

Change in narrative therapy: A pragmatic hermeneutic case study

Research case study submitted by:

Neville Terence McLean

G04m3185

For a thesis in partial fulfilment of the requirements of the degree of
Masters of Arts in Counselling Psychology in the Faculty of Humanities at

Rhodes University

April 2013

Supervisor: Dr Trudy Meehan

ABSTRACT

The client of this case study was a twenty two year old female in her first year at university. The client had come into therapy because she had felt depressed, lonely and riddled with self-doubt. The author used a Narrative Therapy approach with the client and was focussed on helping the client generate new meanings and stories that were more useful and empowering for the client. In this case study, the author was interested in exploring the process of change that the client underwent during the therapy process and he would rely on identifying innovative moments to track these changes. This interest informed the research question; what is the process of change in narrative therapy as tracked through the therapeutic dialogue? How does the change process in this case study track with the heuristic model of change put forward by Gonçalves and his colleagues? The author chose to use a pragmatic hermeneutic case study method in order to analyse the data and the results were organised into a coherent narrative. The data was collected from twenty two therapy sessions and these were grouped together into themes, namely a quick start, the beginning of change, thickening the innovative moments and lighting the fire. The results of this study reveal that despite being considered a good outcome case by the author, the process of change differed somewhat to that proposed by the heuristic model of change.

TABLE OF CONTENTS

ACKNOWLEDGMENTS	6
1. LITERATURE REVIEW	8
1.1 Narrative Therapy	8
1.1.1 An overview of narrative therapy	8
1.1.2 Move from modernist to postmodernist.....	10
1.1.3 The shift from outcome to process research	12
1.1.4 Effectiveness Studies	13
1.2 Concepts and practices in narrative therapy	15
1.2.1 Role of the Narrative Therapist	15
1.2.2 Tools used by narrative therapists	17
1.2.2.1 Externalising Conversations	17
1.2.2.2 Re-authoring	19
1.2.2.3 Deconstruction	21
1.2.2.4 Internal versus Intentional state of understanding	21
1.3 Innovative moment coding system	22
1.3.1 Action IMs	24
1.3.2 Reflection IMs	24
1.3.3 Protest IMs	25
1.3.4 Reconceptualization IMs	27
1.3.5 Performing change IMs	28
1.4 Heuristic model of change	30
1.5 Innovative moment coding system utility	32

2. RESEARCH DESIGN AND METHODOLOGY	33
2.1 Method of Analysis	35
2.2 Rationale for selecting this particular client for study	36
2.3 Treatment Setting	37
2.4 Data Collection	37
2.5 Quality control	38
2.6 Confidentiality and ethical aspects	38
3. CASE CONCEPTUALISATION	39
3.1 Background of Sam	39
3.2 Presenting Problem	40
3.3 History of Presenting Problem	41
3.4 Case formulation	43
3.4.1 Impact of problem on person	43
3.4.2 Treatment plan	46
4. RESULTS OF CASE STUDY ANALYSIS	46
4.1 A Quick Start (Sessions 1 to 6)	47
4.1.1 Description of her problem saturated story (Sessions 1 to 3)	47
4.1.2 Lets the externalising begin (Sessions 3 to 6)	50
4.1.3 Innovative Moments in sessions 1 to 6	52
4.2 The beginning of change (Sessions 7 to 12)	55
4.2.1 Sam's struggle (session 7 and 8)	55
4.2.2 A time for reflection (session 9 and 10)	56
4.2.3 A new leaf (session 11 to 12)	61
4.2.4 Innovative moments in sessions 7 to 12	63

4.3 Re-authoring (session 13 to 18)	66
4.3.1 The need for a balance (session 13 to session 15)	66
4.3.2 Metaphorically speaking (session 16 to session 18)	68
4.3.3 Innovative moments in sessions 13 to 18	71
4.4 Lighting my fire (Sessions 19 to 22)	73
4.4.1 “Standing my ground” (Sessions 19 to 22)	73
4.4.2 Using her exam stress as a strength (Session 19 to 22)	76
4.4.3 Innovative Moments in sessions 19 to 22	77
5. DISCUSSION AND CONCLUSION	80
5.1 Summary of Analysis	80
5.2 Innovative moments in light of the heuristic model of change	85
5.3 How the findings relate or not to other research on narrative therapy and other IMCS research	88
5.4 Recommendations for future research	89
5.5 Weaknesses of the present study	90
5.6 Strengths of the present study	91
5.7 Personal reflection	91
6. REFERENCES	93

APPENDIX A: Informed consent form

APPENDIX B: Letter written from Sam to imagined fourteen year old Sam

APPENDIX C: Letter written from imagined fourteen year old Sam to present Sam

ACKNOWLEDGEMENTS

- *First and foremost I would like to thank my supervisor, Dr Trudy Meehan, who really made this thesis possible. Thank you for guiding me through this process. Thank you for all your insight and wisdom that made writing this thesis a pleasure.*
- *To my family and friends who supported me in writing up this thesis. Thank you for all your support, patience, prayers, and strong words of encouragement, I couldn't have done this without you.*
- *To the client in this case study, thank you very much for allowing me to publicize your journey. My hope is that your story will inspire others.*

CHANGE IN NARRATIVE THERAPY: A PRAGMATIC HERMENEUTIC CASE STUDY

Clinical outcomes and the process of change in narrative therapy have been and remain significantly under-researched areas in psychology (Chan, Ngai & Wong, 2012). Despite forming part of the post-modern movement, there is still a need for evidence based research that documents and validates therapies. Researchers are increasingly becoming interested in understanding the process of therapy and what it is about therapy that makes it such a valuable tool in helping people. Through their research, Gonçalves, Matos and Santos (2009) developed a tentative heuristic model of change in which they identified the processes that are necessary for positive change to occur within a client. The author set out to establish whether the process of change that occurred with his client were similar or dissimilar to that set out in the heuristic model of change.

In this study, the author will first outline what narrative therapy is and describe some of the common concepts and practices used in narrative therapy. Secondly, the author will discuss the Innovative Moment Coding System (IMCS) and heuristic model of change that has been developed by Gonçalves and colleagues and will then explain how these research tools are pertinent to this study (Gonçalves et al., 2009). Thirdly, in beginning to move away from the literature, the author will provide an outline of the research design and methodology that he used to answer the research question. Fourthly, the author will provide a description of the client, her presenting problem and how he conceptualized the case. Following this, the author will provide the results of the data analysis in a case narrative. Finally the author will provide a detailed discussion of the results and what it means in the light of theory and previous research.

1. LITERATURE REVIEW

1.1 Narrative therapy

1.1.1 An overview of Narrative therapy.

For quite some time within the psychology field, there has been an effort to understand human lives from a narrative perspective, in which the identity of the person is the result of his or her efforts to make meaning out of an almost infinite amount of episodes that comprise life (Gonçalves, et al., 2009. p. 5).

According to Winslade, Crockett and Epston (1997), the narrative approach to therapy has been one of the exciting developments within the field of psychology over the last two decades. The word 'narrative' refers to the importance that is placed upon the stories of people's lives and the opportunity for change that can be made through the use of particular interventions by the narrative therapist (Wallis, Burns & Capdevila, 2011). Narrative therapy is thus interested in the stories people live by and the stories people carry with them that help form their identity.

White and Epston (1990), who were the central figures in the development of narrative therapy, proposed that the key component of the narrative approach was the idea that narratives and stories organise our experiences and generate meaning (Monk & Gehart, 2003). These stories are constitutive in shaping an individual's lives and their relationships and are open to a wide range of interpretations and meanings (White & Epston, 1990). From a narrative perspective, an individual will generally seek out therapy when they are no longer happy with the meaning of their current story or stories. The goal of narrative therapy is to help individuals generate new and unique meanings and experiences and to try and assist them in producing more useful and empowering life stories (Smith, 1997).

Narrative therapy's approach to counselling encourages clients to begin a journey of exploration and discovery in the search of abilities or talents that have either been hidden or forgotten due to life's difficulties. In the narrative counselling process, the client is invited to assume the role of an active collaborator, who works alongside with the therapist, and attempts to reconstruct his or her personal narrative (McKenzie & Monk, 1997). The narrative approach to therapy centre people as experts in their own lives and through collaboration with the therapist, look to assist people in uncovering "skills, competencies, beliefs, values, commitments and abilities" that will help them in reducing the dominance of the problem in their lives (Wallis et al., 2011, p.487).

Narrative therapy also aims to help the client separate themselves from totalizing, pathological descriptions and invite them to explore potentially empowering alternative voices and stories that have been overshadowed or forgotten (Smith, 1997). Narrative therapists consider people's lives to be multi-storied and this means that no single story may solely define an individual as he or she has numerous aspects to his or her life, for example family, relationships and career (Morgan, 2000).

Narrative therapy proposes that people tend to use dominant stories about themselves like a lens on a camera. These stories have the effect of filtering and selecting what experiences and information are focused on or ignored (Morgan, 2002). Winslade et al. (1997) went on to describe this phenomena as the frame through which individuals' view and interpret the world and named it the 'frame of intelligibility'. In explaining this process, White (2007) suggested that it is largely because individuals will do what is familiar to them in an attempt to deal with the dilemmas and challenges that life produces. The difficulty arises when these individuals begin to be constrained by these truth discourses or dominant stories about themselves, others and the world that the 'frame of intelligibility' produces (White, 2007). Morgan (2002) points out there is a danger that these dominant stories will come to be seen as the 'natural' state of the world and the way the world is for that individual.

Following on from this, White and Epston (1990) proposed a key metaphor, the behavioural text, to help us understand this dilemma. In the behavioural text metaphor, an individual's

problems or struggles are understood to be results of intrusive macro organizers of meaning that subjugate the individual through the 'frame of intelligibility'. According to Gonçalves, Ribeiro, Mendes, Matos and Santos (2011), macro organisers of meaning such as society, culture and politics use specific rules of action, normative judgements or dominant discourse to dominate human behaviour, thought and feelings. These dominant stories can become so oppressive that they begin to function as evaluators of the individual's behaviour, thoughts and feelings (Gonçalves et al., 2012). These dominant and restricting normative stories will often provide self-moral judgements through statements like 'I should' or 'I should not' (Gonçalves et al., 2011).

White and Epston (1990) suggested that individuals attribute specific meanings to their experiences. This becomes largely problematic when people become socialised into a language and cultural system that assigns the meaning to them (Besley, 2002). These meanings can either negate or support the problem saturated story of that individual. Narrative therapy becomes useful when these 'assigned' meanings support the problem saturated story of the individual.

Within the narrative framework, these problem saturated stories can be so overwhelming that any alternative stories that could contradict the dominant narrative are subsequently ignored and overshadowed. Morgan (2000) states that even when alternative stories are noticed by the individual, they are most often dismissed as fluke or a chance occurrence and regarded as meaningless in the backdrop of the dominant story. Narrative therapy serves as a means through which the lens can be refocused back on to the alternative stories of the individual (Morgan, 2000).

1.1.2 Move from modernist to postmodernist.

Narrative therapy forms part of a broader movement within the humanities, healthcare and social sciences that moved away from the formalistic and scientific method of structuralist and modernistic thinking (Besley, 2002). The more traditional modernist approach places an emphasis on examining the client in order to compare their thoughts, feelings and behaviours against an existing, normative criteria (Weingarten, 1998). Following this, the modernist

therapist then uses “explanations, advice, or planned interventions” in order to bring the client’s responses in line with these criteria (Weingarten, 1998, p.1). This notion of correction of dysfunction is sustained through the expert positioning and language of the dominant discourse of the modernist therapist (Anderson, 1997; Gonçalves et al., 2009). Such knowledge moves the therapist towards a more objective approach and allows the therapist to observe from the position of an expert.

While it is difficult to generalise, some narrative therapists have been critical of modernist approaches. For example, Weingarten (1998) suggests that modernist therapists consider themselves as separate from the clients that they are working with. Consequently, this reinforces the idea that therapists are experts with a specialized knowledge and that they are privileged with the opportunity to observe, assess, diagnose and treat without being subject to the same processes as the client (Weingarten, 1998). Thus from a modernist perspective, the therapist is distinctly separate from the client. Modernists also consider the therapist as having expert knowledge that must be imparted onto the client in order to reduce the problem. According to Weingarten (1998), this dilemma tends to create a power dynamic where the therapist is considered to be the ‘fixer’ and the client is the one that is broken, powerless and needs ‘fixing’. Gonçalves et al. (2009) argue that this modernistic position tends to undermine the complexity of human beings and creates a mechanistic view of human functioning.

Furthermore, in the modernistic therapy approach, therapy constitutes a “dominant cultural-truth-informed endeavour” that is therapist led and thus produces therapist determined possibilities (Anderson, 1997, p.32). These truths form the basis for diagnoses, goals of therapy and treatment strategies and act to further locate the problem within the person. Although such thought may validate the therapist’s need for knowledge, there is a high risk of the therapist missing the uniqueness and complexity of the individual (Morgan, 2000). According to Anderson (1997), the modernist position promotes a dualistic and hierarchical notion of an ‘unknowledgeable’ client who is the subject of inquiry and observation. This in turn places the therapist in a superior position who by virtue is entitled to an expert knowledge and truth.

White and Epston, who are largely considered the pioneers of narrative therapy, also rejected the modernist view of human nature and its implications for counselling (Wallis et al., 2011). White and Epston regarded the traditional modernist approach, which dominated the Western psychology at the time, as potentially pathologizing and formulaic (Morgan, 2000).

White and Epston's (1990) narrative therapy forms part of a new group of therapies that align themselves with the philosophy of postmodernist, post structuralist and social constructionist thought (Doan, 1998). Parry and Doan (as cited in Doan, 1998) propose that the nature of narrative therapy is particularly suited to the increasingly postmodern context that we find ourselves living in and the various life challenges that come with it. Postmodernism is underpinned by the view that there are no absolute truths or realities, and holds the view that all knowledge is perspectival (Nichols & Schwartz, as cited in Doan, 1998). As knowledge is deemed to be perspectival, postmodernists argue that multiple truths, multiple realities and multiple points of view exist. These are either constructed or deconstructed through the mutual interaction of individuals and their environment. Postmodern thought is interested in exploring how these different points of view organise people's lives, generate meaning and ultimately construct realities (Doan, 1998).

With the movement towards a more post-modernistic based psychotherapy, many therapists began to abandon the use of a systemic metaphor in favour of the narrative metaphor (Weingarten, 1998). The narrative metaphor implies that human psychology has an essentially narrative structure to it and its influence reflects a belief that what needs to be reorganised is not the nature of interactions between individuals, but rather the story and meaning making that happens within the individual (Strand, 1997). Postmodern therapists use the metaphor of story, narrative, conversation, myth and text to explore and shape the clients view of themselves and their view of the problems with which they seek help with (Kogan & Gale, 1997).

1.1.3 The shift from outcome to process research.

In recent years, there has been a noticeable shift in the focus of research within psychotherapy. According to Gonçalves, Ribeiro, Matos, Mendes and Santos (2009), increasingly more

researchers are interested in exploring the processes that account for change in psychotherapy. This shift towards what is known as 'process' research is vastly different to the traditional 'outcome' research that seemed to dominate the direction of previous research. In exploring the various processes of therapy, Gonçalves et al. (2009) suggest that the idea of corrective dysfunction is most commonly used in psychotherapy. Thus different schools of psychotherapy (such as psychodynamic, cognitive and humanistic) have organised their models around the concept that clients must correct what is wrong in their minds in order to change. More specifically, the change process relies on a repairing effort from the client in order to correct internal deficit. The narrative model however, attempts to produce change through stimulating new ways of thinking, acting, and feeling and these often provide the starting point of a change process (Gonçalves et al., 2009).

1.1.4 Effectiveness Studies.

Although there seems to be a growing interest in narrative therapy as a therapeutic tool, research into narrative therapy is still at a relatively embryonic stage (Etchison & Kleist, 2000). Few studies exist that would be considered as 'good' evidence for the effectiveness of narrative therapy within the traditions of therapeutic outcome research. One of the reasons for this lack of empirical inquiry may be that the process of documenting and validating therapies seems to be counterintuitive to a theory that denies the possibility of research objectivity (Brimhall, Gardner & Henline, 2003). Thus the type of research valued by narrative therapists seems to differ from the more traditional positivist research that has dominated the field over previous years (Wallis et al., 2011). Critics of the positivist based research models have claimed that objectivity within a constructive based approach like narrative therapy is unachievable and oversimplifies the complexity of social phenomena (Wallis et al., 2011).

Constructivist-based research emphasises that the interactions between participants and researchers form an essential component of quality data gathering and analysis (Brimhall et al., 2003). As mentioned earlier, narrative therapy approaches are interested in interpreting and giving meaning to experiences. Because qualitative approaches to inquiry emphasize

understanding experiences, Etchinson and Kleist (2000) suggest that they are well suited in researching the effectiveness of narrative therapy.

To date, much of the research into narrative therapy has utilized case study methodology and thus despite some of the obstacles to evidence based research into narrative therapy, there are some small scale studies that seek to establish the effectiveness of narrative therapy as a therapeutic tool. In one particular study, Hannen and Woods (2012) examined a narrative therapy intervention with a twelve year old female who had been cutting herself. In this research study, all the qualitative and quantitative data suggested that the child's emotional well-being, resilience and behaviour had improved over the narrative therapy intervention period. In a subsequent meeting after the therapy had come to an end, the girl, her parents and her teachers reported that she seemed happier, was no longer cutting herself and was no longer having panic attacks (Hannen & Woods, 2012).

In another case study, Matos, Santos, Gonçalves and Martins (2009) set out to explore the impact of narrative therapy on ten women who had experienced different levels of physical and verbal abuse within their current relationships. Each of these women attended individual therapy sessions that ranged from six to sixteen sessions. The narrative therapists involved put specific focus on re-authoring techniques with the women. The researchers found that the occurrence and elaboration of 'unique outcomes', which is a key component used in narrative therapy, was far more significant in good outcome cases than poor outcome cases. This may suggest a correlation between the elaboration of 'unique outcomes' used in narrative therapy and good outcomes in psychotherapy. Besa (as cited in Etchison & Kleist, 2000) examined the effectiveness of narrative therapy in reducing parent-child conflicts. Five of the six families involved in this study showed improvements, ranging from an 88% to a 98% decrease in parent-child conflicts with narrative therapy.

O'Connor, Meakes, Pickering and Schuman (1997) set out to examine eight families' perceptions and meanings that they attribute to the experience of narrative therapy. This particular type of research, known as ethnographic research, was aimed at exploring the

usefulness of the narrative therapy based on the client's perspectives and is an area that is particularly under-researched (O'Connor et al., 1997). The results indicated that all eight families reported a reduction in their presenting problems. The results also suggested that the families who invested in longer periods of narrative therapy did 'better' than those who stayed for shorter amounts. Therefore the research seemed to indicate that families exposed to narrative therapy for longer periods of time have a better chance of making positive cognitive shifts and this in turn benefits the families functioning. Finally, Keeling and Bermudz (2006) set out to establish the usefulness of narrative therapy, specifically two narrative techniques, externalizing and re-authoring. The study involved eighteen participants undergoing narrative therapy for four weeks. All the participants reported positive differences once the narrative therapy had been completed and found the externalization exercises to be useful.

The above mentioned research illustrates how narrative practices such as externalizing, identification of unique outcomes and re-authoring have the potential to be considered as effective therapy techniques. That being said, a substantial amount of future research is needed in the area of narrative therapy if it to be considered an efficacious form of therapy. The section below will now outline the key concepts and practices in narrative therapy.

1.2 Concepts and Practices in Narrative Therapy.

The literature revealed that specific practices of narrative therapy are effective therapeutic tools in reducing some of the dominant problems in people's lives. Gonçalves and colleagues have developed a system to look at the specific practices of narrative therapy that seem to be effective (Gonçalves et al., 2009). However, before describing the research of Gonçalves, it is important to first outline some of the concepts and practices of narrative therapy. The following section will now describe some of the common concepts and practices used in narrative therapy.

1.2.1 Role of the narrative therapist.

As mentioned earlier, the postmodern therapist is not an expert who assesses, diagnoses and fixes, rather he or she is considered to be a fellow traveller who is dedicated to listening carefully to the stories that people tell about themselves (Weingarten, 1998). The narrative therapist is encouraged to adopt a curious, interested and 'puzzling-together-posture' in the production of meanings within the individual's life (Drewery & Windslade, 1997). This position entails that the therapist is not asking questions from a position of pre-understanding and encourages the therapist to avoid questions that are looking for particular answers from the client. Rather the narrative therapist is looking to ask questions that are tailored towards learning about the client's world and the various meaning he or she ascribes to it (Morgan, 2000). The narrative therapist is interested in examining the socio-politico-cultural assumptions that the client holds to in the world. The therapist wishes to excavate the sub-plots in the client's narrative that are richer and closer to his or her actual experience and then to assist in the co-authoring of the client's unique story (Besley, 2002).

This move away from the 'expert' positioned therapist to a 'not knowing' therapist is an attempt by the narrative based approach to provide clients with a sense of agency and the possibility of movement within their problem saturated narrative (Freedman & Combs, 1996). As the narrative therapist adopts a non-expert position, he or she attempts to privilege the client's voice over any formal or academic domain of knowledge. This desire to understand leads to the creation of space for the many voices within and without to be heard, providing new perspectives and openings in relation to the problem (Monk & Gehart, 2003)

The narrative therapist is not interested in conversation that is solely aimed at trying to establish the cause of the client's problem. Rather he or she is more interested in conversations that generate many possible ways to move forward once the problem has arisen (Weingarten, 1998). One of the tasks of the narrative therapist therefore is not to analyse but to attempt to understand from the changing perspective of the client's life experience.

Narrative therapists are also interested in exploring the shaping moments of an individual's life, the turning points, key relationships, and memories not dimmed by time. The therapist aims to focus on the intentions, dreams, values and beliefs that have shaped the individual's life

(Morgan, 2002). The narrative therapist is also aware of the institutionalised and unresolvable power imbalance between the therapist and the client, and attempts to ensure that the client's experience is not contaminated by therapeutic discourse (Guilfoyle & Meehan., manuscript in preparation).

The questions that a narrative therapist will ask are generally aimed at learning about the meanings of a person's world, examining the socio-politico-cultural assumptions that constrain that person, excavating sub-plots that are richer and closer to the individual's actual experience and collaborating with the individual in re-authoring his or her stories (Besley, 2002). Narrative therapists are looking to continuously challenge the forces that subjugate individuals to a dominant ideology, therefore indirectly engaging in a somewhat political activism (Besley, 2002).

1.2.2 Tools used by narrative therapists.

In the therapeutic conversation, narrative therapy uses a variety of tools in order to assist the client in reducing the problem saturated stories.

1.2.2.1 *Externalising Conversations.*

Externalising is a unique technique, attitude and orientation considered to be one of the defining features of narrative therapy (Morgan, 2000). The externalising conversation entails the therapist speaking about the client's presenting problem in ways that situate it as being separate from the person and their identity. The idea here is that the problem is the problem and not the person is the problem (White, 2007). Therefore externalising conversation is in direct contrast to the internalising conversations that take place in the more traditional types of therapy that tend to locate the problem within the individual. These kinds of conversations avoid pathologizing statements that tend to encourage people who are struggling with problems to blame themselves (Weingarten, 1998). Externalising conversations consequently require a particular shift in the discourse of the therapy and thus the therapist's use of

language, choice of words and way in which he or she phrases statements and questions are all crucial in the externalising process (Morgan, 2000).

Carey and Russell (2002) suggest that a useful way in which narrative therapists are able to introduce externalizing language into the conversation with the client is through changing the adjectives that the client's use to describe themselves (for example, "I am a depressed person") into nouns (for example, "How long has the depression been affecting you for?"). Through the use of externalising language, some space is created between the client and the problem and thus the client can begin to revise their relationship with the problem (Carey & Russell, 2002). Another way in which space can be created between the client and his or her problem saturated story is through the use of metaphors. Through describing the problem saturated story metaphorically, the client is able to move the story into a new space, thus creating space for new stories to develop (Chan et al., 2012).

With the use of externalising language, both the therapist and client are able to trace the influence of the problem on his or her life, for example how the problems operated, what tricks they may have had, how they spoke and what they might look like (Morgan, 2002). The process of externalising also allows both the therapist and client an opportunity to focus on identifying how the problems started and how certain contexts or actions either encourage certain problems or diminish their influence (Morgan, 2002). Furthermore, through the use of externalising language in therapy, the narrative therapist is able to shift his or her attention towards the resources, skills and knowledge that the individual has used in dealing with similar problems in his or her life (Weingarten, 1998). White (2007) also suggests that the narrative therapist should be weary of the use of totalizing language by the client. Totalizing language is language that a client uses to describe his or her problem that is completely negative. This is important as White (2007) suggests that totalizing language can lead to an oversight by both the client and therapist of moments of resistance against the problem. This can further perpetuate the perceived strength of the problem and the idea that the problem lies within the client.

According to McKenzie and Monk (1997), the purpose of externalising is to open up new possibilities for interacting with the problem without the paralyzing effects (self-blame and self-judgement) that come with internalising conversations. When the problem is seen as a separate entity outside of the individual and when people are no longer tied to restricting 'truths' about their identities and 'certainties' about their lives, new options for addressing the problems emerge (White, 2007). In using this externalising lens, problems that have been previously considered to be inherent or relatively fixed within the individual, are now considered to be temporary (White & Epston, 1990). Weingarten (1998) suggests that seeing oneself in relation to the problem instead of being a problem "assists in the possibility of imagining oneself in a different relationship to the problem" (p.5). The separation of the individual and the problem also assists in recruiting resources that were less accessible when the problem existed within the individual (White & Epston, 1990). Importantly, separating the person's identity from the problem does not relinquish his or her responsibility to address the problem, rather White (2007) suggests that it makes it possible for the person to assume more responsibility in overcoming the problem as it opens up a range of possibilities for approaching the problem.

According to White and Epston (1990), the externalising approach also provides a means for the objectification and personification of the problems the individual experiences as oppressive in nature. Naming the problem is a tool used by the therapist in order to help objectify the problem, and attempts to give the client more agency over the problem. In asking the client to name his or her problem, the therapist is able to ask questions around how the named problem has been dominating in their life (Besley, 2002). Through personifying the problem, the problem is able to be spoken about in a way that gives it a personified entity with intentions, plans and wishes for the individual's life (White & Epston, 1990). Furthermore, through enquiring about the tricks, tactics, rules, likes, dislikes, purposes, desires and lies that the problem uses, the therapist is also able to explore the ways in which the problem operates in the individual's life (Morgan, 2000).

Finally, White (2007) suggests that the externalising conversations are not only focussed on the problem saturated story, but they can also be used in exploring or rediscovering what is often

defined as people's strengths or resources that can be used to challenge the problem saturated story.

1.2.2.2 Re-authoring.

Through the process of re-authoring conversations, narrative therapists invite individuals to continue developing and telling stories about their lives. In doing so, they encourage individuals to include some of the more neglected but potentially significant events and experiences that are considered to be inconsistent with the individual's problem saturated story (White, 2007). These moments or events that contradict the problem saturated story of the individual are called 'unique outcomes' and are considered to be a vital entry point for the therapist when looking to develop an alternative story with the individual (White, 2007).

According to Morgan (2002), a unique outcome can be anything that does not fit with the problem saturated story of the client and is generally difficult to achieve in light of the dominant story. Thus unique outcomes may come in the form of a "plan, action, feeling, statement, quality, desire, dream, thought, belief, ability or commitment" and can occur in the past, present and/or future (Morgan, 2002, p.52). Through tracing the history and effects of the problem, the therapist is able to listen for when the problem had less influence over the individual and identify any potential unique outcomes that may emerge

Importantly, the narrative therapist does not simply point out positive events that contradict the dominant story, instead he or she uses this moment as a point of entry for the development of an alternative story (Carey & Russell, 2002). In doing so the narrative therapist adopts a position of inquiry, whereby he or she assumes the role of being curious about the unique outcome and would aim to explore with the client as to how it happened, what did it take for it to happen, what does this mean for him or her and how it affected the problem saturated story (Morgan, 2000).

The idea is that as the therapist enquires about a particular unique outcome, the individual is able to connect with other times that he or she was free from the problem saturated story and these instances are consequently excavated together with the therapist (Morgan, 2002). As

these moments are explored further, they are linked across time according to a theme or plot and are joined together, forming a new alternative story to the dominant story that has previously troubled the client. These alternative stories are able to produce new meanings that are more helpful and congruent with the client's experiences and his or her preferred identity (Morgan, 2002).

Morgan (2000) argues that in order for the client to be freed from the influence of the problem saturated story, it is not enough to simply re-author an alternative story. Rather narrative therapists need to find ways through which these alternative storylines can be thickened and enriched, thereby assisting in making them more prominent in the client's life (Morgan, 2000). The narrative therapist facilitates the development of these alternative storylines by introducing questions that "encourage people to recruit their lived experience, to stretch their minds, to exercise their imagination, and to employ meaning making resources (White, 2007, p. 62).

1.2.2.3 Deconstruction.

According to Morgan (2000), deconstruction is the process through which narrative therapists explore, identify and unpack the beliefs, ideas and practices of the dominant culture in which a person lives and that assists the problem saturated story. This is important as these individual and cultural views held by clients are often regarded as 'truths' and generally serve to reinforce and maintain the problem saturated story (McKenzie & Monk, 1997).

Through specific questioning and conversation, the narrative therapist will attempt to work with the clients in tracing the history of these 'taken-for-granted truths', pulling them apart in order to identify which ideas and beliefs are sustaining the problem saturated story (McKenzie & Monk, 1997). This also helps to identify the unstated cultural assumption that contributed to the original construction of the problem in the first place (Monk, 1997).

The deconstruction process also serves as a therapeutic tool that is designed to produce a sense of agency within the client aimed at helping him or her act against the oppression of the dominant story (Monk & Gehart, 2003). Thus through deconstructive practices, narrative

therapists aim to empower and liberate people from the marginalising practices that determine what is acceptable and not acceptable (Monk & Gehart, 2003).

1.2.2.4 *Internal versus intentional state of understanding.*

White (2007) differentiates between an individual's internal and intentional state of understanding. In an internal state of understanding, an individual's actions are considered to be the result of characteristics that are considered to be core to his or her identity. For example, the man's actions are a result of his bravery, strength and perseverance. White (2007) suggests that adopting an internal state of understanding can diminish the individual's sense of personal agency and result in human action being perceived as a product of a singular self.

An intentional state of understanding of an individual's actions is interested in exploring the "purposes, values, beliefs, aspirations, hopes goals and commitments" that shape an individual's actions (White, 2007, p. 101). Thus rather than viewing an individual's actions as being an essence of his or her identity, an intentional state of understanding considers one's actions as being a result of his or her desire for life. White (2007) argues that although this internal state of understanding may be useful in identifying essences of the self in certain instances, it is unlikely to yield the sort of rich story development that occurs when adopting an intentional state of understanding.

1.3 Innovative Moment Coding System

Recent qualitative and quantitative studies have shown that change in psychotherapy can be explained by the emergence of certain unique outcomes (Mendes, Ribeiro, Angus, Greenberg, Sousa & Gonçalves, 2011). As mentioned earlier, White and Epston (2007) coined the term 'unique outcome' to describe an experience, a feeling, behaviour, or a thought that acts in opposition to the problem saturated story of the client's narrative (Meira, Gonçalves, Salgado and Cunha, as cited in Todman, 2009). However, in developing the Innovative Moment Coding System (IMCS), Gonçalves and his colleagues departed from using the term 'unique outcome'.

According to Gonçalves et al. (2009), there is nothing unique about a 'unique outcome' occurrence. Secondly, the use of the term 'outcome' contradicts the emphasis that is placed on

the process of these moments. Rather, these sparkling moments in psychotherapy form part of the process of constructing a new narrative. Gonçalves and his colleagues proposed an alternative notion of an 'innovative moment' and suggested that it replace the term 'unique outcome' (Gonçalves et al., 2009). Innovative moments¹ (IMs) not only refer to new outcomes in psychotherapy, but they also refer to all moments in which something new seems to appear in opposition to the problem (Meira et al., as cited in Todman, 2009). In order to unpack these moments of change, Gonçalves et al. (2009) developed a tool, the Innovative Moment Coding System (IMCS), which can potentially be used to track and analyse these IMs that occur in psychotherapy.

The IMCS is a qualitative method of data analysis that was developed in order to study psychotherapeutic change. It can also be used in attempting to understand life change processes, such as change in specific life transitions, daily change, or adaption to a new health situation (Gonçalves et al., 2011). The IMCS provides a means of tracking the IMs that emerge during therapeutic sessions. Again, these would include any thought, action or intention that contrast the client's problem saturated narrative. Importantly, it also allows for the tracking of IMs that occur outside of the therapy session. For example, when novelties that have taken place between the sessions are discussed and reflected upon in the therapy sessions (Gonçalves et al., 2011). Regardless, the IMs are identified through the therapeutic dialogue that occurs between the client and therapist and thus both the therapist and the client are regarded as active contributors to change (Gonçalves et al., 2011).

An IM can emerge in a number of ways. Firstly, it can result from a statement, a question or an interpretation from a therapist. Importantly, this may only be regarded as an IM if the client accepts it as true. Secondly, an IM can also result directly from a therapist's request for the client to unpack a novelty moment. Finally, an IM can also emerge directly from the client without any intervention by the therapist (Gonçalves et al., 2011).

¹ In order to prevent any confusion, the author will only use the term 'innovative moment' and not 'unique outcome' from here onwards.

As mentioned earlier, Gonçalves et al. (2012) suggest that the emergence and accumulation of new meanings or innovative moments enable the construction of a new, more flexible and adaptive self-narrative. It is suggested that the result of this process is that the former maladaptive self-narratives are revised and transformed into alternative meanings that are constructed by the client (Santos, Gonçalves, Matos & Salvatore, 2009).

From the above assumptions, Gonçalves and his colleagues (Gonçalves et al. 2009; Matos & Gonçalves, 2004) set out to understand how, through the identification and elaboration of the IMs, new narratives are constructed (Meira et al. as cited in Todman, 2009). In their first series of studies, Matos & Gonçalves (2004) identified five possible categories of IMs that emerge in the psychotherapeutic process. These include action, reflection, protest, reconceptualization and performing change and each of these will now be discussed below.

1.3.1 Actions IMs.

Action IMs are actions or behaviours of the client that contradicts or challenges what the problematic self-narrative drives him or her to do. These actions have incredible potential to create new meanings (Matos & Gonçalves, 2004). Some examples of action IMs may be the client displaying new coping behaviours when faced with an obstacle, actions that begin to restore autonomy over the problem saturated narrative, or searching for information about the problem (Gonçalves, Mendes, Ribeiro, Angus & Greenberg, 2010). The client below perceives the action as different to what normally happens in his or her problem saturated story.

“Therapist: Was it difficult for you to take this step and going out?

Client: Yes, it was a huge step. For the last several months I barely got out. Even coming to therapy was a major challenge” (Gonçalves et al., 2011, p. 12).

1.3.2 Reflection IMs.

Reflection IMs refer to thoughts or new understandings of the client that do not support the problem or are not congruent with the problem saturated narrative (Gonçalves et al., 2011). According to Gonçalves et al. (2009), there are two types of reflection IMs. Subtypes I are IMs in

which the problem is challenged and subsequently the client thinks about it in a different and new way. These may include reconsidering causes of problems and/or awareness of their effects, new formulations for overcoming problems, adaptive self-instructions and thoughts and intention to fight the problems demands (Gonçalves et al., 2012).

For example:

“Client: I realize that the longer I isolate myself, the more the depression overwhelms me” (Gonçalves et al., 2011, p. 55).

Subtypes II are IMs that are focus on the change process. These include reflecting on the therapeutic process, and reflecting on the processes and strategies implemented to overcome the problem(s), references of improved self-worth and feelings of well-being (as a consequence of change) (Gonçalves et al., 2012).

For example:

“Client: I believe that our talks, our sessions, have proven fruitful, I felt like going back a bit to old times, it was good, I felt good, I felt it was worth it. In this example, the client discusses how he is feeling now and contrasts the present and the past” (Gonçalves et al., 2011, p.55).

1.3.3 Protest IMs.

Protest IMs are moments of confrontation and defiance towards a problematic pattern. These include instances in which the client actively refutes the problem, the assumptions behind it, or the people that support the problematic way of functioning (Santos, Gonçalves & Matos, 2011). Like reflection IMs, protest IMs can also involve thoughts and feelings, however the distinguishing factor in that a protest IM, the client actively repositions herself against the problematic narrative and this is done through a proactive, affirmative, or assertive process (Gonçalves et al., 2011). Thus to code protest IMs instead of reflection IMs, the thoughts or

feelings of the client must be more assertive than simply discovering something new or thinking something new, which would fall under reflection IMs (Matos et al., 2009).

The protest IM may also involve an action. However according to Gonçalves et al. (2011) there must be a strong attitudinal element in the action where the problematic pattern is explicitly rejected. Simply put, protest IMs require an active stance of refusal towards the problem saturated story. As with reflective IMs, there are two subtypes of protest IMs. Subtype I refers to a client taking a position of critique in relation to the problem or another that supports it. The other in this case may be an internalized other or a facet of oneself (Gonçalves et al., 2009).

For example:

“Client: It isn’t fair that people are expecting me to always be thin” (Gonçalves et al., 2011, p. 507).

Subtype II refers to the emergence of new positions and is centred on the client taking a position of assertiveness and empowerment.

For example:

“Client: I am an adult and I am responsible for my life, and, and, I want to acknowledge these feelings and I’m going to let them out! I want to experience life, I want to grow and it feels good to be in charge of my own life” (Gonçalves et al., 2011, p. 507).

The second part of the subtype II involves the client repositioning herself towards the problem(s).

For example:

“Client: I had to live up to my father’s expectations all my life. I don’t want to do it anymore, it’s too hard! I want to get off of it, I don’t want to do it anymore, it’s hard!” (Gonçalves et al., 2011, p. 507).

1.3.4 Re-conceptualization IMs.

Re-conceptualization IMs are described as being more complex and multifaceted as the previous IMs (Santos et al., 2009). Re-conceptualization IMs involve a complex form of meta-reflection which means that the client not only understands what is different about him or herself but is also able to describe the process that was involved in the transformation (Gonçalves et al., 2009). This meta-position that the client assumes involves two components. The first component requires that the client be able to contrast between the past self (problem saturated story) and the present self (re-authored narrative of self). The second component involves the description of the processes that allowed the transformation from the past to the present (Santos et al., 2011). Thus, the client not only describes the difference between the problematic past and the new present, but also has some knowledge of how this occurred (Gonçalves et al., 2012).

For example:

“Client: You know . . . when I was there at the museum, I thought to myself, you really are different . . . A year ago you wouldn’t be able to go to the supermarket! Ever since I started going out, I started feeling less depressed. . . it is also related to our conversations and changing jobs.

Therapist: How did you have this idea of going to the museum?

Client: I called my dad and told him, we’re going out today!” (Ribeiro, Bento, Salgado, Stiles, Gonçalves, 2011, p.3).

Gonçalves et al. (2009) suggests that this meta-reflective position taken in re-conceptualization IM, which is not present in the other IMs, is fundamental to the potential of psychotherapeutic change as it is the client that positions him or herself as the author of the change process. This is congruent with previous research that suggests that change occurs in psychotherapy due to

the emergence of a new subject position that provides a new perspective from which other positions of the self can be articulated (Gonçalves et al., 2010).

1.3.5 Performing Change IMs.

The final type of IM is performing change. These IMs refer to the anticipation or planning of new experiences, projects, or activities at a personal, professional and relational level (Santos et al., 2009). Importantly, according to Santos et al. (2009), these were not possible before due to the constraints of the dominant problem on the client's self-narrative. These performing change IMs often describe the consequences of the client having moved through the change process described above. For example, these may include the adoption of new skills or the investment in new relationships that emerge through the re-authoring process (Gonçalves et al., 2009).

The coding of performing change IMs requires a client's recognition of the presence of a 'marker of change', meaning that the client has to narrate the perception of some meaningful transformation that has occurred. This feature assists the IM coder in distinguishing performing change IM from action IM, which in some instances may be difficult to do as they both include performing an action (Gonçalves et al., 2012). Performing change IMs requires the client to anticipate or plan new experiences based on the changes made so far by the client. This gives the client the idea that the emerging self-narrative has a future (Mendes et al., 2011).

For example:

"Therapist: You seem to have so many projects for the future now!

Client: Yes, you're right. I want to do all the things that were impossible for me to do while I was dominated by fear. I want to work again and to have the time to enjoy my life with my children. I want to have friends again. The loss of all the friendships of the past is something that still hurts me really deeply. I want to have friends again, to have people to talk to, to share experiences, and to feel the complicity of others in my life again" (Gonçalves et al., 2009, p. 10).

1.4 Heuristic Model of change.

From the analysis of several case studies using the IMCS, a heuristic model of change was developed by Gonçalves et al. (2009). Although largely supported by their findings, it is reiterated in the text that the below model of change is still tentative and is open to further revisions as more research is undertaken (Gonçalves et al., 2012). According to the model, in the initial stages of therapy, change usually starts with action and reflection IMs and appears to be the most elementary kind of novelty for the client. Thus change begins by the client starting to wonder about how life would be if it were different (reflection IMs) and begin performing new actions (action IMs) that are congruent with these reflection IMs or vice versa (Gonçalves et al., 2010). Gonçalves et al. (2012) suggests that at this early stage, reflection IMs are much more prevalent than action IMs. These subtle changes are often the first indicators that signal to both the client and therapist that new ways of acting, thinking and feeling are emerging in the client's life (Mendes et al., 2011). Importantly however, Gonçalves et al. (2010) points out that several cycles of action and reflection IMs may be needed to ensure that something different from the problematic self-narrative is happening.

Protest IMs usually appear after the first cycles of action and reflection IMs, or in some cases, emerge early on in therapy alongside action and reflection IMs (Mendes et al., 2011). Protest IMs can appear as an action or as a thought and are seen to represent a more empowered position of the self towards the problem saturated self. Such IMs embody a refusal of the assumptions of the problematic self-narrative and represent a strong attitudinal position that stands against the dominance of the problem in the client's *life* (Mendes et al., 2011). It further enables the client to reposition him or herself in a more proactive and agentic stance in therapy and life in general (Mendes et al., 2011).

Although action, reflection and protest IMs represent meaningful novelties for the client to experience and understand his or her problematic self-narrative, they appear to be insufficient

for the development and sustaining of an alternative, stable and new self-narrative (Gonçalves et al., 2012). In contrast, the model suggests that a collection of reconceptualization IMs are crucial for significant change to take place within the client. This is because reconceptualization IMs represent an integration of the client's new view of self in the context of the previously problem saturated self-narrative (Mendes et al., 2011). According to Gonçalves et al. (2012), research suggests that in the good outcome case-studies of samples analysed, after several cycles of action, reflection and protest IMs, reconceptualization IMs tend to emerge in the middle stages of therapy and generally continue to develop until the end of the treatment process.

Gonçalves et al. (2010) speculates that reconceptualization has several important functions in the process of change. Firstly these IMs involve a contrasting of the past problematic self-narrative and the new emergent one. For example, "before I was doing everything I could to be accepted by others, now I'm more confident with myself and doing things for me" (Mendes et al., 2011, p. 305). In this sense, the first duty of reconceptualization is to create a narrative contrast in the process of change, thereby granting narrative coherence to the more episodic and diverse action, reflection and protest IMs (Mendes et al., 2011). It is suggested that this contrasting allows for a sense of continuity to be achieved and without it, change would require a 'jump' between the problematic self-narrative and the emerging new one (Mendes et al., 2011).

After the emergence of reconceptualization IMs, new action, reflection and protest IMs occur and these serve to expand the former reconceptualization IMs. Thus as the client views him or herself differently from before (reconceptualization IMs), the subsequent emergence of action, reflection and protest IMs enables further evidence that significant changes are taking place (Gonçalves et al., 2012).

The second function of reconceptualization is to facilitate the progressive identification with a new self-narrative (Cunha, Gonçalves, Valsiner, Mendes, & Ribeiro, as cited in Gonçalves et al.,

2012). Thus through the contrasting process, the client is able to identify him or herself with new self-narrative identity thereby rejecting the previous problematic one and viewing it as belonging in the past (Gonçalves et al., 2012). Gonçalves et al. (2012) emphasises that in good outcomes therapy cases, reconceptualization IMs appear to be the most prevalent type of IM from the middle of therapy onwards. This suggests that repetition of the IMs may be essential in assisting the client in identifying with a new self-narrative and ultimately for a change to occur.

Finally, Mendes et al. (2011) emphasises that it is important for the client to have some knowledge or insight into how the transition between the past and present narratives was achieved and what is needed for this to happen again. Gonçalves et al. (2012) suggests that this third part of reconceptualization is essential in maintaining his or her sense of continuity and enables the client to take a position of authorship over their life. This sense of authorship relies heavily on the client's ability to assume a meta-position from which he or she is able access the knowledge of how the transformation occurred. Cunha et al. (as cited in Gonçalves et al., 2012) suggests that without this element, the sense of self would remain fragmented. Reconceptualization IMs implies a metacognitive integration of the past problem saturated self-narrative, the present emerging narrative, and the process that facilitated the transformation (Mendes et al., 2011).

Following on from reconceptualization IMs, new cycles of novelty experiences begin to occur. These take the form of action, reflection and protest IMs and are generally congruent with the content of reconceptualization IMs (Mendes et al., 2011). These occurrences appear to further validate the reconceptualization IMs as the client continues to narrate themselves differently than before. According to Mendes et al. (2011), this new self is reflected in the performing change IMs and is evident in several domains of the client's daily and future life, for example, engagement in new projects, new relationships and new activities. Finally, the heuristic model seems to suggest that the gestalt of IMs that emerge in therapy allows for the emergence of a new self-narrative.

1.5 Innovative moment coding system utility.

In the various studies undertaken using the IMCS, attempts were made to establish its utility in terms of the different modes of therapy outside of a narrative framework. This was necessary as the concept of the Innovative Moment was predominantly grounded in a narrative framework (Gonçalves et al., 2011). To date, the IMCS has also been applied in Emotion-Focussed Therapy (Mendes et al., 2011) and Client-Centred Therapy (Gonçalves et al., 2012). Following this, attempts were made to also establish its usage with a variety of client samples in terms of the presenting problems. Consequently, the IMCS has been found to be largely flexible as both an analysis tool that can be used across several different therapy modes, whilst also being flexible in terms of differing client samples (Mendes et al., 2011). The idea that the IMCS has potential in terms of its utility across therapies makes it a valuable asset within research. Gonçalves et al. (2011) explains that they are not at all surprised at the flexibility of the IMCS as an analysis tool. This is because although therapists adhere to a particular theoretical framework, essentially all therapists wish to create and sustain novelties in their client's lives. This then suggests that although therapists practice using different therapeutic techniques, there appears to be a set of common factors or principles that transcend the different therapies and these can be seen as being responsible for bringing about the process of change (Gonçalves et al., 2011).

In the literature review above we can see a move from examining the effectiveness of narrative therapy to exploring the process research in narrative therapy. However there remains a need for more research on narrative therapy. Gonçalves and his colleagues proposed the use of the IMCS method in order to study the change process that a client undergoes in narrative therapy (Gonçalves et al., 2009). All the previous research into the heuristic model of change has made use of the IMCS method to track the IM occurrences in their cases. However, the author wondered what he would find if he used a traditional case study method such as the pragmatic hermeneutic method of analysis. The author was interested in using a different method

because of the idea of triangulation. According to Golafshani (2003), triangulation is a useful strategy used for improving the validity and reliability of research. Triangulation proposes that if two different research methods produce the same set of results, then these results are made stronger (Golafshani, 2003). This study attempts to start this triangulation process with the Gonçalves et al. (2009) coding system by offering a second methodological standpoint on the heuristic model of change he proposes.

Importantly, the author is not attempting a traditional triangulation, as this would also require Gonçalves himself to use a different method in analysing his data. The author is however interested in adding to the literature on IMs by offering a case study using a different method of analysis in the hope of ‘deepening and widening’ his understanding of the heuristic model of change and the IMs.

Therefore, the research question is as follows:

1. What is the process of change in narrative therapy as tracked through the therapeutic dialogue?
2. How does the change process in this case study track with the heuristic model of change put forward by Gonçalves et al. (2009) if we analyse the case using a different method other than the Innovative Moment Coding System (IMCS)?

2. RESEARCH DESIGN AND METHODOLOGY

The therapist² has chosen to make use of a case study design in order to best answer the research question. Case study methodology is a set of principles used for deriving clinically useful or socially relevant observations from the material of clinical cases and affords the researcher the opportunity to compare these observations with the relevant theoretical principles (Edwards, Dattilio & Bromley, 2004). A case study is a case-based research design that examines single or multiple cases, usually in considerable depth (Edwards, 1998).

² The term “therapist” and “author” will be used interchangeably throughout this case study

Gonçalves and Stiles (2011) suggest that case study research is particularly relevant when examining the process of psychotherapy. This is because a case study examines and explores either the therapist or client's experience in a narrative that may explain how the problem was experienced, investigate why a client is the way they are, explore the treatment and why it worked or did not work, how the therapy unfolded and other such issues (Kazdin, 2003). Yin (as cited in Baxter & Jack, 2008) stipulates that a case study design should be used when the researcher is interested in answering 'how' and 'why' questions. As the author is looking to explore how the process of change unfolded in the therapy with the client and then how this change tracks with the changes proposed in heuristic model of change, a case study design appears to be the most suitable way of doing this.

Fishman (2005) provides a framework for planning and writing a psychotherapy case study and the author chose to draw on this framework and format in developing this study. This framework developed by Fishman (2005), aptly named the Pragmatic Case Studies (PCS) on Psychotherapy, aimed to integrate narrative, hermeneutic and quantitative strategies into a pragmatic approach that produces more evidence-based research. According to Fishman's (2005) pragmatic approach to case studies, the goal should be to reach a point where single case studies are assembled and organised into large and accessible databases. Although one may argue that single case studies are largely limited to their specific context, the idea is that as the database grows in size, so will the probability that a researcher or therapist will be able to draw on specific cases in the database that are contextually relevant to his or her current research or case Fishman (2005). Each case study is unique in that it includes details that are not shared in other case studies (Stiles, 2007). Thus it follows that each case study can be used as a basis for theory development, whether it is consistent with the theory or not (Edwards et al., 2004).

Each case study can be seen as one piece of a 'puzzle', with each piece of the puzzle contributing to the researchers understanding of the phenomenon in question (Baxter & Jack, 2008). Fishman (2005) emphasizes the usefulness of case studies in research, as a collection of

multiple case studies can enable inductive reasoning and generalisation for future utilisation. By using the PCS method, the case study's credibility as a research method can be enhanced as the PCS method improves the quality and rigor of knowledge gained from case studies (Fishman, 2005).

2.1 Method of Analysis

Although the above research question is interested in the process of change, the author will not be using the IMCS method of analysis. The author is interested to establish if by using a more traditional case study method, the results would reveal similarities or differences to the heuristic model of change proposed by Gonçalves et al. (2009).

As the research question is aimed at further understanding the process of change that occurred in therapy, a pragmatic hermeneutic approach was selected as the method of analysis. According to Robertson-Malt (1999), the strength of a pragmatic hermeneutic approach is found in its ability to encourage the researcher to reflect on his or her knowledge and experience, and by doing so, enables the identification of the various factors that affected the participant's behaviour. Thus a pragmatic hermeneutic approach would be well suited to this study as the author is attempting to explore the therapy process of change that occurred with the client.

In order to answer the second part of the research question relating to the heuristic model of change, the author continued to use a pragmatic hermeneutic approach but supplemented it with a quantitative element which involved counting the number and type of IMs that emerged in the pragmatic hermeneutic analysis. The process of explicitly looking for IMs allowed the author to track these changes in therapy in relation to those suggested by the Gonçalves et al. (2009) in the heuristic model of change.

In beginning the analysis, the author first listened to each of the recorded therapy sessions and read through each of the therapy session notes made during and after the session. The author then found themes that emerged in the therapy sessions using the pragmatic hermeneutic approach. A narrative of the sessions was discussed under themes, namely: a quick start, beginning of change, a need for re-authoring and standing up for herself. The author then re-read the themes in order to identify any IMs that occurred in the therapy sessions. Importantly, the author re-read the themes through a theoretical lens that was informed by Gonçalves et al. (2009) definitions of IMs. Once having identified any of the IMs, the therapist then tried to capture the IMs numerically by counting the number of IM occurrences. This is the key difference from the IMCS method of data analysis that was put forward by Gonçalves et al. (2009), who propose using the method of measuring the time spent discussing each IM occurrence (salience). This differs from the method of data analysis used by the author in this case study who chose to count the number of IM's that occurred in each therapy session.

2.2 Rationale for selecting this particular client for study

This particular client, Sam³, was selected for a number of reasons. At the beginning of the year, Sam was allocated to the author as a narrative therapy client. When the opportunity arose to select a case for his research, the author decided to choose an area that was of particular interest to him, this area being narrative therapy and its usage as a therapeutic tool.

The author also decided to use Sam's case for his research as he believed that it had a generally positive outcome. His perception of the therapy being generally positive was also reflected in the feedback received from Sam regarding outcome of the therapy. Being a relatively inexperienced therapist, he was interested in exploring and understanding how this process unfolded. In researching the various ways in which a therapy process may be studied, the author came across the pragmatic hermeneutic case study analysis method. The authors of the

³ Sam is the name that has been created in order to protect the identity of the client referred to in this case study.

IMCS, Gonçalves et al. (2009), had also proposed a 'heuristic model of change' which provided an outline for good outcomes in therapy and this was to be used by the author of this study to assist him in his analysis.

Furthermore, the author also considered the fact that Sam had not missed a session throughout the therapy process and this would assist him in writing up this particular study. At the beginning of the therapy process, Sam and the author had discussed the possibility of the author using her case as his research area and this was agreed to early on by Sam.

The case study was selected after the therapy with the client had come to an end towards the end of the year.

2.3 Treatment setting

Sam came into a psychology clinic on a university campus on the 29th of March 2011 and requested to see a psychologist. The clinic serves as a training facility for the Masters in Psychology students and consists of several rooms where the Masters students are able to conduct therapy. After it had been explained to Sam that the psychology clinic was a training centre and thus she could see a training therapist if she wished to, Sam was given an application for services form to complete. Once allocated to the above mentioned therapist in training, he made contact with Sam and an intake session was set up. During the intake session, it was agreed to by both parties that the therapy sessions would be approximately forty five minutes long and would happen on a weekly basis. The therapy at the clinic conformed to the general psychology practice guidelines and abides to the ethical principles set out in the Health Professions Act (1974). Sam chose to attend therapy out of her own accord and the therapist is of the opinion that this was vital in creating a solid platform to work from.

2.4 Data collection

In order to begin answering the research question above, the author has made use of several sources of information. More specifically, the author utilized session records that were made

during the session, as well as process notes that were made immediately after each session. Each of the twenty two therapy sessions was also recorded on a digital voice recorder and each of these were listened to by the author.

2.5 Quality control

According to Elliot, Fischer and Rennie (1999), there are certain methodological guidelines that can help to legitimize qualitative research. One particular guideline pertinent to this particular case study involves ensuring the credibility of the identification and coding of the Innovative Moments (IMs) mentioned by the client. Gonçalves, Ribeiro, Stiles, Conde, Matos, Martins and Santos (2011) suggests that in order to ensure the reliability of the coding that formed part of the previous IMCS studies, independent judges were required to do the coding. In each of the IMCS studies, the independent judges received training in the application of the IMCS (Gonçalves et al., 2009; Gonçalves., 2010; Matos et al., 2009; Mendes et al., 2011). The training involved reviewing the IMCS training manual with Gonçalves himself and discussing disagreements and misunderstandings, teaching the independent judges how to select and define the client's problem/s, as well as how to identify and categorize the IMs mentioned by the client (Gonçalves et al., 2011). Unfortunately, due to the limitations of this piece of research, the author was not able to make use of independent judges to codify the sessions and this created certain limitations to the study as the author coded the sessions himself. As the therapist did the coding of the sessions himself, he asked his research supervisor to review his coding analysis in order to improve the reliability of his findings. This was necessary in order to ensure the consistency between the analytic claims and data from the case. To further ensure that the quality of the case study remains at a high standard, the therapist incorporated in-session case notes and detailed discussion notes from supervision.

2.6 Confidentiality and ethical aspects

As with any research involving a participant, it is imperative that he or she is aware of the nature of the research that will be undertaken and he or she must be able to make an informed decision as to whether to participate in the research or not. Before the commencement of therapy with the abovementioned client, the therapist ensured that he followed the basic

ethical principles set out in Annexure 12 of the Health Profession Council of South Africa (HPCSA) regarding research with participants. This was largely achieved through the use of the clinic's 'Informed Consent Form' (see Appendix A) that was given to the client in the intake session. With this document, it was explained to Sam that informed consent was needed to be obtained before the commencement of therapy and the consent pertained to several stipulations set-out in the document.

The relevant stipulations point out that the case material may be used for research purposes and this was made clear to the client. In this case, Sam was assured that if her case was selected for the purposes of a case study, certain measures would be taken by the therapist to protect the confidentiality of the client. These measures include replacing her real name with a pseudonym and removing any biographical information that may reasonably jeopardise her anonymity and confidentiality. The client was also informed that the sessions were to be recorded on a digital voice recorder and these were to ensure that if her case was selected for the purposes of a case study, the researcher could draw on these recorded sessions to substantiate his findings. With all the above stipulations made clear to Sam, written informed consent was given.

3. CASE CONCEPTUALISATION

In the above discussion, the author described how he intends on answering the above research question. The author will now unpack how Sam came to be into therapy.

3.1 Background information and how client came to be in treatment

Sam is a twenty-two year old English speaking white female who was born in Durban⁴, South Africa. Sam attended an all-girls school through to grade 12 and reports having fond memories of her school days. Growing up, Sam had lived at home with both her parents and older sister in

⁴ Identifying information has been changed in order to further protect the identity of Sam.

Durban. Sam described her childhood as happy and often expressed how fortunate she was to have her family. Sam reported that she comes from a very close-knit family who she has always been able to rely upon for support. Sam was exceptionally close to both her mother and sister and this made it difficult for her when the time came for her to leave home after school. Sam referred to her sister as “her best friend” and often spoke about how similar they are. As Sam’s sister had previously attended the same university as her, Sam would often phone her to ask for her advice. Sam described her father as often being away from home when she was growing up and said that it had become a normal part of her family life. Sam completed grade 12 in 2007 and spent both 2008 and 2009 working and travelling overseas. In 2008 Sam went to England by herself where she spent the year working as a personal assistant in her uncle’s company. In 2009, Sam travelled with her sister to the United States of America (USA) and Ireland for three months respectively. Sam spent the second half of 2009 and 2010 back at home with her family in Johannesburg where she worked as a salesperson. On arrival at the clinic Sam was in her first year of studies at university completing a Bachelor of Social Science’s degree and lived in one of the university residences on campus.

3.2 Presenting problem

According to the Clinic’s application for services form that was filled out by Sam, she stated that her primary reason for referral was that she had an “obsession” with her weight. In addition, Sam also wrote “I am depressed” and explained that she “always feels alone” and often finds herself wanting to cry. Although Sam initially indicated in her application form that the obsession with her weight was her main concern, this seemed to change as therapy unfolded. Thus from early on in therapy, the focus of the sessions shifted from her weight obsession to her feelings of excessive sadness, loneliness, social isolation and anxiety. At the time, the therapist had pointed this out to Sam and after discussing his concern with her, they agreed that the “depressive” feelings and her loneliness were more pressing for her. This was an important point for the therapist as he did not want to neglect what Sam described as her obsessive concern over her weight, however he found the sessions naturally moving in that

direction. Importantly, the therapist was aware of the possibility that the obsession over her weight and her “depressive” feelings were not mutually exclusive and thus may well have been perpetuating each other.

In explaining her statement of “I am depressed”, Sam reported that since arriving at university she had felt very alone. Sam explained that she had not made any friends at university thus far and would often isolate herself from other students by spending most of her time alone in her room. This led to Sam feeling lonely and unhappy and would often bring her to tears. Tied into this was Sam’s poor self-esteem and lack of confidence in social situations that appeared to be dominating her life and seemingly prevented her from making friends. Sam reported that she had become extremely shy, introverted and somewhat of a recluse. Sam also stated that she often felt lethargic and had been sleeping more than usual. Sam stated that she had lost interest in people and had very little energy to be active. This was in direct contrast to the person that Sam says she was in her younger days and this concerned her. In addition, Sam also reported that she was feeling overwhelmed by the stress of her studies and this feeling would often result in what she called “anxiety attacks”. Sam often stated that she was homesick and missed her family and her dogs.

3.3 History of Presenting Problem

As mentioned earlier, Sam described her childhood as a relatively happy one. Sam went on to say that when in school, she was “sociable, well-liked, confident, outgoing, talkative, and generally an extravert”. Sam suggested that she had always been a bubbly person who would often be the “joker” in her friendship group. When Sam was sixteen, two of her friends from school died in a car accident and Sam struggled to cope with the loss. At this point, Sam says that she was “not herself” and she had withdrawn from her friends and family. In that year, Sam went to see a psychologist and said that it was not a good experience for her. Sam also went to see a doctor who prescribed her with anti-depressant medication that seemed to have a positive effect on her.

Sam finished school in 2007 and early in 2008 she left for the United Kingdom (UK) where she was to work as personal assistant for her uncle. Sam described this year as her most difficult to date and believed that this year was responsible for her current presenting problems. Sam went over to the UK by herself and didn't know anyone in the UK. She reported that she struggled to make friends and spent the majority of her time alone in her room. Sam said that she often found herself feeling insecure in social situations and would avoid people. Sam explained that it was very difficult for her being alone all the time, especially as this was never a problem for her before. Sam described herself as feeling incredibly lonely and insignificant. Sam said she was unhappy at work and often felt insignificant and undermined by her colleagues. Although Sam says that she didn't realise it at first, she had completely withdrawn from people and had become a "hermit".

When she came back to South Africa at the end of 2008, Sam said that she was a different person to whom she was before she had left. She found herself to be far more introverted, shy and reserved. Sam also noted that she had put on 20 Kilograms in that year, although she had not noticed this while over in the UK. Sam reported that many of her friends and family approached her to ask if she was 'okay' because they had noticed a change in her. Sam felt confused and stated that it was almost like she had "forgotten how to communicate with people". Sam further explained that these above mentioned feelings persisted throughout her time the following year while she was in the USA and Ireland with her sister.

In 2010, Sam worked in Durban and mid-way through the year she explains that she came close to having an "emotional breakdown" and felt as though her life was quickly "unravelling". She states that she stayed in bed for several days and cried the majority of the time. Sam said that she was put back onto anti-depressant medication by her doctor and this time they didn't seem to help her feel better.

3.4 Case formulation

Case formulating in narrative therapy is not commonly practiced by narrative therapists and White & Epston (1990) caution around the possible dangers when formulating. Nevertheless, the therapist decided to formulate Sam's case and he adopted Guilfoyle and Meehan's (manuscript in preparation) approach to narrative formulating to assist him. Importantly, although the therapist made use of a formulation, he was aware that his formulation was simply one version of Sam's story and does not serve as an objective or singular truth about Sam and her life.

As mentioned earlier, Sam presented as a twenty two year old female who was in her first year of studies at university. It soon became clear in therapy that Sam was finding it difficult to break free from the shackles of the problem-saturated story that had negatively impacted her for several years. In the formulation below, I shall describe the impact of the problem saturated story on Sam and the different areas of her life that were affected.

3.4.1 Impact of problem on person.

It soon emerged in therapy that Sam was troubled with feelings of loneliness, depression and self-doubt. With the guidance of the narrative therapeutic principles, Sam and the therapist acknowledged that these three problems and the consequences that followed formed part of the problem-saturated story that had been dominating her life for some time now and would be the focus of our therapy. After identifying what the problem saturated story was in Sam's life, the next step was to establish what effect the problem saturated story was having on the various areas of Sam's life.

It also became clear that these three dominant stories would often gang up on Sam and work together to bring her down. As these three dominant stories appeared to be connected to each other, the client and the therapist would often refer to them as one single problem. For the sake of simplicity, the researcher will use the term the 'problem saturated story' to refer to the self-doubt, depressed feelings and loneliness that she had been experiencing.

As a result of the dominance of the problem story, Sam was often left feeling trapped by its perceived power over her. Importantly, the therapist noted that early on in therapy Sam would regularly state that she was “depressed” and this reflected the degree to which she had internalised her feelings. Through exploring her feelings of how it felt to be captured by the problem saturated story, Sam stated that she was not herself. Notably, as a consequence of grappling with the problem saturated story, Sam said she often felt sad, tired, insecure about her self-image and identity, apathetic and unmotivated. Sam stated that she had also been feeling really angry and irritable, feelings that she was not used to experiencing.

The problem saturated story appeared to have impacted several areas of Sam’s life. Sam had formed no real friendships at university and this meant that she was often alone. Sam explained that she felt excluded by the girls in her residence and consequently she had completely withdrawn from people and spent the majority of her time in her room. Sam also suggested that she did not “fit in” with the girls from her residence and considered changing residences. This led to Sam feeling resentful and angry towards the girls in her residence and towards herself. Sam started to blame herself for not being able to be “normal” around the girls in her residence and often felt that there was something wrong with her. Sam described herself as a “hermit” who often felt “insignificant” and “unappreciated”.

Furthermore, Sam’s problem saturated story of poor self-doubt also affected Sam’s confidence in her academic ability. Sam, who had achieved excellent marks throughout school, was now severely anxious around her academic ability and subsequently described herself as having become a “stress freak”. Sam often felt stuck with her work and would constantly doubt the standard of her work produced. Sam stated that she sometimes felt completely overwhelmed with anxiety and stress around the possibility of failing. This translated into “sleepless nights” and countless hours of “unnecessary” extra work for Sam, who would often end up in tears due to these overwhelming feelings of stress and anxiety. When feeling overwhelmed by the anxiety and stress, Sam would often end up phoning her mom or sister for comfort and this happened on a regular basis.

The problem saturated story had also invited Sam to have negative thoughts about herself and the world. More specifically, as a result of Sam not having made any friends at university and also feeling unaccepted in her residence, Sam often found herself having negative thoughts around her self-worth, likeability, conversational skills and her ability to make friends. The problem saturated story convinced Sam that she did not have anything of value to offer others and that no one would choose to be friends with her. Furthermore, with having severe doubts around her academic work, Sam often described herself as having thoughts around being “stupid” and not achieving the academic expectations that she has set out for herself.

The problem saturated story had left Sam feeling desperately unhappy and confused about the person she thought she had become. This new dominant story in Sam’s life portrayed her as someone who was “shy”, “introverted” and “boring”. Sam felt incapable of holding a conversation with anyone other than with her family and this largely led to Sam avoiding possible social interactions and being out in public. Importantly, this idea of Sam being introverted, shy and boring (as mentioned earlier) was in direct contrast to the younger Sam. Sam explained that up until the end of school (2007) she had been very outgoing and sociable. She went on to describe herself as someone who had always been an “extrovert” and was considered to be the “clown” in her group of friends. This was considered to be a vitally important piece of information as it meant that Sam already had a preferred alternative story and it would be important to reconnect Sam to this alternative story.

In exploring Sam’s change from someone who she described as being generally very sociable, extroverted and outgoing to a Sam who was now shy, introverted and lonely, the therapist and the client were able to identify when the change happened. Sam explained that she left to go and work in England in 2008 and described the year as a very difficult and challenging period of her life. Sam identified this year as having a tremendous impact on her as a person. Sam explains that she spent the majority of her time in England alone as she had not made any friends and had no close family members near her. Sam believes that this period of her life is when her problem saturated story began to emerge. She also explained that she had lost all

confidence in herself and often felt unacknowledged and unnoticed by others. According to Sam, these same negative feelings were now being stirred up at while she was at university.

3.4.2 Treatment Plan.

The approach to treatment would largely be based around the narrative principles and tools used in narrative therapy that were mentioned earlier. However, before one can begin to do this, it is vitally important that a therapeutic relationship is established first and foremost. A therapeutic alliance is one of the key ingredients in successful therapies, regardless of the therapeutic approach adopted. This is reiterated by Horvath and Bedi (as cited in Ribeiro et al., 2011) who argue that the strength of the therapeutic alliance is often the most reliable predictor of a positive therapy outcome.

Once the therapeutic alliance was formed between Sam and the therapist, they were now able to move towards using some of the narrative tools mentioned earlier. Briefly, the therapist would look to begin externalising some of already internalised 'deficits' and ways of talking, for example, Sam's feelings of depression and loneliness. The therapist would also look to excavate the times when Sam acted against her depressive feelings, loneliness, or self-doubt (innovative moments) and explore how she did this. Through connecting these innovative moments with her hopes, values, intentions and plans for the future, as well as connecting these recent innovative moments with innovative moments from her past, the therapist and Sam began the re-authoring process.

4. RESULTS OF CASE STUDY ANALYSIS

As mentioned earlier, the course of therapy consisted of twenty two narrative therapy sessions. Being a considerably large number of therapy sessions, the author decided to organise these therapy sessions together into several sections as space does not permit him to go into in-depth detail of each session. In these sections, the author will unpack how the therapy unfolded and reflect on and discuss the particular processes of change that were theoretically and therapeutically relevant to narrative therapy. The last part of each section will be used to

describe how the pragmatic hermeneutic method analysis of this case identifies change in light of the hermeneutic model of change.

4.1 A Quick Start (Sessions 1 – 6)

4.1.1 Description of her problem saturated story (sessions 1 to 3).

Sam arrived for our first session looking tired, pale and dishevelled. Sam wore her slippers along with a plain tracksuit top and pants. Throughout the first two sessions, the therapist noted that Sam presented with depressed features such as low energy, low mood, sad facial expressions and spoke in a soft monotone voice. Sam started our first session by saying that she had been to psychologists before when she was younger and they made her feel uncomfortable. She explained that she did not like the idea of exposing herself in front of a stranger and previously would find reasons to miss her therapy sessions. The therapist found this significant for two reasons. Firstly, despite not having good experiences with psychologists in the past, Sam decided to come to the Psychology Clinic for help anyway. The therapist interpreted this as Sam must have been feeling really desperate for someone to help her. Secondly, as Sam was not comfortable opening up and being vulnerable in front of a stranger, it would be vitally important to first establish a good relationship with Sam before she would open herself up for help.

With this in mind, the therapist decided to adopt a client-centred approach which would assist in terms of building the therapeutic relationship and this meant that Sam would initially take the therapy in the direction that she wished to go. The therapist also thought that it may be worthwhile to establish what in particular she did not like about what her previous psychologists did so as to not make the same mistakes himself. This is congruent with the principles of narrative therapy whereby the client is seen as the expert in his or her own life and therapist aims to adopt a decentred stance (Morgan, 2000).

Sam explained that the main reason why she had come to therapy was because of an “anorexic mentality” that had been bothering her and her family members. Sam went on to explain what she meant by an “anorexic mentality” and discussed her irritation with her doctor and family

who were overly concerned about her weight. Sam then began describing her upbringing and family who she was very close to. Sam explained that she had an “adventurous childhood” with her and her family often travelling the world. Sam described her schooling years as a “good school experience” and had a large group of close friends at school. Sam went on to explain that when she was sixteen, she went through a “breakdown” after two of her friends had passed away and consequently she was put on anti-depressant medication and referred to a psychologist to help her cope with the loss.

In the second session, Sam began by describing how she felt down after the last session. Sam pointed out that she did not enjoy talking about emotions, even though she knew that it would help her. Sam mentioned how she had been feeling overwhelmed by her academic work, describing herself as being a “stress freak”. When the stress and anxiety are at its worst, Sam says that she starts to hyperventilate and gets a “tight ball in the chest”. Sam also described herself as bringing the feelings of stress and anxiety on herself:

Therapist: So have you had these for a while (anxiety attacks)?

Sam: Yeah, I’m like a stress freak so whenever everything gets a little....or whenever I make everything a little too much for myself, yeah it happens.

Therapist: And umm, so do you have an idea why or what led you to having an anxiety attack?

Sam: Oh yeah, I just have so many things to hand in and of course I don’t seem to register that they are weeks and weeks away, I just put them all together and then I freak out.

When she feels stressed, Sam says she resorts to phoning her mom or sister and this usually helps her to feel better. Sam went on to link her stress to a constant doubting of herself and her ability and described her constant doubt as being a “huge problem” in her life. Sam explained that since the age of sixteen, she has had a very low self-esteem and she believes that the constant doubt that she experiences now stems from her low self-esteem. Sam

showed good insight into where she thinks the doubt comes from and this insight was to be very useful in identifying resources that may help her overcome her problem saturated story.

In the third session, Sam stated that over the weekend she went to a wedding of a close friend back home. Sam went on to say that she did not act the way she would normally have acted:

Sam: I went to my friend's wedding last weekend and yeah I was happy for her and everything but I didn't really feel much and I didn't really participate in anything because I just didn't want to. I didn't want to be there which is really nasty to say.

Throughout the rest of the session, the therapist and Sam explored how she was feeling about her social life and people in general. Sam suggested that she doesn't want to be around other people, and when she is around others she doesn't know what to say and ends up just keeping quiet. When asked whether she had always felt this way towards people and social situations, Sam said the following:

Sam:I used to be pretty sociable, quite a while ago, but you know over time I just don't like socialising with other people unless I'm in that mood and.....I can't start conversations anymore, you know if someone asks me how I am, I will say I'm fine, but then I have nothing else to say, and it's not that I don't want to say anything, I literally have nothing else to say.

Importantly, Sam went on to clarify that when she is with her family, she doesn't have this problem. When Sam is with her family, she is able to make easy conversation without having to force it and she can be herself and they accept her for it. Sam said that other people seem to think she is "really nasty, which is fine with me, I really couldn't care less". Three points of interest stood out for the therapist at the end of the third session. Firstly, it appeared as though Sam had withdrawn from people and was avoiding social interactions. Sam also seemed to be feeling numb towards people and what they thought of her. These actions all seemed consistent with how Sam said she had been feeling. Secondly, the idea that Sam is able to recall a time in her life when she was sociable and outgoing. This is important because if Sam suggested at a later stage of therapy that she wanted to be more sociable and outgoing in the

future, then we could explore these times in the past and thicken them through re-authoring questioning. Thirdly, it became clear that Sam had perceived others as not having a very good perception of her and this could be tied into her low self-esteem and poor self-image.

4.1.2 Let the externalising begin (sessions 3-6)

In accordance with narrative therapeutic principles, the therapist introduced some basic externalising techniques in order to assist in locating Sam's problem saturated story outside of herself. This was an essential step in the therapeutic process as it was clear from Sam's use of language in her Application for Services form and in her discourse that she tended to locate her problems within herself:

Sam: I have weight issues, which you could say is an obsession. I am depressed and well, it is actually difficult to explain...

This was an example of how Sam's internal state of understanding had resulted in her locating the problem within herself. Narrative therapists identify this as an opportunity for change and attempt to move her from an internal to an intentional state of understanding. This movement forms part of the broader process of externalising.

In order to begin the externalising process, the therapist asked Sam to name some of the prominent problem stories in her life. Self-doubt was a common theme in conversation with Sam, and she suggested that this doubt was a relatively new problem. When the therapist asked Sam to give it a name, she called it "the doubt". As mentioned earlier, the practice of naming assisted in the objectifying and personifying the problem, thus giving Sam more agency and freedom over the problem. To continue the externalising process, the therapist attempted to change the way he referred to "the doubt" and its effects. The therapist found that through using externalising language and using words such as "it" and "it speaks", he was able to further assist in the externalising process:

Therapist: If we had to look at "the doubt", what do you think it is trying say to you or what do you think it is trying say about you?

Sam: That I am not good enough

Therapist: So you feel it speaks directly to your self-worth and the way that you see yourself?

Sam: Yeah

In session four, Sam started off the session by saying that she had surprised herself during the week in terms of battling “the doubt”. When explored further, Sam suggested that she often surprises herself against “the doubt”, something she hasn’t really noticed about herself yet. It is important to note that these moments of surprise were considered to be sub-plots in her story that she may have previously overlooked or ignored and the therapist wished to explore other times in her life when Sam surprised herself despite the strength of “the doubt”:

Therapist: Can you think of another time when you surprised yourself?

Sam: No, I can’t

Therapist: What about in a broader sense, so not just limited to academics, maybe like in a broader context, socially.....

Sam: well like in a work environment?

Therapist: yeah any environment

Sam: I used to surprise myself quite a lot. On the system I was working on, I had no idea what it was, I had never worked on it before and nobody was able to help me, and I managed to actually work my way through and actually get to know it by myself, which is very amazing because computers actually hate me.

Sam also stated that she started getting “annoyed” with “the doubt” and began telling it to “shut up”. The change in her language around the way in which Sam spoke about “the doubt” and the use of some externalising strategies around “the doubt” were already evident in Sam.

In accordance with the White and Epston's (1997) narrative therapy principles, the therapist and Sam also explored the different areas of her life that were affected by "the doubt". Sam identified several areas, namely her "social life" and her "ability to make friends", her "academic life", her "spiritual life" and "personal life". Sam and the therapist also looked at the tricks that "the doubt" used in bringing Sam down. Sam described "the doubt" as being "nagging" and "latching on" and likened its nature to that of a child, further personifying "the doubt".

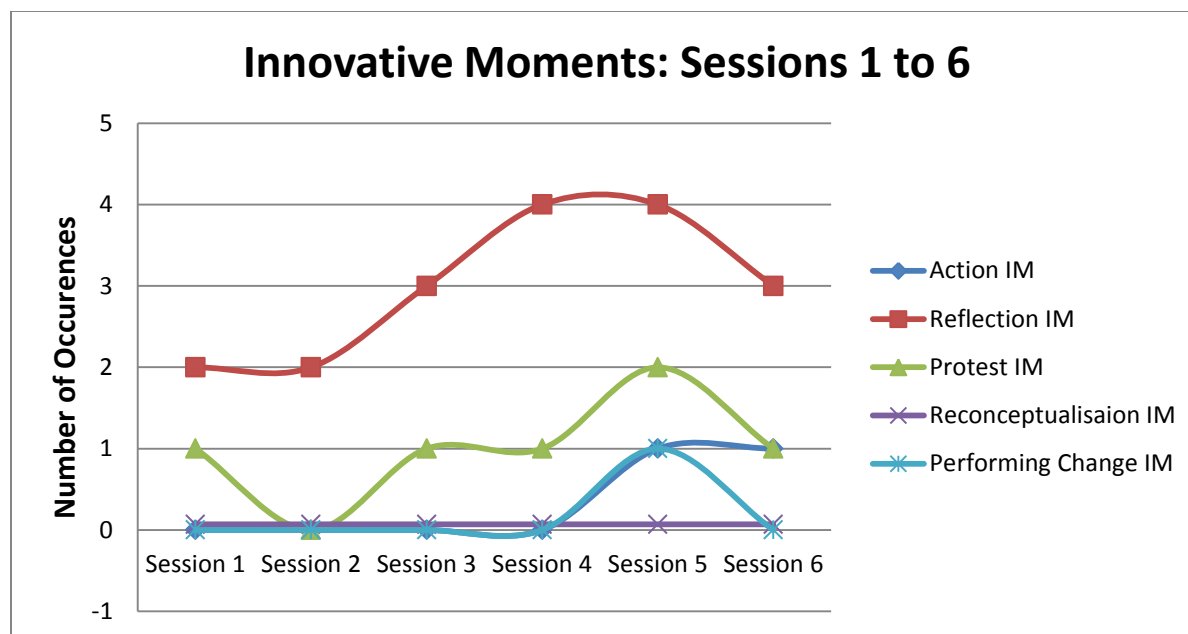
Finally, the therapist and Sam identified her active resistance to "the doubt" and those areas in her life where "the doubt" was minimal or absent and she named them the "good bits". Together these areas were unpacked and a percentage was used to estimate "the doubt" influence on each identified area, if any. When asked what the "good bits" are saying to "the doubt", Sam said it would be saying "get lost" because it is stronger and has more power over "the doubt". Notably, Sam suggested the "good bits" are closer to who she actually is as opposed to who "the doubt" suggests she is. Again Sam stated that she was previously unaware of these "good bits" in her life and said that they could be very useful in the future:

Therapist: And what strikes you about these four things (the "good bits")?

Sam: Just that I have them. That you know, I don't really pay much attention to them, but I will now. I think it's good to know these sorts of things because when you are actually really down, you have something to pull on, to know that you are actually.....yeah

4.1.3 Innovative Moments in sessions 1 to 6.

In the above sections, the author described the process of therapy that unfolded with Sam in the first six sessions and how these are related to some of the principles of narrative therapy. In the next section, the author analyses sessions 1 to 6 by seeking to explore how and if Innovative Moments (IMs) and then seeks to explore how these Innovative Moments (IMs) occur in light of the heuristic model of change suggested by Gonçalves et al. (2009).



According to the heuristic model of change developed by Gonçalves et al. (2009), change begins in the initial stages of therapy with the emergence of both action IMs and reflection IMs. First and most notable were the high number of reflection IMs that occurred. There was a minimum of two reflection IMs in each of the six sessions, with the number of occurrences reaching four in both the fourth and fifth session. In sessions 1 and 2, the nature of the reflective moments were generally themed around Sam having reached a point where she decided to no longer ignore her problems:

Sam: I feel like I need to get these things sorted out to actually move on in my life and by avoiding them it's not actually getting me anywhere and I need to fix them, deal with them and move on

However, the reflection IMs in the rest of the sessions (sessions 2 to 6) were generally themed around her struggle with “the doubt” and times when she had surprised herself in light of “the doubt”:

Therapist: What do you think that says about your characteristics as a person, knowing that when you have to control or beat “the doubt”, or fight against it? Because it sounds

like you generally win the battle because you get your essays in and you do pretty well...umm, what do you think it says about you?

Sam: well that I know I can do it, I just don't always believe it, I just pull it off in the end, I have the means to do it.

Therapist: What do you think it will take to beat it?

Sam: I think it's just a lot more self-confidence really, I mean you know if you have faith and self-confidence in yourself, I think then the doubt kind of fades away with that.

The action IM only begins to emerge in the fifth session and this suggests that Sam took some time to begin acting against the problem saturated story. Interestingly, this contrasts with the high number of reflection IMs that occurred early on in therapy and one may speculate that Sam found it more challenging to act against the problem saturated story than to reflect on the problem saturated story. It must also be considered that at this early stage of therapy, Sam is still beginning to consider how life could be different without her problem saturated story and thus it is likely to be too early to act against it. However, as we are only looking at the first six sessions in this section, this would need to be explored later on in the analysis.

According to the heuristic model of change, protest IMs can occur alongside action and reflection IMs in the early stages of therapy (Gonçalves et al., 2009). In the analysis of the IM coding, protest IMs occurred in all but one of the first six sessions. These protest IMs represent Sam's active refusal of her problem saturated story:

Sam: I don't want it to win, I won't let it win. I think I have the means enough to push it down, so I want to fight it, I can fight it.

Finally, Sam showed one performing change IM and no reconceptualization IMs in the first six sessions, which is generally consistent with the heuristic model of change (Gonçalves et al., 2009). The model suggests that these two IMs are likely to occur later on in therapy and will be instrumental in bringing about lasting change.

4.2 The beginning of change (Sessions 7 to 12)

4.2.1 Sam's struggle (sessions 7 and 8).

Sam reported that she had been feeling really down the last couple of days and said that she had cried every evening that week. When asked what may have been bringing her down, Sam explained that she was feeling extremely stressed about her exams that were coming up and that she had serious concerns about failing and the implications thereof. As a result, she said that she had not been able to sit down and focus on her studies. The therapist asked Sam about the role that “the doubt” might be playing in making her feel stressed and anxious:

Therapist: And do you think the doubt has a voice in this stress?

Sam: Oh yeah definitely

Therapist: What are some of the things that it has been saying?

Sam: Just basically....not being sure whether I can actually do it. I know I can, but then there is that thing back there that says “mmm....but”

The therapist and Sam explored how her struggle against “the doubt” had been going. Sam said that she had been trying to be positive about her work by trying to “shut down” anything that “the doubt” had been trying to say, but it has been a very difficult process for her. Sam stated that some days she would be able to keep “the doubt” quiet, but on most other days “it” would win. Sam reasoned that because of the pressure that she had put on herself to pass her exams, “the doubt” was particularly strong at the moment and she found it increasingly difficult to fight and resist “the doubt”.

Later on in the session, Sam also expressed that her recent crying could also be from her feeling very lonely and isolated recently. She added that she missed having friends to talk to and being around people in general:

Sam: I lie awake in my bed at night and hear the rest of the girls talking and having fun.....and I realise that I'm alone. I don't have any friends, and I'm not used to feeling like this. At home I have my family and my close friends, here I don't have anyone.

The therapist was also aware of Sam's use of totalising language that White (2007) cautions against. For example, Sam described herself as being "socially inept". She explained that she does not have anything to talk about with others because she was not "experiencing anything" in her university life. Sam said that others also seem to be disinterested in what she has to say. This totalising language used by Sam seemed to ignore all the times when Sam was socially adept and had things of interest to talk about. Again the therapist asked Sam about how much of a role "the doubt" plays in her inability to hold a conversation and to make new friends:

Sam: I would say that it has a fair role in it, just doubting that people actually will be interested in what I have to say or doubting that they would actually like me or not, but to a certain point I don't care....i don't know.

The therapist had noted that during both sessions 7 and 8, Sam was often teary and appeared to be close to crying. It seemed to be that Sam, who earlier stated that she did not cry in front of other people because she considered it to be a weakness, was not only beginning to feel more comfortable with me as a therapist but she was also connecting with the emotions that she had been fighting for so long.

4.2.2 A time for reflection (sessions 9 and 10).

A large portion of these two sessions were spent exploring Sam's feelings of social ineptness and her thoughts around why she had not made any friends yet at university. Sam explained that when she arrived at university she made a big effort to be "nice" and "friendly" to others, but she soon stopped trying and began avoiding people that she didn't like. This meant that Sam often chose to be quiet around others and mostly kept to herself. The therapist asked Sam why she did not like some of the girls in her residence and she said that "because they were rude, they were just rude. They did not want to accept me for who I was, which is really evil". A large part of Sam appeared angry at the way that she had been treated by some of the girls in

her residence and as a result Sam seemed to pull away from people and social interactions out of resentment towards them.

Sam acknowledged that she was also partly responsible for not having made any friends in her time at university. She stated that people had this perception of her being “unfriendly” and “cold” and that some girls in her residence were scared of her. Sam said that the way that she is perceived now was very different to the way that she was perceived when she was younger. When asked to clarify this, Sam said that in the past she was perceived as someone who was likeable, warm, friendly and outgoing:

Sam: Well if I look back, I used to be able to make random conversation and it’s not all that long ago either

Therapist: Like when you were at school?

Sam: Yeah, I mean it’s not a permanent thing, definitely, I think it also has something to do with how I feel about myself and I guess my self-worth as well. I think once that is on the rise then...

Therapist: I guess there is evidence to suggest that maybe “the doubt” is playing a role because you said yourself “I used to be outgoing and I used to talk to people”, so it kind of says that maybe this new part of you isn’t something that is a true reflection of who you are? Which then makes it something that we can work with, because if you felt that this is part of you and this is who you are and that it will never change, then it will be difficult to address...but that doesn’t seem to be the case.

Sam: No I want it to change, I don’t like... I’ve always been awkward, but I’ve always been able to just sort of talk my way out of it. I used to be very chatty, I used to talk about everything, but yeah, it was hard to shut me up at one point, but you know now there is a lot of silence

The therapist identified this younger version of Sam as being a key part in helping Sam fight this introverted and “hermit” type story that had helped in keeping Sam alone and friendless.

Importantly, the fact that Sam said that she used to be extroverted, outgoing and social when she was younger and that she wanted to be these things again meant that the therapist and Sam already had a goal. At this point the therapist decided that it would be useful to find ways that would help Sam reconnect with her younger self who she described as being more a reflection of who she really was. The therapist and Sam identified the age of fourteen when she felt that she was her ideal self, someone who had a healthy self-esteem, lots of friends, extroverted and full of confidence. The next step was to invite Sam to write a letter to her imagined fourteen year old self and then allow an opportunity for her imagined fourteen year old self to reply to her. The therapist hoped that this would help put her back in touch with these attributes that were so prevalent in her younger self.

In her letter to her fourteen year old self (Appendix B), Sam pointed out that she misses her younger self and longs to be like her again. In the letter, Sam describes her younger self as being “fearless and brave, serious but a bit of a comedian, and not at all worried about what other people might think of me”. Sam suggests that her younger self would not recognise who she is today as she is consumed by “fear, doubt and guilt” and continues to live in “darkness”, whereas her younger self lived in the “light”. Sam suggests that she feels as though a “piece of me is missing” and she lost it somewhere over the last couple of years. Finally, Sam ends off the letter saying that she wishes that she could once again be like her younger self and “begin to live my life rather than lurking in the shadows watching everyone else live”.

In the letter from Sam’s younger self to herself (Appendix C), she describes herself as being “sad” at what she has become. Sam’s younger self suggests that life presents numerous opportunities for her and she need not be afraid of trying new things. Sam’s younger self reiterates that “if you were once like me, you are capable of being like me once again, we are one in the same”. In the letter, Sam’s younger self encourages Sam to step in to the light and take her place in the world, to make her mark.

Importantly, the idea behind her connecting with her fourteen year old self was not to encourage Sam to become her fourteen year old self again. As although she was not happy with some parts of her current self, Sam had several others parts of herself that she liked and was

proud of. Rather, the use of narrative letters provided a good opportunity to help Sam rediscover and reconnect with those attributes that she admired in her fourteen year old self. The use of these narrative letters also served as a way in which the IMs that we had identified could be strengthened or thickened. This would form part of the broader re-authoring process that the therapist and Sam were engaging in.

In our discussion of the content of the letters, Sam explained that although the process of letter writing was difficult because it made her sad to realise just how much she had changed from her younger self, she found the process useful as it re-instilled hope of change. We discussed how the tone of the letter from her younger self was generally of an encouraging and advice-giving nature and made her feel as though she had the agency to change, something which Sam said she had needed.

One of the considerations for both Sam and the therapist was to explore what led to the change from a young Sam who was confident and outgoing to the current Sam who felt lonely and riddled with doubt. Sam identified a time in her life when she thought the change happened. In 2007, Sam spent the year in England working at a small business as an administrative assistant to her uncle. Sam went over to England by herself and found herself alone in a country full of strangers. Sam was not able to make any friends in the town that she lived in and spent most of her time watching television alone in her room.

As a result of Sam being alone most of the time, she would often talk to herself or resort to talking to the rain spiders and other insects that were in her room. It became clear to the therapist that Sam is a sociable person who yearned for contact with others:

Sam: Yeah I went to a couple of other towns and watch movies and stuff by myself, but everything was by myself and it was just...it was horrible. I didn't have anyone to connect with or anything and it was difficult, my sister and I would watch the same movie and then we would like tell each other about it, but it wasn't the same.

Therapist: what was it about having her there that was important to you?

Sam: It just made me feel closer to her, like there was someone there.

Sam went from being around family and friends all the time in South Africa, to being alone in a foreign country and this was a difficult process for Sam. As a result of the circumstances, Sam suggests that she “ate loads of unhealthy food”, “slept all the time” and developed a “very negative outlook towards life”. Despite feeling desperately unhappy soon after she arrived in England, Sam managed to persevere and spend the entire year there. Sam explains that even though she wanted to come back to South Africa, she wanted to prove to herself and her parents that she could “do it”. Sam suggests that when she came back to South Africa, her friends and family members pointed out to her that she had changed. She found it awkward being around people and would exclude herself from conversations. Sam struggled to be around her friends and family for long periods of time and preferred to be alone when she could:

Sam: ...even with my family, it took me quite a while to kind of reintegrate myself. When I first came back from London, it was horrible, I was an awful person, I didn't want to be around anybody. Just, you know even with my sister being around she used to irritate the hell out of me and I used to get so angry and I used to blow up at her all the time and you know she would want to hug me, it would just irritate me. But I'm pretty sure everybody goes through something like that.

Therapist: Yeah it's a big change, so you go from a place where there you are lonely and isolated and felt alone and sad and feel depressed and then you come back and your family is really happy to see you and your sister is really happy to see you

Sam: Yeah, I think I also spent quite a bit of time by myself, it took a while for me to come back I guess.

Sam also said that when she came back she continued to struggle to hold conversations with people and would often fade into the background of conversations, just as she did in London:

Sam: I still do that quite a lot, fade into the background, it's just easier that way

Therapist: Why is it easier that way?

Sam: I don't know, it's just, I think I have just gotten so used to not being acknowledged that it's just easier, instead of you know umm..... with my friends back home it would be like I would try and get into the conversation and I would add my two cents and it was just like a "yeah...okay anyway, as we were saying".

The therapist and Sam discussed the idea that Sam seems to withdraw from people when put into situations that she is unfamiliar or uncomfortable with. There were several comparisons made between her time spent in England and her time currently at university. When put into an unfamiliar position where Sam is uncomfortable, she seems to withdraw and isolate herself from people. When put in this circumstance, Sam finds it difficult to reach out to others and when she does, Sam's struggle with "the doubt" prevents her from being her naturally "confident" self. Sam believes that others perceive her as "boring" and "dull" and this can be seen as contributing to her difficulties in holding a conversation. Finally, in these unfamiliar circumstances (England and university), Sam tends to feel insignificant and invisible to others and this perpetuates her feelings of loneliness. However what was important to Sam was that she did not keep repeating the same mistakes. Sam regretted how she responded to the circumstances in England and often mentioned that she should have done more to be more social and outgoing.

4.2.3 A new leaf (session 11 to 12).

Sam began session 11 by saying that over the weekend she went out both Friday and Saturday night. When explored, Sam stated that on the Friday night she thought that she was invited out by the girls in her residence because she has a car. However, Sam felt that she was invited out on Saturday night because the girls realised that she was actually "quite fun" to be around. When asked how Sam felt about being out with friends again, she said that it did not really make a difference because she had been drinking alcohol and when she drinks she becomes friendly and sociable. Sam explained that she felt like her younger self again when she was out, but is disappointed that she needed alcohol to help her do it. The therapist noted that instead of feeling proud of herself for going out and having fun, Sam attributed her being "quite fun" to alcohol and not because she was actually fun. The therapist and Sam explored where this

pattern of brushing aside moments of significance or achievements came from and whether “the doubt” played a role in her doing this:

Therapist: ...and why do you think you do it?

Sam: umm...I suppose I don't think very highly of myself and you know it's kind of like surprises me every time I do well, so I kind of think okay well it was because of this, or it was a fluke. It doesn't make it easier to accept or anything like that, so I don't know why I do it, so yeah it actually doesn't do anything for me so I don't why I do that.

Therapist: Yeah I was actually thinking now, if you look at “the doubt” and if it plays a role in this as well. Before this I didn't think it would but it does because something good happens and instead of taking it and embracing it and accepting it, “the doubt” comes in and says “was that really you or was it the alcohol?” or I was thinking about your June exams where you did really well and instead of being excited about how well you did, you were like “right, now on to the next term I need to focus and stress about work, and you think what if I fail?”. It seems to be a pattern that repeats itself and it must be difficult for you to live with this?

Sam: It is and it's already starting again, so yeah it's not fun.

Following this discussion, the therapist and Sam spoke about her being more aware of how “the doubt” tricks her and her tendency of not taking credit for something. Sam stated that she was ready to challenge it when she could. The therapist asked Sam about her decision to go out this weekend and whether this was part of her bigger plan to be more social and outgoing:

Sam: Yeah this term I have already planned that I am going to go out every week, I'm not going to be a recluse or anything and I also, you know, I like it when I'm fun you know, and so I'm just trying to be more friendly and chat, which is very difficult surprisingly, but I'm still trying, so it's something, instead of just being like “yeah okay goodbye”, which is normally what I do so.

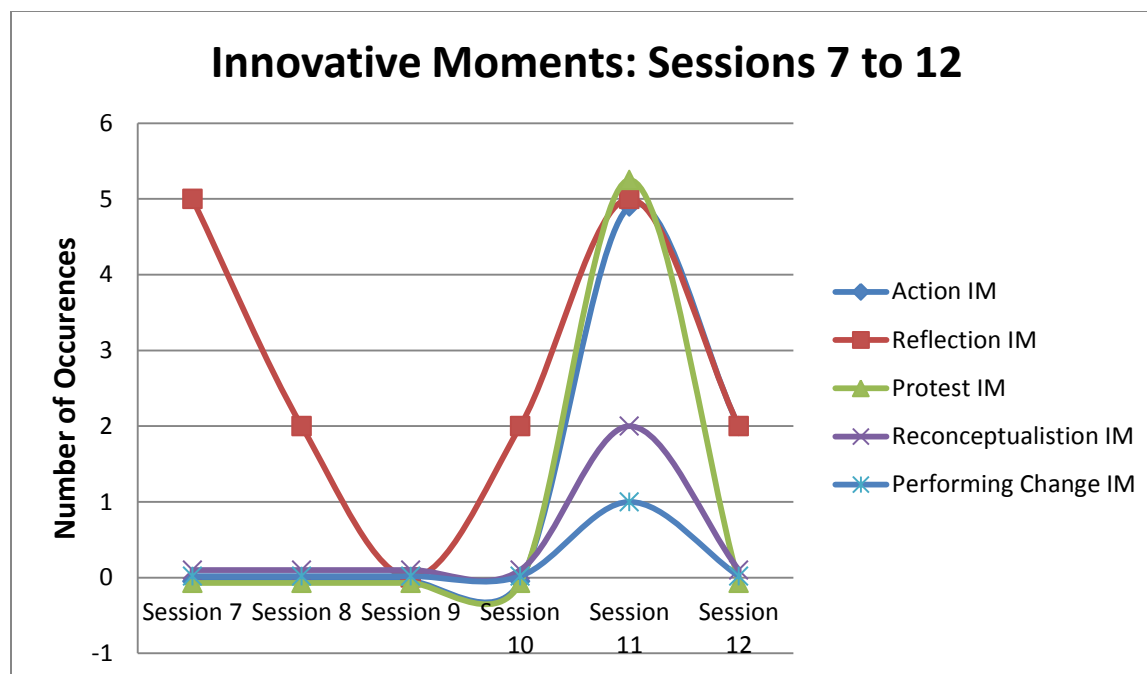
Sam decided to name this new approach to life “a new leaf” and it was largely aimed at her “living again” instead of watching others live. This was also seen as a step taken by her to be more like her younger self again (friendly, social and outgoing). Sam was excited about “a new leaf”, despite being worried that it would not last. The therapist decided that it would be valuable to unpack “a new leaf” and what it meant in order to help thicken this approach. The therapist asked about what adopting “a new leaf” approach said about what she values in life?

Sam: I suppose, you know, I value myself in a sense because I want to experience things and I want to be out there and having fun rather than not, so I value life.

In the following session, Sam reported that she had gone away for the weekend and that “a new leaf” approach was going well. Sam also suggested that she was feeling more and more like her younger self and this made her happy. She also said that she was starting to feel good about herself again and that she felt “worth it”. Sam still had doubts about whether this good feeling would last, but was trying to be positive about it.

4.2.4 Innovative moments in sessions 7 to 12.

In the section below, the author will now analyse the IMs that occurred in sessions 7 to 12 and explore how these IMs emerged in light of the heuristic model of change put forward by Gonçalves et al. (2009).



Upon reflecting on the previous six sessions, one can see that the reflection IMs are still very prevalent early on (five occurrences in session 7 and two occurrences in session 8). Most of the reflection IMs that occurred in these two sessions (session 7 and 8) were based around Sam's reflecting on "the doubt" and its effect on her. Interestingly, there were no occurrences of any other IM between session 7 and session 10. This may be explained by the nature of these therapy sessions. The therapist and Sam spent the majority of these four sessions reflecting on her recent struggles of feeling really down and lonely and what it was like for her to feel these emotions. As a result, there were not many opportunities for either Sam or the therapist to speak about moments of resistance against the problem saturated story, hence the absence of action and protest IMs.

In session 11, one is able to see a number of occurrences for all five types of IMs. This was a busy session and ties in with Sam adopting a new approach named "a new leaf". In unpacking "a new leaf" with Sam, the therapist and Sam had identified a new approach to life and this approach would serve to challenge the problem saturated story that had been bringing Sam down. Furthermore, in session 11, one is able to see a rise in the number of occurrences of action IMs (five occurrences) and these were mainly around Sam trying to be more friendly and outgoing:

Therapist: Umm...I'm going to take you back to "a new leaf" and ask you whether it was quite easy or was it a difficult thing to do?

Sam: The easy part is thinking about it, the difficult part is actually doing it. I mean on Friday I really didn't want to go out, it was bladdy cold, and I really hate the cold and you know, I just decided, you know what, 'do it' and I had a fantastic time.

Sam also mentioned several protest IMs in session 11 and these were mostly the result of her adopting "a new leaf" and subsequently challenging the problem saturated story. In her protest IMs, Sam takes a more dominant stance against the problem saturated story:

Sam: I guess, I do want to have fun. I don't want to be by myself all the time, I don't like being by myself so often. Sometimes yes, but even though I want to be by myself, I think it's better if I go out, or you know, just have people around because it's easier not to have to think about what I was thinking about.

Perhaps the most important moments in these sessions were the occurrence of the two reconceptualization IMs, which Gonçalves et al. (2009) suggest is crucial for significant change to take place within the client. The reconceptualization IMs that Sam mentioned were focussed around her contrasting the difference of her attitude towards people when she was in semester 1 and semester 2:

Sam: Yeah I felt like last term or last semester, I didn't really go out that often and you know I was always saying 'no' when people invited me because it was cold and I didn't really feel like it or I was already in my pyjamas, things stupid like that and I just kind of feel like I wasn't having fun and I was homesick, very homesick, and I was alone all the time which made it worse. So by me going out with people and actually socialising, I thought maybe it would kind of like ease the homesickness a little bit, you know if your mind is on other things, then you are not going to think about being homesick very much...yeah that was my thinking.

In the above quote, Sam realises that choosing to reject invitations from others to go out with them and consequently staying at home by herself did not help change her feelings around her

struggle with her problem saturated story. Sam stated that she realises that she needs to be more social and outgoing if she is to start enjoying her university life and not feel homesick all the time. Finally, there was one occurrence of a performing change IM:

Sam: I also want to...you know... when I drink the old me comes out, but I want to kind of like, go out and have fun, but not have to drink to bring that person out. So I think the more I go out and try and socialise, the better the chance of that actually coming back.

Although isolated, this one performing change IM was congruent with Sam beginning to engage in new activities and stories. In this group of sessions, Sam and the therapist have managed to identify an alternative preferred identity coming in the form of a “new leaf”. Below we will now see how the strengthening of this identity will translate into positive changes for Sam.

4.3 Re-authoring (Session 13 to 18)

4.3.1 The need for a balance (session 13 to session 15).

Sam had reported that she was feeling good after the previous couple of therapy sessions and that she felt like she has found a good balance between her academics and her social life. Sam acknowledged that although she had found a fairly good balance, she was feeling more stressed than usual because she was not working as hard as she had worked in first term. Despite feeling guilty over compromising on her academics, Sam said she was very happy with how her social life had picked up. The therapist asked Sam where this ability to find a balance comes from:

Sam: I think, you know, I just decided I needed a change. Especially in this situation where I was by myself all the time and I could feel myself go back to what I had been in England and you know I remember how long it took me to come out of that and I still wasn't one hundred percent out of that, umm and you know also my dad kept telling me that I needed to get balance and everybody kept telling me and I just decided you know that they were right. I needed to not be so work orientated, I mean you know I think that it is very important and I think you know its university and I am supposed to enjoy my time here, I'm not supposed to stay in my room twenty four seven working,

it's not the point, yes I am here to learn, but you also learn in different ways, you learn from life experiences and you can't get that if you don't do anything, so yeah.

Sam acknowledged that this desire to find a balance forms part of her adopting 'a new leaf'. The therapist and Sam also discussed how it appeared that Sam intended to find a balance and therefore it didn't just happen by chance. This was an important point as Sam made an intentional decision to find a balance in her life and was exercising some form of control over her life. Sam admitted that maintaining a balance had never been important to her and this had often led to her being unhappy. The therapist and Sam discussed what she had learnt about keeping a balanced life and how this was missing in her time overseas.

The therapist noted that Sam appeared to be very goal orientated and that she often achieved what she put her mind to. This conversation linked on to Sam acting intentionally and was aimed to show her how much control she could exercise over her life. The therapist and Sam also discussed times in the past where Sam acted intentionally and achieved her goals and what this meant for her. As mentioned earlier, this intentional state of understanding casts people as active mediators and negotiators in their lives and thus it was important for the therapist to spend time unpacking this with Sam (White, 2007).

Sam stated that she had formed a good bond with some of the girls in her residence and that they were spending a lot of time together which made her happy. When asked about whether "the doubt" was still playing a role in her life, Sam suggested that it had been. Although she felt more comfortable in making conversation with her friends, Sam said that she still found herself feeling very awkward around strangers and generally kept to herself when around them. Sam also explained that "the doubt" was still making her feel stressed out about her academics and despite getting good marks in her tests and assignments, she should be doing more work than what she was currently doing.

Finally, Sam said that she had been feeling "up and down" recently and explained that one minute she was excited and the next minute she was feeling down. When explored by the therapist, Sam said that "it was kind of a similar feeling to what I was feeling last term, but not as long lasting". When asked to explain what she had been feeling down about, Sam said she

didn't know as she had nothing really to feel down about. The therapist asked whether she speaks to her new found friends about any of the difficulties that we speak about in therapy:

Sam: No I don't, I don't generally speak to people about that kind of thing, you know I'll tell my sister obviously and one of my really close friends from school but even then it's not something that I like to speak about. It is personal so they don't need to know

Therapist: why do you think they don't need to know?

Sam: umm...well a lot of people, well I think anyway, judge you on what you tell them, so me telling them all of this stuff, I could be perceived as like a really weak sort of person, or that is how I think how I would be perceived and I don't like that, I don't want people thinking that I'm weak in anyway because people end up taking advantage of you or treat you badly, so I'd rather be strong

The therapist and Sam discussed how this decision not to appear weak in front of other people was similar to her not being comfortable with crying or speaking about emotions in front of other people. When asked if she felt this was a problem, Sam said she did not really and was comfortable with the amount that she shares.

4.3.2 Metaphorically speaking (session 16 to session 18).

In session 16, the therapist and Sam reflected on where she felt we were in the therapy process. Sam stated that she felt like we were just scratching the surface of something bigger, but she did not know what it was. When asked how Sam would like to use our last couple of sessions, Sam said that she would like to spend more time unpacking her overseas experiences, particularly her time in England.

In order to approach this from a different perspective, the therapist decided to make use of metaphors to help Sam describe her experiences. This was because in the previous sessions, Sam admitted that she struggled to explain herself clearly and seemed to avoid talking about her emotions. The therapist asked Sam to imagine that England was writing a chapter in a book about her experience in the United Kingdom:

Therapist: What would the title of the chapter be?

Sam: umm...‘the insignificant’, I don’t know

Therapist: Why is that?

Sam: Well if I think about what I was like at home and everything, you know I had a purpose and you know I suppose I meant something to people and whereas in England I was just there you know it was, yes okay I was working and I had a job but it wasn’t anything of meaning. It was just kind of like a routine, every day the same thing...I just felt so insignificant. My job didn’t matter in the first place, it was made up for me and most of time I did nothing anyway and so I was just kind of there, I wasn’t important in anyway. I felt insignificant and lost.

When asked what the story of the chapter would be, Sam explained that it would be about a girl who fell into a deep hole. As a result she could not use any of her abilities and she was alone. When asked to associate a colour with the chapter “the insignificant”, Sam described it as being “pitch black”, with no light in sight. Sam explained that she did try and get out of the hole at first but she gave up pretty quickly and ended up just “sitting in the dark, waiting for some glimmer of light”. The therapist asked Sam to explain what she meant by light:

Sam: umm...i suppose it just represents life in general because at that stage being in the black hole I thought that I was dead. There was nothing and you know the light can also be hope that things would change or you know hope of something happening to sort of stimulate my mind and emotions or something, something other than nothing.

Sam stated that she was surprised that she gave up trying to get out the hole so quickly and that she did not try harder to change her circumstance. When asked if the author of “the insignificant” would mention any moments of resistance from Sam in the chapter, she said there were no moments of resistance from her. Sam suggests that in that moment, she did not have the energy to try fight her circumstances nor did she care about trying to fight it.

Sam suggested that she had learnt a lot from her overseas experiences. Sam pointed out that forming connections with people or animals seemed to be very important to her and that she relies on this connection to get meaning out of life. Linked to this was Sam saying that she realises that she does not like being alone for long periods of time.

Finally, as Sam had previously mentioned that she hoped to be like her fourteen year old self again, the therapist asked Sam if her fourteen year old self would have responded differently to her England circumstance:

Sam: Umm... I'm not sure, I don't think she would respond or react in a different way, umm, I would presume so and you know probably, she probably would have been scared to go out and meet people, but she would have tried. And she would have got somebody at work that is at least closer to her age to take her out you know so she could meet people and, umm, I would have met people in Ireland in the little town that my cousin lives, because they tried to set me up with their friends in Ireland but I didn't want to, so I presume that younger me would have gone and met them and you know and just made friends.

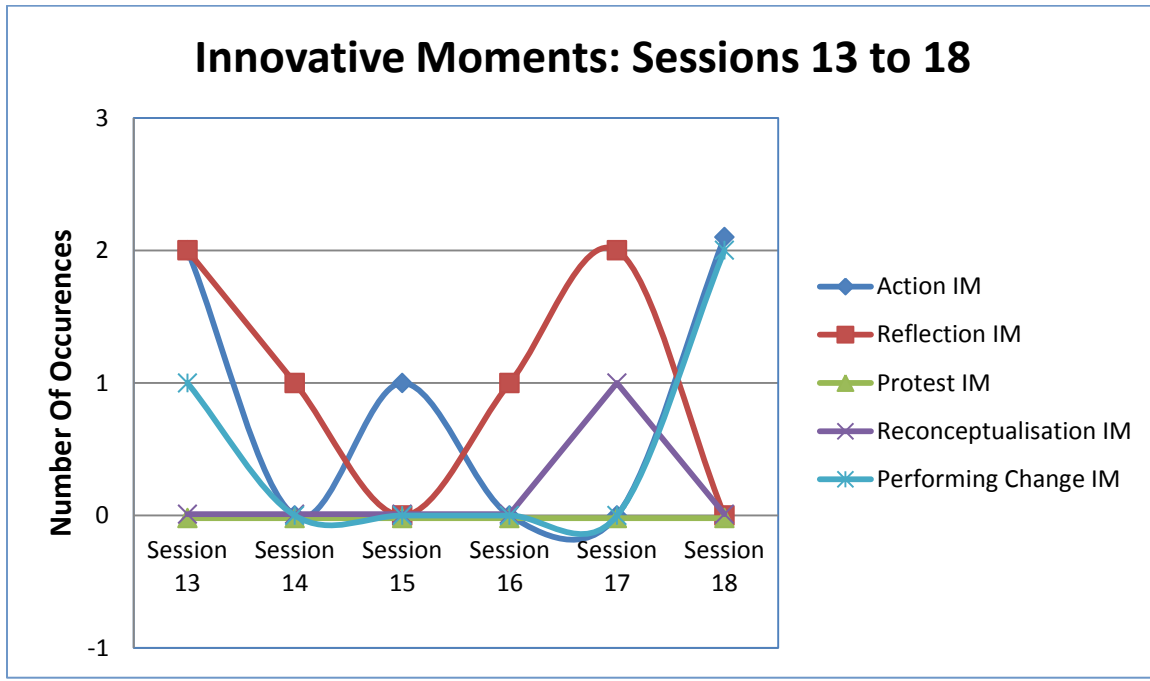
Therapist: And saying that now, does that appeal to you? Does it make you think back and think 'ah, I should have done that' and do you think it could have helped take away your feelings of depression?

Sam: Yeah, definitely

Again, the therapist's plan here was to help show Sam that she could have acted differently to these difficult circumstances. In helping her realise this, the therapist hoped to show Sam that she had more agency over her current circumstances. The therapist would also try and tie this into the previous discussion about intentionality in her actions.

4.3.3 Innovative moments in sessions 13 to 18.

In the section below, the author will now analyse the IMs that occurred in sessions 13 to 18 and explore how these IMs emerged in light of the heuristic model of change proposed by Gonçalves et al. (2009).



When looking at the occurrences of the IMs in session 13 to session 18, one is able to identify a higher frequency of action IMs. This is most likely a result of Sam's decision to adopt a new approach to life ("a new leaf") that saw her being a lot more social and outgoing than previously. It is also important to note that Sam was also trying to find a balance between her academics and social life and these attempts would fall under action IMs:

Therapist: And the social thing...how's that going? Because it sounds like it's going...

Sam: Yeah it's going well, it is, you know, I still have time on my own and they seem to have accepted the fact that I do need my time to work and that I'm not being anti-social but I need to work, and you know I pop in every now and then to see what everybody is up to, and I'll chat for a bit and then I'll go back to work. You know going out we have quite a bit of fun...

One is also able to see that despite the regular frequency of reflection IMs, there are less reflection IM occurrences than there were in previous sections. This may be explained by Sam beginning to move towards a preferred identity (action IMs), as opposed to only thinking about it (reflection IMs). Interestingly, the nature of the reflection IMs are all focussed around Sam having a positive realisation about her self-worth and self-image:

Therapist: It sounds like you have been going out a lot more than last term?

Sam: Yeah, I have been

Therapist: Has the going out changed anything for you?

Sam: Umm...well I have been included a lot more by the girls and the fact that they keep inviting me out, seems to remind me that I am more fun and uh...more outgoing than I felt at the beginning of the year. I also think the girl's perception of me has changed as well and that's a good feeling to have.

In terms of performing change IMs, there were three occurrences, one in session 13 and two in session 18. These performing change IMs were largely based around Sam beginning to make plans to be more social and outgoing with her friends, stating that she would "like to spend more time with some of the other girls" in her residence. As Sam became more comfortable with her newly formed friendships, she began making more plans for change for herself, something she was not able to do when she felt constrained by the problem saturated story:

Sam: yeah, I would just like to be more social, so like spending more time with other girls. Umm...I would also like to be more outgoing and adventurous. I don't like the fact that I have become so introverted and shy.

In analysing sessions 13 to 18, the author noticed that there were no occurrences of any protest IMs. There was only one occurrence of a reconceptualization IM in these sessions (session 17) and it involved Sam contrasting her emotional state over the past three terms:

Sam: hmmm...yeah it was okay, you know it was a lot better than the first two terms, so I was a lot happier and I wasn't as homesick, but yeah it wasn't perfect, it was ok.

Therapist: And what has been different this term?

Sam: Well a lot has to do with my new approach to life (a new leaf). I am trying to put myself out there, to make more of an effort. Umm...I wasn't doing this earlier.

As this last reconceptualization IM illustrates, Sam is now beginning to not only act differently to her problem saturated story, but she is also beginning to understand how she has does this. Gonçalves et al. (2009) suggests that this is the most important step in creating significant change. Below we will now see how Sam is able to put these changes to the test.

4.4 Lighting the fire (Sessions 19-22)

4.4.1 "Standing my ground" (sessions 19 -22).

Sam stated that she had been having lots of fun with her friends recently and had been going out a fair bit which she had enjoyed. The therapist noted that the Sam looked a lot happier when compared with the previous sessions. As a result of her socialising, Sam suggested that that she was now feeling under pressure with work, although she knows that she would get it done. Sam mentioned that she had met a guy recently and he was coming down to see her in the next couple of days. According to Sam, they had been dating for two weeks now and she really liked him. The therapist noted that Sam appeared to be very excited about having a boyfriend and he wondered whether this would help her self-confidence.

In the following session (session 20), Sam stated that she was getting frustrated with Tim, her boyfriend, who she said had been "sending me mixed messages". Sam felt like there was something wrong from Tim's side, however when she asked him, he said everything was fine. Sam explained that since he had been down in Grahamstown, he had not shown any interest in her at all and she felt really confused. Sam and therapist discussed how Tim appears to show interest in Sam when they are apart, but as soon as they are together she says he ignores her. The therapist asked Sam what she wanted to do about it:

Sam: I want to confront him about it, I do, because I really don't want to be sitting here wasting my own time and worrying about stuff. Like if I don't need to be worried about

it, then I need to know that. But if I should be worried about that, then I need to know that and I don't like not knowing, and I don't like being unhappy, I mean especially in a new relationship, you are not supposed to be this unhappy this soon.....

In the next session (session 21), Sam said that she had spoken to Tim and they had sorted it out. Sam said that it was a very difficult conversation, but she ended up handling it "pretty well". Sam also said that she felt good about standing up to Tim when she needed to, although she was scared that he would break-up with her:

Therapist: So this, umm...this is, I know it might sound like a small thing, but I think it's quite a big thing that you managed to stand up for what you want, umm and even though it was quite scary to challenge him, you did it?

Sam: Yeah, it is normally, when it comes to guys I am a bit of a coward, but it was nice that I actually was able to get the guts to say it like it is, because I am that kind of person, but you know guys mess with your head.

When asked if standing up for herself fits into the bigger picture of "a new leaf", Sam answered that it did and that it was a really good feeling. Sam pointed out that she did not think that she would have stood up to him a couple of months ago and that she probably would have just lived with it. The therapist suggested that by Sam not being happy with the way that she had been treated and thereby standing up for herself, she had implied that she deserved to be treated appropriately:

Therapist: Because if you think about it, it speaks about how you value, how you value yourself. You know if you don't value yourself and what's important to you, and I suppose your happiness, then you would have just kind of been like "ah whatever", but by standing up, or by doing something or standing up for yourself and or holding your ground, umm, it's almost saying like "hang on, there is something to protect here" or "I will look after my interests as well because there is something there that I want to protect".

In attempting to explore the meaning behind what Sam had achieved through standing up for herself and the way that she should be treated, the therapist found another opportunity to use a metaphor:

Therapist: And umm, when you think about “turning over a new leaf”, it kind of fits nicely with who you are becoming or with who you are now, umm and I’m wondering what, if you had to give a title to this little act that you spoke about now, or if it was a song, what would the title of the song be?

Sam: hmmm...

Therapist: So maybe it can be around the actual standing your ground or getting your own back? Umm...or...

Sam: Lighting the fire

Therapist: Lighting the fire? What does that mean?

Sam: Well, I got my fire back

Therapist: You got your fire back?

Sam: Yeah, I’ll fight for it. I’ll fight and stand up for myself and won’t take any bull

Therapist: So by saying that you got your fire back, it means there was a fire in the beginning

Sam: Yeah

Therapist: Is that the old confident Sam that stood up for herself?

Sam: Yeah.

In the following session, Sam had reported that since Tim had left Grahamstown he had been ignoring her messages and was not making an effort to talk to her at all. Sam said that she eventually phoned him and broke up with him. When explored further, Sam said that all she

wanted was for him to be honest and straight with her and he could not be those things. The therapist again attempted to unpack this idea of Sam standing up for herself and asked her where this new strength came from?

Sam: I just think that I have a lot more self-worth than I did in the beginning, you know what I mean? So, I know how I should be treated and how I shouldn't. And even though back then I also knew that, it was just like a "well, if you are going to treat me like that, then oh well" type thing. Now it's just like "no ways".

4.4.2 Using her exam stress as a strength (session 19-22).

Sam had stated that she began panicking over the thought of her November exams coming up soon. She expressed concern that due to the improvement in her social life, she had not worked as much as she possibly should have this term. When asked about what exactly was stressing her out, Sam explained that it was her "fear of failing". Sam and the therapist had also discussed this fear before her June exams. When asked to elaborate, Sam suggested that she feared not understanding the exam questions or not remembering what she had learnt. As Sam had performed exceedingly well in her June exams, the therapist asked whether she had learnt anything from that experience, hoping that her June exam experience would have provided some comfort for Sam:

Sam: hmm...no, nothing, because it was completely different work, it's a lot more complicated than the first semesters work and I suppose this semester I felt very discombobulated with all the changes and everything and uh...you know I feel like yay that I can pass, awesome, but then I'm like eek, so yeah it's always there.

Sam acknowledged that "the doubt" was playing a big role in her fear of these exams. Sam then went on to say that she had attempted to adopt a new strategy to help her not stress as much about these exams and this strategy involved "taking one day at a time". The strategy seemed to be helping so far but Sam doubted whether it would help during her exams. The therapist enquired about her June results and whether she had surprised herself?

Sam: Yeah I definitely was surprised

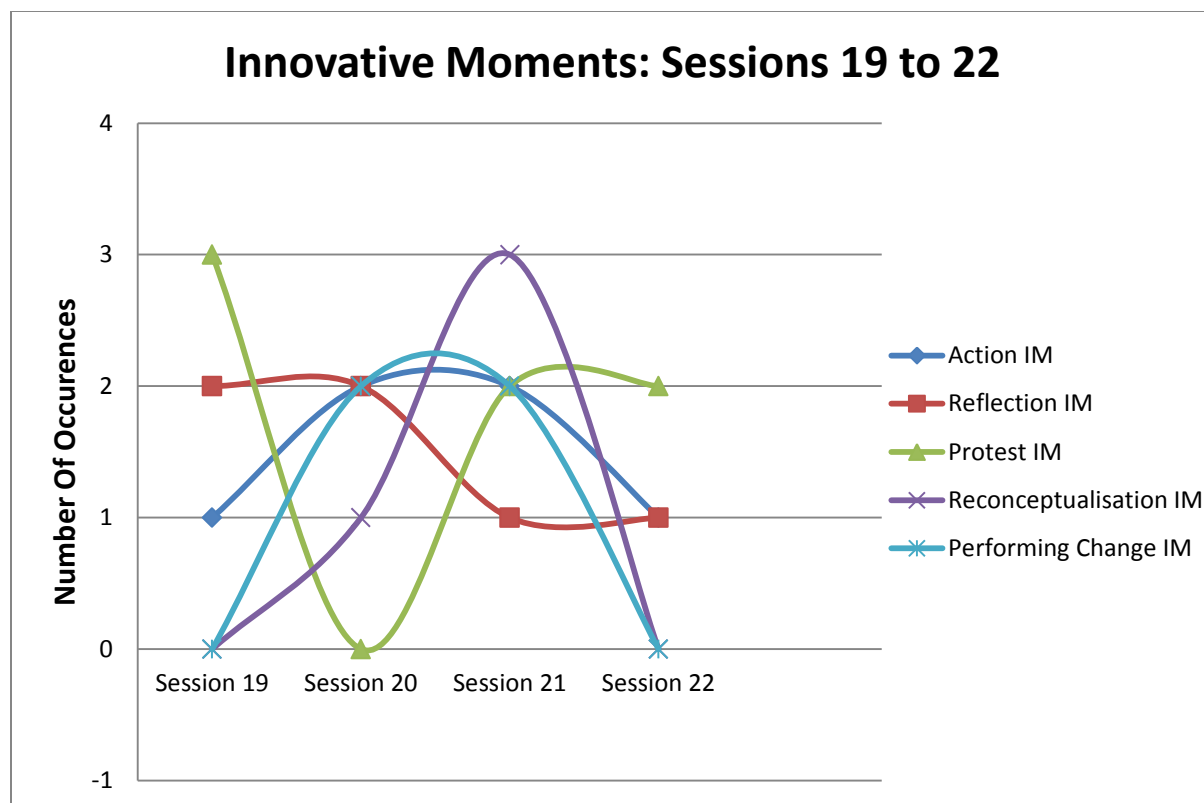
Therapist: It sounds like you surprise yourself a lot?

Sam: Yeah I do, I'm very unsure of my work, a lot of the time I'm not sure whether I'm grasping the question, whether I'm actually answering it correctly and uh... I think I over-research everything, which is very sad.

Sam and the therapist then discussed her approach to her exams and what she called “over-board preparation”. It had become clear that Sam seemed to methodically prepare for any test, assignment, or exam that she faced and the therapist wondered whether her stress around her fear of failing indirectly helped her achieve good marks. If this was true, then her stress about her upcoming exams could actually help her. Sam agreed with the premise and the rest of the final session was used to discuss ways in which Sam could manage the stress and her time better.

4.4.3 Innovative Moments in sessions 19 to 22.

In the section below, the author will now analyse the IMs that occurred in sessions 19 to 22 and explore how these IMs emerged in light of the heuristic model of change proposed by Gonçalves et al. (2009).



The last group of sessions saw an occurrence of all five IMs. The reflection, protest and action IMs were mostly all around Sam's difficulty with her relationship and doing what she thought was the right thing for her to do. Sam was able to draw on her resources that she said had not been there for months and this was very positive to hear. Below is an example of one of Sam's reflection IMs:

Sam: But you know, I can compromise, it is important, but you know I'll compromise, as long as he can compromise as well. You know it's not going to be a matter of me compromising everything, and he is just getting whatever the hell he wants, his own way, which he seems to be getting a lot of.

Sam had a high number of protest IMs in this group of sessions, as compared to previous sessions and this was largely around Sam taking a stand against the way that she had been treated:

Sam: Yeah, I'll fight for it. I'll fight and stand up for myself and won't take any bull

As a result of Sam wanting to stand up for herself in her relationship (through the use of reflection and protest IMs), there were frequent occurrences of both action and performing change IMs. Sam made decision's to confront Tim around their relationship and made active plans to change her situation:

Therapist: So how are you feeling about breaking up with Tim?

Sam: I mean obviously it's difficult you know, but I actually feel good that it ended, it just wasn't working and I told him that.

Finally, there was also a higher number of reconceptualization IMs in this group of sessions than in the other groups. The reconceptualization IMs occurred once in session 20 and three times in session 21. All of the reconceptualization IMs that occurred were focussed around Sam contrasting her current self to a former self who she had said would not have been able to stand up for herself:

Therapist: So what would that part of you...okay what would Sam at the beginning of this year have done with this boyfriend situation with Tim? Do you think you would have acted any differently to now?

Sam: Yeah I think I would have just accepted it then, now definitely not. It still takes me a while to get there, but at least I get there.

Through the tracking of the various IMs, we were able to identify how certain changes evolved in therapy with Sam and what this meant for the problem saturated story.

5. DISCUSSION AND CONCLUSION

In the above analysis, the author set out to investigate the process of change in narrative therapy with Sam as tracked through the pragmatic hermeneutic analysis of the therapeutic dialogue and how whether the change is similar or different to what is put forward by Gonçalves et al. (2009) in the heuristic model of change. In the discussion below, the author will present a summary of his findings.

5.1 Summary of Analysis

In the first two sessions, the therapist was able to get a clearer idea of what had brought Sam into therapy. In this time, Sam had indicated that although her “anorexic mentality” was a struggle for her, she wished to use the therapy process in order to focus on the other problems that had been affecting her. These were identified as “depressive” feelings, her feelings of being overwhelmed by stress and anxiety relating to her academic work, and her social withdrawal. Together these problems were identified as her problem saturated story and Sam and the therapist explored the effects that these problems were having on her.

The therapist was initially struck by the extent to which Sam had internalised the problems that she had experienced. This was most evident in the language that she used to describe the problem. As a result, very early on in the therapy process (sessions 3 to 6), the therapist began challenging the way that Sam had perceived the problem. This externalizing process was instrumental in bringing about a change in her perception of the problem. Whereas before she had been describing herself as being the problem, Sam was now able to separate herself from the problem, allowing her to move into a space from which she could evaluate the problem and begin to act against it. The naming and externalising of “the doubt” had also emerged as a vitally important process and as “the doubt” seemed to play such a vital role in maintaining her problem saturated story, it would often serve as a point of entry for both the therapist and Sam. In accordance with the principles of narrative therapy, the therapist had also attempted to externalise some of Sam’s strengths and resources and this also proved to be a valuable tool as it seemed to instil a sense of some agency and control back into Sam’s life.

Based on both the content of the therapy sessions and analysis of the therapeutic dialogue within the therapy sessions with Sam, she seemed to go through a difficult time between sessions 7 and 10. Sam reported during this time she had felt increasingly more “depressed” and described herself as “unravelling” towards another “nervous breakdown”. Sam stated that she was beginning to fall behind in her studies and this was largely a result of her current emotional state. Sam had also reported that she had been spending all of her time alone in her room where she said she would often end up in tears. Interestingly during this time, the content of these therapy sessions was largely focussed around her time in England, a time she had identified as being the catalyst for her current difficulties. Both the therapist and Sam identified that her current experience of university was very similar to her experience of England and as a result she had found herself responding in a similar fashion, for example, withdrawing and isolating herself from others. In this time of reflection, Sam had also acknowledged that she had been partly responsible for not having made any friends at university and linked this to her feelings of loneliness and sadness. Sam said that she had realised that she was the type of person that thrived off relationships and connections with others, and this had been absent in both her time in England and now at university.

An important part in the reflecting process seemed to be the idea that Sam stated that she had been outgoing, extroverted and sociable in the past and she wished to be more like this again. This was important as Sam had identified a time in her life (fourteen years old) when she had been this way inclined. The therapist and Sam had discussed how these attributes (outgoing, extroverted, sociable) were more of a reflection of who she felt that she really was and now it was a matter of re-discovering these attributes. The therapist introduced the idea of narrative letter writing to assist Sam in re-connecting with these forgotten parts of herself and this process seemed to help Sam do so.

The analysis of the therapy sessions also seemed to indicate that a change had begun to occur in therapy from session 11 onwards. It seemed as though Sam had reached a point where she decided that she would no longer be apathetic towards the problems that had been dominating her life. Sam had taken a very strong stand against the problem saturated story and its

implications for her life. This was evident in the high number of protest IMs in session 11. In the following sessions, Sam appeared to be far more motivated to act in defiance of her problem saturated story and looked as though she had begun to believe that she could bring about a change in her life. Sam had named this intention to bring about a change “a new leaf” and it would serve as the springboard for Sam and the re-authoring process.

With the adoption of this new attitude towards life (“a new leaf”), Sam had subsequently begun taking active steps to “live” again. Sam stated that she had made new friends in her residence and had been regularly going out with them. Sam reported that she was extremely excited about having made new friends and that she was experiencing a different side to university life. That being said, although Sam felt excited about this new direction of her life, she reported that she was finding it increasingly difficult to balance her social life and her academics. The following three sessions (sessions 13 to 15) were used to discuss the value of finding a balance between her social life and her academics and how she would go about doing this.

In session 16, Sam stated that she felt that up to then her and the therapist had only scratched the surface of her experience in England and she asked if they could speak about it. The therapist agreed and the next three sessions (sessions 16 to 18) were spent unpacking her time in England. Importantly, the therapist was able to recall how previously Sam had experienced some difficulty in speaking about her emotional state while in England and decided to introduce the idea of metaphors in order to assist her. For example, Sam was able to describe her time in England like being stuck in a deep hole that was “pitch black” and which she could not escape. Through the use of these types of metaphors in the therapy process, it seemed to open up room for Sam to speak about her experiences in England and her emotions around the experiences.

In the final four sessions (sessions 19 to 22), Sam and the therapist discussed her new relationship with her boyfriend, Tim. Sam stated that she had been feeling very excited about her relationship with Tim and reported that she had been spending a lot of time out with him and his friends. Although Sam had initially been very excited about having Tim as her boyfriend, she soon started reporting that he was not treating her in the way that she had expected. The

therapist and Sam explored how she expected to be treated and what this meant about how she valued herself. Sam decided to confront Tim about the way that he had been treating her and the therapist and Sam explored how she was able to do this. Sam had identified this moment where she stood up for herself as being part of her new approach to life, “a new leaf.” In exploring this further, Sam stated that she did not want to be “unhappy” in this relationship and she felt that she deserved better. Sam decided to end the relationship a few days after her discussion with Tim as things did not change. This was significant as Sam stated that she would not have been able to confront Tim or end the relationship with him had she felt the way she did when she came into therapy.

Sam had requested therapy at the beginning of the year because she said that she was just “not feeling herself”. Sam had transformed from being a young girl in school who she said was popular, outgoing, extroverted, confident and generally happy to a young woman who felt alone, unacknowledged, sad and insecure about herself. In working collaboratively with Sam, the therapist was able to take her on a journey of re-discovering the ‘Sam’ who she thought she really was. Through the re-authoring process and the use of specific narrative techniques, the therapist and Sam were able to slowly diminish the power of her problem saturated story and in doing so, were able to begin building an alternative story of Sam that she preferred.

At the end of the therapy process, the therapist was of the opinion that Sam no longer seemed to present with any of the “depressive” symptoms (low mood, low energy, excessive sleep) that she came into therapy with. Furthermore, the therapist had noticed a far more confident and self-assured Sam who no longer withdrew from people and isolated herself. Although there were still some parts of her problem saturated story still present, for example the stress around her academics and role of the “the doubt”, its strength had been significantly reduced and Sam seemed to be able to exert some agency over them. Overall, it is of the therapist’s opinion that the use of narrative therapy with Sam was generally successful in creating an alternative narrative story.

The next section of the summary involves a brief overview of how the five innovative moments evolved during the therapy process with Sam.

Action IMs

There were only two occurrences of action IMs in the first ten sessions and the author suggests that this was mostly due to these sessions being used to discuss her position in relation to the problem saturated story. From session 11 onwards we saw an emergence of regular action IM occurrences and this was a result of a new approach to living (“a new leaf”) that Sam had adopted. These actions IMs generally consisted of moments where Sam reported being able to successfully hold conversations with others, making new friends, and going out with these friends.

Reflection IMs

There were significantly more reflection IM occurrences (total = 46) than any other IM and these seemed to occur consistently across the twenty-two therapy sessions. The number of reflection IM occurrences is at its highest between sessions 5 and 11. This may be explained by the exploration of Sam’s increased feelings of despair and loneliness during this time as well as discussion around her time in England. Notably, the decrease in reflection IM occurrences coincides with an increase in action IM occurrences (sessions 11 to 15). The nature of the reflection IMs throughout the rest of the therapy process are themed around Sam’s intention to find a balance in her life as well as more discussion around her time in England.

Protest IMs

Despite having the second highest number of occurrences, the pattern of the protest IM occurrences seem to fluctuate throughout the therapy process. The first six sessions see regular occurrences with the protest IMs generally being themed around Sam taking a stand against the effects of her problem saturated story. Despite reaching a high of four occurrences in session 11, there were no other protest IM occurrences between sessions 7 and 18. In attempting to explain this, the author found that the nature of these eleven sessions (sessions 7 to 18) were themed around Sam attempting to find a balance in her life and her time spent in England. As a result these sessions left little room for protest type of IMs to emerge. In the final

four sessions (sessions 19 to 22), protest IMs re-emerge and seem to be mostly around Sam taking a stand against the way that Tim was treating her. These protest IMs appear to have stemmed from a new identity that Sam adopted.

Reconceptualization IMs

Occurrences of reconceptualization IMs were generally absent in the first sixteen sessions with the exception of one occurrence in session 11. From session 17 onwards, Sam begins to consider how she had changed from the person that she had been before had she entered into therapy and provided examples of this transformation. These examples mostly involved her response to how Tim and what it meant to her that she was able to stand up for herself. Despite emerging regularly towards the end of therapy, reconceptualization IMs consisted of the lowest number occurrences throughout the therapy process.

Performing change IM

Despite the one isolated occurrence in session 5, there were was an absence of performing change IM occurrences throughout the first ten sessions. However, this is congruent with what the heuristic model of change suggests is appropriate at this early stage of therapy. Once Sam had decided to adopt “a new leaf” as her approach to living in session 11, Sam started making plans in order to act against the problem saturated story and as a result there were two occurrences of performing change IMs in sessions 11 and 13. From session 17 onwards there were six occurrences of performing change IMs and these were a result of Sam beginning to regularly make plans with her friends, engaging in new activities, and deciding to end her relationship with Tim.

5.2 Innovative moments in light of the heuristic model of change

The author used the pragmatic hermeneutic case study method in order to analyse the twenty two therapy sessions that he had completed with Sam. In doing this, he hoped to identify the changes through tracking Innovative Moments (IMs) that occurred throughout the therapy process with Sam. Once identified, the author then looked to track how these IMs emerged in light of the suggested changes put forward by Gonçalves et al. (2009) in the heuristic model of

change. This was of particular interest to the author because in this model of change, Gonçalves et al. (2009) suggested that certain IMs seemed to follow a particular pattern in good outcome cases.

When reflecting on the emergence of the IMs throughout the therapy process with Sam, one is able notice both many similarities and differences with that set out in the heuristic model of change (Gonçalves et al., 2009). In the first six sessions, there were a number of occurrences of action, reflection and protest IMs and according to heuristic model of change, this was to be expected (Gonçalves et al., 2009). Interestingly, Gonçalves et al. (2009) suggests that at this early stage of therapy, the client begins to wonder how things could be different and thus the occurrence of reflection IMs are more prevalent than action and protest IMs. Again this seems to be the case with Sam as she began contemplating the role of “the doubt” in her life.

In the following six sessions (sessions 7 to 12), the author again identified a high number of reflection IMs occurrences which was consistent with the reflective nature of these sessions. Despite the regular occurrences of reflection IMs, there were no occurrences of any of the other IMs until session 11. This seemed to be somewhat inconsistent with what Gonçalves et al. (2009) had proposed in the heuristic model of change which suggests that regular cycles of both action and reflection IMs were needed to ensure that something different from the problem saturated story was happening. In session 11, the author identified occurrences of all of the IMs and this seemed to correlate with Sam’s adoption of a new approach to life “a new leaf”. Importantly, the author identified the emergence of two new IMs in the form of reconceptualization and performing change and according to Gonçalves et al. (2009), this represents the development of a new and alternative self-narrative (“a new leaf”).

In sessions 13 to 18, the author identified frequent occurrences of action, reflection and performing change IMs and this represented Sam’s decision to actively pursue “living” again through her adoption of “a new leaf”. Sam began regularly spending time with her new friends and would often make plans to go out with them. Importantly, in the heuristic model of change, Gonçalves et al. (2009) stipulate that reconceptualization IMs are essential for significant change to take place within the client. However in Sam’s case there was only one occurrence of

a reconceptualization IM in these six sessions (session 17) and according to Gonçalves et al. (2009), although occurrences of action, reflection and protest IMs represent a certain degree of change, they appear to be insufficient for the development and sustaining of a new self-narrative. Hence the emphasis placed on reconceptualization IMs by Gonçalves et al. (2009) in the heuristic model of change.

In the final group of sessions (sessions 19 to sessions 22), the author identified regular occurrences of all of the IMs. As Sam began to see herself differently from before, mostly through the reconceptualization IM process, the author identified the emergence of action, reflection and protest IMs as further evidence of significant change having happened. There were also four occurrences of performing change IMs in this set of sessions (18 to 22) and this was a result of Sam “standing up” for herself in ending her relationship with Tim.

In conclusion, the author also found that the IM changes as tracked through the use of the pragmatic hermeneutic case study method in this study seemed to evolve in a similar pattern to the way that IMs evolve in good outcome studies as demonstrated in the heuristic model of change (Gonçalves et al., 2009). In this study, the occurrences of action, reflection and protest IMs seemed to dominate the first half of the therapy process. The second half of this study saw a continuing of more occurrences of action and reflection IMs with reconceptualization and performing change IMs beginning to emerge regularly in the latter part of the therapy process. Despite its late emergence in the therapy process, the author found that there were only seven reconceptualization IM occurrences in total which was surprisingly low. One of the stark differences between this study and what is proposed by Gonçalves et al. (2009) in the heuristic model of change is the low number of reconceptualization IM occurrences.

Thus although parts of the results were similar, the author also found that some of the results differed to that put forward in heuristic model of change (Gonçalves et al., 2009). These differences mostly came in the form of the low number of occurrences of reconceptualization IMs, even though the case was considered to be a good outcome case. The difficulty for the author is trying to understand how these differences came to be. Does the answer lie in the fact that he did not use the IMCS to analyse the therapy sessions? Was it a mistake to end therapy

just when the reconceptualization IMs were beginning to emerge? Was there something different in the therapy process with Sam that made it a good outcome case? Or perhaps it is not a good outcome case after all and if he did a follow up meeting with Sam this would emerge?

5.3 How the findings relate or don't relate to other research on narrative therapy and other IMCS research

The author found that the process of change as tracked through the therapeutic dialogue was congruent with previous narrative therapy research (Hannen & Woods, 2012; O'Connor et al., 1997 & Besa as cited in Etchison & Kleist, 2000). The available research into the effectiveness of narrative therapy seems to indicate that the use of this modality is able to reduce the symptoms of the client's presenting problem. In this case, the therapist found that he was able to reduce the strength of Sam's problem saturated story and assist in the creation of a stronger and healthier alternative self-narrative. The therapist found that he was able to do this through the use of the techniques such as externalizing, re-authoring and re-membering which form the basis of narrative therapy.

One of the difficulties in contrasting the results of this case study with other similar research involving the use of the IMCS is that the author in this case used a different method of analysis to track the IM evolution. Despite this, there were several similarities with other good-outcome cases studied by Matos et al. (2009), Ribeiro et al. (2011) and Gonçalves et al. (2010).

As with other good outcome cases, reflection and protest IMs were the most frequently occurring types IMs. The author also found that as with the other good outcome cases, reconceptualization IMs emerged in the middle of the therapy process with Sam and generally increased until the end of therapy. However, in contrast with the other good outcome studies, there was a significantly low amount of reconceptualization and performing change IMs in Sam's case. Previous research into the IMCS suggests that an absence or low number of reconceptualization and performing change IM occurrences is generally a common feature of poor outcome studies (Matos et al., 2009; Ribeiro et al., 2011; Santos et al., 2011). However, as

the therapist does not have a measure of how much time was spent elaborating on each of the IMs (salience), it is difficult to predict how accurate the use of the IMCS was in this case study. For instance, although there were only seven occurrences of reconceptualization IMs in this case study, the therapist does not know the salience of each of these reconceptualization IMs and therefore cannot comment on the utility of the IMCS in this case study.

5.4 Recommendations for future research

The author believes that the tentative heuristic model of change proposed by Gonçalves et al. (2009) provides an insightful and informative theory of how change occurs in clients. Thus the model of change has a promising future in the research of process and outcome studies. Although previous studies by the likes of Matos et al. (2009), Mendes et al. (2011) and Gonçalves, et al. (2012) have attempted to explore the utility of the IMCS by applying it across different types of modalities, the author believes that this should continue to be a focus of future research. Applying the IMCS in cases where the clients present with varying problems (perhaps even more severe pathology) would also assist in further establishing the utility of the IMCS. As the author attempted to do in this case, he believes that more research should also be focussed on whether different methods of analysis (other than the IMCS) would yield similar or different results to those suggested in the heuristic model of change. This could assist in adding credibility and complexity to the model.

The previous studies seem to identify reconceptualization IMs as being the key component for change in therapy (Gonçalves et al., 2009; Gonçalves et al., 2010; Ribeiro et al., 2011; Santos et al., 2009; Santos et al., 2011; Matos et al., 2009; Gonçalves et al., 2012). As this seems to be the case, the author believes that it would be of value to focus the future research in exploring what it is about the reconceptualization process that enables it to bring about positive change in a client. It would also be helpful in establishing if there are ways to reach the reconceptualization stage in a client, other than through action, reflection and protest IMs.

5.5 Weaknesses of the present study

The author has found that there are several threats to trustworthiness of the results in this case study and this obviously limits the interpretations and inferences that one can make from this study. Unfortunately, the author of this study received no formal training in the coding process like those researchers using the IMCS received and he did not have the assistance of any independent judges in the coding process. This would raise questions around the accuracy of his identification of IMs. Importantly, the author in this case study served as both the therapist and coder of the sessions. This means that the author knew about the outcome of the case before he started the coding process and this may have influenced the theming and identification of IMs.

The author also found that another weakness of this study was the fact that the sample size was limited to one client and this poses a threat to the generality of the results. As there was only one client used in this study, the author was not able to establish how the results would have perhaps differed with client's similar presenting problems.

Furthermore, the author was not able to make a follow up therapy session with Sam and thus it is uncertain whether the changes that Sam experiences in therapy were permanent. This is significant as there appeared to be very few occurrences of reconceptualization IMs in Sam's case, something which Gonçalves et al. (2009) suggests is imperative for long lasting change to occur. Finally, although the author and the client both regarded the outcome of the case to be generally positive, the author failed to use an outcome measure to substantiate this perception.

5.6 Strengths of the present study

One of the strengths of this case study is that the author found some variation from what Gonçalves et al. (2009) proposes in the heuristic model of change. Depending on why the variation occurred would determine whether the variations add or detract to the model of change. Another strength of this research may be that because the therapist is also the author of this case study, there was less chance that information from the sessions could have got lost. Finally, as the pragmatic hermeneutic method is based on the analysis of experience, the strength of this case analysis is strengthened as the author was able to bring in his own experience of therapy in.

5.7 Personal reflection

I am currently finishing my Master's degree in Counselling Psychology at Rhodes University. To date, I have completed both the coursework and internship component that forms part of the Master's in Counselling Psychology degree. During my coursework, I received specific training in the narrative therapy approach and was fortunate enough to attend a narrative therapy conference that was attended by some of the top narrative therapists from around the country. I also formed part of weekly group narrative supervision sessions that were led by Professor Michael Guilfoyle. Before entering into the Masters programme in 2011, I had also gained valuable counselling experience when I volunteered as a lay counsellor at a counselling centre called Families South Africa (FAMSA) in Grahamstown. The following year, I had qualified as a registered counsellor and assisted in a mentorship programme at Child Welfare.

Sam was my very first narrative therapy client and I remember feeling very nervous when meeting her in the first session. At this stage, I had learnt much about the narrative therapy theory and principles that it adhered to, but I did not have any practical experience in applying this knowledge. Despite my relative inexperience with narrative therapy, I found that I was able to think and work in a narrative manner fairly comfortably. I believe one of the biggest contributions to the positive outcome of this case was Sam's appreciation of the narrative

therapy principles, which I would often explain to her during the therapy sessions. In being open and transparent of where the therapy was going and what I was trying to do in therapy, it seemed to take the pressure off the relationship between Sam and myself. In doing this, it allowed me to move away from the expert position that I was used to adopting and this seemed to fit well with my style of therapy. It also became clear from very early on in therapy that Sam and I had formed a good therapeutic relationship which I believe provided the basis from which positive changes could follow.

I was very surprised at how quickly Sam had picked up some of the narrative techniques that we had discussed in therapy. Sam had started using some of the externalising language very early on in the therapy process and soon she was referring to the problem as “it” and “the”. I also soon realised that Sam was a very capable client who showed tremendous insight into her life. I have no doubt that the therapy with Sam would have turned out differently if it was not for her attitude towards change. I also acknowledge that I may have analysed the results in a specific or biased way. This could be due to the fact I was a new therapist wanting to see a good outcome or that I missed certain things in the analyses because I was both the therapist and researcher.

6. REFERENCES

- Anderson, H. (1997). *Conversation, language and possibilities: A postmodern approach to therapy*. New York, NY: Basic Books.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for Novice Researchers. *The Qualitative Report*, 13(4), 544–559.
- Besley, A. C. (2002). Foucault and the turn to narrative therapy. *British Journal of Guidance & Counselling*, 30(2), 125–143. doi:10.1080/03069880220128010
- Brimhall, A. S., Gardner, B. C., & Henline, B. H. (2003). Enhancing narrative couple therapy process with an enactment scaffolding. *Contemporary Family Therapy*, 25(4), 391–414.
- Carey, M., & Russell, S. (2002). Externalising – Commonly asked questions. *The International Journal of Narrative Therapy and Community Work*, 2. 1-11. Adelaide, Australia: Dulwich Centre Publications.
- Chan, C., Ngai, K., & Wong, C. (2012). Using photographs in narrative therapy to externalize the problem: A substance abuse case. *Journal of Systemic Therapies*, 31(2), 1–20. doi:10.1521/jsyt.2012.31.2.1
- Doan, R. E. (1998). The king is dead; long live the king: Narrative therapy and practicing what we preach. *Family Process*, 37, 379-385
- Drewery, W., & Winslade, J. (1997). The theoretical story of narrative therapy. In G. Monk, J. Winslade, K. Crocket, & D. Epston (Eds.). *Narrative therapy in practice: The archaeology of hope* (pp. 32-52). San Francisco, SF: Jossey-Bass.
- Edwards, D. J. A. (1998). Types of case study work: A conceptual framework for case-based research. *Journal of Humanistic Psychology*, 38, 36-70.

- Edwards, D. J. A., Dattilio, F., & Bromley, D. B. (2004). Developing evidence-based practice: The role of case-based research. *Professional Psychology: Research and Practice*, 35, 589-597.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215–229.
- Etchison, M., & Kleist, D. M. (2000). Review of Narrative Therapy: Research and Utility. *The Family Journal*, 8(1), 61–66. doi:10.1177/1066480700081009
- Fishman, D. B. (2005). Editor's introduction to PCSP – From single case to database: A new method for enhancing psychotherapy practice. *Pragmatic Case Studies in Psychotherapy*, 1(2), 1-50.
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York, NY: W. W. Norton & Co.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597–606.
- Gonçalves, M. M., & Stiles, W. B. (2011). Narrative and psychotherapy: Introduction to the special section. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, 21(1), 1–3. doi:10.1080/10503307.2010.534510
- Gonçalves, M. M., Ribeiro, A. P., Stiles, W. B., Conde, T., Matos, M., Martins, C., & Santos, A. (2011). The role of mutual in-feeding in maintaining problematic self-narratives: Exploring one path to therapeutic failure. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, 21(1), 27–40. doi:10.1080/10503307.2010.507789
- Gonçalves, M. M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of “innovative moments” in the construction of change. *Journal of Constructivist Psychology*, 22(1), 1–23. doi:10.1080/10720530802500748

- Gonçalves, M. M., Ribeiro, A. P., Matos, M., Mendes, I., & Santos, A. (2009). In Salvatore, S., Valsiner, J., Simon, J. T., & Gennaro, A. (Eds.). *Yearbook in Idiographic Science*, (2), 107-130. Roma, Italy: Firera & Liuzzo Publishing.
- Gonçalves, M. M., Mendes, I., Ribeiro, A. P., Angus, L. E., & Greenberg, L. S. (2010). Innovative moments and change in emotion-focused therapy: the case of Lisa. *Journal of Constructivist Psychology*, 23, 267-294. doi:10.1080/10720537.2010.489758
- Gonçalves, M. M., Mendes, I., Cruz, G., Ribeiro, A. P., Sousa, I., Angus, L., & Greenberg, L. S. (2012). Innovative moments and change in client-centered therapy. *Psychotherapy research: Journal of the Society for Psychotherapy Research*, 1(13), 37-41. doi:10.1080/10503307.2012.662605
- Gonçalves, M. M., Ribeiro, A. P., Mendes, I., Matos, M., & Santos, A. (2011). Tracking novelties in psychotherapy process research: the innovative moments coding system. *Psychotherapy research: journal of the society for psychotherapy Research*, 21, 497-509. doi:10.1080/10503307.2011.560207
- Guilfoyle, M., & Meehan, T. (n.d) *Case formulation in post-structural narrative therapy*. Unpublished manuscript.
- HPCSA, Professional Board for Psychology. (2006). Annexure 12. Rules of Conduct Pertaining Specifically to the Profession of Psychology. In Department of Health, *Health Professions Act, 1974 (Act No. 56 of 1974)*.
- Hannen, E., & Woods, K. (2012). Narrative therapy with an adolescent who self-cuts: a case example. *Educational Psychology in Practice*, 28(2), 37-41. doi:10.1080/02667363.2012.669632
- Kazdin, A. E. (2003). *Research design in clinical psychology*. (4th ed.). United States of America: Allyn and Bacon.

- Keeling, M. L., & Bermudez, M. (2006). Externalizing problems through art and writing: Experience of process and helpfulness. *Journal of Marital and Family Therapy*, 32(4), 405–419. doi:10.1111/j.1752-0606.2006.tb01617.
- Kogan, S. M., & Gale, J. E. (1997). Special section analyzing family / therapist behavior decentering therapy : Textual Analysis of a Narrative Therapy Session, *Family Process*, 36, 101-126.
- Matos, M., & Gonçalves, M. M. (2004). Narratives on marital violence: The construction of change through re-authoring. In R. Abrunhosa, R. Roesch, C. Machado, C. Soeiro, & F. Winkel (Eds.). *Assessment, intervention and legal issues with offenders and victims* (pp. 137–154). Brussels, Belgium: Politea.
- Matos, M., Santos, A., Gonçalves, M., & Martins, C. (2009). Innovative moments and change in narrative therapy. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, 19(1), 68–80. doi:10.1080/10503300802430657
- McKenzie, W., & Monk, G. (1997). Learning and teaching narrative ideas. In G. Monk, J. Winslade, K. Crocket, & D. Epston (Eds.). *Narrative therapy in practice: The archaeology of hope* (pp. 82-120). San Francisco: Jossey-Bass.
- Mendes, I., Ribeiro, A. P., Angus, L., Greenberg, L. S., Sousa, I., & Gonçalves, M. M. (2011). Narrative change in emotion-focused psychotherapy: a study on the evolution of reflection and protest innovative moments. *Psychotherapy Research : Journal of the Society for Psychotherapy Research*, 21(3), 304–15. doi:10.1080/10503307.2011.565489
- Monk, G. (1997). How narrative therapy works. In G. Monk, J. Winslade, K. Crocket, & D. Epston (Eds.). *Narrative therapy in practice: The archaeology of hope* (pp. 3-31). San Francisco, SF: Jossey-Bass.

- Monk, G., & Gehardt, D. R. (2003). Sociopolitical activist or conversational partner? Distinguishing the position of the therapist in narrative and collaborative therapies. *Family Process*. 42(1), 19 – 30.
- Morgan, A. (2000). *What is narrative therapy? An easy-to-read introduction*. Adelaide, Australia: Dulwich Centre Publications.
- Morgan, A. (2002). Beginning to use a narrative approach to therapy. *The International Journal of Narrative Therapy and Community Work*. 1, 85 – 90.
- O'Connor, T. J., Meakes, E., Ruth Pickering, M., & Schuman, M. (1997.). On the right track : Client experience of narrative therapy *. *Contemporary Family Therapy*. 19 (4), 479–495.
- Ribeiro, A. P., Bento, T., Salgado, J., Stiles, W. B., & Gonçalves, M. M. (2011). A dynamic look at narrative change in psychotherapy: A case study tracking innovative moments and protonarratives using state space grids. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, 21(1), 54–69. doi:10.1080/10503307.2010.504241
- Robertson-Malt, S. (1999). Listening to them and reading me: A hermeneutic approach to understanding the experience of illness. *Journal of Advanced Nursing*, 29(2), 290–297.
- Santos, A., Gonçalves, M., Matos, M., & Salvatore, S. (2009). Innovative moments and change pathways: a good outcome case of narrative therapy. *Psychology and Psychotherapy*, 82(4), 449–66. doi:10.1348/147608309X462442
- Santos, A., Gonçalves, M. M., & Matos, M. (2011). Innovative moments and poor outcome in narrative therapy. *Counselling and Psychotherapy Research*, 11(2), 129–139. doi:10.1080/14733140903398153
- Smith, C. (1997). Comparing traditional therapies with narrative approaches. In C. Smith. & D. Nylund (Eds.). (1997). *Narrative therapies with children and adolescents* (pp. 1 – 52). New York, NY: Guilford Press.

- Stiles, W. B. (2007). Theory-building case studies of counselling and psychotherapy. *Counselling and Psychotherapy Research: Linking research with practice*, 7(2), 122-127. Doi:10.1080/14733140701356742
- Strand, P. S., (1997). Clinical theory and practice expanding narrative therapy: Toward a developmentally informed narrative therapy. *Family Process*, 36, 325-329.
- Todman, M. (2009). *Self-regulation and social competence: Psychological studies in identity, achievement and work-family dynamics*. Athens, Greece: Atiner.
- Wallis, J., Burns, J., & Capdevila, R. (2011). What is narrative therapy and what is it not? The usefulness of q methodology to explore accounts of White and Epston's (1990) approach to narrative therapy. *Clinical Psychology & Psychotherapy*, 18(6), 486-97. doi:10.1002/cpp.723
- Weingarten, K. (1998). Special section accounting for narrative therapy's success. The small and the ordinary: The daily practice of a postmodern narrative therapy. *Family Process*, 37, 3-5.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W. W. Norton & Co.
- White, M. (2007). *Maps of narrative practice*. New York: W.W. Norton & Company.
- Winslade, J., Crocket, K., & Monk, G. (1997). The therapeutic relationship. In G. Monk, J. Winslade, K. Crocket, & D. Epston (Eds.). *Narrative therapy in practice: The archaeology of hope* (pp. 53-81). San Francisco, SF: Jossey-Bass.