



## Toward an integrative understanding of narrative and emotion processes in Emotion-focused therapy of depression: Implications for theory, research and practice

Lynne Angus

To cite this article: Lynne Angus (2012) Toward an integrative understanding of narrative and emotion processes in Emotion-focused therapy of depression: Implications for theory, research and practice, *Psychotherapy Research*, 22:4, 367-380, DOI: [10.1080/10503307.2012.683988](https://doi.org/10.1080/10503307.2012.683988)

To link to this article: <https://doi.org/10.1080/10503307.2012.683988>



Published online: 30 May 2012.



Submit your article to this journal [↗](#)



Article views: 2022



View related articles [↗](#)



Citing articles: 26 View citing articles [↗](#)

**PRESIDENTIAL ADDRESS**

**Toward an integrative understanding of narrative and emotion processes in Emotion-focused therapy of depression: Implications for theory, research and practice**

LYNNE ANGUS

*Psychology, York University, Canada*

*(Received 25 October 2011; revised 21 March 2012; accepted 5 April 2012)*

**Abstract**

This paper addresses the fundamental contributions of client narrative disclosure in psychotherapy and its importance for the elaboration of new emotional meanings and self understanding in the context of Emotion-focused therapy (EFT) of depression. An overview of the multi-methodological steps undertaken to empirically investigate the contributions of client story telling, emotional differentiation and meaning-making processes (Narrative Processes Coding System; Angus et al., 1999) in EFT treatments of depression is provided, followed by a summary of key research findings that informed the development of a narrative-informed approach to Emotion-focused therapy of depression (Angus & Greenberg, 2011). Finally, the clinical practice and training implications of adopting a research-informed approach to working with narrative and emotion processes in EFT are described, and future research directions discussed.

**Keywords:** process research; experiential/existential/humanistic psychotherapy; narrative

As evidenced in the movies and TV series we watch, the novels, biographies and comic books we read, and the personal conversations we engage in every-day, personal stories are a basic currency of human contact (McKee, 1997). Social storytelling provides us with a special repertoire of instructions and norms of what is to be done, and not to be done, in life and how individual experience is to be integrated into a generalized and culturally established set of rules. Even in the realm of politics, Westen (2011) advises that it is a politicians' capacity to articulate a coherent narrative—that provides a compelling understanding of how current initiatives are connected to past events, and will lead to desired future outcomes—that is essential for gaining the confidence of voters. As Feldman, Bruner, Kalmar and Renderer (1993) suggest, “a mastery of narrative models is surely one of the central tasks of cognitive development in any culture” (p. 340).

Personal stories are embodied lived experiences that integrate a complex array of emotional and cognitive processes that can be re-evoked—and

reconstructed—through recollection and memory. Bruner (1986) argues that a sense of self identity originates in the embodied act of storying lived experiences that can then be shared with others and reflected upon for new self understanding. And it is in an ongoing dialectic of discovery and construction that we live out our autobiographies, as we compose them. As Anne Pellowski (1977) evocatively suggests, “life hangs on a narrative thread. This thread is a braid of stories that informs us about who we are and where we come from and where we might go.” And it is often the rise and fall of narrative themes and emotional plotlines, and the conflicting desires, intentions, goals and purposes they represent, that provides the connective thread that weaves together disparate experiences and events to create a meaningful and coherent whole—a storied experience.

It was in the context of reading Joseph Conrad's (1899) *Heart of Darkness* that I first came to understand the meaning of “a storied experience.” I recall feeling deeply moved by the compelling story of

---

Correspondence concerning this article should be addressed to Lynne Angus, Psychology, York University, Toronto, Canada. Email: langus@yorku.ca

danger, fear and madness and fascinated by how Conrad, the writer, had so beautifully evoked the rich experiential texture of the story characters. The powerful immediacy of evoked emotions and emergent meanings have remained with me ever since. From that point forward, in some way, shape or form, I have continued on that journey of discovery and explored the contributions of narrative and emotional expression, for the development of shared understandings, interpersonal connections and personal change, in psychotherapy relationships.

In this paper, I will first discuss the fundamental role of client narrative disclosure in psychotherapy and its importance for the elaboration of new emotional meanings and self understanding in Emotion-focused therapy (EFT) of depression. Next, I will provide an overview of the key stages and methodological steps that were undertaken to empirically investigate the contributions of client story telling, emotional differentiation and meaning-making processes in productive treatment outcomes in EFT of depression. Finally, I will discuss how those findings have informed the development of a narrative-informed model of Emotion-focused therapy of depression (Angus & Greenberg, 2011) and address future directions for psychotherapy research, training and practice.

### **Narrative, Emotion and Meaning-making in psychotherapy**

Representing a wide range of specialty areas within psychology (Bruner, 2004; Polkinghorne, 2004; Sarbin, 1986; White 2007), clinicians and psychotherapy researchers alike have increasingly drawn on the concept of narrative to identify the processes entailed in generating explanations of everyday events and organizing these experiences into a coherent view of self, as an unfolding life story. As personal stories organize and represent the complex interplay of embodied feelings (Gendlin 1996), actions, beliefs and intentions that have been directly experienced by a narrator, they provide a kind of evidential “truth” that fictional accounts simply cannot supply. As such we draw on personal stories, and the emotions and intentions that they represent, as evidence of who we are, to form impressions of others and, as McKee (1997) suggests, to engage and maintain human contact.

It is not surprising then that clients seek out psychotherapy when they are faced with a radically challenged sense of self and circumstance. As Bruner (2004) points out, by giving form and structure to even disconnected experiences and memories, narrative offers a space for self-reflection requiring us to interpret and make meaning of experience. Narrative

discourse and narrative expression offers a wide experiential space to connect with others and reflect on personal experience and is particularly helpful, indeed, necessary under stressful circumstances. In the context of psychotherapy, Luborsky, Barber and Diguier (1993) report that patients disclose 4–6 personal stories per session—on average—in brief psychodynamic psychotherapy; a finding that has also been replicated in brief Emotion-focused and Client-centered therapy sessions (Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2004). Reflecting on these findings, Angus and McLeod (2004) conclude that psychotherapy can be characterized as a specialized, interpersonal activity entailing emotional transformation, meaning construction and story repair.

Addressing the functions of client narrative expression in psychotherapy, Angus et al. (2004) argue that personal story disclosures are fundamental to the development of a shared context of meaning and understanding between clients and therapists. In particular, Angus and Kagan (2007) suggest that it is a client’s willingness or capacity to disclose emotionally salient personal stories—in a detailed, evocative and specific manner—that enhances a therapist’s empathic attunement and facilitates the development of a secure relational bond in the therapy relationship. Schank (2000) argues that the capacity to narrate personal stories to others is, in fact, the basis of autobiographical memory: “We need to tell someone else a story that describes our experiences because the process of creating the story also creates the memory structure that will contain the gist of the story for the rest of our lives” (p. 115). For Schank, telling a story is not a rehearsal, but an interpersonal act of creation that is, in turn, a memorable relational experience itself. Accordingly, clients’ disclosure of emotionally salient life experiences is not only an act of personal memory (re)construction but importantly it also entails the creation of a new interpersonal experience with the person of the therapist.

Additionally, when clients provide narrative accounts of past personal experiences in psychotherapy, they disclose information related to the self that plays an important role in identity, emotion, behavior, and personality change processes (Singer & Blagov, 2004; Singer & Salovey, 1993). As such, client autobiographical memory narratives, or personal stories, also help psychotherapists to understand client complaints and current modes of adjustment and discern key conflictual themes (Luborsky & Crits-Christoph, 1990) that shape maladaptive interpersonal patterns.

### **Towards an Integrative Understanding of Narrative and Emotion Processes in Emotion-Focused Therapy: Theoretical Assumptions**

While the contributions of client narrative expression (Angus & McLeod, 2004; Dimaggio & Semeraris, 2004; Goncalves, Henriques, & Machado, 2004; McAdams & Janis, 2004) and emotional expression (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, 2002; Greenberg & Paivio, 1997; Greenberg & Pascual Leone, 2001; Paivio & Pascual Leone, 2010) have received increasing attention in the psychotherapy research literature, the interrelationship between narrative and emotion processes for the development of new self understanding and symptom change (Bucci, 1995; Mergenthaler, 2008) has rarely been addressed in the context of psychotherapeutic treatments of depression. In order to begin to address this gap, Les Greenberg and I recently collaborated on the development of a narrative-informed approach to Emotion-focused therapy (Greenberg & Angus, 2004; Angus & Greenberg, 2011) that identifies three interrelated ways in which emotion and narrative processes contribute to productive treatment outcomes, in brief Emotion-focused therapy of depression (Greenberg, 2002; Greenberg, Rice & Elliott, 1993; Greenberg, Watson, & Goldman, 1998).

First of all, there is broad agreement amongst neuroscience (Damasio, 1999; Schank, 2000), cognitive developmental (Bruner, 2004) and psychotherapy researchers (Angus & McLeod, 2004; Goncalves & Stiles, 2011) that narrative schema is a core organizing principle of human consciousness that shapes lived experiences into personal stories. When we become narrators of our own stories, we produce a selfhood that can be shared with others, that permits us to look back selectively to our past and shape ourselves for the possibilities of an imagined future. It is in fact in the act of articulating a situated point of view, in relation to actions and events, that storytelling gives expression to human agency and self identity.

Secondly, it is often the expression of an emotional feeling that is a key indicator of the personal significance of a story and we agree with Damasio (1999) that the first impetus to narrate a lived experience is the awareness of an inner bodily felt feeling (Gendlin 1996). In fact, it is when narrative schema connects changes in the status of the body with environmental impacts that conscious "knowing" springs to life. In turn, the meaning of an emotion is understood when it can be organized within a narrative framework that identifies what is felt, about whom, in relation to what need or issue. For example, if a client simply discloses that they are

feeling sad, it is difficult for a therapist to empathically understand the meaning of that feeling, without a narrative context. If, however, the client adds that they have just learned of a loved one's terminal illness, the poignant emotional meanings of that experience can now be shared and more fully explored, in the therapy session.

Finally, we endorse the view that the symbolization and differentiation of primary adaptive emotions, in the context of personal stories, facilitates new self awareness, personal understandings and story reconstruction in psychotherapy. Greenberg (2002) states that a central task for EFT psychotherapists is the facilitation of client emotional processes such that primary adaptive emotional responses can be accessed, articulated and meaningfully understood. From a narrative processes perspective (Angus, Levitt, & Hardtke, 1999), however, it is also the client's disclosure of emotionally salient, autobiographical memory narratives that is the experiential starting point for reflexive processing of evoked emotion. As such, the reflexive processing and symbolization of client emotional experiences, in the context of salient personal stories, is a key EFT intervention strategy that is predicated on the assumption that the ability to meaningfully integrate one's narrative and emotional lives is a vehicle for therapeutic change.

### **Towards an Integrative Understanding of Narrative and Emotion Processes in Emotion-Focused Therapy: Clinical Research Findings**

In order to empirically investigate the contributions of personal story disclosure, meaning-making and emotional differentiation to treatment outcomes, we have developed the Narrative Processes Coding System (NPCS) (Angus, Hardtke, & Levitt, 1996; Angus et al., 1999). The Narrative Processes Coding System was designed for application to therapy session transcripts and entails a two-stage procedure. The first stage of the NPCS procedures enables trained raters to reliably subdivide therapy session transcripts into "topic segments" according to content shifts in the verbal exchange between client and therapist. For research purposes, the initiator of each topic segment is identified and topic segments are required to be at least 10 transcripts in length. The transcript line length criteria were established to ensure that additional coding measures such as the Experiencing Scale (Klein, Mathieu-Coughlan, & Kiesler, 1986) could be used to evaluate the depth and quality of narrative, emotion or meaning-making processes within and across topic segments (Levitt & Angus, 2000).

Once identified, each topic segment is characterized in terms of key issue, relationship focus and whether or not the shift was initiated by the client or the therapist. When identifying key issues, raters try to provide a gist of the therapy session discourse that draws on the clients' and/or therapists' own words. Relationship focus reflects the primary relationship that is addressed in the topic segment as demonstrated in example below:

**Topic Segment:**

Relational Focus —self in relation to mother.

Key issue—"so helpless and scary"/emotional impact of childhood memory.

Client: I remember once, coming home from school and finding her sitting in a chair in the living room, staring out the window and just refusing to talk, to my dad, to my sister, to anyone ... she didn't talk for 3 days and it was so hard being around her ...

not knowing what was on her mind or what she was planning to do ...

I just didn't know what to say or do.

Therapist: and that was distressing for you? Just not knowing "what can I do?"

What was that like for you ... living with that feeling?

Client: it was like stepping on eggshells ... always feeling afraid that she was going to do something to hurt herself ... so helpless and scary that there was nothing I could do to make a difference.

The second stage of the NPCS coding procedures entails the identification of three narrative sequence sub-types in the context of individual topic segments: (a) external narrative process sequences that provide autobiographical memory narratives (past and present) or non-personal information sharing; (b) internal narrative process sequences that provide a description of experiential subjective feelings and emotions; and (c) reflexive narrative process sequences that entail recursive questioning and meaning-making processes in relation to beliefs, actions, intentions and feelings of self and others.

More specifically, External Narrative Process sequences primarily address the question of "what happened to me" and may entail information sharing or, as is more often the case, disclosures of personal stories that become the focus for heightened self reflection, emotional elaboration and new meaning-making in therapy sessions. Drawing on the topic segment presented earlier, the following text would be identified as an external narrative:

Client: I remember once, coming home from school and finding her sitting in a chair in the

living room, staring out the window and just refusing to talk, to my dad, to my sister, to anyone ... she didn't talk for 3 days.

Internal Narrative Process sequences address the question of "what am I feeling" and entail the symbolization of affective responses and often highlight the personal significance of the story, for the client. The following text is an example of an internal narrative sequence:

Therapist: What was that like for you ... living with that feeling ...?

Client: it was like stepping on eggshells ... always feeling afraid that she was going to do something to hurt herself.

so helpless and scary that there was nothing I could do to make a difference.

And finally, Reflexive Narrative Process sequences address the question of "what does this mean to me" and entail heightened reflection on intentions, beliefs, goals, feelings and actions of self and others that facilitates client engagement in productive meaning-making, emotional transformation and story reconstruction —narrative change—in EFT sessions. The following text provides an example of a Reflexive narrative sequence:

Client: and it was so hard being around her ... not knowing what was on her mind or what she was planning to do ... I just didn't know what to say or do.

As a form of discourse analysis, the NPCS is designed to code interactional units which can include both client and therapist turn-taking. In terms of Kiesler's (1973) descriptive classification of psychotherapy process measures, the NPCS can be characterized as a nominal method for the categorization of psycholinguistic dimensions of the therapeutic interaction. Given that the entire therapy session transcript (summary unit) is used for the identification of topic segments (contextual units) and narrative sequences (scoring units), the NPCS can also be characterized as a comprehensive categorization method. As such, the NPCS provides a comprehensive method for the identification of Narrative Process sequences within sessions as well a therapist and client shifts, occurring over time, across sessions.

To date, the Narrative Processes Coding System (NPCS) has been applied to Emotion-focused therapy and Client-centered therapy (Angus et al., 1999), CBT (Daniel, 2010; Macaulay, 2010) and psychodynamic (Daniel, 2010) and marital therapy sessions (Latilla et al., 2005) and has demonstrated

good levels of inter-rater agreement for both topic segments (Cohens kappa .82–.92), and narrative sequence subtypes (Cohen's kappa .76–.88), in a series of psychotherapy process studies completed to date (Angus et al., 1999; Angus & Hardtke, 1994; Gonçalves, Machado, Korman, & Angus, 2002; Hardtke, Levitt & Angus, 2003; Levitt & Angus, 2000; Levitt, Korman, & Angus, 2000; Levitt, Korman, Angus, & Hardtke, 1997).

In the context of the York I (Greenberg & Watson 1998) and York II Depression RCT (Goldman, Greenberg, & Angus, 2006), we have now completed a series of multi-methodological studies to strategically investigate the impact of narrative, meaning-making and emotion processing patterns in Emotion-focused therapy of depression, an empirically supported treatment of depression (APA Presidential Task Force on Evidence-Based Practice, 2006). The Narrative Processes research program has received significant financial support from the Social Sciences and Humanities Research Council of Canada (SSHRC) (Angus, 1998, 2008; Angus & Greenberg, 2002) that also supported the creation of the York I Transcript databank (Greenberg & Angus, 1995).

Access to this transcript database was not only foundational for the development of the Narrative Processes research program but also supported a host of international research collaborations that culminated in the publication of a Special Section in *Psychotherapy Research* in 2008: One case, multiple measures: An intensive case-analytic approach to understanding client change processes in evidence-based, emotion-focused therapy of depression (Angus, Goldman, & Mergenthaler, 2008; Carcione et al., 2008; Glick Brinegar, Salvi, & Stiles, 2008; Greenberg 2002; Lepper & Mergenthaler, 2008; Nicolo et al., 2008). The steps that guided our NPCS research program, and key research findings emerging at each stage, are summarized below.

### **Step One: Intensive Case Analyses of Narrative Process patterns in EFT**

The starting point for our NPCS process-outcome research program began with the intensive analyses of NPCS patterns evidenced in 96 therapy sessions drawn from three recovered vs. three unchanged clients selected from the York I Depression study (Greenberg & Watson, 1998). Once transcribed, all 96 therapy sessions were coded using the Narrative Process Coding System (Angus et al., 1996) wherein good levels of inter rater agreement (Angus et al., 1999, 2004) were established for both the identification of topic segments and narrative process mode subtypes: external, internal and reflexive.

In terms of key research findings, Rotondi-Trevisan (2002) established that 74% of all external narrative sequences identified in EFT therapy sessions entailed the disclosure of a autobiographical memory narrative or personal story (Angus et al., 2004). Stated another way, EFT clients disclosed six personal stories, on average, to their therapists during therapy sessions. As such, it appears that both recovered and unchanged EFT clients specialize in the narration and disclosure of salient personal memories, in their therapy sessions.

Next, Lewin (2001) determined that, irrespective of treatment outcome, at least 50% of all narrative process shifts entailed movement from story disclosure (External) to meaning making (Reflexive) modes, in EFT therapy sessions. This story-focused meaning-making pattern typically starts with a client's disclosure of the details of a personal story (External), from a first person perspective "Client: I remember once, coming home from school and finding her sitting in a chair in the living room, staring out the window and just refusing to talk, to my dad, to my sister, to anyone ... she didn't talk for 3 days" followed by a shift to a third person meaning-making (Reflexive) mode "and it was so hard being around her ... I just didn't know what to say or do."

Lewin (2001) also reported that recovered EFT dyads evidenced a higher proportion of emotion-focused meaning-making shifts—Reflexive to Internal; Internal to Reflexive—when compared to unchanged EFT dyads. A re-analysis of the narrative process sequence database using hierarchical log-linear analyses confirmed that Internal-Reflexive and Reflexive-Internal shifts were significantly higher in recovered vs. unchanged EFT dyads (Lewin, Angus, & Blagov, 2003). Drawing on the previous clinical example, the following therapy session segment demonstrates how emotion-focused meaning-making shifts typically follow from the disclosure of a personal story:

Client: I remember once, coming home from school and finding her sitting in a chair in the living room, staring out the window and just refusing to talk, to my dad, to my sister, to anyone ... she didn't talk for 3 days (External narrative mode)/ and it was so hard being around her. ... not knowing what was on her mind or what she was planning to do. ...I just didn't know what to say or do. (Reflexive narrative mode)

Therapist: and that was distressing for you? Just not knowing "what can I do?" (Reflexive narrative mode)/What was that like for you ... living with that feeling? (Therapist invites client shift to Internal narrative mode)

Client: it was like stepping on eggshells . . . always feeling afraid that she was going to do something to hurt herself so helpless and scary that there was nothing I could do to make a difference. (Internal narrative mode)

While the transition from Reflexive to Internal NPC modes, as demonstrated above, comprised almost a third of all shifts undertaken by therapists in the recovered EFT outcome subgroup, we found that therapists in the unchanged subgroup initiated significantly fewer emotion-focused meaning-making shifts (16.75%) with their poor outcome clients and were twice as likely to try and initiate shifts to internal emotion-focused modes directly from external narrative sequences. Similarly, poor outcome clients initiated more internal to external narrative shifts than good outcome clients. In contrast, recovered clients were found to initiate a higher frequency of shifts from emotional exploration to meaning-making modes (i.e., I-R narrative shifts) in their EFT therapy sessions.

Taken as a whole, the research findings emerging from the intensive case analyses of narrative sequence shifts in EFT therapy sessions suggest that (a) personal story disclosures are a frequent occurrence in EFT sessions (Rotondi-Trevisan, 2002) and that EFT clients specialize in story-focused meaning-making shifts (Lewin, 2001) and (b) when EFT therapists help clients to sustain a focus on exploring emotional feelings by initiating shifts from reflexive to internal narrative sequences (Lewin et al., 2003), it is more likely that those clients will recover from depression, by treatment termination. Specifically, it appears that the transition from story-telling (external narrative sequences) to emotional differentiation (internal narrative sequences) is most successful when it is first preceded by the client's active exploration of their own experiential responses to a personal story, in the context of reflexive narrative sequences. We also noted that it was the order, timing and sequence of narrative process shifts that seemed to be most crucial for engendering productive therapy moments in EFT (Lewin, 2001) and that it would be important to investigate the contributions of emotion-focused meaning-making patterns (e.g., reflexive narrative sequence and internal narrative sequence shifts) to treatment outcomes, in EFT treatments of depression.

To further investigate key research findings emerging from Step One, a larger sample of EFT dyads were selected from the York I (Greenberg & Watson, 1998) and York II Depression (Goldman et al., 2006; Greenberg & Angus, 1998) RCT for application of HLM analyses that are appropriate for repeated measures, process-outcome, nested

designs. Specifically, emotion-focused meaning-making shifts and level of client engagement were addressed in Step Two while the relationship between client story disclosure and emotional expression was investigated in Step Three.

### **Step Two: Emotion-Focused meaning-Making and Client Experiencing in EFT**

Guided by the key research findings emerging from Step One, we decided to investigate the relationship between emotion-focused meaning-making patterns—internal to reflexive and reflexive to internal shifts narrative process shifts—and client productive engagement—as measured by the Experiencing Scale—in recovered vs. unchanged (Jacobsen & Truax, 1991) EFT clients, drawn from the York I and York II RCT. In the context of a previous study, Pos Greenberg and Warwar (2009) established that Experiencing ratings significantly predicted treatment outcomes for the York I and II treatment samples, as a whole.

The Experiencing Scale (EXP; Klein, Mathieu, Gendlin, & Kiesler, 1986) is a reliable and well-established process measure that examines the quality of a client's involvement in psychotherapy by measuring the degree to which clients orient to, symbolize, and use general internal experience as a means for interpersonal problem-solving (Pos, 2006; Warwar, 2003). The Experiencing Scale is an ordinal scale that consists of seven levels and captures clients' ability to reflexively engage and symbolize subject experiences for the construction of new personal meanings and enhanced self-understandings. On the lower end of the Client Experiencing scale, clients describe their experiences with little reference to internal feelings or thoughts, and instead provide an objective or intellectual description focusing on external events. The lack of an inner referent when describing personal events creates the feeling that the experience could have happened to anyone, and little personal knowledge regarding the client's reaction or the meaning of such events is provided to the therapist. In contrast, at the higher levels of the Client Experiencing scale, clients are characterized as speaking from, rather than talking about, personal experiences (Klein, Mathieu, Gendlin, & Kiesler, 1986), wherein they explore and pose questions directed at internal reactions to personal events and develop dialogues between what they say and their own physical, inner "felt sensing," in the moment.

The process rating sample for our study was composed of emotion episodes that had been previously identified (Pos, Greenberg, Goldman, & Korman, 2003; Pos et al., 2009; Warwar, 2003) in

one early session, two middle sessions, and two late sessions selected from 38 EFT therapy dyads who participated in the York I and II depression studies. Emotion episodes (EE) (Greenberg & Korman, 1993; Korman, 1991) are defined as extended transcript segments in which clients express emotions in the context of disclosing personal stories, or imagined situations, during therapy sessions. Once identified, a team of trained coders used the Narrative Processes Coding System to identify internal to reflexive and reflexive to internal narrative patterns occurring within EE segments. All EEs had been previously rated for level of productive client engagement, using the Experiencing Scale, in a previous study (Pos et al., 2009). Good levels of inter-rater agreement were established for the identification of Emotion Episodes (Pos et al., 2009; Warwar, 2003), NPCS sequences (Lewin, 2010) and Experiencing ratings (Pos et al., 2009).

Based on previous research findings indicating a higher proportion of reflexive-internal narrative sequences in recovered EFT clients, as well as significantly higher EXP scores than unchanged clients (Pos et al., 2009), it was hypothesized that higher proportions of I-R and R-I narrative shifts would predict higher peak experiencing scores for EFT dyads. EFT dyads were initially examined, using an HLM analysis, where peak experiencing scores were identified as the dependent variable and proportion of I-R and R-I narrative shifts were identified as independent variable within the model. Both dyads and sessions within dyads were employed as random intercepts. In support of the hypothesis, a significant relationship between proportion of I-R and R-I narrative shifts and peak experiencing scores was found [ $t(2517) = 2.55, p = .00001$ ], indicating that the proportions of I-R and R-I shifts were significantly related to peak experiencing scores for EFT dyads. Additionally, supporting Pos et al.'s (2009) earlier findings, a main effect for stage was found, which revealed that a significantly greater increase in Experiencing scores was evidenced from early to late stages of therapy for recovered vs. unchanged EFT clients.

Taken together, Lewin's (2010) research findings seem to provide an important piece of the NPCS puzzle. Specifically, we now had suggestive empirical evidence that effective EFT therapists help clients sustain productive engagement in psychotherapy—evidenced by higher client Experiencing Scale ratings and better treatment outcomes—by facilitating client shifts from reflecting on the personal impact of the story (reflexive narrative sequence) to emotional awareness and symbolization (internal narrative sequence) and new meaning-making (back to reflexive narrative sequence). We, however, wondered what the

contribution of client narrative disclosures—external narrative sequences—was to productive emotional engagement in EFT, a question that was directly addressed in Step Three.

### **Step Three. Personal Story Disclosure and Emotion Expression in EFT**

Emerging research evidence in the cognitive experimental research literature (Williams et al., 2007) indicates that a key cognitive marker of clinical depression is a preference for over-general autobiographical memory (ABM) representations and difficulty accessing and disclosing specific or episodic ABM narratives of personal life events. This is important as the inability to access and integrate specific episodic ABM has been associated with reduced self-coherence, increased rumination and worry, impairment in social problem-solving, and a reduced capacity to imagine future events (Conway & Pleydell-Pearce, 2000). Taken together, these findings suggest that a therapist's ability to help a client move from over-general to specific autobiographical memory disclosures may be a key emotion processing step—and change event—in effective treatments of depression.

Drawing on recent empirical findings emerging from the experimental autobiographical memory research literature, and in light of the research evidence indicating the importance of client autobiographical memory disclosure in EFT treatments of depression, we decided to examine the contributions of autobiographical memory (ABM) specificity and expressed emotional arousal, in two early, two middle and two late sessions selected from 17 emotion-focused therapy sessions (Boritz, Angus, Monette, & Hollis-Walker, 2008) drawn from the York I Depression Study.

Given the previous research on ABM in depression, which links the phenomenon of over-general ABM with clinically symptomatic depression, the present study sought to target clinically symptomatic EFT clients at therapy termination. To that end, Seggar, Lambert, & Hansen (2002) identified a three-sample normative continuum with cut-off points established using the Beck Depression Inventory: the asymptomatic (AS) group refers to those who exist in the community without depressive symptomatology, the community symptomatic (C) group refers to the functional yet “normally” depressed community, and the clinically symptomatic (CS) group refers to those who are actively experiencing psychological distress to the point of seeking or being required to seek treatment. In the York I Depression Study (Greenberg & Watson, 1998), all EFT clients in the sample began treatment



in the clinically symptomatic group. Seggar et al.'s (2002) cut-off scores were applied to the sample to determine two outcome groups: Non-depressed at therapy termination (clients in the AS and C groups) and depressed at therapy termination (clients in the CS group).

Emotion Episodes had been previously identified in therapy sessions, and rated for degree of expressed emotional arousal (Warwar & Greenberg, 1999) using the Client Emotional Arousal Scale III. Each Emotion Episode was further coded using the Narrative Processes Coding System to identify external narrative process sequences that met criteria as a personal autobiographical memory narrative. Once identified, autobiographical memory narratives were then rated for degree of specificity—single event, generic or eventless (Singer & Moffit, 1992). Good levels of inter-rater reliability were established by separate rating teams for the identification of Emotion Episodes and Expressed Emotional Arousal (Warwar, 2003) as well as for the application of the Narrative Processes Coding System and identification of memory specificity subtypes (Boritz, Angus, Monette, & Hollis-Walker, 2008).

In order to investigate the relationship between autobiographical memory specificity and level of depression at treatment outcome, for EFT treatments of depression, a multi-level (hierarchical) regression was performed using the proportions of ABM subtypes (single-event, generic, extended) within EEs as the dependent variables and stage as the independent variable, with random intercepts for dyads and sessions within dyads. While a significant increase in the proportion of single-event ABMs from middle ( $\mu = 38.2$ ) to late ( $\mu = 48.3$ ), and from early ( $\mu = 36.2$ ) to late ( $\mu = 48.3$ ) stages of therapy [ $t(150) = 2.5962, p = .0104$ ] was established for the sample as a whole [ $t(150) = -2.1665, p = .03185$ ], no significant differences were established for non-depressed vs. depressed clients at treatment termination (Boritz et al., 2008).

Next, a hierarchical linear regression analysis was conducted in order to investigate the relationship between expressed emotional arousal and level of depression at treatment outcome. There was no evidence of an overall effect of peak expressed emotional arousal on outcome [ $F(4,30) = 1.937055, p = .12999$ ], nor was there evidence of an overall interaction effect of stage by outcome on peak emotional arousal [ $F(2,165) = 2.32012, p = .10146$ ].

Finally, to investigate the relationship between peak emotional arousal and proportion of specific ABM predicted outcome at therapy termination (depressed versus non-depressed), an HLM mixed regression model was conducted. Findings from this analysis demonstrated that the relationship

between specific ABM and expressed emotional arousal differed significantly between depressed versus non-depressed clients at therapy termination [ $F(4,30) = 3.820364, p = .01261$ ]. Specifically, the findings showed a significantly positive relationship between peak expressed emotional arousal and single-event or specific ABMs for non-depressed clients [ $t(744) = 2.34772, p = .0191$ ], and a non-significant negative relationship for depressed clients [ $t(744) = -1.24651, p = .2130$ ].

Taken together, the multi-level model analyses established that neither expressed emotional arousal nor narrative specificity alone was associated with recovery from depression at EFT treatment termination. Instead, the research findings indicated that non-depressed EFT clients were significantly more likely to emotionally express their feelings, in the context of telling specific autobiographical memory narratives, than EFT clients who remained depressed at treatment termination. As such, it would appear that understanding the unique contributions of specific ABM memory narratives for the expression of emotion and client change in EFT treatments of depression is an important direction for future research with some important implications for effective treatment practices.

#### **Toward an Integrative Understanding of Narrative and Emotion Processes in EFT: Implications For Clinical Practice**

Building on EFT tasks that focus on client's descriptions of personal events (Elliott, Davis & Slatick, 1998; Greenberg et al., 1993; Paivio & Laurent, 2001), and informed by our own experiences as EFT therapists and research findings emerging from the York I and II Narrative Process Coding System research program, Les Greenberg and I have collaborated on the development of a narrative-informed model of EFT for depression (Angus & Greenberg, 2011). In this model, helping clients to disclose, subjectively enter, and situate their most emotionally vulnerable and painful specific personal stories is viewed as the first important step of a narrative-informed approach to EFT.

As noted previously, recent research evidence (Boritz et al., 2011) suggests that the disclosure of emotionally alive, specific personal narratives (External Narrative mode) may be an important means by which depressed clients begin to learn how to tolerate and story their most vulnerable emotions of pain, hurt, anger and rage for further reflection, increased emotion regulation and new meaning-making in productive EFT therapy sessions. As noted by Elliott et al. (2004), an EFT therapist's empathic attunement to autobiographical memory

narratives helps to facilitate a client's evocation and differentiation of emotion processes, in relation to different types of narrative expression, for the articulation of new meanings and perspectives on self. Additionally, the disclosure of personal stories appears to be a fundamental way that clients share "who they are" with therapists that in turn enables the development of strong therapeutic alliance (Horvath & Bedi, 2002). Based on the first-hand accounts of psychotherapy clients, Heatherington, Constantino, Friedlander, Angus, & Messer (in press) suggest that the experience of accessing, disclosing, exploring and understanding distressing life experiences, with an empathic, non-judging other, may in and of itself constitute a corrective experience.

The next step in the model involves meaning creation and entails helping clients to reflexively differentiate (Reflexive Narrative mode) and naming feeling states (Internal Narrative mode) associated with the disclosure of emotionally salient personal stories. As Lewin (2010) discovered in her investigation of York I EFT clients, a sustained engagement in reflexive meaning-making (reflexive narrative sequences) followed by emotion-focused narrative process modes (internal narrative sequences) was significantly associated with higher levels of productive client experiential engagement during EFT therapy sessions and overall productive treatment outcomes. As such, facilitating reflection on emotional experience appears to provide depressed clients with an opportunity to (a) identify what specific factors, events or actions evoked an emotional response, (b) understand more fully the meaning of those emotions, in the context of their own personal stories (Missirlian, Toukmanian, Warwar, & Greenberg, 2005; Toukmanian, 1992) and (c) more successfully regulate distressing emotional states.

In contrast, undifferentiated states of high emotional arousal—or what Angus and Greenberg (2011) term unstoried emotions—are almost always experienced as disorganizing, distressing and frightening by clients (Paivio & Pascual-Leone, 2010; Pascual-Leone & Greenberg, 2007). As noted previously by Elliott et al. (1998) and Paivio & Pascual Leone (2010), EFT therapists can help organize clients' painful emotions—for further reflection and new understanding—by facilitating a narrative retelling of traumatic events that identifies specific situational contexts and cues that help contain and explain distressing what the term "empty stories"—emotional experiences. Questions such as "Where do you feel that emotion in your body? When you do recall sensing that feeling inside you? Where were you when you felt that?" help clients locate a

narrative context for undifferentiated emotional experiences that make those feelings more understandable, specific and controllable.

Alternatively, Angus and Greenberg (2011) advise that a therapist's empathic attunement to a client's same old story of stuckness and/or over-generalized personal stories of that are devoid of emotional feeling or tone—what they term "empty stories"—can help clients to access and symbolize previously avoided emotional responses that bring new meaning to the events under discussion. In contrast, broken stories is the term Angus and Greenberg (2011) use to identify client states of emotional incoherence, confusion and puzzlement that have resulted from the breach of fundamental assumptions, values or goals. Rice and Saperia's (1984) problematic reaction point marker is an important subcategory of broken story that highlights states of client self-incoherence and identifies the implementation of systematic unfolding procedures for meaning exploration and successful problem resolution (Watson & Rennie, 1994).

The final step in the model entails the conscious articulation of new meaning and story elaboration. The narrative organization of emotional experiences serves to temporally sequence events, to coordinate actions, objects and people in our lives, and it provides perspectives and meaning to our experiences. This dialectical dance of narrative and meaning-making processes appears to help clients organize and symbolize emotional experiences, as an integrated, coherent story that makes sense of their experiences in the world. An important goal for EFT therapists is to help clients symbolize their emotional state in a specific, situational or narrative context. As noted previously, Boritz et al. (2011) found that recovered EFT clients who met criteria for clinically significant change consistently achieved higher levels of expressed emotions in their specific ABM narratives than clients who remained symptomatic—or unchanged—at therapy termination. When clients can attend to and symbolize their emotions in narrative form, they can more easily regulate their emotional responses and cope effectively in interpersonal situations. Personal narratives are also important as they guide future actions, communication and relationships and help us fit into our culture.

All three steps in this practice model highlight the interrelationship of emotion and narrative processes in the context of externalizing lived experiences as told stories. In so doing, emotions are put into narrative form and narratives are given significance by fusing them with emotion. As reported by Angus et al. (2004), the activation of the reflexive system appears to facilitate the organization and narrative

representation of emotional experiences that enables the construction of an emotionally salient and meaning-filled narrative account of our interpersonal experiences with others in the world.

To further enhance the practice of EFT, and to inform therapists of other orientations about effective ways to work with emotion and narrative processes, Angus & Greenberg (2011) have identified a set of specific client utterances and behaviors that are indicators of underlying narrative emotion markers and afford opportunities for particular types of therapist interventions (Angus & Greenberg, 2011). Although they share a common empathic base, the identified markers differ in the degree to which a) specific autobiographical memories are evoked, b) context elaboration is required, c) symbolization of bodily felt experience and primary emotions are evoked, d) story coherence is promoted and finally e) client experiences of change are highlighted during therapy sessions.

Problem markers include the *same old story*—repetitive unproductive experience based on core maladaptive emotion schemes; *unstoried emotions*—states of undifferentiated affect and unregulated emotional states; *empty stories*—clients' autobiographical memory disclosures that are stripped of lived emotional experience; and *broken stories*—experiences of self-narrative and emotion incoherence. Additionally, emergent meaning markers that highlight opportunities for therapists to recognize and enhance client experiences of positive change events are also identified. The three emergent meaning markers identified by Angus and Greenberg (2011) are *untold stories*, *unexpected outcome stories*, and *healing stories*.

Each narrative-emotion marker provides therapists with an opportunity to use specific interventions to help their clients more fully elaborate their most important personal stories. *Untold stories* are those times in therapy when the therapist hears the client speak about emotionally salient personal experiences that have not yet been externalized as told stories. The narrative-emotion marker *unexpected outcome story* is similar to Michael White's (2007) concept of a unique outcome story and is identified in our model when clients experience surprise, excitement, contentment or inner peace when comparing current adaptive experiences and past maladaptive patterns and dissatisfying life events. Informed more fully by Michael White's (2007) Narrative Therapy practice model, Gonçalves, Mendes, Ribeiro, Angus and Greenberg (2010) have recently identified a range of narrative change subtypes, using the Innovative Moments Coding System, that provides a differentiated understanding of the diversity and range of narrative change events in treatments of depression

(Mendes et al., 2010, 2011). Finally, *healing outcome stories* are identified in our model when clients convey an unexpected recollection of a vivid personal memory that captures when an important relational need was met by a significant other (Sandler, 2011).

In summary, it is an EFT therapist's capacity to empathically attune to clients' emerging emotional experiences that provides a safe and trusting space for clients to access, disclose and re-experience painful personal experiences as personal stories. Specifically, EFT therapists help clients organize their painful emotions—for further reflection—by actively identifying specific narrative contexts and situational cues that help contain and explain emotional experiences. Importantly, the narrative contextualization and symbolization of emotional experiences enhance client emotion regulation, acceptance and self-reflection. Once the stories have been identified, EFT therapists help clients transform their same old stories by facilitating the emergence of alternate emotional plotlines—such as grief at the loss of a loved one or compassion for one's father's troubled childhood—that are the basis for the construction of a more coherent, emotionally differentiated narrative account. When clients begin to author their own stories in EFT therapy sessions, especially unique outcome stories that challenge negative expectations of the same old story, a unique opportunity arises to construct a more agentic and compassionate view of self and the possibility of a more meaningful and satisfying future life.

## Conclusion

Over the past 20 years we have undertaken a systematic investigation of narrative, emotion and meaning-making processes in productive EFT treatments of depression. A key insight emerging from these studies is that in psychotherapy, as in life, all significant emotions are embedded in important stories, and all significant stories revolve around important emotional themes (Angus & Greenberg, 2011). Taken as a whole, returns from our Narrative Processes research program suggest that depressed clients' disclosures of specific, emotionally charged personal narratives may function as an important foundation for the subsequent symbolization, reflection and transformation of maladaptive emotional experiences in EFT of depression (Bortiz et al., 2011). In turn, effective EFT therapists help depressed clients sustain productive experiential engagement in therapy sessions by facilitating shifts from reflecting on the personal impact of the story, to accessing and symbolizing emerging emotional experiences for further reflection and new

meaning-making (Lewin, 2010; Lewin et al., 2003). While our practice-informed EFT research findings may also have important implications for working with depressed clients in the context of other treatment approaches, that intriguing questions remains for future treatments studies to address.

In terms of future research, a range of narrative emotion markers have been recently identified in our Narrative Research Lab at York University and Bryntwick, Angus, Bortiz, & Greenberg (in preparation) have developed a Narrative and Emotion Processes Coding System (NEPCS) manual that provides detailed criteria for the identification of narrative and emotion markers in therapy session video tapes. Ongoing studies are the prevalence and pattern of NEPCS patterns in recovered vs. unchanged client treatment subgroups drawn from EFT, CCT and CBT treatments of depressions. It will be important for future studies to investigate the specific steps and strategies that help depressed clients shift from unproductive engagement in same old stories to accessing and symbolizing primary emotions for adaptive action tendencies and new story outcomes and the application of these findings to different treatment approaches and clinical samples.

The development of a research-informed, integrative approach to working with narrative and emotion processes in EFT (Angus & Greenberg, 2011) also has implications for psychotherapy training. The evidence is now strong enough for us to recommend EFT (APA Task Force on Psychological Interventions 2011; APA Presidential Task Force on Evidence-Based Practice 2006; Ellison, Greenberg, Goldman & Angus, 2009; Goldman et al., 2006; Greenberg & Watson, 1998) as an important addition to more symptom-focused coping—skills approaches for the treatment of depression. In particular, a narrative-informed approach to EFT provides clinical trainees with an expanded range of specific marker-guided strategies to effectively facilitate depressed clients' disclosure of specific personal stories for further reflection, emotion-focused meaning and productive story-reconstruction in treatments of depression.

And finally, it is important to note that the Society for Psychotherapy Research has been essential to my development as a psychotherapy researcher and practitioner, providing me with the connective thread that has woven together my "storied experience" of narrative and emotion processes in Emotion-focused treatments of depression. As such, it is with deep gratitude that I acknowledge the contributions of David Orlinsky and Ken Howard, as co-founders of the Society for Psychotherapy Research, for the remarkable legacy

of innovative research productivity (Castonquay et al., 2010) and collegial collaboration that is SPR.

### Acknowledgments

I am deeply indebted to an exceptional team of graduate students, and post-doctoral fellows—Pavel Blagov, Jackie Brunshaw, Tali Boritz, Beverley Bouffard, Emily Bryntwick, Naomi Carpenter, Kevin Grant, Karen Hardtke, Laurie Hollis-Walker, Heidi Levitt, Jenny Lewin, Kathrin Moertl, Debra Rotondi and James Watson-Gaze—who have contributed to the evolution of the Narrative Processes research program, over the past 20 years. Thank you all.

### References

- Angus, L. (2008). *Narrative therapy, Series I., Systems of psychotherapy DVD*. American Psychological Association.
- Angus, L. (1998). *Micro-narrative and macro-narrative change in brief experiential psychotherapy*. Social Sciences and Humanities Research Council of Canada: Standard Grant.
- Angus, L. (2002). *Autobiographical memory and emotional arousal in brief experiential therapy for depression: An empirical analysis*. L. Greenberg Co-Investigator. Social Sciences and Humanities Research Council of Canada: Standard Grant.
- Angus, L. (2008). *Understanding the contributions of alliance and client process factors to autobiographical memory specificity change in brief psychotherapy treatments of depression: A process-outcome analysis*. L. Greenberg & A. Horvath: Co-Investigators. Social Sciences and Humanities Research Council of Canada: Standard Grant.
- Angus, L., Goldman, R., & Mergenthaler, E. (2008). Introduction. One case, multiple measures: An intensive case-analytic approach to understanding client change processes in evidence-based, emotion-focused therapy of depression. *Psychotherapy Research, 18*(6), 629–633.
- Angus, L., & Greenberg, L. (2011). *Working with narrative in Emotion-focused Therapy: Changing stories, healing lives*. Washington DC: American Psychological Association.
- Angus, L., & Hardtke, K. (1994). Narrative processes in psychotherapy. *Canadian Psychology, 35*(2), 190–203.
- Angus, L., Hardtke, K., & Levitt, H. (1996). *Narrative processes coding system training manual*. York University, Toronto, Ontario, Canada.
- Angus, L., & Kagan, F. (2007). Empathic relational bonds and personal agency in psychotherapy: Implications for psychotherapy supervision, practice and research. *Special Section on Psychotherapy Training and Supervision, Psychotherapy: Theory, Research and Practice, 44*(4), 371–377.
- Angus, L., Levitt, H., & Hardtke, K. (1999). The Narrative Processes Coding System: Research applications and implications for psychotherapy practice. *Journal of Clinical Psychology, 55*(10), 1255–1270.
- Angus, L., Lewin, J., Bouffard, B., & Rotondi-Trevisan, D. (2004). What's the story?": Working with narrative in experiential psychotherapy. In L. Angus & J. McLeod (Eds.), *Handbook of narrative and psychotherapy: Practice, theory and research* (pp. 87–101). Thousand Oaks, CA: Sage.
- Angus, L., & McLeod, J. (Eds.). (2004). *The handbook of narrative and psychotherapy: Practice, theory and research*. Thousand Oaks, CA: Sage Publications, USA.

- Angus, L., & McLeod, J. (2004). Self-multiplicity and narrative expression in psychotherapy. In H.J.M. Hermans & G. DiMaggio (Eds.), *The dialogical self in psychotherapy* (pp. 77–90). New York: Brunner & Routledge.
- APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, *61*, 271–285.
- APA Task Force on Psychological Interventions (2011) *Division 12 Society of Clinical Psychology*. <http://www.psychology.sunysb.edu/eklonsky-/division12/faq.html>.
- Boritz, T., Angus, L., Monette, G., & Hollis-Walker (2008). An empirical analysis of autobiographical memory specificity subtypes in brief Emotion-focused and Client-centred treatments of depression. *Psychotherapy Research*, *18*(5), 584–593.
- Boritz, T., Angus, L., Monette, G., & Hollis-Walker, L. (2011). Narrative and emotion integration in psychotherapy: Investigating the relationship between autobiographical memory specificity and expressed emotional arousal in brief Emotion-focused and Client-centred treatments of depression. *Psychotherapy Research*, *21*(1), 16–26.
- Bruner, J.S. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Bruner, J.S. (2004). The narrative creation of self. In L. Angus & J. McLeod (Eds.), *Handbook of narrative and psychotherapy: Practice, theory and research* (pp. 15–29). Thousand Oaks, CA: Sage.
- Bryntwick, E. (2009). *The development and application of the narrative-emotion integration coding system in brief emotion-focused and client-centred treatment of depression* (Unpublished masters thesis). York University.
- Bryntwick, E., Angus, L., Boritz, T., & Greenberg, L. (in preparation) The development and application of the narrative-emotion integration coding system in brief emotion-focused and client-centred treatment of depression.
- Bucci, W. (1995). The power of the narrative: A multiple code account. In J.W. Pennebaker (Ed.), *Emotion, disclosure & health* (pp. 93–124). Washington DC: American Psychological Association Press.
- Carcione, A., Dimaggio, G., Fiore, D., Nicolo, G., Procacci, M., Semerari, A., & Pedone, R. (2008). An intensive case analysis of client metacognition in a good-outcome psychotherapy: Lisa's case. *Psychotherapy Research*, *18*(6), 667–676.
- Castonguay, L., Muran, C., Angus, L., Hayes, J., Ladany, N., & Anderson, T. (Eds.). (2010). *Bringing psychotherapy research to life: Legacies from the Society for Psychotherapy Research*. Washington DC: American Psychological Association Press.
- Conrad, J. (1899). *Heart of darkness*. London: Blackwoods.
- Conway, M.A., & Pleydell-Pearce, C.W. (2000). The construction of autobiographical memories in the self-memory system. *Psychological Review*, *107*, 261–288.
- Damasio, A. (1999). *The feeling of what happens*. New York: Harcourt Brace & Company.
- Daniel, S.F. (2010). Adult attachment patterns and individual psychotherapy. *Clinical Psychology Review*, *26*(8), 968–964.
- Daniel, S.F. (2010). Adult attachment insecurity and narrative processes in psychotherapy: An exploratory study. *Clinical Psychology and Psychotherapy*. [www.interscience.wiley.com](http://www.interscience.wiley.com)
- Dimaggio, G., & Semerari, A. (2004). Disorganized narratives: The psychological condition and its treatment. In L. Angus & J. McLeod (Eds.), *Handbook of narrative and psychotherapy: Practice, theory and research* (pp. 263–283). Thousand Oaks, CA: Sage.
- Elliott, R., Davis, K., & Slatick, E. (1998). Process-experiential therapy for post-traumatic stress difficulties. In L. Greenberg, G. Leitaer, & J. Watson (Eds.), *Handbook of experiential psychotherapy* (pp. 249–271). New York: Guilford Press.
- Elliott, R., Watson, J.C., Goldman, R.N., & Greenberg, L.S. (2004). *Learning emotion-focused therapy*. Washington DC: APA Publications.
- Ellison, J., Greenberg, L., Goldman, R., & Angus, L. (2009). Maintenance of gains at follow-up in experiential therapies for depression. *Journal of Consulting and Clinical Psychology*, *77*(1), 103–112.
- Feldman, C., Bruner, J., Kalmar, D., & Renderer, B. (1993). Plot, plight and dramatism: Three ages. *Human Development*, *36*(6), 327342.
- Gendlin, E. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York: Guilford Press.
- Glick-Brinegar, M., Salvi, L., & Stiles, W. (2008). The case of Lisa and the assimilation model: The interrelatedness of problematic voices. *Psychotherapy Research*, *18*(6), 657–676.
- Goldman, R., Greenberg, L., & Angus, L. (2006). The effects of specific emotion-focused interventions and the therapeutic relationship in the treatment of depression: A dismantling study. *Psychotherapy Research*, *16*(5), 527–549.
- Gonçalves, M., Mendes, I., Ribeiro, A., Angus, L., & Greenberg, L. (2010). Innovative moments and change in Emotion-focused Therapy: The case of Lisa. *Journal of Constructivist Psychology*, *23*(4), 267–294.
- Gonçalves, M., & Stiles, W. (2011). Narrative and psychotherapy: Introduction to the special section. *Psychotherapy Research*, *21*(1), 13.
- Gonçalves, O., Henriques, M., & Machado, P. (2004). Nurturing nature: Cognitive narrative Strategies. In L. Angus & J. McLeod (Eds.), *Handbook of narrative and psychotherapy: Practice, theory and research* (pp. 103–118). Thousand Oaks, CA: Sage.
- Gonçalves, O., Machado, P., Korman, Y., & Angus, L. (2002). Assessing psychopathology: A narrative approach. In L. Beutler & M. Malik (Eds.), *Rethinking the DSM: A psychological perspective* (pp. 149–175). Washington DC: American Psychological Association.
- Greenberg, L. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings*. Washington DC: American Psychological Association.
- Greenberg, L., & Angus, L. (1995). *How therapy works*. Social Sciences and Humanities Research Council of Canada: Standard Grant.
- Greenberg, L., & Angus, L. (1998). *Examining the relationship between specific treatment factors and sustained change in psychotherapeutic treatment of depression*. Ontario Mental Health Foundation Operating Grant.
- Greenberg, L., & Angus, L. (2004). The contributions of emotion processes to narrative change in psychotherapy: A dialectical constructivist approach. In L. Angus & J. McLeod (Eds.) *Handbook of narrative and psychotherapy: Practice, theory and research* (pp. 331–349). Thousand Oaks, CA: Sage.
- Greenberg, L.S., & Foerster, F.S. (1996). Task analysis exemplified: The process of resolving unfinished business. *Journal of Consulting and Clinical Psychology*, *64*, 438–446.
- Greenberg, L.S., & Korman, L. (1993). Assimilating emotion into psychotherapy integration. *Journal of Psychotherapy Integration*, *3*, 249–265.
- Greenberg, L.S., & Paivio, S.C. (1997). *Working with emotions in psychotherapy*. New York: Guilford Press.
- Greenberg, L., & Pascual-Leone, J. (2001). A dialectical constructivist view of the creation of personal meaning. *Journal of Constructivist Psychology*, *14*, 165–186.
- Greenberg, L., Rice, L., & Elliott, R. (1993). *Facilitating emotional change*. New York: Guilford Press.
- Greenberg, L., & Watson, J. (1998). Experiential therapy of depression: Differential effects of client-centered relationship

- conditions and process experiential interventions. *Psychotherapy Research*, 8(2), 210–224.
- Greenberg, L.S., Watson, J.C., & Goldman, R. (1998). Process-experiential therapy for depression. In L.S. Greenberg, J.C. Watson, & R. Goldman (Eds.), *Handbook of experiential psychotherapy* (pp. 227–248). New York: Guilford Press.
- Hardtke, K., & Angus, L. (2004). The narrative assessment interview: Assessing self-change in psychotherapy. In L. Angus & J. McLeod (Eds.), *Handbook of narrative and psychotherapy: Practice, theory and research* (pp. 247–262). Thousand Oaks, CA: Sage.
- Hardtke, K., Levitt, H., & Angus, L. (2003). Narrative Prozesse im Beratungs- und Psychotherapiediskurs: Das Narrative Processes Coding System (NPCS). *Zeitschrift fuer Qualitative Bildungs-, Beratungs- und Sozialforschung*, 3(1), 123–141.
- Heatherington, L., Constantino, M., Friedlander, M., Angus, L., & Messer, S. (in press). Clients' perspectives on corrective experiences in psychotherapy. To appear in Castonguay, L. Psychological Association Press.
- Horvath, A., & Bedi, R. (2002). The alliance. In J.C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 37–69). London: Oxford University Press.
- Jacobson, N.S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59, 12–19.
- Kiesler, L. (1973). *The process of psychotherapy*. Chicago, IL: Aldine.
- Klein, M.H., Mathieu-Coughlan, P.L., & Kiesler, D.J. (1986). The experiencing scales. In L. Greenberg & M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 21–71). New York: Guilford Press.
- Korman, L. (1991). *Emotional episodes* (Unpublished masters thesis) Department of Psychology, York University, Toronto, ON.
- Laitila, A., Aaltonen, J., Wahlstrom, J., & Angus, L. (2005). Narrative process modes as a bridging concept for the theory, research and clinical practice of systemic therapy. *Journal of Family Therapy*, 27, 202–216.
- Lepper, G., & Mergenthaler, E. (2008). Observing therapeutic action in the Lisa case. *Psychotherapy Research*, 18(6), 634–644.
- Levitt, H., & Angus, L. (2000). Psychotherapy process measure research and the evaluation of psychotherapy orientation: A narrative analysis. *Psychotherapy Integration*, 9(3), 279–300.
- Levitt, H., Korman, Y., & Angus, L. (2000). A metaphor analysis in treatments of depression: Metaphor as a marker of change. *Counselling Psychology Quarterly*, 13, 23–35.
- Levitt, H., Korman, Y., Angus, L., & Hardtke, K. (1997). Metaphor analyses in good and poor outcome psychotherapy: Unloading a burden vs. being burdened. *Psicologia: Teoria, Investigao e Practica*, 2, 329–346.
- Lewin, J. (2001). *Both sides of the coin: Comparative analyses of narrative process patterns in poor and good outcome dyads engaged in brief experiential psychotherapy for depression* (Unpublished master's thesis). York University, Toronto.
- Lewin, J. (2010). *The importance of emotional – reflexive patterns for productive therapy: A narrative process analysis of emotion-focused and client-centred psychotherapy* (Unpublished dissertation). York University, Toronto.
- Lewin, J., Angus, L., & Blagov, P. (2003). *Effective patterns of narrative processing for clients and therapists engaged in brief experiential therapy*. Paper presented at American Psychological Association Conference, Toronto.
- Lewin, J., & Angus, L. (2008). *The Importance of emotional-reflexive patterns and depth of experiencing for productive experiential therapy: A narrative process analysis*. North American Chapter, Society for Psychotherapy Research, Yale, New Haven, CA.
- Luborsky, L., Barber, J., & Digeur, L. (1992). The meanings of narratives told during psychotherapy: The fruits of a new observational unit. *Psychotherapy Research*, 2(4), 277–291.
- Luborsky, L., & Crits-Christoph, P. (1990). *Understanding transference: The CCRT method*. New York: Basic Books.
- Macaulay, H. (2010). *A comparison of narrative process sequences in cognitive behavioural and emotion-focused therapies for depression* (Unpublished dissertation). York University, Toronto.
- McAdams, D., & Janis, L. (2004). Narrative identity and narrative therapy. In L. Angus & J. McLeod (Eds.), *Handbook of narrative and psychotherapy: Practice, theory and research* (pp. 159–175). Thousand Oaks, CA: Sage.
- McKee, R. (1997). *Story: Substance, structure, style and the principles of screenwriting*. New York: Harper Collins.
- Mendes, I., Ribeiro, A., Angus, L., Greenberg, L., Sousa, I., & Gonçalves, M. (2011). Narrative change in emotion-focused psychotherapy: A study on the evolution of reflection and protest innovative moments. *Psychotherapy Research*, 21(3), 304.
- Mendes, I., Ribeiro, A., Angus, L., Greenberg, L., Sousa, I., & Gonçalves, M. (2010). Narrative change in emotion-focused therapy: How is change constructed through the lens of the Innovative Moments Coding System? *Psychotherapy Research*, 20(6), 692–701.
- Mergenthaler, E. (2008). Resonating minds: A school-independent theoretical conception and its empirical application to therapeutic process. *Psychotherapy Research*, 18(2), 109–126.
- Missirlian, T.M., Toukmanian, S.G., Warwar, S.H., & Greenberg, L.S. (2005). Emotional arousal, client perceptual processing, and the working alliance in experiential psychotherapy for depression. *Journal of Consulting and Clinical Psychology*, 37, 861–871.
- Nelson, K. (1989). *Narratives from the crib*. Cambridge, MA: Harvard University Press.
- Nicolo, G., Dimaggio, G., Procacci, M., Semarari, A., Carcione, A., & Pedone, R. (2008). How states of mind change in psychotherapy: An intensive case analysis of Lisa's case using the Grid of Problematic States. *Psychotherapy Research*, 18(6), 645–656.
- Paivio, S.C., & Laurent, C. (2001). Empathy and emotion regulation: Reprocessing memories of childhood sexual abuse. *Journal of Clinical Psychology*, 57, 213–226.
- Paivio, S.C., & Pascual-Leone, A. (2010). *Emotion-focused therapy for complex trauma: An integrative approach*. Washington DC: American Psychological Association Press.
- Pascual-Leone, A., & Greenberg, L. (2007). Emotional processing in experiential therapy: Why “the only way out is through”. *Journal of Consulting and Clinical Psychology*, 75, 875–887.
- Pellowski, A. (1977). *The world of storytelling*. New York: Bowker.
- Polkinghorne, D. (2004). Narrative therapy and postmodernism. In L. Angus & J. McLeod (Eds.), *Handbook of narrative and psychotherapy: Practice, theory and research* (pp. 53–68). Thousand Oaks, CA: Sage.
- Pos, A.E., Greenberg, L.S., Goldman, R.N., & Korman, L. M. (2003). Emotional processing during experiential treatment of depression. *Journal of Consulting and Clinical Psychology*, 71, 1007–1016.
- Pos, A.E. (2006). *Experiential treatment for depression: A test of the experiential theory of change, differential effectiveness, and predictors of maintenance of gains*. Unpublished Dissertation thesis, Department of Psychology, York University, Toronto, ON.
- Pos, A.E., Greenberg, L.S., & Warwar, S.H. (2009). Testing a model of change in the experiential treatment of depression. *Journal of Consulting and Clinical Psychology*, 77, 1055–1066.

- Rice, L.N., & Saperia, E.P. (1984). Task analysis and the resolution of problematic reactions. (Ed.), *L.N. Rice & L.S. Greenberg (1984), "Patterns of change"* (pp. 29–66). New York: Guilford Press.
- Rotondi-Trevisan, D. (2002). *Memory narrative analysis and micro-narrative coherence in brief experiential psychotherapy for depression: An exploratory analysis* (Unpublished master's thesis). York University, Toronto.
- Sandler, S. (2011). *Remembering with emotion in Dynamic Psychotherapy: New directions in theory and technique*. New York: Jason Aronson.
- Sarbin, T. (1986). *Narrative psychology: The storied nature of human conduct*. New York: Praeger.
- Schank, R. (2000). *Tell me a story: Narrative and intelligence*. Evanston, IL: Northwestern University Press.
- Seggar, L.B., Lambert, M.J., & Hansen, N.B. (2002). Assessing clinical significance: Application to the Beck Depression Inventory. *Behavior Therapy, 33*, 253–269.
- Singer, J., & Blagov, P. (2004). Self-defining memories, narrative identity, and psychotherapy: A conceptual model, empirical investigation and case report. In L. Angus & J. McLeod (Eds.), *Handbook of narrative and psychotherapy: Practice, theory and research* (pp. 229–246). Thousand Oaks, CA: Sage.
- Singer, J.A., & Moffitt, K.H. (1992). *A scoring manual for narrative memories* (Unpublished manuscript). Department of Psychology, Connecticut College, New London, CT.
- Singer, J., & Salovey, P. (1993). *The remembered self: Emotion and memory in personality*. New York: The Free Press.
- Toukmanian, S.G. (1992). Studying the client's perceptual processes and their outcomes in psychotherapy. In D.L. Rennie & S.G. Toukmanian (Eds.), *Psychotherapy process research: Paradigmatic and narrative approaches* (pp. 77–107). Thousand Oaks, CA: Sage.
- Warwar, S. (2003). *Relating emotional processes to outcome in experiential psychotherapy of depression* (Unpublished doctoral dissertation). York University, Toronto.
- Warwar, S.H., & Greenberg, L.S. (1999). *Client Emotional Arousal Scale III-R* (Unpublished manual). York Psychotherapy Research Centre, Toronto.
- Watson, J., & Greenberg, L. (1996). Emotion and cognition in experiential therapy: Adialectical-constructivist position. In H. Rosen & K. Kuelwein (Eds.), *Constructing realities: Meaning making perspectives for psychotherapists*. New York: Jossey Bass.
- Watson, J., & Rennie, D. (1994). A qualitative analysis of clients' reports of their subjective experiences while exploring problematic reactions in therapy. *Journal of Counseling Psychology, 41*, 500–509.
- Westen, D. (2011) *What happened to Obama? The New York Times Sunday Review: Opinion*, August 6, 2011. New York: The New York Times Publications 3.
- White, M. (2007). *Maps of narrative practice*. New York: W.W. Norton.
- Williams, J.M.G., Barnhofer, T., Crane, C., Hermans, D., Raes, F., Watkins, E., & Dalgleish, T. (2007). Autobiographical memory specificity and emotional disorder. *Psychological Bulletin, 133*(1), 122–148.