

Running head: *Innovative moments and change pathways*

This archive is a final draft version of the paper. Final published version might differ from the present one. Please see the published final edited version as:

Santos, A., Gonçalves, M. M., Matos, M., & Salvatore, S. (2009). Innovative moments and change pathways in a good outcome case of narrative therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 18, 449-466. DOI: 10.1348/147608309X462442

<http://onlinelibrary.wiley.com/doi/10.1348/147608309X462442/abstract>

**Innovative moments and change pathways:
A good outcome case of narrative therapy**

Anita Santos¹, Miguel Gonçalves², Marlene Matos² and Sergio Salvatore³

¹ Instituto Superior da Maia (ISMAI), Portugal

² Department of Psychology, University of Minho, Portugal

³ Department of Educational, Psychological and Teaching Science, University of Salento,
Italy

*Requests for reprints should be addressed to Miguel Gonçalves, Department of Psychology, University of Minho, Campus de Gualtar, 4710 - Braga, Portugal (e-mail: mgoncalves@iep.uminho.pt).

Acknowledgements:

This article was supported by the Portuguese Foundation for Science and Technology (FCT), by the Grant PTDC/PSI/72846/2006 (Narrative Processes in Psychotherapy, 2007-2010) and by the PhD Grant SFRH/BD/16995/2004.

Abstract

Objectives: Our aim was to explore the development of *Innovative Moments* (i-moments) in therapeutic conversation and to study how they match our heuristic model that accounts for the development of change, drawn from previous empirical research (Matos, Santos, Gonçalves, & Martins, 2009).

Design: In this therapeutic process research, we analyzed a good outcome case of narrative therapy with a woman victim of intimate violence.

Methods: This case, composed of twelve sessions, was analyzed with the *Innovative Moments Coding System: version 1* (Gonçalves, Matos, & Santos, 2006). This coding system allowed the identification of five different types of innovations (i-moments) that appeared during the therapeutic process: action, reflection, protest, re-conceptualization, and performing change. For each session, an index of temporal salience was computed, as the percentage of the time in the session that client and therapist spent talking about each i-moment. Our analysis procedures provided a quantitative and also a complementary qualitative approach.

Results: Data showed that the types of i-moments emerged differently throughout the process. Early sessions were characterized mainly by action and reflection (low temporal salience), middle sessions were found to have mainly protest i-moments (low or middle temporal salience), and final sessions were characterized by the combination of high salient re-conceptualization and performing change i-moments.

Conclusions: Findings suggested that narrative change seems to develop in a cyclical way, in which different types of i-moments contribute to the development of a new self-narrative in different phases.

Narrative therapy, namely the re-authoring model proposed by White and Epston (1990), conceives change as the construction of new and preferred life narratives. The change process is, therefore, allowed by the identification and elaboration of narrative novelties, or *unique outcomes* (we prefer the term innovative moments or i-moments, see Gonçalves, Matos, & Santos, 2009). I-moments are exceptions to the problematic self-narrative, that can be actions, thoughts, feelings, intentions, or projects (White & Epston, 1990). If the problematic narrative (e.g., depression) is a rule of thinking, acting, and feeling, then i-moments are all the times an exception takes place. These are usually trivialized or ignored by the client, which results in their deflection and the maintenance of the problematic narrative.

Based on the assumption that new narratives are the outcome of the elaboration of narrative novelties or exceptions (i-moments), the *Innovative Moments Coding System: version 1* (IMCS; Gonçalves et al., 2006) is a method elaborated to analyze change in psychotherapy. I-moments can occur in five different types: (1) action, (2) reflection, (3) protest, (4) re-conceptualization and (5) performing change.

(1) Action i-moments refer to specific actions that are not predicted by the problem-saturated story. The following examples are from the sample of women victims of partner violence (i-moments are in bold).

Client: *I went to the kitchen and he assaulted me and slapped me in the face. (...) then I went out... I didn't know what to do... I went to a gas station store and bought a camera and went to a health center to see a doctor. The doctor recorded what had happened and took a picture of me. Then we talked about it.*

(2) Reflection i-moments are all the moments in which the person thinks differently than what one could expect from the problematic story, or when he or she understands something new, that contradicts the problematic story.

Therapist: *Do you think there was a reason for the guilt that was dominating you?*

Client: *I think not. I've been thinking about it... I think that the guilt is vanishing... now I feel sorrow, not for him, but for myself. But now, what is done is done. I can't go back and I have to try to move forward!*

(3) Protest i-moments can be an action (like action i-moments) or a thought (like reflection i-moments), but they are more than mere actions or thoughts, reflecting a protest against the problematic narrative and its harmful effects. They allow the person to protest against the problem, separating the problem from him or herself. In this sense, they not only imply resistance but also a re-assessment of the client's position in relation to the problem.

Therapist: *Does it happen only with your husband, or with other people?*

Client: *With other people too. It happens with my mother-in-law. If I have to say I won't do it, I'm not going, if she asks something that I don't want to do; I don't do it. I feel that I don't fear her or my husband anymore. I'm capable of saying "I'm not doing it and I'm not going".*

(4) Re-conceptualization i-moments are more complex than the previous ones.

These i-moments involve two components: the contrast between the past self (problematic narrative) and the present self, and the description of the processes that allowed the self's transformation from the past to the present. This implies a meta-level, from which the person can see the difference between the old plot and the (anticipated) new one, and is able to construct the development of the new story. To code these i-moments we need two distinct elements: a contrast between a past self and a present self and some elaboration about the process of transformation from one to the other.

Client: *Sometimes I look back and I think, I see what I do know and think "it's funny; two years ago I couldn't do that". It seems that I had my brain switched off, and didn't know how to react. I have been in occasional situations that... like misunderstandings... that if it was some time ago I just stood quiet and still, and wouldn't say a word. Now, I stand up and speak; I don't let anyone go over me, which I actually did.*

(5) Performing change (previously designated by new experiences) are i-moments that reveal new experiences, projects, or activities at personal, professional, and relational levels which were impossible before, given the constraints of the dominant narrative. They can also describe the consequences of the change process, for instance, acquiring new understandings that are useful for the future, or referring to which new skills were acquired after overcoming the problematic experience.

Therapist: *What new things have you been doing?*

Client: I started to wear colored clothes that I didn't use because he wouldn't allow me. I started to care about what I like, and not what others may think about it. I've been investing in myself! Not only clothes, but in my space also. I'm making some changes in my house to make it more comfortable for me and my daughter. Now our home is warm and cozy, something that it wasn't a few months ago.

Several studies with different samples, from narrative therapy (Matos et al., 2009) to emotion-focused therapy (Gonçalves, Mendes, Ribeiro, Angus, & Greenberg, 2009); and also several intensive cases studies lead us to propose a heuristic model of change (Gonçalves, Matos & Santos, 2009; Matos et al., 2009) that we will summarize below. The construction of a new self-narrative starts with the identification that something new is under development with action and reflection i-moments. They represent new ways of acting, thinking and feeling, different from the problematic narrative. Then, protest i-moments emerge and further differentiate the problematic self-narrative from the new emergent one, by asserting a new self position (other times protest i-moments emerge since the beginning of therapy). The next movement in this process is the narration of re-conceptualization. As the client steps back and sees him or herself changing, he or she achieves a meta-position over the change process. The emerging re-conceptualization i-moments enable the client to examine and evaluate if this change is a preferred one. It also enables the flow of other i-moments (action, protest and reflection) to be organized and meaningful connections to be made between them in order to achieve a new understanding of the change process. Several cycles of

action, reflection, and protest through re-conceptualization might be needed to validate change. The person is then able to project himself or herself into the future with a secure narrative, originating the emergence of performing change i-moments (see figure 1).

Insert figure 1.

Findings regarding good and poor outcome groups' i-moments emergence were previously discussed (see Matos et al., 2009), and in this study the development of i-moments in a good outcome case of narrative therapy will be explored. The emergence and evolution of i-moments will be described, emphasizing how the observations do (or do not) match the heuristic change model previously summarized. Specifically, the development of i-moments across therapy sessions will be tracked, grounding this pathway with examples that further illustrate the change processes.

Method

The methodological choice for a case study research was related to the aim of describing the therapeutic change. So, an ideographic account of i-moments' development helped to explore the transformation process, following Molenaar and Valsiner's (2005) proposal that "case-specific uniqueness" can act "as a representation of generic, universal processes that make this uniqueness possible" (p.1). Moreover, several authors have been arguing about the relevance of case studies in psychotherapeutic process research (e.g., Gedo, 1999; Hilliard, 1993; Kazdin, 1981; Kiesler, 1981; Molenaar & Valsiner, 2005; Morgan & Morgan, 2001; Stiles, 2003,

2007). The possibility of answering the questions of “how” and “why” (Yin, 2005) change occurred were also reasons for choosing this method.

Client

Susan was a client originally included in a broader sample of victims of intimate violence collected in a previous research project (see Matos et al., 2009, for the i-moments’ research findings with a sample of ten women victims of intimate violence). She attended individual narrative therapy (White & Epston, 1990) in a Portuguese university counseling service and treatment was provided with no charge. She signed a written consent after being informed of the research objectives. She was also reassured that confidentiality would be guaranteed. In this study, personal characteristics were concealed and changed in order to assure anonymity.

Susan was thirty eight years old at the beginning of therapy. She was a nurse, married four years earlier and with a three-year-old daughter. Her request for psychotherapy was related to her relationship with John, her husband. During the last two years, he had recurrently subjected her to physical, sexual, and psychological violence. As a result of those occurrences, she had to seek medical aid several times. At the beginning of the therapeutic process she talked about fear as her main problem (e.g., fear of the partner, fear of disclosure, and fear of interaction with others). Partner abuse produced mainly anxiety problems (e.g., apprehension, alarm state, distress, confusion, lack of control, memory and social avoidance, sleep disturbances), associated with several depressive symptoms (e.g., sadness, hopelessness, lack of interest, work disinvestment, lack of autonomy). When she came to therapy, she reported that “fear”

was her biggest problem and this fear became the target of externalization in therapy¹ (see White, 2007).

This case evolved through eleven sessions (the first four sessions were weekly, changing to twice a month after that) plus one follow-up session (after six months).

At initial assessment, Susan was in psychological suffering with a *Global Severity Index* (GSI) score (from the *Brief Symptom Inventory*; Derogatis, 1982; Portuguese version adapted by Canavarro, 1999) of 1.48 (1 *SD* above the cutoff point for the Portuguese population without complaints), and she was victim of physical and psychological violence.

After evaluating therapeutic outcomes, Susan's case was included in the good outcome group as it verified the following two criteria: i) she evolved towards a no symptomatic condition assessed by GSI at the end of the therapy (GSI score dropped to 0.05) and ii) the victimization ceased. Regarding abuse, after session four, there was no longer physical abuse and, after session eight, psychological abuse ceased.

This case was selected from a good outcome group as it was the case that showed the lowest value for GSI in the last and follow-up sessions and the highest values for i-moments temporal salience in this sample (that is, the highest percentage of time that client and therapist were discussing i-moments).

Therapist and therapy

The therapist (third author) who treated Susan had a master's degree in Psychology when the research was carried out, and five years of experience in psychotherapy with abused women.

¹ Externalization of the problem is a practice of narrative therapy that invites clients to address the problem as an external "entity" (White and Epston, 1990; White, 2007).

Process measures

The IMCS was used to analyze the psychotherapeutic case. As mentioned earlier, i-moments can be of five different types: (1) Action, (2) Reflection , (3) Protest , (4) Re-conceptualization and (5) Performing change .

Insert table 1.

Procedures

After the judges became acquainted with the case through visualization of the sessions, the first coding procedure was to discuss and consensually define their understanding of the client's main problem (the "rule" or the problematic narrative) in order to code the i-moments (the exceptions to the "rule"). In this particular case, the clinical practice of problem's externalization (see White & Epston, 2000; White, 2007) allowed Susan to define, in early sessions, "fear" as her main problem, since it had been the most severe effect of abuse, contributing mostly to the maintenance of the abusive relationship. Then, judges proceeded to an independent coding, after the entire sample was collected. Coding of i-moments was conducted by viewing each session in video and identifying when an i-moment appeared. For each i-moment, coders identified its type and recorded the beginning and the end of it (allowing this way to calculate the temporal salience, that is, the percentage of time in the session devoted to that i-moment).

Reliability

Sessions were coded by two trained judges. Judge A was the first author of this study and Judge B was a team composed of the third author and another judge, a Ph.D. student. Judge A, who was unaware of the outcomes, coded all the sessions, while Judge B coded only the sessions in which the outcome assessment instruments were applied (sessions one, four, eight, last and follow-up). The percentage of agreement on i-moments temporal salience was of 84% (the proportion of the time in sessions when both judges agreed on the identification of an i-moment). The agreement on i-moments' types was assessed by Cohen's kappa, which resulted in a score of .87. Because of the high interjudge reliability, we based our analyses on judge A's coding.

Procedures of analysis

A quantitative and a qualitative analysis of the evolution of the types of i-moments throughout the course of Susan's psychotherapy were performed. Concerning the quantitative analysis, the following analyses were made:

- i) A visual inspection of the trends of all the five i-moments types was performed;
- ii) Then, sessions were divided into three blocks (from session one to four, from session five to eight, from session nine to twelve), and the average levels of temporal salience of the five i-moments in the blocks was compared.
- iii) A Binary Correspondence Analysis (BCA) was applied, implemented by the statistical package SPAD (Système Portable d'Analyse des Données: version 4.4). BCA is a multidimensional procedure that makes it possible to describe how the modalities of two qualitative variables are combined, by means of the study of the associations (the

correspondence) between their profiles of frequencies, meaning the distribution of the cases among the modalities of a given variable² (Benzecri, 1995). BCA is based on the chi-square metric and it is used with descriptive aims, rather than confirmatory ones, that is, with the goal of creating a multidimensional map of the data. These characteristics make it suitable for the explorative purposes of our analysis. More particularly, BCA was performed on the bi-dimensional matrix made of sessions (rows - 12 modalities, one for each session) x i-moments types (columns - 5 modalities, one for each type of i-moments). We also included temporal salience (divided in low: <0.34; middle: 0.35 - 0.71; and high: >0.71) as an illustrative variable. So, BCA allowed depicting the associations among i-moments types that tended to characterize the various sessions, therefore, mapping the evolution of the patterns of i-moments throughout the course of the psychotherapy. It is worth noticing that the BCA disarticulates the overall variance of the data matrix (in technical terms: *inertia*) in factorial dimensions, each of them representing a specific pattern of associations between the modalities of the two variables. The findings of a BCA can be depicted in a geometrical way, using the main factorial dimensions as the axes of a Cartesian space. In the following discussion we use the first two out of the four factors extracted, that is the ones that explain the highest amount of inertia (i.e. the statistical parameter of the variability).

iv) We performed a Cluster Analysis (CA, hierarchical procedure, based on Ward's criterion of aggregation, implemented by SPAD, cf. Lebart, Morineau, & Piron, 1995, p. 175-195) in order to get a more synthetic map of the combinations among i-

² BCA works on two variables (row variable - in our case: sessions - and column variable: in our case: IM types). Therefore, BCA describes if the two profiles are independent from each other or not. This means that, ultimately, BCA can be meant as a kind of correlational analysis suitable for qualitative data.

moment types. CA is a multidimensional procedure aimed at grouping the unit of analysis (the sessions) according to their similarity to a set of variables (the temporal salience and the i-moments³). In the second step, the CA describes the clusters (carried out in the first step) in terms of the unit of analysis and modalities most significantly associated with each of them (a chi square derived statistic is used for this purpose). Particularly, in this case, the second step produces a description of the clusters in terms of which sessions they consist of, as well as the i-moments types and the level of temporal salience they are characterized by (these discrete variables were inserted in the analysis as illustrative ones). Accordingly, each cluster can be interpreted as a specific group of sessions characterized by a pattern of i-moment types' combination, with a certain prevailing level of temporal salience.

The qualitative analysis was performed to identify the contents of the therapeutic process corresponding to the patterns depicted by the quantitative measurement, grounded on session's transcripts. By doing so, we intend to make the quantitative analysis clinically meaningful as well as improve our understanding of Susan's case.

Results

Emergence and temporal salience of i-moments types

Concerning i-moments, all five types emerged during the psychotherapeutic process and there was an increase in global temporal salience as the process evolved to the final phase. However, i-moments temporal salience differed across phases. So, in

³ To be precise, we used the four factorial dimensions produced by the previous BCA as variables, instead of the 5 i-moments. This is because the four factorial dimensions are synthetic continuous variables efficiently summarizing the way the i-moments' types combine with each other.

the initial phase the most salient i-moments were action, protest, and reflection. In the middle phase (from session five to eight) re-conceptualization and protest had the highest temporal salience values. Finally, the last sessions showed performing change and re-conceptualization as the most salient i-moments. The most salient i-moments in this case were re-conceptualization and performing change (with mean scores of 5.04% and 5.65%). Comparatively, protest, action, and reflection had a reduced temporal salience (3.10%, 2.63% and 1.45% scores for mean temporal salience, respectively). Figure 2 shows how action, reflection, and protest i-moments developed in terms of temporal salience throughout the case. This i-moments profile was congruent with our previous findings, where re-conceptualization and performing change distinguished good outcome cases due to their higher temporal salience (see figure 3 for the emergence of these i-moments).

Insert figure 2.

Insert figure 3.

Combinations of IM types: BCA and CA analysis

The two main factorial dimensions extracted by the BCA explained 76.74% of the whole inertia (respectively 58.62% and 18.13%). Figure 4 maps the relation between sessions and i-moment types in terms of the bi-dimensional space made by these two factorial dimensions. In order to interpret this space, one has to take into account that, roughly speaking, as one moves away from the point of origin (i.e. the point in which the two axes meet each other), the association between the modality and the factorial dimension is higher, and the closer the two modalities are positioned on the space, the more they are associated.

Insert figure 4.

Firstly, one can note that the sessions are placed on the horizontal axis (that is the axis depicting the main factorial dimension, factor 1, explaining more than half of the inertia: 58.62%) accordingly to their temporal rank: on the right side of the space one finds the sessions of the first part of the psychotherapy (sessions 1, 2, 3), on the central part of the space there are the middle sessions (sessions 4, 5, 7, 8 and 9) and on the left side the sessions of the final part of the psychotherapy (sessions 6, 10, 11, 12). Secondly, on the same horizontal axis there is an opposition between, on the one hand, action and reflection i-moments (on the right side of the figure) and, on the other hand, performing change and re-conceptualization (on the left side of the figure), with protest in a middle position. Thirdly, one can observe that low salience is laid on the right side of the space, high salience on the left of the space, and the middle salience in the central part of the space. Taking together, these findings mean that action and reflection i-moments are associated with the first part of the psychotherapy and they trend to present low salience; protest is prevalent in the middle part and it trends to have middle salience; performing change and re-conceptualization are high salience i-moments associated with the final part of the psychotherapy.

On the second factorial dimension (the vertical axis) an opposition was found that, generally speaking, seemed to reflect a distinction between the i-moments characterized in terms of acting (action and performing change, laid on the top of the space) and the i-moments characterized by the description of states of mind (protest, reflection and re-conceptualization, laid on the bottom). Moreover, this opposition corresponds also to the opposition between the "marginal" sessions (initial and conclusive ones) and the middle ones.

In sum, taking into account the position of the modalities on the bi-dimensional space as a whole, it was possible to identify an inverse U curve drawn by the sessions and the i-moment modalities. This finding marked a peculiar and systematic evolution of the psychotherapy associated to a change in the relevant i-moments. More particularly, it could be observed that:

i) Initial sessions (one to three) were strongly characterized by the prevalence of low temporal salience of action and reflection i-moments - the i-moments having a function of "rupture" of the client's problematic narrative;

ii) Middle sessions (four, five, seven, eight and nine) were characterized by the prevalence of protest i-moments, with low or middle temporal salience;

iii) Some middle and final sessions (six, eight, nine, ten, eleven and twelve) were characterized by the combination of high temporal salience of re-conceptualization and performing change i-moments - the i-moments subset with a function of assimilating and developing novelties.

In accordance with these three patterns, we can draw up a global picture of the dynamic characterizing Susan's psychotherapy process: the client brought a specific problem (abuse, fear) into psychotherapy and she engaged in pragmatic efforts to overcome it (action i-moments) and also new ways of conceiving it (reflection i-moments); then, as therapy progressed, she developed new ways of positioning herself towards the problem (protest, and re-conceptualization i-moments); this elaboration produced, in the last stage, new pragmatic consequences, in terms of new plans and strategies for the future (performing change i-moments).

The CA analysis identified three clusters (cf. table 2). The composition of the clusters confirmed the BCA findings, overlapping them to the three patterns mentioned

above. Cluster 1 (21.89%) was associated with sessions three, two, and one (with a decreasing order of association), and identified a pattern combining action and reflection i-moments, characterized by low temporal salience. Cluster 2 (44.15%) was related to sessions eight, seven, five, four, six, and nine (with a decreasing order of association) showed that the middle sessions were homogeneously characterized by the prevalence of protest and re-conceptualization with moderate temporal salience. Cluster 3 (33.96%) was associated with sessions eleven, twelve, and ten (with a decreasing order of association,) characterized the ending and follow-up sessions by the prevalence of highly salient performing change and re-conceptualization i-moments.

Insert table 2.

Qualitative analysis

Quantitative analysis (both BCA and CA) pointed out that action and reflection i-moments characterize the initial sessions. At that stage, action was the most salient i-moment. Susan elaborated self-security plans with the therapist and she was engaged in a search for help, either medical, or judicial, or among friends. As Susan had already pressed charges against her husband, it was necessary to ensure her own safety as well as their daughter's. At the same time, she started raising questions about possible solutions for this problematic situation, as we can see in reflection i-moments in initial sessions. The relation between action and reflection i-moments can be seen in the next example.

First session:

Client: *I usually don't answer (to verbal violence). When I do it he becomes more violent, it doesn't mean that is physically, but it's the same...*

Therapist: *And when you answer, how do you do it?*

Client: *Initially I always start answering quietly, asking him to be calm: - let's sit, let's talk. [Action i-moment]*

Therapist: *You try to have control...*

Client: *I always try to establish a relation, like "sit here, look at me, calm down", but it's impossible. It's completely impossible. And... I remember... I took the kid and left home with him. What was concerning me was that the kid was seeing all of that. [Action i-moment]*

Therapist: *So, you left home...*

Client: *I went out with my daughter on a bike and I ended up in a medical centre, I phoned... phoned... some friends [Action i-moment] because I started thinking "I have to get separated, I have to do something". [Reflection i-moment]*

Susan started narrating protest i-moments in session three. They turned out to have a relevant temporal salience from session four to eight, becoming a specific pattern in CA analysis. Protest i-moments involved mainly an active and firm positioning when facing her husband or persons that maintained or supported the presence of the problem, as can be seen in the following excerpt.

Third session

Client: Last week he kept saying “give me one more chance”. And then I said “I gave you four years of chances, I don’t have any more to give you”. “I know you don’t believe me, but I’m sorry, I don’t trust you anymore, and you had four years to... well, I gave you four years of chances, I don’t have any more to give you”.

[Protest i-moment]

As we can see, the theoretical model presented before states that the initial phase would have mostly action, reflection, and protest i-moments. Data seem to corroborate those assumptions. It seemed that protest i-moment, in this particular case, provided more than a mere sign that the client had moments in which she was able to stand outside the problematic narrative. In our view, protest allowed a discursive resource for the client to defy the “victim position”, and to create distance from it. It was also clear that the prior emergence of action i-moments to ensure her safety and the urge to think about violence and solutions (i.e. reflection i-moments) helped to clarify the “victim position” and its effects on Susan’s life. These involved, as the previous example illustrates, the refusal to return to the partner and perpetuate the abusive situation. So, action and reflection i-moments seemed linked to a latter emergence of protest, as these results suggested.

After session four, in the middle stage, a court sentence established that the abusive partner had to immediately leave the house and could not come near her. At this phase, Susan started to be engaged in an active re-positioning through protest i-moments. This allowed her to separate herself from the problem domination, starting a new relation with it. The following illustration shows a clear distinction between

features that characterized her life dominated by fear and her new position of not letting fear to be dominant again.

Fifth session

Therapist: ... *However, fear tries to interfere but it can't...*

Client: *No. I will not let it interfere. It is a question of stubbornness now... it interfered so many times, and for so long, that it's enough now... I have to put a stop to it, don't I?* [Protest i-moment]

When protest became the most salient i-moment (from session five to eight), re-conceptualization i-moments began to be narrated (after session four). Re-conceptualization seemed to be constructed from the re-positioning that protest i-moment allowed to create, giving it the bridge status that the quantitative analysis also suggested. Thus, getting out of the “victim position” could be a developmental precursor of re-conceptualization in this case. In the next example, Susan stated how she felt “now” as a result of a process of “*thinking and rethinking the situation*”.

Eighth session

Client: *That's exactly how I feel, I need to receive... I came to the conclusion that... sometimes I've told people that the last months have been very bad, the last months with John, I mean, but lately, with all this thinking and rethinking of the situation, I see that they were not. In fact, what was really bad were the four years of emotional repression and lack of affection.*

Therapist: *It's another interesting perspective...*

Client: *I really thought mainly about the last months, but now I don't, I've started to realize that it comes from years ago...* [Re-conceptualization i-moment]

This i-moment seemed to appear in order to reframe violent experiences, meaning that she looked to past experiences and saw how they affected her, how she came to new solutions and how she dealt with them at that time. At this stage, the experience of violence began to be integrated in a new manner in the story of the self. Susan began to see how specific behaviors were related to the escalation of violence, how her responses to violence helped to maintain the situation (e.g., silence), and how manipulative her husband still was, namely with their daughter, and the different reactions she started to have at that time.

It is rather clear at this stage (see figures 2 and 3) that, as re-conceptualization was being narrated and also amplified, action and reflection became less salient. Protest, however, increased its temporal salience as re-conceptualizations first appeared, and then decreased, due to the integration of former positions, made possible by re-conceptualization.

As suggested by the theoretical model and also by the quantitative findings, performing change emerged after re-conceptualization started being narrated in the final sessions, becoming the most salient i-moment from session nine to follow-up. They were focused on investments in new relationships and projects, and the generalization of progress made during the psychotherapeutic process. She engaged in a new intimate relation with Peter, which is a very important achievement, since she was able to clarify the boundaries of this relationship (unlike in the abusive one). This learning seemed to

be based on the meta-position made possible by re-conceptualization, from which Susan gained a new understanding of the abusive relationship and from where she was able to further plan new relations.

Last session:

Therapist: *It is becoming an intimate relationship...*

Client: *It is a relationship with all the essential features defined, that is, no commitment - "I don't want to marry you or even think about it" - we are here to spend some time together... with honesty above all...*

Therapist: *Honesty...*

Client: *Above all I want truth and honesty. "I'm here for whatever you need", this is reciprocal, and I fortunately attested that... is unconditional within our space. There are no accusations... those boring situations. And that's what's happening.*

(...)

Therapist: *Relationally, this is a position....?*

Client: *Much more conscious... and far more critical... I found that... that it was removed from me for a long time, it disappeared completely. More... at the personal level, I find that there are more things. It has to do with things that I also liked to do, or to write or to play... there are things that I recovered, things that I am doing again and that I will never again give up doing. [Performing change i-moment]*

Discussion

The mixed method of quantitative and qualitative analysis in this case seemed to highlight a profile of i-moments congruent with the theoretical model presented in the introduction.

About the type of i-moments that emerged in this case, we think that i-moments of action and reflection in initial sessions are novelties that may still occur in the context of the former problematic narrative. In fact, they seemed to derive directly from the effects of the problem – Susan performed new actions and thoughts about different solutions in early sessions in therapy. These might have been trivialized in Susan’s story, as White and Epston (1990) suggested. Therapy was an opportunity to talk about them in a new context and get them noticed and amplified. In this sense, they seemed to be the departure point from which a network of i-moments developed.

Susan then began to enact a defiant position (present in protest i-moments) against her husband, and others that supported violence and “fear”, amplifying this position in the middle sessions. Findings suggested that the protest i-moment acted as a linking i-moment between the first sessions (action and reflection i-moments) and the subsequent ones, where re-conceptualization emerged. So, protest i-moment could be involved in the defiance of the problem and its effects, but as its temporal salience increased, a new self position became noticed and clearly differentiated from the earlier one (associated with the condition of victim). Protest i-moments in Susan’s case seemed to be used as a way of distinguishing her from the previous victim position and of asserting herself. This assertive positioning was directed not only to her husband, but also to her husband’s family and the community of voices that could somehow validate

violence. So, as protest i-moments' temporal salience progressed, it seemed more likely for re-conceptualization to emerge, as our findings suggested.

Subsequently, re-conceptualization i-moments, which were closer to protest in the middle sessions, emerged and evolved toward an increasing temporal salience. A reframing of the experience of violence was elaborated in order to promote a redefinition of the aggressor's role and to enact new and preferred versions of self. Susan described this process of new meaning creation by bringing previously opposing voices into an integrated story of the self. She mostly referred to the experience of violence, her relationship with Peter (her new boyfriend), and new versions of herself.

According to Angus and Hardtke (2006), insight emerges from the reflexive narrative mode and allows a new awareness of the stories a person tells and the world of feelings that inhabit them. Thus, insight provides the story with a narrative coherence, due to the achievement of a new understanding. In a case study, the same authors reported the account of a client's awareness of past experiences and feelings in a coherent narrative within the establishment of a temporal order. Insight, therefore, provided an explanation for the client's depressive story, the development of new skills and appreciation of the client's agency, which enabled her to commit herself to make changes in the future. In a similar manner, re-conceptualization i-moments provided new understanding of past (story dominated by fear) and present episodes (new skills and self agency), within a temporal framework that organizes and structures the self narrative. This coherent narrative of the self made possible the authorship of future life scripts.

Brinegar, Salvi, Stiles, and Greenberg (2006) also associated insight with an important stage in a developmental path that leads to positive improvement, since it is a

turning point where feelings change to take on a positive valence. The assimilation model (Stiles, 2006), which accounts for psychotherapeutic change, provides us with a developmental framework of psychotherapeutic change process that might help to make our model clearer. As the therapeutic process evolves towards success, it is supposed that client progresses through a sequence of stages, the *Assimilation of Problematic Experiences Sequence* (APES; Stiles, 2006). So, the movement toward the stage 4, denominated as *understanding/insight*, means that the problematic voice began to be understood, due to the *meaning bridge* that was created between that voice and the community of voices. This assimilation process entails a common understanding between these voices. We think that re-conceptualization could be the narration of the meaning bridge, as we considered two important aspects to code it – the contrast between former and present position of self, and the process of change. From this perspective, re-conceptualization i-moments seem to have some convergence with the concept of understanding/insight of APES, which has similarly been differentially associated with favorable outcomes on standard assessment instruments (Detert, Llewelyn, Hardy, Barkham, & Stiles, 2006; Stiles, 2006).

The emergence of meaning bridges might have allowed the movement to stage 5, *application/working through* of APES, where previous understanding is used to work on a specific problem. This is similar to one of our definitions for performing change, the generalizing of gains to other life dimensions. In the final phase, performing change i-moments emerged and they were highly elaborated as a result of the meta-position created by re-conceptualization that, by accessing former and emergent narratives, allowed Susan to envision and plan the future. As she was achieving new versions of the self, these new performances were a clear result of the process of change. This

meant that a reframing of the former position as the victim, and all its consequences, provided an inner change that set the stage for interpersonal changes too, as happened with Susan. As she understood the features of her relationship with John from dating to marriage, she found it necessary to set some rules for new relationships. This does not mean that she prevented herself from having satisfying relations, but used the acquired knowledge as a resource to be able to enjoy intimacy. So, the insight of a problematic voice turned it into a resource in the new narrative as it was fully assimilated, and was no longer a problematic and distressful experience. This was a clear contrast with the positions Susan brought to initial sessions, when she said that she had severe difficulties in remembering violent episodes, and when she did, details were missing.

Conclusion

This good outcome case allowed a quantitative overview of i-moment evolution and further illustrated their developmental characteristics. As we knew that re-conceptualization and performing change were associated with successful therapy outcomes, this intensive analysis seemed to underline the developmental character of i-moments in the construction of a new narrative and to account for the role of protest i-moments in this case. These i-moments seem to be important for the emergence of re-conceptualization, and therefore performing change. We do not know at this stage if protest always produces this effect of bridge between a former and a new narrative of the self. The different cases studies that we performed until the moment (Gonçalves, Mendes, et al., 2009; Ribeiro, 2008) suggest that there are different paths to re-conceptualization i-moments in successful psychotherapy.

The use of BCA and cluster analysis in this case study showed to be an interesting way of analyzing therapy longitudinal data. Future analysis with this method could highlight patterns that are different from the ones proposed by the theoretical model, allowing refining it.

In regards to therapeutic implications, i-moments could be an interesting tool to monitor clients' progress, as process measures. The practitioner could use the theoretical model and the IMCS to analyze clients' materials, such as diaries, daily registers and homework. He or she could pay special attention to the evolution of i-moments and see if they are akin to the model by analyzing, for instance, the re-conceptualization emergence and elaboration. This analysis could give important clues to how clients' new meanings are emerging, transforming, and what specific techniques could enhance their potentiality to achieve change. Of course, these generalizations to practice should be done cautiously, given the preliminary development of our model of change.

This analysis could be improved with the inclusion of a contrasting poor outcome case. In previous empirical research, action, reflection, and protest i-moments were found to be salient in early phases of poor outcome cases, just as in the good outcome group. It would be necessary to study intensively a poor outcome case to understand if there are differences in these i-moments that can account for the two different pathways: the further development of re-conceptualization and performing change, or the maintenance of the same i-moments as the most salient ones through the process.

References

- Angus, L. & Hardtke, K. (2006). Margaret's story: an intensive case analysis of insight and narrative process change in client-centered therapy. In L. G. Castonway & C. Hill (Eds.). *Insight in Psychotherapy* (pp. 187-206). Washington: American Psychological Association.
- Benzecri, J. P. (1992). *Correspondence Analysis Handbook*. New York: Dekker.
- Brinegar, M. G., Salvi, L. M., Stiles, W. B., & Greenberg, L. S. (2006). Building a meaning bridge: Therapeutic progress from problem formulation to understanding. *Journal of Counseling Psychology*, 53, 165-180.
- Canavarro, M. C. S. (1999). Inventário de sintomas psicopatológicos – B. S. I. In M. R. Simões, M. M. Gonçalves & L. S. Almeida (Eds.), *Testes e provas psicológicas em Portugal [Tests and psychological instruments in Portugal]*, Vol. II (pp. 95-109). Braga: APPORT/SO.
- Derogatis, L. R. (1982). Self-report measures of stress. In L. Goldberger & S. Brenznitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (pp.270-290). New York: Free Press.
- Detert, N. B., Llewelyn, S. P., Hardy, G. E., Barkham, M., & Stiles, W. B. (2006). Assimilation in good- and poor-outcome cases of very brief psychotherapy for mild depression: An initial comparison. *Psychotherapy Research*, 16, 393-407.
- Gedo, P. M. (1999). Single case studies in psychotherapy research. *Psychoanalytic Psychology*, 16, 274-280.
- Gonçalves, M. M., Matos, M., Salgado, J., Santos, A., Mendes, I., Ribeiro, A., Cunha, C., & Gonçalves, J. (in press). Innovations in psychotherapy: Tracking the

- narrative construction of change. In J. D. Raskin, S. K. Bridges, & R. Neimeyer (Eds.) (2010), *Studies in meaning 4: Constructivist Perspectives on Theory, Practice, and Social Justice*. New York: Pace University Press.
- Gonçalves, M. M., Matos, M., & Santos, A. (2006). *Sistema de Codificação dos Momentos de Inovação: Versão 1 [IMCS - Innovative Moments Coding System: Version 1]*. Braga: University of Minho: Available from the authors.
- 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, 1-23.
- Gonçalves, M. M., Mendes, I., Ribeiro, A., Angus, L., & Greenberg, L. (2009). Innovative Moments and Change in Emotional Focused Therapy: The Case of Lisa. Manuscript submitted for publication.
- Hilliard, R. B. (1993). Single-case methodology in psychotherapy process and outcome research. *Journal of Consulting and Clinical Psychology*, 61, 373-380.
- Lebart, L., Morineau, A., & Piron, M. (1995). *Statistique exploratoire multidimensionnelle [Multidimensional Exploratory Statistics]*. Paris: Dunod.
- Kazdin, A. E. (1981). Drawing valid inferences from case studies. *Journal of Consulting and Clinical Psychology*, 49, 183-192.
- Kiesler, D. J. (1981). Empirical Clinical Psychology: Myth or reality?. *Journal of Consulting and Clinical Psychology*, 49, 121-215.
- Matos, M., Santos, A., Gonçalves, M. M., & Martins, C. (2009). Innovative moments and change in narrative therapy. *Psychotherapy Research*, 19, 68-80.
- Molenaar, P.C.M & Valsiner, J. (2005). How generalization works through the single case: A simple idiographic process analysis of an individual psychotherapy.

International Journal of Idiographic Science, Article 1. Retrieved January 6, 2006 from <http://www.valsiner.com/articles/molenvals.htm>.

Morgan, D. L. & Morgan, R. K. (2001). Single-participant research design – bringing science to managed care. *American Psychologist*, 56, 119-127.

Ribeiro, A. (2008). *Processos Narrativos de Mudança em Psicoterapia: O estudo de um caso de sucesso de terapia construtivista centrada em dilemas implicativos*. [Narrative processes of change in psychotherapy: a study of a good outcome case of constructivist psychotherapy focused on implicative dilemmas]. University of Minho: Unpublished master dissertation.

SPAD, *Système Portable d'Analyse des Données*, v. 4.4. Paris: Cisia.

Stiles, W. B. (2003). When is a case study scientific research? *Psychological Bulletin*, 38, 6-11.

Stiles, W. B. (2006). Assimilation and the process of outcome: Introduction to a special section. *Psychotherapy Research*, 16, 389-392.

Stiles, W. B. (2007). Theory-building case studies of counselling and psychotherapy. *Counselling and Psychotherapy Research*, 7, 122-127.

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

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

Yin, R. K. (2005). *Estudo de caso: Planejamento e métodos*. Porto Alegre: Bookman.

Running head: *Innovative moments and change pathways*

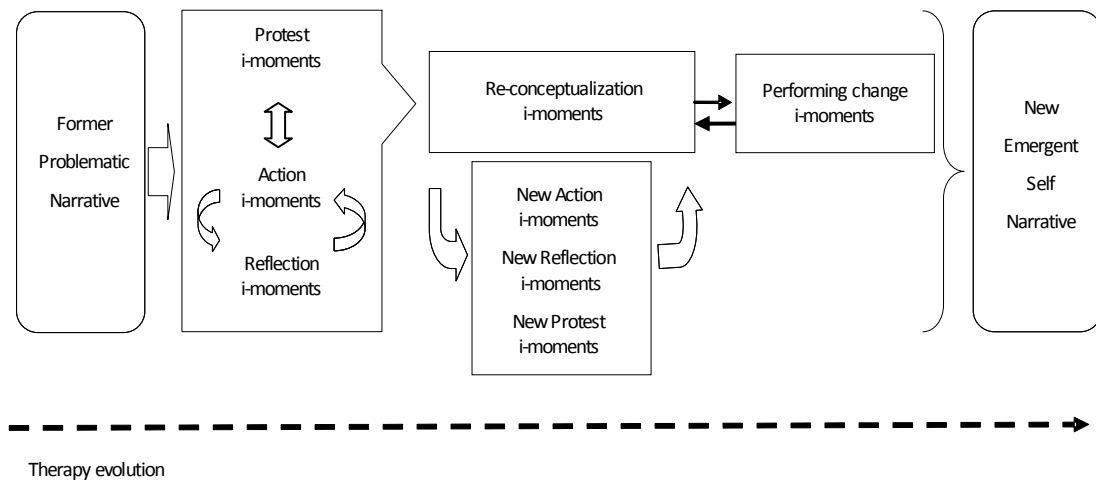


Figure 1. Model for therapeutic change (adapted from Gonçalves et al., in press).

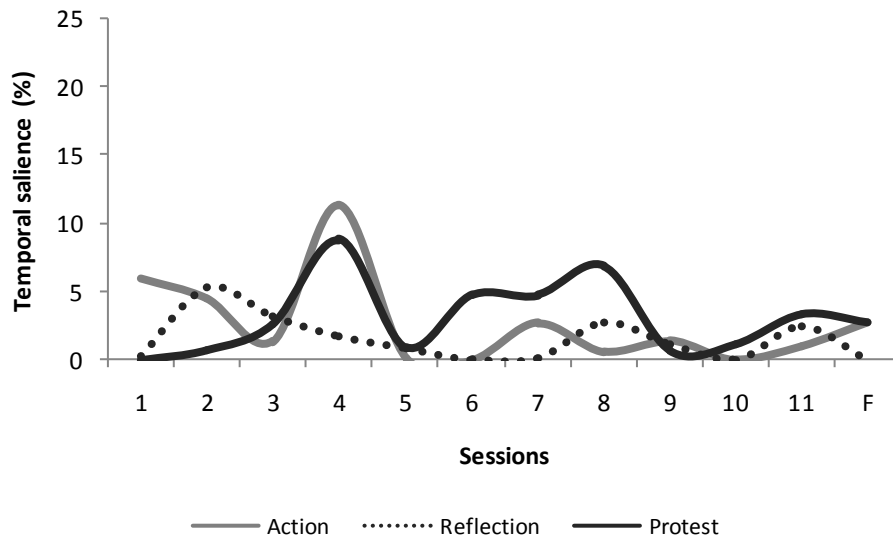


Figure 2. Temporal salience mean (%) of action, reflection and protest i-moments through therapeutic process phases.

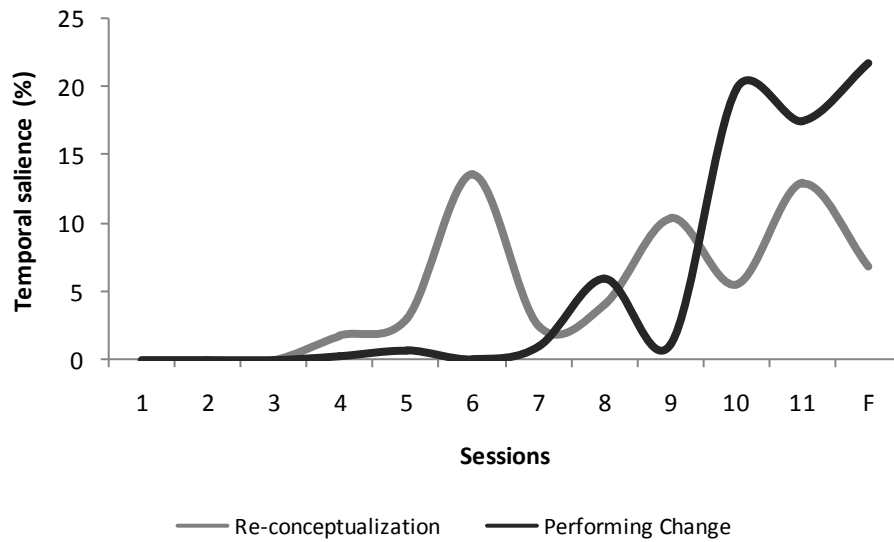


Figure 3. Temporal salience mean (%) of re-conceptualization and performing change i-moments through therapeutic process phases.

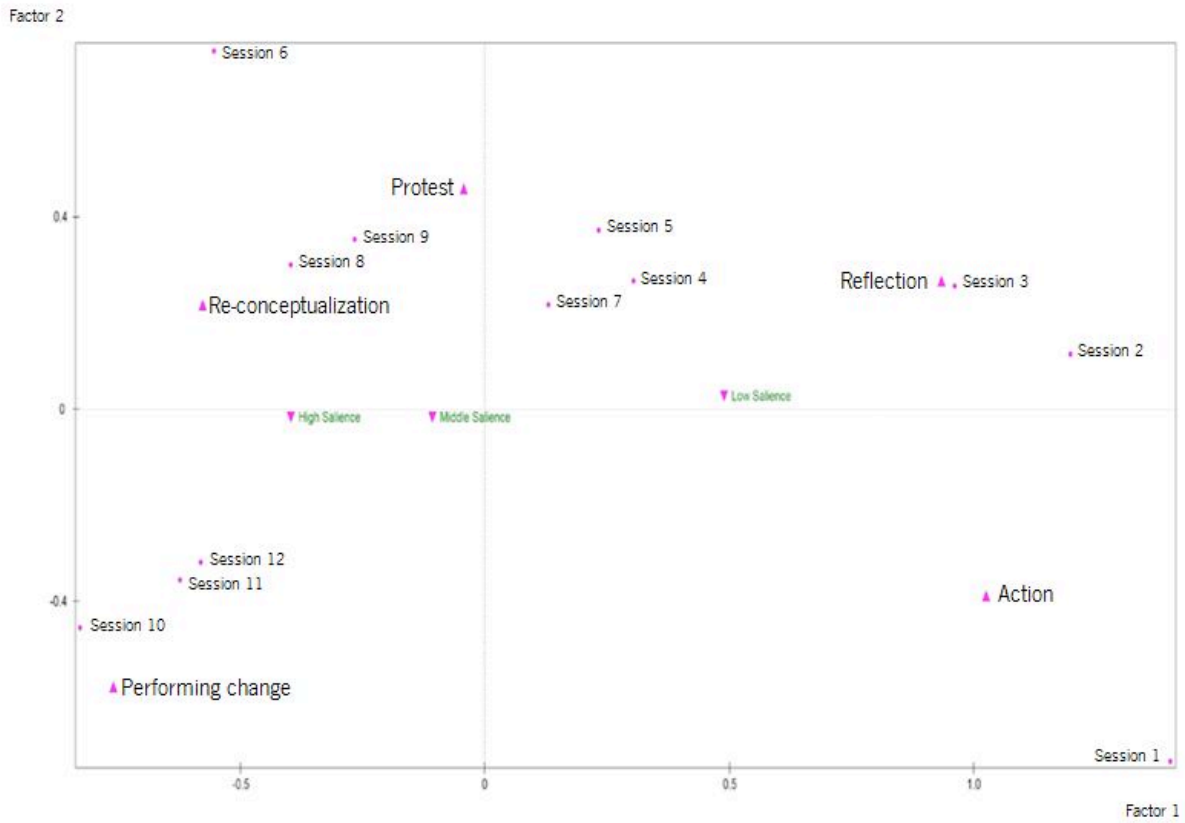


Figure 4. Projection of i-moments and sessions on the bidimensional space defined by the two main factorial dimensions.

Table 1

Types of I-moments and Examples. From the IMCS – version 1 (Gonçalves, Matos, & Santos 2006).

Types of i-moments	Examples
Action i-moments: Specific actions or behaviors that defy the problem.	<ul style="list-style-type: none"> ▪ New coping behaviors facing obstacles; ▪ Effective resolution of unsolved problems; ▪ Active exploration of solutions; ▪ Restoring autonomy; ▪ Searching for information about the problem.
Reflection i-moments: Thinking processes that indicate the understanding of something new that makes the problem illegitimate (e.g., thoughts, intentions, interrogations, doubts).	<ul style="list-style-type: none"> ▪ New problem formulations and/or re-formulation of its effects; ▪ Reconsidering causes of problems (e.g., severity, intentionality, aetiology); ▪ Consideration of life dilemmas (e.g., cognitive and affective); ▪ Reflecting about cultural, social, and religious demands; ▪ References of self worth (e.g., strength to fight, positive feelings, well-being references); ▪ Self instructions (e.g., “you have to fight”);
Protest i-moments: Resistance, defiance or protest that can be planned or concretized behaviors, thoughts, or/and feelings.	<ul style="list-style-type: none"> ▪ Defiant position toward the problem and its allies; ▪ Assertive attitudes towards others; ▪ Public repositioning towards culturally dominant values.
Re-conceptualization i-moments: Process description, at a meta-cognitive level (the client not only manifests thoughts and behaviors out of the problem dominated story, but also understands the processes that are involved in it)	<ul style="list-style-type: none"> ▪ References to new/emergent identity versions; ▪ Re-evaluation of relationship; ▪ Re-evaluation of experiences within problem development frame (e.g., aetiology, interference, costs).
Performing change i-moments: References to new projects, activities or investments planned or underway, as a consequence of change.	<ul style="list-style-type: none"> ▪ Generalization into the future and other life dimensions of therapeutic gains; ▪ Problematic experience as a resource to new situations; ▪ Investment in new projects and personal image in private and public spaces; ▪ Investment in new relationships.

Table 2
Cluster Analysis output

V Test	Probability	Percentages			Label
		Cluster/ frequencies	Frequencies/ Cluster	Global	
CLUSTER 1 (21,89% of cases): associated with sessions: 3, 2, 1 (decreasing order of association)					
6.64	0.0000	59.62	53.45	19.62	Action
5.04	0.0000	60.61	34.48	12.45	Reflection
4.54	0.0000	38.89	60.34	33.96	Low temporal salience
CLUSTER 2 (44,15% of cases): associated with sessions: 8, 7, 5, 4, 6, 9 (decreasing order of association)					
3.73	0.0001	67.27	31.62	20.75	Protest
2.56	0.0052	57.53	35.90	27.55	Re-conceptualization
CLUSTER 3 (33,96%): associated with sessions: 11, 12, 10 (decreasing order of association)					
7.33	0.0000	78.85	45.56	19.62	Performing change
3.27	0.0005	48.28	46.67	32.83	High temporal salience
1.65	0.0497	42.47	34.44	27.55	Re-conceptualization