyad, the total number of transcript lines calculated for topic segments labelled "self" and "self in relation to husband" was 7,818. Thirty percent of the total number of lines in this case were attributed to topic segments identified by the NPCCS as representing discourse regarding "self". Seventy percent of the total number of lines for this PE dyad were contextualized in topic segments labelled "self in relation to husband."

These results suggest that the degree of elaboration, as represented by the number of transcript lines, was similar for both therapy dyads.

Examining Therapeutic Process Within Therapeutic Content:
the application of the Client Experiencing Scale to
discourse regarding self and self in relation husband.

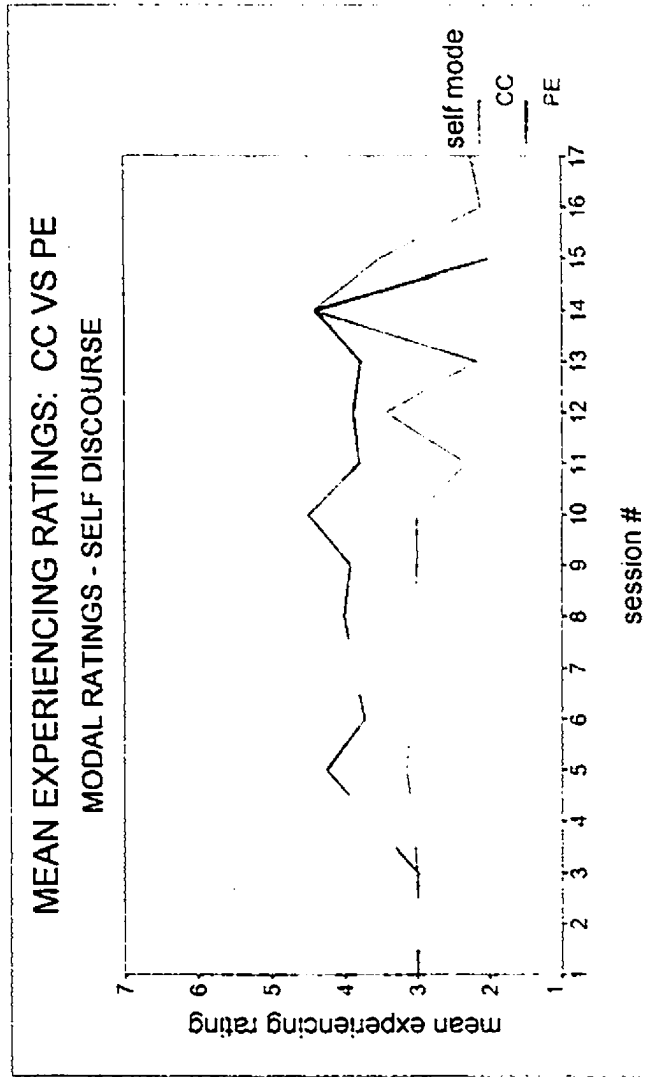
After having established the predominant relationship focus for both the CC client 305 and the PE client 306, the discourse representing "self" and "self in relation to husband" was rated on the Client Experiencing Scale. The aim of this analysis was twofold. Firstly, was there an increase in the level of experiencing across each dyad in discourse representing "self" and/or "self in relation to husband". Secondly, did the level of experiencing differ across therapeutic approach?

These analyses will begin by describing the level of experiencing within the relationship foci "self" and "self in relation to husband" across all sessions for both dyads. These results will be presented graphically.

This will be followed by a comparison of the level of experiencing across therapeutic approach.

Graph 13 illustrates the mean modal experiencing ratings for discourse representing "self" for both the CC dyad and the PE dyad.

Graph 13



Examining the data presented in Graph 13, it appeared that the mean modal experiencing rating for self discourse was slightly higher in the PE therapy ($\bar{X} = 3.836$) as compared to the CC therapy ($\bar{X} = 3.033$). The graph further suggested that the mean modal rating for self discourse in the PE therapy dyad began, and remained, at a consistently higher level across the therapy sessions. According to the PE therapy model, active therapist interventions may facilitate heightened client experiencing. By tracking the level of experiencing in self discourse across the dyad's sessions, it appears that these interventions may have facilitated a higher general level of experiencing when the PE dyad focused on self.

Mean modal ratings for self discourse in the PE dyad ranged from a rating of 3 in session one to a rating of 4.5 in session 10. The final session of the PE dyad represented a drop in the level of experiencing indicated by the mean modal rating of 2.

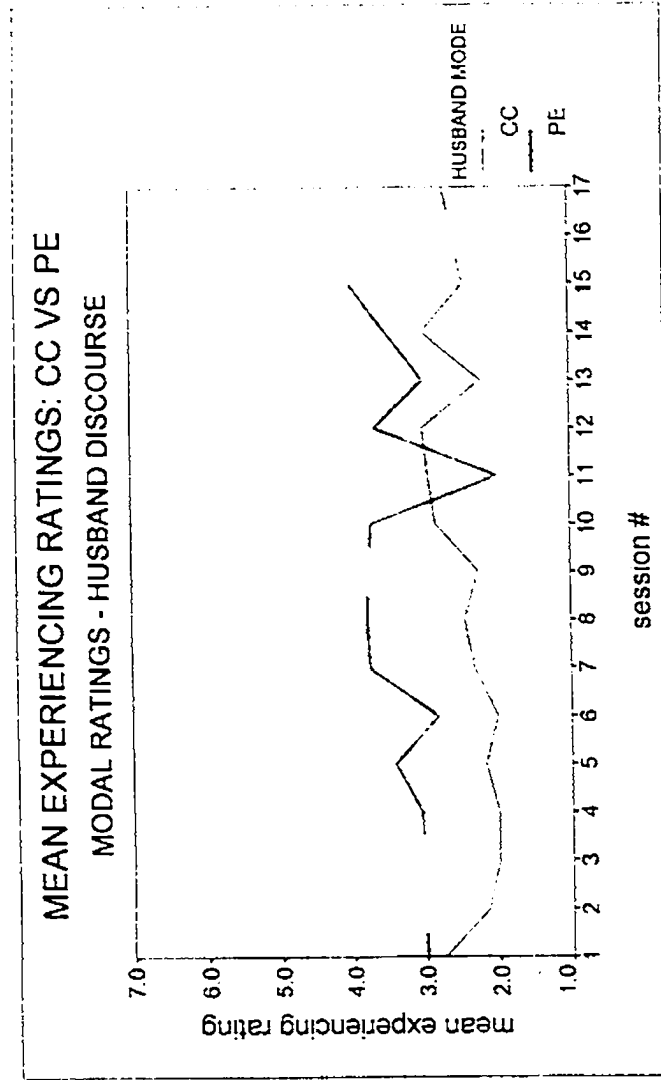
According to the Client Experiencing Scale, a rating of 3 represents discourse which describes either personal reactions to external events, limited self descriptions and/or behavioural descriptions of feeling. A rating of 4 on the scale indicates an increasing focus on feelings and personal experiences. At level 5, the client has

articulated problems or propositions about feelings and personal experiences.

The mean modal ratings of self discourse for the CC dyad seemed to fluctuate more across the therapy sessions than did the ratings calculated for the PE dyad. Ratings for this dyad ranged from a level of 3 in session 3 to a level of 2.3 in session 11 and as high as 4.4 in session 14. The general level of experiencing fell in the last two sessions of therapy to a level of 2 and 2.1 respectively.

Graph 14 illustrates the mean modal experiencing ratings across sessions for discourse representing "husband" for both the CC dyad and the PE dyad.

Graph 14



Examining the data presented in Graph 14, it appeared that the mean modal experiencing rating for discourse regarding husband was higher in the PE dyad ($\bar{X} = 3.491$) as compared to the CC therapy ($\bar{X} = 2.466$). The graph further suggested that the mean modal rating for husband discourse in the PE dyad began, and despite considerable variability remained, at a consistently higher level across the therapy sessions. This appeared to be the trend with the exception of a drop in the level of experiencing in session 11.

In the PE dyad, mean modal ratings for husband discourse ranged from a rating of 3 in session one to a rating of 4.5 in the final session of this dyads therapy. Although the mean modal ratings for husband discourse for the CC dyad seemed to remain at a lower level than the ratings reported for the PE dyad, they appeared to gradually increase as therapy progressed.

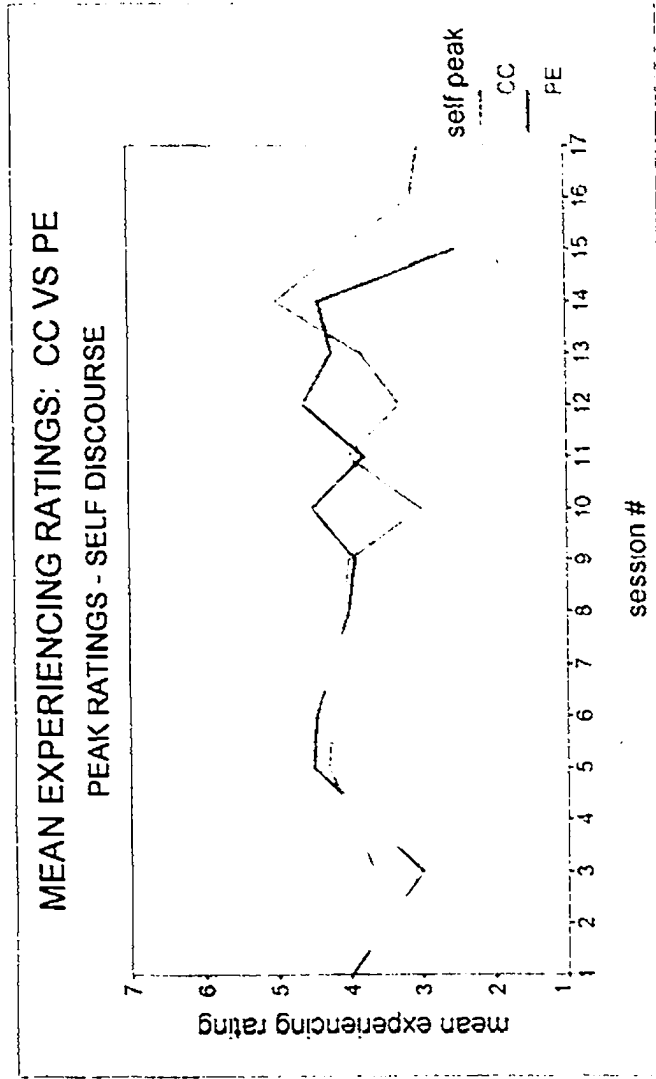
Tracking the mean modal experiencing ratings for husband discourse suggested different trends in the level of experiencing across the two therapeutic approaches. The higher level, and considerable variability, in the level of experiencing for the PE dyad may reflect the chairing interventions incorporated in this therapeutic approach. Ratings of 3 and 4 on the experiencing scale suggest an increased focus on feelings and personal experiences. The

mean modal ratings for the PE dyad fluctuated between these ratings suggesting that placing the husband in the "chair" may have indeed contributed to the higher level of experiencing achieved by the PE client.

In contrast, ratings of 2 and 3 on the experiencing scale reflect description of events and personal reactions to those events. By referring back to the topic segments in which this CC dyad spoke of her husband, it appears that much of the discourse reflected the client's personal reactions to her husband's past and present behaviour. Although the end result for both clients was a resolution of issues regarding husband, these results suggest that aspects of the PE model may have indeed heightened client experiencing of self in relation to other.

Graph 15 illustrates the mean peak experiencing ratings across sessions for discourse representing "self" for both the CC dyad and the PE dyad.

Graph 15



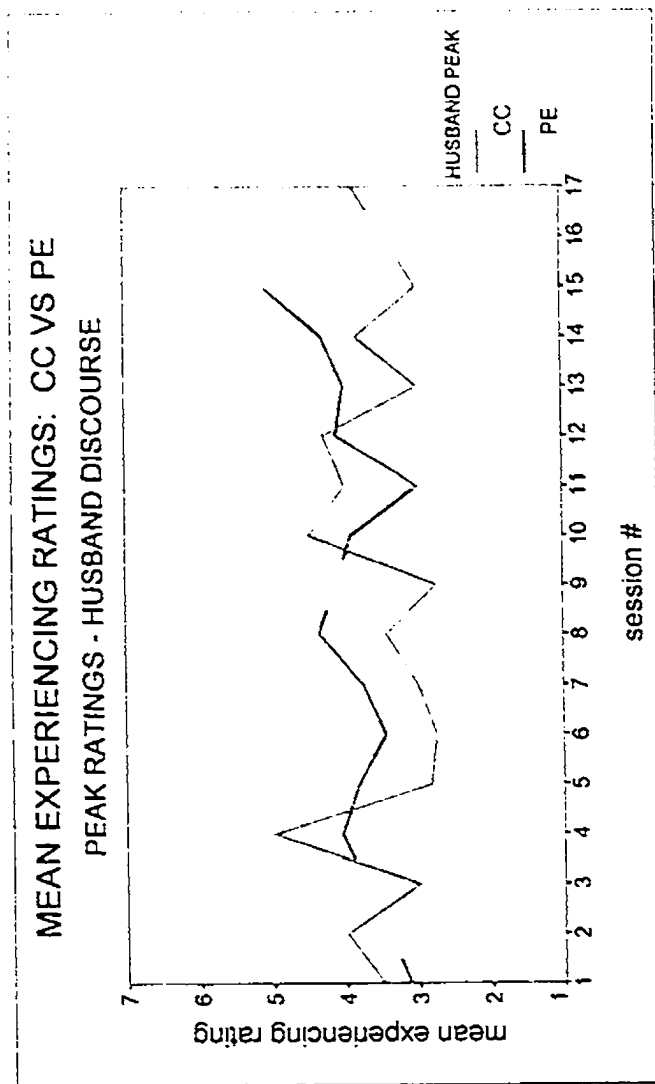
Although the results suggested that the general level of experiencing appeared to be higher in the PE dyad for both self and husband discourse, the peak level of experiencing across the sessions for self discourse appeared to be similar for both dyads examined in this micro analysis. The general level of experiencing is reflected in the modal rating while the highest level of experiencing in a given unit is represented by a peak rating.

Visualizing the data presented in Graph 16, it appears that both dyads began, and reached, a fairly high level of experiencing across the sessions, fluctuating between peak ratings of 3 and 5 on the experiencing scale.

Peak experiencing ratings represent the highest level of experiencing achieved in the unit of text rated. The mean peak experiencing rating for self discourse in the PE dyad was 4.289. The mean peak experiencing rating for self discourse for the CC dyad was 4.00. Although the general level of experiencing may have been heightened by active therapist interventions in the PE dyad, peak levels of experiencing within self discourse for both these good-outcome dyads appeared to reflect the same high level of experiencing.

Graph 16 illustrates the mean peak experiencing ratings across sessions for discourse representing "husband" for both the CC dyad and the PE dyad.

Graph 16



Examining the data presented in Graph 16, it appeared that for both dyads, the peak level of experiencing rated for husband discourse began, and remained, at a fairly high level of experiencing across the sessions, fluctuating between ratings of 3 and 5 on the experiencing scale. The mean peak experiencing rating calculated for husband discourse for the PE dyad was 4.069. The mean peak experiencing rating calculated for husband discourse in the CC dyad was 3.501.

In summary, these results suggested that although the general level of experiencing for both self and husband discourse appeared to be higher in the PE dyad, the peak levels of experiencing achieved by these two good-outcome clients were similar. The following analysis was conducted to examine whether indeed the trends in the level of experiencing were significantly different for the two dyads.

Mean Experiencing Ratings in Self and Husband Discourse
Across the CC and PE Therapy Dyads

Mean experiencing ratings for topic segments representing "self" and "self in relation to husband" were calculated. Table 24 illustrates the mean experiencing scores in each relationship focus across therapeutic approach.

Table 24
Mean Mode and Peak Experiencing Ratings within "Self" and
"Husband" Topic Segments Across Therapeutic Approach.

Therapy Dyads	Relationship Foci			
	Mode	SELF Peak	Mode	HUSBAND Peak
CC DYAD	3.033	4.000	2.466	3.501
PE DYAD	3.836	4.279	3.491	4.069

Within self topic segments in the CC dyad, the overall mean modal and peak ratings were 3.033, and 4.00, respectively. Within this same self focus in the PE dyad, the overall mean modal and peak ratings were 3.836, and 4.279, respectively. A t-test of independent means suggested a significant difference between mean modal ratings representing self topic segments between the CC and PE dyads ($t(1,120) = -3.84; p < 0.001$). No significant differences in peak ratings were found when the same statistical analysis was conducted on the peak ratings ($t(1,120) = -1.32; p < 0.001$).

Modal experiencing ratings represent the general level of experiencing of the unit being rated. Peak scores represent the highest level of experiencing reached in the same unit of text. The above results indicated that the general level of experiencing within self discourse in the PE dyad was higher than the general level of experiencing rated within the same relationship focus in the CC dyad. No significant differences in the peak experiencing between these two dyads may be attributed to the fact that both dyads were deemed good-outcome clients. Having both resolved certain issues in therapy, the peak scores were similar.

Within husband topic segments in the CC dyad, the overall mean modal and peak ratings were 2.466, and 3.501, respectively. Within this same husband focus in the PE dyad, the overall mean modal and peak ratings were 3.491, and 4.069, respectively. A t-test of independent means suggested significant differences for both the mean modal and mean peak ratings representing husband topic segments between the CC and PE dyads ($t(1,230) = -9.26; p < 0.001$) and ($t(1,230) = -4.3; p < 0.001$).

The results suggest that the modal ratings for husband discourse is significantly higher in the PE therapy dyad versus the CC dyad. In this PE dyad, therapist interventions often had the client communicate with her husband by placing him in the other "chair." By doing so, the client's level of experiencing may have been heightened, thereby accounting for the significant differences found. In the CC dyad, the client often recounted events that had taken place involving her husband and his actions. Descriptions of these events would have indicated a lower level of experiencing according to the scale.

The NPCS, Therapeutic Modality and the Co-construction of the Clients' Macro Narrative.

In the present study, the macro analyses suggested that the NPCS may be a type of post hoc adherence measure in that it appears to capture the role of the therapist and client in the reconstruction of the client's narrative across the therapy sessions. The CC and PE therapy modalities examined in this study outline distinct therapeutic tenets to which the therapist must adhere in order to facilitate therapeutic client change. In the case of CC therapy, it is hypothesized that it is both necessary and sufficient for the therapist to be non-directive, empathetic, genuine and to exhibit unconditional positive regard for the client. In PE therapy, on the other hand, a number of therapeutic tasks require the therapist to take on a more active role in shifting process in the therapy session, particularly into an internal mode of processing.

Furthermore, the macro analyses suggested that the NPCS may indeed be a reliable method of tracking relationship focus across a client's therapy experience. Interpersonal conflicts for both the CC and PE dyads selected for the micro analyses revolved around the client's relationship with her husband. This final analysis will examine how the NPCS findings from the macro analyses may be helpful in

identifying portions of the therapy transcripts in which the therapist is not only adhering to the therapeutic modality, but is also involved in processes which may contribute to the clients' co-construction of a more differentiated and meaningful sense of self, and self in relation to others. This may, in turn, provide researchers with a method of identifying key therapy moments.

CC Client 305

According to the NPCS findings, the CC therapist T1 and her client 305 appeared to be the best exemplar of the CC therapeutic modality in this study. T1 shifted topic segments less often than the other CC therapists when conducting CC therapy than in their role as PE therapists. Regarding shifting narrative processes type, T1 most often shifted her client from an external mode of processing into a reflexive analysis of the client's experience. The CC client 305, on the other hand, tended to shift from this reflexive analysis back to a description of events.

The following excerpt was selected to represent the above phenomenon. Referring back to the NPCS charts, this excerpt represents a moment in therapy in which the following occurs: the client shifts into a focus on husband; the therapist shifts narrative sequence type from the external to the reflexive; and, the client shifts from

the reflexive into the external. The excerpt is taken from the last 20 minutes of session 11. (Note: for an explanation of the codes used in transcribing the transcripts according to Mergenthaler and Stinson, 1992, see Appendix C).

CC Dyad: Client 305 and Therapist T1

C: and you know I mean, if my Mother had been herself she would never have been like that but, you know, that stuck in my mind. (the client shifts topic segment away from a focus on her relationship with her mother to a focus on her relationship with her husband -there is no shift in narrative sequence type which remains reflexive) and, but, you know, to give K.(husband) credit, and I guess, I have !blamed him for this, but actually, I I guess in a way to give him credit, he has !never brought that up to me.

T: mm-hm.

C: the confusion that cost with our family. he has !never once referred to it. (the client shifts narrative sequence type from the reflexive to an external description of events) because you know, he always said, like well, he wouldn't say anything. he used to get mad, at my sisters, he would get furious. and then, it got to the point that, I wouldn't, if I were mad, was mad at them, I wouldn't say anything to K. because I know, you know, and then I'd say to him, "don't you dare talk about my sisters like that!" so it got to the point that he said nothing.

T: mm-hm.

C: and then it got to the point that I withdrew even more because he wouldn't say anything against my sisters, so, and I wouldn't get any action from him so I just didn't talk about it.

T: mm-hm. (the therapist shifts narrative sequence type from the external to a focus on a reflexive analysis of client's experience) so somehow you wanted support, and yet

what he, when he said something and it was against your family it kind of hurt you

C: yeah.

T: so you kind of pushed him away a bit.

C: right, mm-hm. so I mean E.(therapist), part of this problem isn't, you know, it's my fault too. I, you know like, I know this you know, but, it's pretty hard to admit that you did something well, you know, stupid (laughs). you know?

T: well, I don't know about, I mean to fault - to feel that you should have, I mean, it sounds like it was just an awful time and there was so much going on

C: yeah, mm-hm.

T: and people just react, the way they react

C: yeah.

T: it's probably hard to, also be thinking about your fa- your marriage, when so much is going on

C: mm-hm.

T: in other ways.

C: well this was how I felt like, it was like, I was !consumed with my parent's, you know, but then - - when I look back on it now I think well, did I have much of a choice? I mean, no one else was doing it. a-and

T: like it's not like I had a choice

The client and therapist continue to explore how the demands of her ailing parents may have resulted in repercussions regarding the client's relationship with her husband. Still within the context of the same topic segment from which the above excerpt was taken, the next excerpt

illustrates the client shifting the topic segment to a focus on her relationship with her son.

T: maybe there was so much going on that the two of you couldn't work it out because you sound like you were just up to here with other things.

C: yeah, mm-hm yeah. and then plus the fact that um you know like, the kids had gone out west, you know I, like it just seemed that the timing for everything was very bad.

T: yeah it sounds like everything just fell into those few, I don't know if it was months or years.

C: it was actually, I would say that happened over two, a two year period of time

T: two years +(?:that sounds like)

C: (the client shifts from discussing her relationship with her husband to a focus on her relationship with her children - the client also shifts the narrative processes type from reflexive to a focus on the external description of events) like Do.+ had gone out west, like he had done his, he'd graduated and then he's gone out west, and then of course Di. had gone to (name of university) and then she got an internship, and as a matter of fact, the night that - - now, yeah, that's right, Di left for (name of city) like, for her internship, and, she did, her first three months in (name of city) and the rest in (name of city) and um, she left - um, I forget but anyhow,

In this session, it appears that it was the tendency of the client to shift from a reflexive analysis of her experience to a grounding of that experience in the external description of events. The therapist, on the other hand,

appeared to be shifting her client from describing her experience, to exploring and reflecting on past events.

The following excerpt is taken from the end of this session. The client describes the impact of reconstructing and co-constructing her macro narrative via a cyclical processing of external and reflexive narrative sequence types. The bolded discourse reflects the client's new understanding of self, and self in relation to her husband and was given a rating of 6 on the Client Experiencing Scale.

C: well as I say, you know, you have to, you just sort of feel, well, you have to do something and that's all it you know, but uh. (the client shifts topic segment from her relationship with her parents to a focus on her relationship with her husband - the client also shifts narrative sequence type from reflexive to external) so anyhow, as I say, I guess maybe I've taken up all your time.

T: that's okay, that's okay.

C: but um, I didn't think I'd be telling you all this today. but ah,

T: (the therapist shifts narrative sequence type from external to reflexive) it sounds like it is important to remember how tough it was back then and kind of, maybe some of those feelings spilled over to the marriage, when really they were part of, I don't know, a lot of the turmoil that was, from these other things.

C: I I it must have had some effect, don't you, yeah, as you say I mean, it had to. because um, two people I don't think can live, with, a lot of these problems, and you know. maybe K. felt - - I never thought about it this way until now but, maybe, he felt so left out too, maybe !he just felt left out.

T: yeah like maybe he, it sounds like you mind, when you said that you were consumed with what was going on with your family

C: yeah.

T: maybe he felt, left out and maybe helpless.

C: yeah, you know I never looked at it that way before. I just always, I just had this feeling of resentment that my, my soul support (slight laugh) wasn't there type of thing.

T: uh-huh, like he should have supported you more.

C: yeah, and maybe !he just felt left out you know that, as I say, I was so consumed with my parents, that maybe I pushed him out of my life, maybe I did?

T: maybe he didn't know how to help or?

C: yeah.

T: maybe he didn't know what you needed at the time

C: mm-hm.

T: or

C: yeah, you know, I never thought of it that way, isn't that strange, I just, you know maybe just sort of - - I guess maybe I was just so angry and so let down and, you know

T: and maybe there was a lot of hurt there that wasn't being expressed too

C: yeah.

T: sounds, I don't know, I get the feeling from, just knowing you a bit that maybe you didn't let on how hard it was.

C: - - - no I probably didn't, no,

PE Client 306

According to the NPCS findings, therapist T3 and her client 306 appeared to best exemplar of the PE therapeutic approach. Therapist T3 shifted topic segments far more often than did the CC therapist T1. Furthermore, PE therapist T3 most often shifted her client from a reflexive mode of processing to an internal, subjective analysis of her experience. PE client 306, on the other hand, tended to shift from this internal mode of processing back into a reflexive analysis of her experience.

The following excerpt was selected to represent the above described phenomenon. The excerpt is taken from the PE dyad represented by client 306 and therapist T3. Referring back to the NPCS charts, this excerpt represents a moment in therapy in which the following occurs: the therapist shifts the client to focus on various aspects of her experience of self, and self in relation to her husband; the therapist shifts narrative sequence type from the reflexive into an internal mode of processing and, the client shifts from the internal into the reflexive. The excerpt is taken from session 5.

T: - - say that again.

C: - I feel strong and I I can do it without you.

T: (the therapist shifts the topic segment from away from a focus on husband to a focus on self - there is no shift in narrative sequence type which remains internal) what happens when you say that?

C: - - um - - - - I feel supportive - um

T: you feel supportive - - of?

C: I don't feel as alone I guess

T: I was alone and +you feel

C: alone+

T: supportive of yourself

C: right, yeah - yeah um um - I don't feel as - lonely - -
- - -um - feels good - - -

T: tell him about that - the support you feel

C: um - - - - - to to feel good as a human being. I feel good.

T: yeah I know, like somehow you feel strong - you feel - -
more su- - - support - - what - what's happening?

C: - - yeah - I I feel strength and - hopeful - - (the client shifts narrative processing from internal to reflexive) towards myself -

T: mm-hm. like I - more belief in yourself in a way - I suppose

C: yeah - yeah I believe in myself - - um - - - I have faith and hope in myself - - - - - yeah like you know - I can do it with out you -

T: say that again

C: I can - do it without you.

T: (the therapist shifts the client away from a focus on self and back on to an exploration of her relationship with her husband - the therapist shifts narrative sequence type from reflexive to internal) what happened? - - -

C: (crying)

T: you feel sad?

C: (crying)

T: start the sad feeling

C: (p:00:00.08) um (p:00:00.11) (sniff) - (narrative sequence type shift to reflexive) um - - I feel sad because um - - - for for you -

T: mm-hm. feel sad for him.

C: - - - that's um - (sniff) (the client initiates the shift from internal processing to a reflexive analysis of her experience) yeah that there's so much help but he doesn't want to take it

T: mm-hm / /

C: yeah that - that you push everybody aside - -

T: mm-hm. so it's like - sad that - - that nobody can reach you, nobody can help you

C: yeah he doesn't want, he doesn't allow anybody in - cause um - you can do it on your own and he just has this - well that he doesn't need anybody and

T: mm-hm.

C: I guess not even me

The dyad continue in this reflexive narrative process type for within the context of the client's relationship with her husband to until the therapist shifts her client to focus on the internal aspects of her experience. This is illustrated in the following excerpt.

T: so you're not just speaking for yourself, you're speaking for your children

C: that's right - - - - -

T: **(the therapist shifts the client's reflexive processing to an internal mode of processing)** what do you feel when you tell him that?

C: - well I'm sad

T: tell him that - yeah so stand up and tell him about it

C: (sniff) - sort of - really

T: there is something - sad right?

C: - - yeah I - - - (sniff) - - um - **(the client shifts from an internal mode of processing to a reflexive narrative sequence type)** don't you want to be a family and (crying)

T: mm-hm.

C: I thought that you really cared about us

T: mm-hm mm-hm. so it's like he's really let you down - -
-

C: yeah (sniff)

T: so it's like I wish - - that you would have cared

C: - yeah it's - - it really says it all what's more important to you

The above excerpts illustrate the different roles assumed by client and therapist across the therapeutic modalities in the co-construction of the client's macro narrative. Furthermore, this phenomenon appeared to have been captured by the NPCS, suggesting that the NPCS may be a

meaningful tool in identifying both shifts in therapy content and narrative processes type, as well as the role of the client and therapist in shifting content and process across different therapeutic modalities.

Discussion

In the following section, the findings from applying the NPCS as a heuristic to explore possible differences across modality will be discussed first in terms of the summary of therapeutic content within dyad, followed by a discussion of the identification of narrative processes across therapeutic modality. Next the role of both client and therapist in shifting therapy content and narrative processes type will be considered in terms of the reconstruction and co-construction of the client's macro narrative across the two therapeutic modalities examined in this study. Woven into this first section will be a discussion of the issues which have arisen by conducting this type of comprehensive analysis of the clients' experience of therapy.

The discussion section will then focus on the findings from the micro analyses. First, a discussion of the utility of the NPCS to capture the discourse representing the clients' pre-treatment identified conflict issue will be presented. This will include a comparison the role of

client and therapist in shifting the sessions focus to the clients' issue both within, and across, the two therapy approaches examined in this study. Next the results from applying the Client Experiencing Scale to discourse identified by the NPCS to represent an interpersonal conflict resolved by the dyad in therapy will be discussed. Finally, a discussion of the future applications of the NPCS presented.

The NPCS Macro Analyses

Summarizing Therapy Content Across Dyad

Instead of examining all sessions of a client's experience in therapy, psychotherapy process researchers have traditionally opted to select certain sessions, or extract particular moments of a therapy session, for intensive analyses. Findings from this study appear to give foundation to recent criticisms levelled at this type of practice from researchers including Hill & Corbett (1992), Elliott (1989) and Stiles & Shapiro (1989).

The first stage of unitizing therapy transcripts according to the NPCS requires researchers to locate shifts in topic segments across the transcribed session. This initial phase generates a content summary of what has been talked about in the therapy session, thus furnishing researchers with a tool to track therapy session focus.

Requiring NPCS raters to remain close to the text when describing topic segments helps to ensure that this initial stage of session summary entails little inference.

According to the findings of this study, applying the NPCS as a heuristic to characterize therapy session content was extremely useful in a number of respects. Firstly, the findings illustrated that the traditional practice of selecting certain sessions for analysis entails a risk of misrepresenting what was actually talked about across the client's therapy experience. Tracking relationship focus across the clients' therapy sessions illustrated significant variability in predominance of foci across sessions. For example, in the PE dyad, client 306 and therapist T3, although the client's husband emerged as the predominant relationship focus in her therapy, he was not mentioned in session 2, 3 or 9 of her 15 session therapy. Had these sessions been selected for analysis as representing either early and/or middle therapy, it may be argued that the analysis was not representative of the entire therapy and thus may be rendered meaningless. Identifying and unitizing topic segments according to the NPCS may be considered not only a useful tool to provide researchers with an initial summary of therapy content, but also an essential step to ensure nothing is overlooked when attempting to describe

therapy process, and subsequently understanding client change.

Tracking relationship focus across the therapy sessions for each of the six dyads proved to be interesting in two respects. By tracking topic segments labelled "self", a portrait of the emerging self in therapy was revealed. Although "self" topic segments did not represent the predominant relationship focus for all six dyads, in each case there appeared to be a trend suggesting a shift to a focus on self as therapy progressed. This shift in a focus away from others to a focus on self was illustrated most dramatically by the CC dyad represented by client 305 and therapist T1.

Secondly, the significant role of the therapist in the clients' experience of therapy was made evident by identifying the predominant relationship foci for each dyad. In each case, the therapist was included in the top four relationship foci identified by the NPCCS. Although it is for further studies to investigate what it was that the client and therapist were discussing, the significance of the therapist in the clients' co-construction of self across both therapeutic approaches analyzed in this study was made evident by these results.

According to Milbrath et al. (1995), although content analysis of discourse has a rich history, relatively little research has been aimed at identifying topics by their content. Using a similar definition of topics as outlined by the NPCCS, these authors attempted to track "what was talked about" across a therapy discourse of an individual in brief dynamic treatment for severe grief reaction. A sequential analysis of topic content areas indicated that during the second half of this client's therapy, the client appeared to open up and become more accessible to different content areas. Furthermore, results from this study suggested that time spent on conflictual topics decreased as they became resolved.

According to Milbrath et al. (1995), their analyses of topical content of patient discourse may not only provide a method for revealing habitual or schematically organized mental contents, the authors claim that their approach is completely novel. The application of the NPCCS in the present study builds upon the significance attributed by these authors to the study of the description of therapy topics by providing researchers with a systematic method of unitizing and describing these topics within the therapy transcripts.

Identifying Narrative Processes Across Therapeutic
Modality.

Whereas the initial topic segmenting stage of the NPCS was developed to provide a descriptive summary of the clients' unique experiences, the identification and characterization of narrative sequence types represents a more systematic, empirical approach in understanding the processes which may be involved in the clients' reconstruction and co-construction of a more differentiated and meaningful understanding of self, and self in relation to others.

Previous studies (Levitt, 1994; Angus et al., 1992) have suggested that coding topic segments according to narrative sequence types may provide a template upon which different therapeutic modalities may be compared. For example, Levitt (1993) found both differences in frequency, and type, of narrative processes in dyads representing three distinct therapy approaches. Furthermore, the predominant narrative processes that emerged from her analyses appeared to reflect the theoretical tenants each of the therapy approaches she examined.

Similar to the findings of the NPCS study conducted by Levitt (1993) which compared a dyad from PE, Perceptual Processing and Psychodynamic therapies, the differences

between the dyads representing the two therapeutic approaches examined in this study also appeared to be manifested in the number and type of narrative sequence shifting, not in the number of shifts between topic segments. The findings from the NPCS macro analyses indicated that there was not a significant difference in the number of topic segments identified between the dyads from the CC and PE therapy groups.

An initial analysis suggested significant differences in the overall number of narrative sequences identified in the dyads representing each therapeutic modality. As increasing evidence was revealed suggesting that the therapist T1 may not have strictly adhered to the PE therapy model, a second analysis excluding this particular therapist was conducted on the mean number of narrative sequences between therapy modality. Although it first appeared that the CC dyads shifted significantly more often between narrative sequence types, the differences disappeared when therapist T1 was removed from the analysis. The results from the second analysis suggested that a varied exploration in terms of narrative sequence type may be characteristic of the dyads from both the CC and PE therapeutic approaches. The predominance of the three narrative sequence types

within each therapeutic modality, however, revealed interesting differences between the two therapy groups.

According to the analyses of narrative sequence types across the therapies, the CC dyads had a significantly higher number of external narrative sequence types. This was also the case when therapist T1 was removed from the analysis. According to these results, it appears that when reconstructing the clients' macro narrative in therapy, the CC dyads shifted into a process involving the articulation of details and descriptions of events in the clients' life more often than the PE dyads. An analysis of the degree of elaboration within each narrative sequence type suggested that both therapy groups were similar. Overall, the mean number of transcript lines in the external processes mode in the CC therapy dyads was 25. The mean number of transcript in this processes mode in the PE therapy dyads was 24. The CC therapy dyads had a higher percentage of external narrative sequence types, yet the mean number of lines for this processes type was similar to that calculated in for PE therapy group, which strongly suggested that it is more characteristic of CC therapy dyads to focus on the articulation of current and/or past events in the reconstruction of the clients' macro narrative across the therapy sessions.

No significant differences were found in the percentage of reflexive narrative sequence types across the dyads representing the two therapeutic modalities when including, and excluding therapist T1 from the analyses. Of the three narrative sequence types, the reflexive processes mode had the highest percentage in both the CC and PE therapeutic groups. Again, the mean number of transcript lines calculated to determine the degree of verbal elaboration within this reflexive processes mode was almost identical for the two therapy groups. Furthermore, the mean number of lines in calculated for the reflexive NST was the highest of the three processes modes for both the therapy groups. These results support results from an earlier NPCCS study (Angus et al., 1991) which found that good-outcome dyads had a progressively higher percentage of reflexive narrative sequences than did the poor-outcome dyads. For both the CC and PE dyads in this study, the process of reflecting on current and past experiences within the therapy session appeared to play a significant role in the client's co-construction and differentiation of new meanings of "self", and "self in relation to others".

There was no significant difference in the frequency of internal narrative sequence types between the CC and PE therapy groups examined in this study. Furthermore, the

degree of verbal elaboration within the internal processes mode revealed no differences between the two therapy groups. The mean number of transcript lines calculated in the internal code for the CC therapy group was 13. The mean number of transcript lines calculated for this processes mode in the PE therapy group was 12.

When therapist T1 was removed from the analysis, however, the PE dyads had a higher percentage of internal narrative sequences types compared to the CC therapy group. One of the factors that seemed to distinguish this therapist was the fewer PE interventions she introduced in her sessions compared to the other two therapists. The PE therapy model is built, in part, upon the foundation of the tenets of CC therapy. As a result, one would expect that both of these humanistic therapies incorporate a higher level of internal processing.

Findings from previous NPCS studies supported this expectation. For example, findings from the Angus study (Angus et al., 1992) suggested that Rogers' session with "Gloria" had a higher percentage of internal narrative sequence types compared to the transcripts generated from her sessions with Albert Ellis and Fritz Perls. Furthermore, applying the NPCS to a dyad representing a PE, perceptual processing and psychodynamic psychotherapies,

Levitt (1993) found a significantly higher frequency of internal narrative sequence types in the PE dyad she examined as compared to the other therapy models. In summary, although both the CC and PE therapy approaches appear to incorporate a higher level of internal processing, interventions initiated by therapists adhering closer to the PE model appeared to direct clients to focus on emotional or experiential states. Hence, the significantly higher percentage of internal narrative sequence types in the PE therapy group when therapist T1 was removed from the analysis.

To summarize further, the PE therapy dyads in which the therapist appeared to adhere most closely to the PE therapy model seemed to be characterized by a high percentage of internally and reflexively referenced discourse, whereas the CC therapy group appeared to be characterized by a higher frequency of externally and reflexively focused discourse. This characterization of the PE approach supports earlier findings by Levitt (1993), which reported a higher percentage of internally and reflexively referenced discourse, with an overall lesser emphasis placed on externally focused discourse, in the PE dyad she examined. Furthermore, these findings appear to reflect the tenets of the PE therapy model. According to Greenberg et al. (1992),

in facilitating emotional change, the therapist actively focuses the client to examine emotional schemes. Bringing to light new subjective aspects of experience allows these experiences to then be re-evaluated in a reflexive processing mode. According to the PE model, this cycling between a focus on the subjective/experiential aspects of experience and a reflexive analysis of this experience facilitates a more accurate and flexible sense of self.

Patterns of Narrative Shifts Across Therapy Approach

For the CC therapy group, 32% of the NST shifting occurred from the external NST into a reflexive NST. 30% of the NST shifting in this group involved a movement from the reflexive narrative processes mode into an external NST. The most frequent shift between process type in the PE therapy group was from the external NST to a reflexive NST and similarly from the reflexive into the external processes mode. Both patterns accounted for 26% of the shifts, respectively, from one code to another.

These findings suggest that, regardless of therapeutic modality, the most frequent shifts occurred in these dyads between the external and reflexive narrative sequence types. Furthermore, these findings appear to provide empirical support for the role of narrative and propositional thought

in human meaning making forwarded by Baumeister and Newman (1994).

In a recent article, Baumeister and Newman (1994) addressed the interplay between description of events (i.e. the focus on the articulation of specific, context bound information) and the interpretation of those events (i.e. a focus on the identification of general rules or laws) in human meaning making. These authors submit that both propositional (or paradigmatic) thought and narrative modes of thought (i.e. narrative modes of thought as defined by Bruner (1990)) contribute to the process of making sense of one's experience on an ongoing basis. The narrative mode of thought involves stories about particular personal experiences and is temporally structured and context sensitive. This process appears to reflect the processes characterized by the external narrative sequence type. In this processes mode, the dialogue reflects the articulation and detailed description of actual or imagined events.

Baumeister and Newman (1994) propose that the narrative mode of thought provides the basic grounding for the identification of general themes or patterns of self which are subsequently built upon by means of reflective and abstractive processes, characteristic of paradigmatic thought. Furthermore, these authors submit that "each event

must be understood in narrative form, in order to grasp what is actually happening, before abstract inferences or generalizations can be made from it." (p. 679) In this manner, these authors address the possible cyclical nature and pattern of narrative and paradigmatic processes in human meaning making.

As mentioned above, findings from the present study suggested that, regardless of therapeutic modality, the most frequent narrative processes shifts occurred between the external and reflexive narrative sequence types. As a result, the findings appeared to provide empirical support for the possible cyclical nature of these two processes in how we make meaning of our experiences. To illustrate this cyclical process, the following excerpt was taken from session 11 of the CC dyad - client 305 and therapist T1. This session was considered significant according to an IPR conducted following the therapy hour.

The excerpt was taken from circa 20 minutes into the therapy hour.

C: (the client shifts to an external narrative sequence type) but um, as I say at that time, and then, I was running over to the nursing home everyday, and I was trying to give them their shower you know, and the nurse would say, "well you know Mrs S. (client) that's our job." but of course, I mean it was helping them so they didn't argue too much. but it really was a horrendous time you know (the client shifts from external to a reflexive mode of processing) and I think that probably caused a lot of our problems too, you know

T: so sometimes when you're so, it sounds like you were so busy physically, and sometimes when we're just trying to cope, we don't let ourselves realize how awful, you know you were, I wonder if you really let yourself realize how awful it was and how hard it must have been on you, you know it must have been pretty

C: I think what you said it really true, I mean, I never, like i have - - I've often thought to myself but you have put it into words

According to Angus (Angus et al., 1994) one of the three goals of productive therapy entails that the client and therapist focus on the articulation of current or past events (actual or imagined) in order to fill in the gaps of what has been forgotten or never fully acknowledged. In the above example taken from the transcripts, the client appeared to be in a process of reconstructing past events in her life. Analyzing these events, as represented by the shift into the reflexive, appeared to help the client articulate new meanings of her past experiences.

These findings supported earlier findings reported by Levitt (1993). According to Levitt, in all three therapy dyads she examined (each representing a different therapeutic modality) the external narrative sequences were most frequently bracketed by reflexive sequences. Although the different therapy approaches she examined had

significantly different numbers of external sequences, they tended to follow this pattern.

Before turning to the discussion of the role of client and therapist in initiating topic segment and NST shifts, a brief discussion of the degree of verbal elaboration within the narrative sequence codes will be presented here. The similarity of mean line number within narrative sequence type across the CC and PE therapy groups was curious considering the approximately 80,000 transcript lines calculated for this analysis. The overall results indicated that the greatest amount of verbal elaboration for both therapy groups occurred in the reflexive narrative sequence type. As all clients in this study were deemed good outcome, this finding may suggest the significance of the processes captured by the reflexive NST in the clients' creation of new meanings of self. Furthermore, the results from this analysis indicated that, in general, the verbal elaboration in the internal processes mode was far less than that calculated in the other two narrative processes types. By referring back to the transcripts, it appeared that pauses occurred more often when the client was processing internally. Although these results suggested that the clients tended to elaborate less in terms of words in the internal code, the results do not suggest that the actual

time spent in this internal processing mode was less than in the other two codes. It is for further studies to examine not only the verbal, but also the nonverbal aspects of this mode, to shed light on what may be happening when the client is processing internally.

A Comparison of the Therapists' and Clients' Role in Initiating Topic Segment and Narrative Sequence Type Shifts: CC Dyads versus PE Dyads

Although the findings indicated that there was not a significant difference in the number of topic segments identified between the dyads representing the two therapeutic modalities, the role of the therapist in shifting topic segments in the two therapeutic approaches yielded interesting differences. According to the NPCCS, one of the following two definitions must be met in order for a unit of text to be considered a topic segment: a) the unit of text represents a description or overview of a specific content area; or, b) the unit of text represents a detailed elaboration of different facets of a specific content area.

Overall, the three therapists in this study appeared to initiate topic segment shifts more often when conducting PE therapy than in their role as CC therapists. According to Greenberg et. al. (1993), directing content by telling the client what to talk about in the session is considered an

"out-of-mode" or nonexperiential response and should be avoided when the therapist is working experientially. As a topic segment shift may indicate a shift in either topic, or a shift in facets of the same topic, the more active role of the PE therapist did not imply that the therapist was actively directing content per se. In the case of the PE therapists, it appeared that they were more active in focusing the client on specific facets of a certain topic. This role of directing client focus is illustrated in the following excerpts taken from session 12 of the PE dyad, client 306 and therapist T3.

In this session, the therapist began by asking her client how her week had been. The client described feeling down the day before and went on to elaborate feelings of being stuck, particularly when she felt manipulated by her husband. The client in this case, had introduced the topic of her relationship with her husband at the beginning of this session. By initiating an unfinished business intervention, the therapist begins to direct and focus her client on various aspects of her interpersonal experience of her husband. The following excerpt was taken from this session:

C: but then I feel guilty about it

T: and you feel bad. (therapist introduces unfinished business intervention - topic segment shift focusing the client of facets of the same topic - the client's relationship with her husband) okay, come over here and um - - be V. (husband).

C: mm-hm.

T: try to manipulate C. (client) and um, what do you say?

C: (sighs) ah, you just um, ah do as I say um

T: mm-hm.

C: you know, go along with it, um, but I I know what's good for you or

T: mm-hm.

C: um

T: tell her you know what's best for her (end of example)

The next excerpt, taken from the same session, further illustrate this therapist's role in focusing her client on different aspects of her relationship with her husband.

C: um, a little bit yeah, a little bit of fear, ah - - getting back to I guess - - -

T: (the therapist shifts topic segments to focusing the client on what she is afraid of regarding herself in relation to husband) so can you tell him about the fear, that you're feeling?

C: it's ah, what I'm afraid of

T: mm-hm.

C: um, that ah, that there are good people and um, there are many things to to experience, I guess, it you're as knowing that there is good out there.

T: mm-hm.

C: and um, then, comes back to the way he treats me and um

T: mm-hm. sad. share the sad.

The above excerpts taken from a PE session illustrates the role of therapist in shifting the client to various aspects of her experience of her husband. The therapist was not actively directing the content of the session by changing the subject, but rather focused her client to explore and elaborate a specific content area - her relationship with her husband.

Overall, clients in the CC therapeutic modality appeared to be responsible for a greater number of topic segment shifts than the PE clients. Compared to the topic segment shifts initiated by the PE therapists, the CC clients appeared to more often change the subject, rather than shift between facets of the same content area. To illustrate this type of topic segment shifting, the following excerpt was taken from session 11 of the CC dyad, client 305 and therapist T1.

C: mm-hm. it just felt good you know so

T: that's nice.

C: so that wasn't so bad, you know. (the client initiates topic segment shift representing a shift away from the previous topic to a new subject area) and then ah, as I say on Sunday we, we actually sat down and talked for a while so it was

T: with K. (husband)

C: mm-hm. it was kind of nice you know, we talked about, well, as I say with ah, with them being away painting (laughs) you know and that we were sort of on our own. and we were kidding because um, you know I said "well it's kind of quiet around here."

Although it is for further NPCCS studies to examine more precisely what type of topic segment shifts typify client and therapist activity in the different therapies, these results shed some insight on a number of issues. Firstly, the NPCCS appeared to be a useful heuristic to compare client and therapist activity in the therapy hour. Furthermore, by conducting this type of analysis, the researcher may determine whether the therapist was indeed adhering to the tenets of the therapeutic approach they represented. In this study, the above findings appeared to have reflected the tenets of each therapeutic approach. CC therapy is a non-directive therapeutic approach in which a therapeutic environment is created in which the client may explore aspects of experience. Other than the six necessary and sufficient therapeutic conditions outlined by Rogers (1957), CC therapy does not postulate active therapist

interventions. The clients in this study were more active in shifting topic segments.

PE therapy, on the other hand, is a process-directive therapeutic approach which outlines specific therapist interventions initiated to heighten client experiencing. The results suggest that, overall, the therapists were indeed more active when conducting PE therapy and that the NPCS was successful in capturing this.

A recent study by Schulte and Kuenzel (1995) examined both client and therapist experience of control within the therapy hour. The sample consisted of 30 patients who received cognitive-behavioural therapy in a study at the Bochum Anxiety Treatment Center. Three measures of control were examined in this study: experience of control; directive behaviour; and, topic initiation. The first measure of control was rated according to post session questionnaires. Coding systems were used by raters to measure the final two measures of control within an early, middle and late session from each dyad.

According to the above study, patients' subjective perception of control seemed to have quite a different meaning from the therapists' perception of control. Furthermore, their results suggested that patients and therapists in an adverse course of treatment became more

impatient and tried to control the process in a more direct way. According to these authors, this strained the relationship between patient and therapist and had a fundamentally unfavourable influence on treatment outcome.

In the present study, the results indicated that the therapists were more active in shifting therapy content and narrative processes when conducting PE therapy, as opposed to their role as CC therapists. Although measures of therapeutic alliance for each dyad indicated that the alliance was strong, in light of the results from the Schulte and Kuenzel study (1995), it would be interesting to examine the client's experience of those sessions in which the therapist was particularly active in directing content and process. Furthermore, it would be interesting to examine the role of client and therapist in those dyads that did not resolve issues in their therapies in order to investigate whether a lack of balance in control may be a discriminating factor in therapy outcome, regardless of therapeutic approach.

The overall results suggested that the therapists in this study were also more active in shifting narrative processes type when conducting PE therapy as compared to their role as CC therapists. Furthermore, when therapist T1 was removed from the analysis, the PE therapists came

extremely close to the role of narrative sequence type shifting attributed to Greenberg in the Levitt study (1993). As Greenberg is the founder of PE therapy, it is suggested that these therapists adhered more closely to the PE therapeutic model.

When conducting CC therapy, the most frequent shift initiated by the therapists was from the external NST into a reflexive processes mode at 44%. Two patterns accounted for 60% of the therapist NST shifting in the PE therapy. Similar to their role when conducting CC therapy, 30% of the PE therapists' shifting involved directing the client away from the external description of events to a reflexive analysis of those events. The same percentage of NST shifting, 30%, represented therapist shifting from the reflexive NST to an internal processes mode. This is compared to 21% of therapist shifting of this type when conducting CC therapy. When conducting PE therapy, the therapists are far more active in focusing the clients on their internal aspects of experience.

The clients in both therapy groups shifted most frequently from the reflexive NST into the external narrative processes mode. These results indicated that, regardless of therapeutic modality examined in this study, the tendency was for the clients to ground the reflexive

analysis of events in an external description of events. These findings appear to provide further support for the role of narrative and paradigmatic thought in human meaning making proposed by Baumeister and Newman (1994).

The NPCS analyses of the role of the therapist and client across the two therapeutic modalities is interesting in a number of respects. First, identifying and subsequently describing the role of the therapists illustrated a type of post hoc adherence measure in that it acted as a marker to determine whether indeed the therapist was adhering to the two different therapeutic models. Secondly, the significance of reconstructing life events by providing detailed descriptions appears to play an important role in how the client makes meaning of their experience.

The NPCS Micro Analyses

Capturing Discourse Representing Client Pre-treatment Identified Conflict Issues in the Therapy Transcripts

The two dyads selected for the micro analyses were chosen on the basis of the findings from the NPCS macro analyses. According to these analyses, each of these dyads appeared to best represent each therapeutic approach examined in this study.

In the two dyads selected, the clients' relationship with her husband emerged as the predominant relationship

focus in therapy. Having refined the NPCS topic segment labelling to include relationship focus provided information to identify this discourse across the clients' therapy sessions. As a result, not only could one identify the sessions which focused on the husband, a unit of text was now available which could be rated on existing psychotherapy process measures. Before turning to a discussion of the results from applying the Client Experiencing Scale to these units, the role of client and therapist in shifting to a focus on husband in the different therapeutic modalities will be discussed.

According to a recent study (Stiles et al., 1992), progress on a particular problematic theme may depend on whether the chosen treatment is appropriate to the problems stage. For example, the authors submit that when a client presents problems which are poorly formulated and unfocused they may respond better to an exploratory therapeutic modality. In contrast, clients presenting problems which are clearly formulated may respond better to prescriptive techniques. Results from tracking relationship focus in the two dyads selected for the micro analyses seem to complicate the assertions made by Stiles et al. (1992).

Upon entering therapy, the CC client appeared to present a clearly formulated problem - her resentment

towards her husband. Although she participated in CC therapy, a non-directive exploratory therapeutic approach, she appeared to resolve issues regarding her husband. Furthermore, because the presenting issues were well formulated, she immediately initiated these issues with her therapist.

The PE client, on the other hand, appeared to provide a less differentiated articulation of her conflicts upon entering therapy. Although she did not participate in an exploratory therapeutic modality, with the aid of the PE interventions, she quickly established a therapy focus - her relationship with her husband. In contrast to the role of the CC client in shifting to the conflict issues, the PE therapist appeared much more active in shifting her client to a focus on husband. Establishing a focus early in therapy, as opposed to suggesting a specific therapeutic modality corresponding to a problems stage, may be a better indication of a client's progress in therapy.

The Application of the Client Experiencing Scale to
Discourse Representing Client Pre-treatment Identified
Conflict Issues

The findings from the NPCS macro analyses appeared to provide a comprehensive description of the therapeutic content from which discourse representing specific relationship foci could be extracted and rated on existing psychotherapy process measures. By coding all the therapy sessions on the NPCS, the fear of misrepresenting what was talked about in therapy was minimalized.

Findings from applying the Client Experiencing Scale to the discourse representing self, and self in relation to husband in the two dyads selected for the micro analysis suggested interesting trends. The results indicated that the mean modal ratings for self discourse was significantly higher in the PE dyad versus the CC dyad. Modal ratings attempt to capture the general level of experiencing within the unit of text rated. These results suggested that the client in the PE therapy had a higher general level of experiencing than the CC client. This may suggest that the PE therapeutic interventions indeed heighten a clients' experiencing in the therapy session.

No significant difference was found for the peak experiencing ratings in self discourse between the CC and PE

dyad. Peak ratings represent the highest level of experiencing within the unit of text rated. This finding would be expected because of the following: both clients were deemed good-outcome clients; and, both clients were exposed to a humanistic therapeutic modality, therapies which focus on internal processing which is rated higher on the Client Experiencing Scale.

The findings from the micro analyses also suggested that both the mean modal and mean peak experiencing ratings for discourse representing the clients' relationship with her husband was higher for the PE client in contrast to the CC client. The higher level of experiencing within this discourse may be directly attributed to the PE therapeutic interventions. Putting the client's husband in the "empty chair" appears to have heightened the client's experience of her husband. Furthermore, these interventions might help the dyad identify a focus early in therapy which may in turn facilitate more productive therapy sessions and hence, the need for fewer therapy sessions.

In summary, the micro analyses not only suggested that the NPCS is a strong heuristic for exploring and identifying the clients' issues in therapy, the application of the Client Experiencing Scale on discourse representing these issues suggested that the PE therapeutic approach

effectively heightened the client's experience of these issues in the therapy session.

The present study included only good-outcome clients. These clients were all involved in a NIMH study of depression and therefore were all experiencing depressive symptoms at the onset of therapy. The narrative processes identified in the reconstruction and co-construction of the clients' self and self in relation to others appeared to differ in the two therapy approaches examined. The lack of a poor-outcome group in this study, however, does not allow the results to suggest that these types of processing may indeed discriminate therapy outcome. Furthermore, the small sample selected for this study should caution the reader to the interpretation of the results. A further weakness of this study was the amount of time needed to code each transcript on the NPCS. The mean coding time per hour transcript was three hours.

Future Directions

Applying the NPCS to all sessions of the six dyads in this study provided an enormous amount of information regarding both therapeutic content and narrative processes in the clients' reconstruction and co-construction of self in therapy. As a result, a number of areas were left to be addressed by future studies.

Regarding therapeutic content, further studies might investigate the plausibility of the NPCCS to lay the foundation of for a sequential analysis of topic content across psychotherapy. Furthermore, could the labelling of the topic segments capture more abstract themes in the therapy transcripts, such as a client's lack of confidence or lack of self-esteem?

Regarding narrative processes, this study did not address the progression of the different narrative sequence types within, and across therapeutic modality. It would be interesting to identify whether initial therapy sessions represent a different type of narrative processing as compared to later therapy sessions. Furthermore, are there different types of narrative processing involved in discourse that represents areas in which clients' have resolved conflicts in therapy? Is this type of processing different, or similar, across different therapeutic modalities? These questions may further identify processes that contribute to facilitating positive client change in therapy.

It is also for future studies to examine the level of experiencing within the different narrative sequence types. Results from the present study suggested that the reflexive narrative sequence code represents an important process in

making meaning of one's experience. Furthermore, an investigation of what is happening when the client is experiencing internally may shed light on significant therapeutic processes that contribute to client change.

The participants in the present study were all good-outcome clients. All were assessed as suffering depressive symptomatology upon entering therapy. Future studies, including samples from different populations, as well as poor-outcome clients, would greatly contribute to the current database of NPCS studies.

Finally, the experience of the client and therapist in assuming more or less control in directing therapy content and narrative processing would be of interest. For example, the use of an IPR after a therapy session during which the therapist was extremely active might be useful in our understanding of a client's subjective experience of therapy.

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Appendices

Appendix A

FREQUENCY OF TOPIC SEGMENTS / RELATIONSHIP FOCUS

File Name: 305 - CLIENT

SESSION #	SELF	THERAPIST/THERAPY	HUSBAND	DAUGHTER	SON	SON'S SIBLING	PARENTS (FATHER)	SIBLINGS	FAMILY	MOTHER	FRIENDS	INLAWS	# OF TOPIC SEGMENTS (CLIENT)	TOTAL # OF TOPIC SEGMENTS
1.		IIII 50	III 22	II			I 56		I 56	I 56			18	20
2.		II 20	IIII 50	I 10									10	10
3.	III 17	III 17	IIII 39	IIII 27									18	19
4.		IIII 40	IIII 40	I 10							I 10		10	10
5.	IIII 28	IIII 16	IIII 24	IIII 28						I 4			25	25
6.		I 7	IIII 53		II 13	IIII 27							15	16
7.		II 10	IIII 65		III 15	II 10							20	20
8.		IIII 38	IIII 43	IIII 19									21	23
9.	IIII 15	IIII 11	IIII 33	I 4	IIII 22	IIII 15							27	27
10.		IIII 36	IIII 43	I 7				I 7		I 7			14	14
11.	III 11		IIII 46	I 4			III 11	IIII 17	II 7	I 4			28	28
12.	IIII 32	I 4.5	IIII 32	I 4.5				IIII 18	I 4.5		I 4.5		22	22
13.	IIII 35		IIII 29	II 12	I 6	I 6				I 6		I 6	17	17
14.	IIII 32	I 17	IIII 27	II 9	II 9	I 4.7	I 4.7			II 9			22	22
15.	IIII 43	IIII 7	IIII 30	I 5			I 5	I 5		I 5			23	23

FREQUENCY OF TOPIC SEGMENTS / RELATIONSHIP FOCUS

File Name: 305 - THELAST

Session #	SELF												
1.	11												
2.													
3.	1												
4.													
5.													
6.	1												
7.													
8.	11												
9.													
10.													
11.													
12.													
13.													
14.													
15.													

CC

FREQUENCY OF TOPIC SEGMENTS / RELATIONSHIP FOCUS

File Name: 015

SESSION #	1	2	2	4	4	6	7	6	2	6	11	TOTAL # OF TOPIC SEGMENTS
	SELF	THEMSELVES	HUSBAND	CHILDREN	FAMILY	FATHER	MOTHER	SISTER	FRIENDS	HUSBAND'S FAMILY	OTHERS	
1	 8.2	 8.2	 8.2	 8.2	 5.1	 7.1		 4.1				11
2	 2.5	 2.5	 5.0	 2.5								8
3		 15.8		 6.5					 5.3		 10.5	19
4	 6.0		 3.0	 1.0								10
5	 4.4	 8.7	 9.9	 4.5	 21.6	 8.7		 4.4		 4.4		23
6	X	X	X	X	X	X	X	X	X	X	X	
7	 52.9	 5.9		 5.9		 55.3						17
8	 6.0	 4	 1.6	 8	 8				 4			25
9	 5.5	 5	 1.0	 1.0							 2.0	20
10	 52.9	 10.5	 15.8	 10.5	 5.3							19
11	 26.5	 5.3	 52.4	 15.8								19
12	 55.2	 22.2	 22.2									9
13	 4.7	 8.7	 8.3	 2.7	 8.3						 8.3	12
14	 3.7	 3.7		 23.5	 5.9						 35.2	17
15	 42.9	 28.4		 7.1	 7.1						 14.3	14
16	 5.0	 33.4	 8.3	 8.3								12

CC

FREQUENCY OF TOPIC SEGMENTS / RELATIONSHIP FOCUS

File Name: 309

SESSION #	1 SELF	3 THERAPIST	4 OF FRIEND (S)	2 COURT'S PARTNER (S)	4 AGENTS	5 FAMILY	6 FATHER	8 SISTER	7 MOTHER	10 OF FRIEND (S)	12 OTHERS (Society)	7 X GOLFING	TOTAL # OF TOPIC SEGMENTS
1	 30	 30	 10	 30									10
2	 40	 10			 20	 10					 20		10
3	 12.5	 6.25		 18.75	 18.75	 6.25	 31.25				 6.25		16
4	 6.67	 6.67	 20		 20			 6.67			 40		15
5	 7	 27		 7	 7	 20	 20				 13		15
6	 38.5	 38.5		 8							 15		13
7	 28	 5.5			 5.5		 28				 11		18
8	 21.4						 28.6						14
9	 67					 33							6
10	 71.4			 28.6									7
11	 56	 11			 22						 11		9
12	 25	 8.3		 8.3	 16.7		 16.7	 8.3	 16.7				12
13	 7			 50						 14.6	 7	 21.9	14
14		 45		 29	 14	 14							7
15	 57	 21.5		 14.3			 7.2						14
16	 40	 40		 10			 10						10

PE

1 of 2

FREQUENCY OF TOPIC SEGMENTS / RELATIONSHIP FOCUS

File Name: 312

SESSION #	SELF	THERAPIST	EX HUSBAND	PARENTS	HOMER	FATHER	BOYFRIEND	EX BOYFRIEND	EX BOYFRIEND	COUNSELOR	FRIEND	SIBLING	OTHERS	TOTAL # OF SEGMENTS
1	 56.25	 25	 12.5						 6.25					16
2	 56.25		 18.75						 18.75	 18.75	 18.75			16
3	 5.6			 56.6	 11.2	 22.2							 16.8	18
4	 23	 5.6		 56		 16.8		 11.2						13
5	 56	 18.75		 5.6		 35.8								14
6	 63.6			 5.6			 16.8							11
7	 56.6	 5.6		 26.8									 16.8	14
8	 56.6	 18.75	 18.75	 5.6	 18.75									15
9				 5.6		 35.8	 16.8							7
10	 56	 23		 18.75	 5.6									13
11	 23	 23				 35.8							 16.8	13
12	 60		 40											10
13	 75					 5.6							 16.8	8
14	 40		 18.75										 16.8	10
15	 18.2					 18.75							 16.8	11

63.6

↑ corrected number

FREQUENCY OF TOPIC SEGMENTS / RELATIONSHIP FOCUS

File Name: 306 - CLIENT

SESSION #	SELF	THERAPIST/THERAPY	HUSBAND	DAD/HER	HER CHILDREN	FAMILY	FATHER	MOTHER	BROTHER	FAMILY/PARENTS	OTHER	NO. OF TOPIC SEGMENTS (CLIENT)	TOTAL # OF TOPIC SEGMENTS
1.	1 2	 30	 54			1 0						13	14
2.		 20		1 5	1 5	1 5		 53		 10		20	20
3.	1 6	1 6					 36		1 6	1 6		17	17
4.		1 5	 8		1 5							20	20
5.	 19		 81									21	21
6.	 46	1 4	 46		1 4							24	24
7.		1 6	 24				 70					17	17
8.	 16		 74		1 5			1 5				19	19
9.	 92										1 8	13	13
10.													
11.	 28	 11	1 55					 50		1 55		18	18
12.	 4		 53									17	17
13.	 64	1 7	 22							1 7		14	14
14.	 31	1 6	 63									16	16
15.	 9	 23	 59	 9								22	23

FREQUENCY OF TOPIC SEGMENTS / RELATIONSHIP FOCUS

File Name: 306 - THERAPIST

Session #	SELF												
1.	1												
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.	1												

PE

FREQUENCY OF TOPIC SEGMENTS / RELATIONSHIP FOCUS

File Name: 103

SESSION #	SELF	THREAT	HUSBAND	BROTHER	GRANDMOTHER	SISTER	PARENTS	GRANDFATHER	FAMILY	SON	MOTHER	CHILDREN	STEP DAUGHTER	OTHERS	WIFE	TOTAL # TOPIC SEGMENTS
1		 30	 30											 30		10
2	 6.25	 18.75	 6.25			 12.5	 6.25		 31.25	 6.25				 2.5		16
3		 23				 69			 8							13
4	 8	 23	 61						 8							13
5	 11		 67								 11			 11		9
6			 18				 9	 9			 64					11
7	 56	 22	 22													9
8	 16	 11	 39				 5	 5				 5	 21			19
9	 27.3	 9								 36.4					 27.3	11
10	 40	 10	 40											 10		10
11		 25	 87.5									 6.25				16
12	 4	 9	 18			 9	 4				 39	 22				23
13	 40	 15	 15		 5	 5		 10			 5	 5				20
14	 30.7	 15.5	 30.7				 7.7				 7.7				 7.7	13
15	 20	 13	 54											 15		15
16	 18	 34	 27					 9						 9		11

Appendix B