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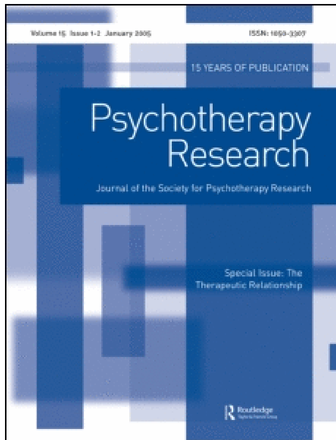

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The narrative reconstruction of psychotherapy and psychological health

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The narrative reconstruction of psychotherapy and psychological health

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Abstract

When people complete psychotherapy, they carry the story of the experience with them. This retrospective reconstruction serves several psychological purposes, including contributing to narrative identity and influencing the maintenance of therapeutic gains after termination. Based on a prior qualitative investigation of therapy narratives (Adler & McAdams, 2007a), a new sample of 104 former clients wrote about their psychotherapy after treatment ended. Quantitative analyses indicated that the retrospective narratives of participants high in subjective well-being focused on the protagonist's agency in struggling with a discrete problem. In addition, the narratives of participants high in ego development described a coherent story of growth. These findings suggest that the stories clients construct about psychotherapy reliably vary depending on their psychological health.

Keywords: process research; outcome research; qualitative research methods; narrative; identity

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Duncan and Miller (2000) wrote,

> Therapy *begins* by inviting clients to tell their stories: "What brings you here today?" In the course of telling their stories, clients unfold their experiences, their philosophies of life, their reasons for living—or not wanting to. The heroes, villains, and plot lines are revealed as clients tell the comedies, tragedies, and triumphs of their lives. This adventure story sets the content parameters of the therapist's questions. (p. 179, emphasis added)

Yet once therapy comes to an end, clients have a new story to tell: the story of the therapeutic experience. This story is no less important than those that were recounted during the course of treatment; indeed, it serves a vital psychological role. How do people make narrative sense of psychotherapy once they have completed the course of treatment? After the fact, what stories do they tell about their therapy experience? And how do these stories relate to their psychological health? The present study aims to address these questions.

Psychotherapy stories often play a central role in people's full life story accounts, and when they do, they are typically distinguished as key sources of personality development (Lieblich, 2004). As such, the psychotherapy story can be understood as an important element of former clients' narrative identity (e.g., McAdams, 2001; McAdams & Adler, in press). Yet beyond this purpose, theorists have suggested that therapy stories also help clients maintain the gains of treatment once it is over.

Indeed, there is a rich history of theoretical interest in clients' stories about therapy. Jerome Frank (1961) suggested that the storying of psychotherapy—weaving the "myth" of the therapeutic experience—is fundamental to the individual's continued functioning once treatment has ended (p. 327). Later, Donald Spence (1982) echoed this sentiment, writing that the therapeutic narrative "may also maintain its structure over time and enable the patient to better retain what he [sic] learned during the analysis" (p. 270). Regardless of the specific therapeutic techniques their therapists employ, clients will construct stories about their therapy in order to understand how and why it worked (or did not work), and theory suggests that these stories may provide the foundation for the maintenance of treatment gains.

To date, empirical research on therapy narratives has primarily emphasized qualitative investigations in the service of further developing the theoretical foundation for future quantitative studies.[1] One

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particularly notable line of qualitative research is that of Rennie (1992, 1994), who used a technique called *Interpersonal Process Recall* (IPR; Elliott, 1986). During IPR, clients watch a videotape of their therapy session immediately after it is over and report on the feelings and motivations they experienced during the session. In effect, clients are asked to construct stories about their therapy session immediately after the experience. Rennie used grounded theory methodology (Glasser & Strauss, 1967) to derive the salient themes from clients' postsession reports. A commonly used qualitative method in the social sciences, grounded theory was developed to facilitate the identification of thematic commonalities among a group of theoretically related texts. It is most often used as a tool for discovery, in the absence of preexisting hypotheses, and in the service of theory generation. The grounded theory method is an iterative process wherein narratives are coded for salient themes in a series of waves, each subsequent wave producing a more refined set of themes.

In one study, Rennie (1992) concluded that salient moments of narrative development, which he termed moments of "reflexivity," or the conscious awareness of the potential for change, hold the most potential for clients to exert their own agency toward improvement (p. 225). In other words, narrative reflexivity was seen to be the primary characterization of clients' stories about their therapy sessions. The concept of reflexivity has received attention from other investigators as well, varyingly referred to as, for example, assimilation of experience, metacognition, and mentalization (e.g., Bouchard et al., 2008; Dimaggio, Semerari, Carcione, Procaci, & Nicolò, 2006; Lysaker et al., 2005; Lysaker, Buck, & Ringer, 2007; Semerari et al., 2005; Stiles et al., 1990). Using various research designs, these investigators suggest that reflexivity is a key component of clients' improvement in psychotherapy.

Rennie's studies (1992, 1994) focused on clients' stories about specific sessions of therapy and, therefore, may not illuminate the ways in which their overall experiences in therapy are narrated and incorporated into their narrative identity. In contrast, several studies have taken a more globally retrospective approach to clients' therapy stories. In these studies, the unit of analysis is not the individual session but the broader experience of psychotherapy as a process of change. For example, Connolly and Strupp (1996) collected narratives from 80 clients after 25 sessions of dynamically oriented psychotherapy. The participants were asked to describe in writing the most important changes they experienced as part of their treatment. The authors identified four clusters of responses (in descending order of salience), which they labeled: improved symptoms, improved self-understanding, improved self-confidence, and greater self-definition. The authors concluded that clients receiving short-term dynamic psychotherapy perceive and value changes across multiple domains in addition to symptom improvement. It is especially notable that two of the four most salient themes were related to shifts clients identified as concerning their sense of self (improved self-understanding and greater self-definition), which the narrative methodology is especially attuned to assess.

Whereas qualitative research has illuminated several interesting components of clients' psychotherapy stories, very little of this work has focused on the ways in which the stories of clients with positive psychological health differ from those of clients who are psychologically worse off. Indeed, a growing body of research focused on narrative identity suggests that when it comes to mental health, not all narratives are created equal (i.e., Adler, Kissel, & McAdams 2006; McAdams, 2006b). The literature on psychotherapy narratives has the potential to provide a bridge between the fields of psychotherapy research and the narrative study of lives; however, it is only through analyses of therapy stories that are stratified by clients' mental health status that the more and less psychologically desirable narrative patterns can be identified. In addition, findings from narrative studies such as these may directly inform clinical practice by alerting therapists to certain types of toxic (or healthy) sequences to look for and modify in their clients' speech (e.g., Adler et al., 2006). This goal can only be accomplished with an explicit emphasis on the stories told by clients with more and less healthy narrative themes.

Based on the strong tradition of qualitative work in this field, we previously conducted a narrative assessment of clients' stories about their experiences in psychotherapy with the goal of illuminating those patterns that distinguish clients with different constellations of psychological health (Adler & McAdams, 2007a). In that study, 76 adults who had completed therapy (at least eight sessions of individual or couples treatment) within the past 5 years wrote extensive narratives about the experience. Following a format used in a previous study on life transitions (Bauer & McAdams, 2004), clients wrote about five scenes: (a) *The Problem*, a specific scene in which the presenting problem was especially clear or vivid; (b) *The Decision*, a specific scene in which it was decided that the participant would go to therapy to address the problem; (c) *Most Important Session*, a specific session that the participant deemed the most significant; (d) *Another Important Session*, a specific session, different from the previous

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one, that the participant also deemed significant, obtained to gather more narrative data on the process of psychotherapy; and (e) *Ending*, a specific scene that described a time before, at, or after termination in which the impact of the therapy was especially clear or vivid. An optional sixth scene was also available for participants to write any other important information they felt was not captured in the rest of the narrative.

In addition, participants completed a battery of self-report questionnaires concerning their current psychological health. Grounded in a growing literature on what it means to be a happy, mature adult (i.e., King & Hicks, 2007), two dimensions of psychological health were assessed: subjective well-being (SWB) and ego development (ED; the complexity used in making meaning out of one's experience). Individuals who are high on both of these two dimensions, which themselves tend to be uncorrelated, have been regarded as espousing particularly desirable psychological health (i.e., Bauer & McAdams, 2004, 2005; Cohn & Westenberg, 2004; Helson & Roberts, 1994; King, 2001; King & Hicks, 2007; King, Scollon, Ramsey, & Williams, 2000; Vaillant & McCullough, 1987; Westenberg & Block, 1993).

In our previous qualitative study (Adler & McAdams, 2007a), participants were first sorted into groups based on their levels of SWB and ED. Next, the grounded theory method was used to inductively identify those themes that characterized clients with differing constellations of psychological health. We found one prominent theme in the therapy stories linked to SWB and another linked to ED (also see Adler & McAdams, 2007b).

First, participants high in SWB (compared with those low) tended to narrate their therapy as a victorious battle over a discrete but powerful problem. In this type of story, a weakened protagonist is brought down by the villainous and often personified character of "the problem," which arrives seemingly out of nowhere. The main character seeks therapy for assistance in overcoming the problem and is usually successful in doing so. However, the mechanism of treatment is described as the reemergence of the main character's agency. Sometimes the therapy is credited with facilitating this reempowerment, and sometimes the narrator repudiates the role of the therapist in reclaiming his or her own command of the situation. The theme of many of these narratives is, in the words of one participant, that "therapists can assist in [your healing], but they are unable to achieve it for the person. The person has to do it themselves."

While the previous study fully embraced the grounded theory method and did not approach the narratives with *a priori* hypotheses, the role of client agency in successful psychotherapy has been well documented. Agency is considered "a positive indicator of positive psychological functioning across psychotherapeutic traditions" (Williams & Levitt, 2007, p. 66), and enhancing client agency has been considered one of the primary goals of treatment (e.g., Rennie, 1992; Williams & Levitt, 2007). In a recent study (Williams & Levitt, 2007), 14 eminent therapists representing a broad range of approaches to psychotherapy, including psychodynamic, cognitive–behavioural, humanistic, and narrative, were surveyed about their understanding of the process of change. The investigators used grounded theory methodology to identify common themes in their answers. Agency emerged as one of their primary emphases. Research also suggests that clients themselves typically identify personal agency as a central component of their treatment (e.g., Elliott & James, 1989; Gray, 2006; Nilsson, Svensson, Sandell, & Clinton, 2007). Furthermore, in longitudinal investigations of psychotherapy, agency has been observed to increase over the course of treatment, sometimes showing enhancement before other narrative themes (e.g., Lysaker, Davis, Hunter, Nees, & Wickett, 2005). This may indicate that clients need to gain a sense of agency before they are able to make other types of changes in their self-concept (e.g., Lysaker et al., 2005).

The association between SWB and personal agency in our previous study (Adler & McAdams, 2007a), therefore, provides some credence to the theoretical assertion that an increase in agency is one beneficial development in clients' narrative identities over the course of therapy. In addition, as observed in our own previous qualitative investigation, the narrative reconstruction of one's problem as a discrete entity, bounded in time and space, may uniquely facilitate the narration of agentic narratives by providing the agentic protagonist of the story with a clear antagonist (Adler & McAdams, 2007a).

The second major theme that emerged from our previous qualitative investigation was that participants high in ED (compared with those low) tended to tell highly coherent stories about their therapy, framing it as one chapter in an ongoing narrative of self-development (Adler & McAdams, 2007a). Coherence has repeatedly been cited as one of the primary criteria by which the quality of narratives can be judged (i.e., Habermas & Bluck, 2000; Labov, 1972; Mandler, 1984). Furthermore, the coherence of narrative identity has been empirically shown to relate strongly to psychological health (e.g., Adler, Wagner, & McAdams, 2007; Baerger & McAdams, 1999; Lysaker et al., 2005; Nilsson et al., 2007).

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The construct of coherence has received significant attention in the literature on psychotherapy (i.e., Neimeyer, Herrero, & Botella, 2006, Singer & Rexhaj, 2006) and on narrative identity more broadly (i.e., Habermas & Bluck, 2000; McAdams, 2006a). At this point, the field lacks a consistent consensus definition of narrative coherence. Yet from the vantage points of both clinical and personality psychology, there is widespread agreement that coherence should not be understood as the mere intelligibility of a text, but rather must be conceptualized from a phenomenological perspective. In this spirit, Neimeyer and colleagues (2006) referred to coherence as "the extent to which [a self-narrative] confers a modicum of consistency across time to identity-relevant life transitions," which would certainly include psychotherapy (p. 132).

Other major lines of clinically-focused research adopt similarly phenomenological approaches to the construct of coherence. For example, Kernberg's (1984) concept of "identity consolidation" (the integration of mental representations of self, others, and affective experiences) plays a central role in Transference-Focused Therapy, which facilitates the integration of split-off idealized representations of the self and others and has been shown to be useful in the treatment of borderline personality disorder (e.g., Clarkin, Levy, Lenzenweger, & Kernberg, 2007; Levy et al., 2006). In a different tradition, the literature focused on clinical implications of adult attachment embraces coherence as one of its central tenets, relying on the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1985). In the adult attachment literature (i.e., Bouchard et al., 2008), the criteria for secure attachment are highly aligned with the coherence of participants' responses on the AAI, formulated according to Grice's (1975) maxims of coherent discourse (quality, quantity, relation, and manner).

Furthermore, narrative *in*coherence has often served as a way of understanding psychopathology and its amelioration (i.e., Neimeyer & Raskin, 2000). For example, Lysaker and Lysaker (2006) identified three types of incoherent narratives in clients with schizophrenia: barren, cacophonous, and monologue narratives. These types of narratives differ in several respects, including the strength of the hierarchy of voices contained within them. Hermans (2006) suggested that these types of narrative disruptions apply well beyond the conceptualization of schizophrenia and described a method for reorganizing disorganized narratives. Salvatore and colleagues (2006) similarly suggested that successful psychotherapy helps clients overcome narrative disorganization in the form of deficits in hierarchical organization and overproduction of narratives.

This widespread attention to the construct of narrative coherence underscores both its centrality to conceptions of psychological health and well-being and the role of psychotherapy in improving them. It is well beyond the scope of the present investigation to put forward a definitive definition of narrative coherence. However, because coherence was identified as one of the salient themes in the previous qualitative study of therapy narratives on which the present investigation is based (Adler & McAdams, 2007a), we attempt to describe the conceptualization of coherence that we adopted.

For the purposes of the present investigation, we relied on an established coding system for assessing narrative coherence (Baerger & McAdams, 1999). This system, described in more detail later, embraces Neimeyer and colleagues' (2006) phenomenological approach to coherence. It assesses several related dimensions pertaining to the narrative's contextualization, structural flow, affective integration, and evaluative meaning. As such, the phenomenological conceptualization of coherence used in the present study is one that views coherence as a narrative's success in communicating its message to an audience, a charge that draws on several psychological tasks (i.e., McAdams, 2006a; Singer & Rexhaj, 2006).

The previous qualitative study that provides the foundation for the present investigation (Adler & McAdams, 2007a) embraced a similar conceptualization of coherence. In that study, we observed that those clients who were high in ED were especially adept at crafting coherent stories. This finding was supported in a subsequent quantitative reanalysis of the same data set (Adler et al., 2007).

In addition to telling highly coherent stories, high-ED clients also emphasized the role therapy played in facilitating their growth. These clients told stories about leaving therapy with an increased appreciation for their continued struggles and a sense of how they will persevere in addressing them. One participant nicely encapsulated this theme when he wrote,

> All of the issues I came into therapy with are still issues. I'm still struggling with a lot of the same problems. But I now have better tools to work with—One of the most important is accepting that I will *always* have problems, just like everybody else, but I can still do good work and enjoy life.

In sum, there is reason to believe that the ways in which clients reconstruct their experiences in psychotherapy vary with their current psychological health. In light of the theoretical assertion that therapy stories provide an essential framework for

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clients' maintenance of their progress in treatment (i.e., Frank, 1961; Spence, 1982), elucidating the different ways in which these stories are told has the potential to help therapists and clients construct stories in ways that promote psychological health. Whereas qualitative research provides an essential foundation for the study of clients' therapy narratives, replication and empirical validation are vital next steps in this endeavor. At this juncture, the field of psychotherapy research is in need of a more elegant and straightforward conceptualization that integrates findings from the diverse qualitative literature into an empirically supported model of how clients reconstruct their experiences in therapy. Such a model will allow researchers and clinicians alike to better conceptualize the reliable differences in clients' reconstruction of the therapy experience with the goal of facilitating the creation of more successful narratives.

Developing the foundation for such a model is the goal of the present study. In particular, the present study seeks to synthesize and empirically validate the unique relationships between certain thematic patterns of psychotherapy stories and two dimensions of psychological health (SWB and ED) observed in our previous qualitative investigation (Adler & McAdams, 2007a). In translating the research from the qualitative to the quantitative domain, the identified qualitative themes form the basis for empirically testable hypotheses, listed in the following section.

It is important to note that this study examines cross-sectional relationships between the narrative reconstruction of therapy and clients' psychological health. In addition, the present study wholly focuses on clients' posttherapy, retrospective reconstructions of the experience. No pretreatment assessment (narrative, mental health status or history, or otherwise) was obtained. As such, it is not designed to determine the causal pathways between narrative construction and well-being or ego development. Rather, this study is intended to lay the empirical foundation for subsequent research that can assess the evolution of clients' stories alongside their improvements in mental health over the course of treatment. Establishing a reliable relationship between these two types of constructs is the necessary first step in explicating the empirical relationship between the narrative reconstruction of psychotherapy and psychological health.

Hypotheses

Two hypotheses were derived from the prominent themes identified in the previous qualitative study (Adler & McAdams, 2007a), one pertaining to each of the dimensions of psychological health. Although they are founded in our previous qualitative study, in the present investigation these hypotheses were tested in a completely new sample of participants.

First, based on the previous study, we hypothesize that clients' SWB will significantly positively correlate with narratives that describe a victorious battle with a discrete problem. In other words, we hypothesize that those clients high in SWB will construct stories about their therapy wherein a personal problem rises from obscurity to become (temporarily) a fierce antagonist, only to be defeated once and for all by a reenergized, agentic protagonist. Specifically, we hypothesize that both the theme of client agency and the construction of the problem as a discrete entity will positively correlate with SWB.

Second, we also hypothesize that clients' ED will significantly positively correlate with narratives that describe a coherent story of growth and development. In this kind of story, the self continues to face new problems over time, but the central therapeutic relationship facilitates the individual's journey of ongoing growth. Specifically, we hypothesize that both the overall narrative coherence of the stories and clients' discussion of therapy as one chapter in a broader story of growth will positively correlate with ED.

Method

Participants

We recruited 104 adults from the greater Chicago community using ads in newspapers and on the Craigslist electronic message board website. Individuals were eligible to participate in the present study if they were: older than 18 years, had been in individual psychotherapy (at least eight sessions) within the past 5 years, and were not currently in any form of treatment. Demographic descriptions of the diverse sample are included in Table I. There was a wide range of treatment duration represented in the present sample, from 8 weeks (the minimum inclusion criterion) to nearly 16 years ($M = 104$ weeks, or approximately 2 years, $SD = 140.25$ weeks); however, all treatments had ended within the past year. The gender and race distributions in the present sample are similar to those commonly found in treatment-seeking samples drawn from the general population (e.g., Wang et al., 2005). This sample is similar to that used in our previous qualitative study (Adler & McAdams, 2007a) but represents a completely new set of participants. In this self-selected sample, we were not able to obtain reliable information pertaining to mental health history or diagnostic status of participants, which

may have influenced their writing (e.g., Dimaggio et al., 2006).

Materials

Participants completed an informed consent form and a demographics questionnaire along with several other self-report measures.

Self-Report Measures

Subjective well-being. SWB was assessed by creating a composite of participants' scores on five established, reliable measures. This composite was composed of participants' standardized scores on the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988), Psychological Well Being scales (Ryff & Keyes, 1995), Beck Depression Inventory-II (Beck, Steer, & Brown, 1996), and Beck Anxiety Inventory (Beck & Steer, 1993). These measures were selected to provide a comprehensive conceptualization of psychological well-being, encompassing both hedonic and eudiamonic dimensions (i.e., Ryan & Deci, 2001). They are highly intercorrelated ($rs = .60 - .75$), supporting the creation of an SWB composite.

Ego development. ED was assessed using the Washington University Sentence Completion Test of Ego Development (SCT; Hy & Loevinger, 1996; Loevinger & Wessler, 1970), which is considered the gold standard for measuring ego development and has served as the primary instrument by which this construct has traditionally been measured (Westenberg, Blasi, & Cohn, 1998). The SCT asks participants to complete 18 sentence stems (e.g., "When I am criticized . . . ," "Being with other people . . . ," "When people are helpless . . . ," and "Rules are . . . "). Each item is scored according to established guidelines, aggregated, and assigned a total protocol rating. This rating corresponds to different stages of ego development. Loevinger (1976) conceptualized ego development as a series of stages through which individuals mature.

A person's ego developmental stage can be thought of as a lens through which they interpret their experiences. The lower stages represent relatively simplistic and concrete ways of making meaning (like a lens filtering only primary colors), whereas the higher stages represent complex, nuanced, and differentiated meaning-making processes (like a lens filtering the whole spectrum of color). The SCT is used to determine an individual's stage of ego development. In the present study, the SCT was rated by a coder trained to Loevinger's standard of reliability (agreement >85% with the coding manual's reliability coding examples; Hy & Loevinger, 1996).

Table I. Sample Characteristics

Demographic characteristic	Number (%)	*M* (*SD*)
Sex		—
Male	33 (32%)	—
Female	69 (68%)	
Race		—
African American	14 (14%)	—
Caucasian	75 (74%)	—
Hispanic	3 (3%)	—
Asian American	1 (1%)	—
Other[a]	9 (8%)	
Age (years)	—	37.10 (11.65)
Education level[b]	—	3.75 (1.04)
Income[c]	—	4.63 (3.09)
Duration of treatment (weeks)	—	104.48 (140.25)

[a]Included participants who identified in other categories, such as Native American, biracial, etc.
[b]Education level was coded on a 5-point scale: 1=less than high school, 2=high school, 3=some college, 4=college (BA or BS), 5=graduate work.
[c]Annual income was coded on a 11-point scale: 1=<$10,000; 2=$10,000–20,000; 3=$20,000–30,000; 4=$30,000–40,000; 5=$40,000–50,000; 6=$50,000–60,000; 7=$60,000–70,000; 8=$70,000–80,000; 9=$80,000–90,000; 10=$90,000-$100,000; 11= >$100,000.

Control variables. Participants were asked to respond to several single-item questions designed to assess additional factors that may have influenced the writing of the narratives. Participants were asked to rate their current mood, at the time of writing their narratives, on a simple scale ranging from 1 (*very poor*) to 5 (*very good*). Participants used similar 1–5 scales to rate their satisfaction with treatment (5 = *very satisfied*), their assessment of the competence of their therapist (5 = *very competent*), and their willingness to seek treatment again in the future should the need arise (5 = *very willing*). Finally, participants' number of weeks of treatment was computed from their self-reported duration of therapy. We were unable to obtain a reliable assessment of therapists' skill beyond these measures of client satisfaction with treatment.

Narratives

Narratives of psychotherapy. As in the previous qualitative study (Adler & McAdams, 2007a), participants in the present study wrote extensive accounts of their experiences in therapy. They were provided with a similar scene structure to that described previously: (a) *The Problem*, (b) *The Decision*, (c) *Most Important Session*, (d) *Another Important Session*,

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and (e) *Ending*. They also wrote a sixth scene describing the way they now view the therapeutic experience fitting into their current sense of self. An optional seventh scene was also available for participants to write any other important information they felt was not captured in the rest of the narrative.

Narrative coding. Two independent raters, blind to the well-being and ego development status of the participants, independently coded the entire narratives for two sets of themes designed to operationalize the story types described in our hypotheses.

The first hypothesis posited a relationship between SWB and narratives that describe a victorious battle with a discrete problem. This story type was operationalized by coding for two themes: client agency and the reconstruction of the duration of the problem.

Agency. Agency represents one of the primary motivational forces in human life (i.e., Bakan, 1966; Deci & Ryan, 2000), comprises a key component of folk psychological accounts of human action (i.e., White, 2004), and has long been of interest to psychotherapy researchers (e.g., Elliott & James, 1989; Nilsson et al., 2007; Williams & Levitt, 2007). The ultimately victorious battle to overcome one's problems that was characteristic of high-SWB participants in the previous qualitative study on which the present investigation is based can be understood as fundamentally concerned with client agency (Adler & McAdams, 2007a). In light of the literature on client agency, a narrative coding system was developed for operationalizing the theme of agency in psychotherapy narratives, drawing on several existing coding systems (e.g., McAdams, 2005). Two reliable coders (intraclass correlation [ICC] = .80) assigned participants' entire narratives a single score along a 5-point continuum:

0 = Protagonist is completely powerless, at mercy of circumstances, all action is motivated by external powers, or narrative is not written in first person.

1 = Protagonist is largely at the mercy of circumstances, with primary control of the plot at the hands of external powers.

2 = Protagonist equally shares control of his or her actions with external powers. Protagonist is neither entirely in control nor entirely at the whim of circumstances.

3 = Protagonist is highly agentic, able to affect his or her own life, initiate changes on his or her own, and achieve some degree of control over the course of his or her experiences. May or may not include description of some struggle to achieve agentic status.

4 = Protagonist has *struggled* to overcome an agency-threatening experience wherein he or she was disempowered and has emerged empowered and victorious (often through self-insight, gaining control of the situation, or increased power).

The following is an excerpt from a narrative that was coded as a 4 for agency: "I ended counseling because, for me . . . I felt I could ultimately overcome my negativity on my own—and, for the most part, I have." In this example, the participant is *overcoming* her negativity and feeling empowered to do so. Set within the context of the rest of her narrative, this excerpt distills the protagonist's journey from a depressed, listless state to an agentic, successful person.

Duration of the problem. The other component that distinguished the stories told by participants high in SWB from their low-SWB counterparts in the previous qualitative investigation (Adler & McAdams, 2007a) was their reconstruction of their problem as having a discrete onset. It is important to note that this reconstruction is just that: a story told about a past experience in the context of current functioning. In no way are these reports to be regarded as necessarily veridical. Indeed, it is quite easy to imagine virtually any problem being narrated to emphasize highly discrepant temporal aspects. For example, one high-SWB participant from the previous qualitative study wrote,

> It was 8 a.m. on a Wednesday morning and I had to get up to go to class. I knew I wasn't adequately prepared for that day's classes . . . I lay in bed and felt the familiar senses of dread and guilt about being behind in my work. The snooze button time ran out and the alarm started buzzing again. I turned off the alarm and went back to bed to sleep away the day, as well as my obligations . . . Another day passed when I was paralyzed by feelings of anxiety, depression, and helplessness.

This participant narrated her problem using very specific and discrete language: She identified not only the specific day but also the specific time that her problem began. In doing so, she emphasized the temporal discreteness of the issue. Yet one could also imagine her framing the problem in terms of the history of "familiar sense of dread and guilt," describing how she had experienced those problems over time and portraying this incident as one in a series of bad days.

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Time is one of the foundational elements of people's narratives (i.e., Adler & McAdams, 2007c), and its malleability may have strong relationships to the mental health correlates of personal stories. In the present study, narratives were coded by two reliable coders (ICC = .86) for the participants' perspective on the duration of his or her problem along a 3-point scale (0 = *a highly enduring problem*, 2 = *a highly discrete problem*, with 1 indicating something in between). For example, a narrative that received a score of 2 described the problem (his divorce) by writing, "I thought we were looking forward to a wonderful retirement together and then everything collapsed in a short period of time."

The second hypothesis posited in the present study suggests that individuals high in ED will tell psychotherapy narratives that describe a coherent story of growth and development. To operationalize this type of story, two themes were coded: narrative coherence and therapy as an ongoing project.

Narrative coherence. Coherence can be understood as one of the primary indexes by which narratives may be evaluated (i.e., Habermas & Bluck, 2000; Labov, 1972). At a fundamental level, narratives are successful to the extent to which they are coherent. Surveying a range of theories regarding narrative coherence, Baerger and McAdams (1999) developed a coding system for assessing the degree of coherence in life story accounts. They operationalized coherence in terms of four dimensions: (a) orientation (the extent to which the author locates the characters and action in a specific context or setting), (b) structure (the extent to which the story follows a temporal sequence of goal-oriented action), (c) affect (the extent to which the story expresses emotion in a clear and understandable way), and (d) integration (the author's ability to link the narrated events to larger life themes and meanings). This coding system has been used before to assess the coherence of psychotherapy stories (Adler et al., 2007).

In the present study, the psychotherapy narratives were coded for each of these four dimensions of narrative coherence along 5-point scales (0 = *no coherence*, 4 = *very coherent*). Interrater reliability between two coders was good: ICC for orientation, .87; for structure, .83; for affect, .78; and for integration, .83. Following previous work, a composite coherence score, representing the mean of a participant's score on each of the four dimensions (which are highly intercorrelated), was created and used to represent the overall coherence of the narrative. For example, in closing her narrative, one participant wrote:

> I think that my experience in therapy is a chapter in my life that is not necessarily closed forever. The particular sessions I have written about helped define me at that point in my life because I needed them to realize that I had much more ahead of me in life and that I wanted to continue to learn about myself. For me, before therapy, I felt like I had very little idea about who I was, what the fabric of my being was. My time spent in therapy helped me uncover bits and pieces of my personality and my past that helped me to develop a distinct picture of myself. Also, therapy helped me to recognize that sometimes sadness is just that, being sad about an unfortunate event, but sometimes it is more and there are solutions to the latter kinds. I learned to empower myself and that my life could improve—it just depended on my attitude. I will take that with me into my future.

This woman situates the therapy episode within the rest of her life, explicitly referring to it as "a chapter." She relates her pretherapy self to her in-therapy self and to her posttherapy self. The language flows well, and she uses affective language to underscore the importance of the story. She also derives an important lesson from the story, which she will carry forward into the next chapter of her life. As such, this narrative was coded high in all four dimensions of coherence. (For a more lengthy illustration of the theme of coherence as it was coded in the present study, see Adler & McAdams, 2007b.)

Therapy as an ongoing project. The other component that distinguished the stories told by participants high in ED from their low-ED counterparts in the previous qualitative investigation (Adler & McAdams, 2007a) was their reconstruction of therapy as an ongoing project. Although all of the stories collected in the previous study and the present investigation concern therapy that was completed within the previous year, participants narrate the conclusion of the experience in very different ways. For some participants, the therapy episode ended with the final session of treatment. For others, the work of therapy persists despite their termination with their therapist.

In the present study, narratives were coded along 3-point scales for the extent to which participants regarded therapy as an ongoing project. A rating of 2 indicated that participants described the work of therapy as continuing up to the present moment and into the imagined future, and a rating of 0 indicated that participants described the work of therapy as ending distinctly sometime in the past. For example, in a narrative that received a score of 2, the client noted,

> I do not really feel that my therapy story has completely ended ... I simply did not return for another session. The closest thing to an ending would be that I made a conscious decision to try and improve my life by myself ... Since therapy I have continued to try and change my life.

As this participant makes clear, he continues to work on the same problems that originally brought him into therapy, yet he feels more conscious in his approach to tackling them. Interrater reliability between two coders for the theme of therapy as an ongoing project was good (ICC = .86).

Results

A correlation matrix displaying the relationships among demographic characteristics, control variables, self-report measures, and narrative themes is presented in Table II. Whereas ED was uncorrelated with any of the demographic variables or control variables, participants' SWB was significantly positively correlated with their income, education, mood at time of writing the narrative, and satisfaction with treatment. Turning to the narrative themes, the psychotherapy stories told by men were significantly more likely to include the theme of agency and a description of their problem as discrete compared with women's stories. Both agentic and coherent stories were also told significantly more by participants with higher income and education. In addition, older participants told more coherent stories than younger participants.

Correlational analyses supported the two primary hypotheses of this study. First, clients' SWB was significantly positively correlated with the theme of agency ($r = .55$, $p < .01$) and a description of their problem as a discrete entity ($r = .25$, $p < .05$). This relationship remained significant after statistically controlling for the influence of demographic characteristics (for agency, $r = .47$, $p < .01$; for discrete problem, $r = .23$, $p < .05$). The relationship between agency and SWB also remained significant when statistically controlling for participants' mood at the time of writing the narratives ($r = .31$, $p < .01$), duration of treatment ($r = .56$, $p < .001$), participants' satisfaction with treatment ($r = .49$, $p < .001$), their ratings of therapists' competence ($r = .51$, $p < .001$), and their willingness to seek treatment again should the need arise ($r = .54$, $p < .001$). Hierarchical multiple regression analyses predicting SWB, entering significant demographic and control variables in the first step and agency in the second step, produced analogous results ($R^2 = .67$, agency $\beta = .20$, $p < .05$).

Although the use of the theme of agency and the description of one's problem as discrete were correlated, the relationship between SWB and agency remained significant after statistically controlling for discrete problem and demographic variables ($r = .46$, $p < .01$). However, the relationship between SWB and discrete problem was no longer significant when statistically controlling for agency and demographic variables ($r = .14$, $p = .17$). Thus, the theme of agency was a stronger narrative correlate of high levels of SWB. This pattern of findings remained when analyses were run separately for men and for women.

In support of the second hypothesis, clients' level of ED was significantly positively correlated with the coherence of their narratives ($r = .45$, $p < .01$) and with their description of therapy as an ongoing project ($r = .22$, $p < .05$). ED was not significantly correlated with any of the demographic variables. However, the relationship between coherence and ED remained significant when statistically controlling for participants' mood at the time of writing the narratives ($r = .43$, $p < .01$), the duration of treatment ($r = .44$, $p < .001$), participants' satisfaction with treatment ($r = .44$, $p < .001$), their ratings of therapists' competence ($r = .43$, $p < .001$), and their willingness to seek treatment again should the need arise ($r = .42$, $p < .001$). Hierarchical multiple regression analyses predicting ED, entering significant control variables in the first step and coherence in the second step, produced analogous results ($R^2 = .47$, coherence $\beta = .44$, $p < .001$).

In a similar pattern to that just observed, the relationship between ED and coherence remained significant after statistically controlling for ongoing project ($r = .42$, $p < .01$), while the relationship between ED and ongoing project was no longer significant after statistically controlling for narrative coherence ($r = .16$, $p = .10$). This indicates that clients' level of ED was more strongly related to the coherence of their narratives than to their description of therapy as an ongoing project that continues after treatment has ended.

In addition, the themes of agency and narrative coherence were significantly positively correlated with each other ($r = .31$, $p < .05$). Nonetheless, partial correlations revealed that the primary hypotheses of this study were still affirmed when accounting for this finding. The relationship between SWB and agency remained significant when statistically controlling for the variance attributable to the theme of coherence and to demographic variables ($r = .48$, $p < .001$). Likewise, the relationship between ED and coherence remained significant when statistically controlling for the

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Table II. Correlations Among Demographic, Self-Report, and Narrative Measures

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. Sex	—															
2. Age	.17	—														
3. Income	.12	.05	—													
4. Education	.05	−.05	.39**	—												
5. Race	.16	−.04	−.03	−.07	—											
6. Duration of treatment	.17	.24*	.05	.05	.01	—										
7. Mood at time of writing	−.06	.05	.30*	.35*	.00	−.05	—									
8. Satisfaction with treatment	−.09	−.02	−.18	−.11	.02	−.13	.35**	—								
9. Rating of therapist competence	.18	−.06	.17	.15	−.01	.15	.18	.70**	—							
10. Willingness to seek treatment again	.08	−.14	.00	.13	−.02	−.18	−.14	.57**	.40**	—						
11. SWB	−.09	.00	.32**	.39**	−.03	−.08	.79**	.35**	.17	−.08	—					
12. ED	−.17	−.04	.05	.17	.07	.07	−.07	.07	.10	−.04	−.04	—				
13. Agency	−.21*	.02	.33**	.22*	.00	.12	.50**	.30**	.18	.21*	.55**	.13	—			
14. Coherence	−.17	.35**	.28**	.29**	.02	−.04	.09	−.09	.16	.01	.16	.45**	.31**	—		
15. Discrete problem	−.20*	.07	.07	.08	−.01	−.07	.23*	.05	−.10	.03	.25*	.02	.26**	.20*	—	
16. Ongoing project	−.11	.18	−.05	−.02	.02	.01	.05	−.01	.08	−.07	.15	.22*	.18	.18	−.13	—

Note. SWB = subjective well-being, assessed using a composite of standardized scores for Satisfaction with Life Scale, Positive and Negative Affective Schedule, mean of Psychological Well-Being scales, Beck Depression Inventory II, and Beck Anxiety Inventory; ED = ego development, assessed using a standardized score on Washington University Sentence Completion Test of Ego Development.

*$p < .05$ **$p < .01$.

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variance attributable to the theme of agency and to demographic variables ($r = .40$, $p < .01$).

The present study is concerned with characterizing the narrative styles of clients with different constellations of psychological health. As observed in a wide range of previous research (e.g., Bauer & McAdams, 2004, 2005; Cohn & Westenberg, 2004; Helson & Roberts, 1994; King, 2001; King & Hicks, 2007; King et al., 2000; Vaillant & McCullough, 1987; Westenberg & Block, 1993), in the present study clients' SWB and level of ED were not significantly correlated. Following the precedent of the qualitative study, which served as the foundation for the present investigation (Adler & McAdams, 2007a), median splits of clients' SWB and level of ED were conducted to produce four groups of participants. One group contains those participants high in both SWB and level of ED; a second contains those high in SWB but low in ED; a third contains those low in SWB but high in ED; and a fourth contains those low in both SWB and ED. Analyses of variance (ANOVAs) were conducted to determine whether the four groups reliably differed in their use of the theme of agency and in their overall narrative coherence. Results of these ANOVAs are presented in Table III. The four groups with variable psychological health significantly differed in the extent to which they used the theme of agency in telling their psychotherapy stories and in the extent to which their narratives were coherent.

Based on the hypotheses of the present study and the qualitative findings in the previous study (Adler & McAdams, 2007a), two planned contrasts were conducted to determine the particular nature of these narrative differences. Specifically, the first planned contrast was conducted to determine whether the group with the most desirable constellation of psychological health—high in both SWB and level of ED—was significantly more likely to use the theme of agency in constructing their therapy stories. As expected, the narratives of those participants high in both SWB and ED were uniquely characterized by the theme of agency, $t(103) = 3.62$, $p < .001$. This finding is well illustrated by the following emblematic quote from a participant high in both SWB and ED summarizing her experience at the end of her narrative:

> Therapy has yielded me a strength to face tough issues or myself and know that I can figure it out. I have the courage to trust my own gut and I know that my own feelings can lie to me. They are just icky feelings that I know isn't me from time to time ... I cannot change my past but the future is up to me. When I struggle with a situation I ask myself, why do I want it to be something other than what it is? These are the struggles that I really fretted before. Now, I can better face reality, the good and the bad. I've learned to enjoy and soak up the good stuff because life has good and bad and something bad will happen, but it won't last forever. I will triumph.

In this example, the participant clearly describes her struggle to move from a troubled state ("the struggles that I really fretted before") to a victorious, empowered position ("Now I can better face reality ... I will triumph"). Her renewed sense of personal agency leaves her feeling victorious and better able to handle the complexities of life.

In addition, based on previous research indicating that low levels of narrative coherence are related to poor SWB (e.g., Baerger & McAdams, 1999) and low levels of ED (Adler et al., 2007), a second planned contrast was conducted to determine whether the group with the least desirable constellation of psychological functioning—low SWB and low levels of ED—was significantly more likely to construct narratives lacking in coherence. As expected, the stories told by those participants low in both SWB and ED were uniquely low in narrative coherence, $t(103) = 2.51$, $p < .05$. This finding is well illustrated by the following emblematic quote from a participant low in both SWB and ED summarizing his experience at the end of his narrative:

> Therapy is a tool that is available to everybody, anytime, for any situation that brings pain into your life. As a participant I have found that we are flawed. I have a way now, when I get lost, I have the tools to find my way back. I feel that I have a lot of life to live and I can't waste it on needless worry and constant self-distraction such as work, work, work. I have the gift of awareness and when I look at my life as an observer I can evaluate the best action for my happiness. We all have free will and the self-obligation to life peacefully.

Table III. Analyses of Variance for Effect of Psychological Health Group and Narrative Measures

Variable	*df*	*SS*	*MS*	*F*
Agency				6.25**
Between groups	3	23.71	7.91	
Within groups	100	126.40	1.26	
Coherence				8.90***
Between groups	3	28.34	9.45	
Within groups	100	106.13	1.06	

Note. MS = mean square; SS = sum of squares.
** $p < .01$. *** $p < .001$.

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This example is clearly lacking in narrative coherence: The narrator jumps from one thought to the next without clear transitions, and although his overall thrust is positive ("I have the gift of awareness"), there are some contradictory negative statements ("I feel that I have a lot of life to live and I can't"). The narrative does not provide an evaluative point or make clear why this particular episode was important and worth recounting.

Discussion

The stories clients construct about their experiences in psychotherapy reliably vary, depending on their current constellation of psychological health. In particular, those clients whose subjective well-being is high after treatment tend to describe the therapeutic experience in terms of their own agency. These relatively happy former clients tell stories that are principally about a struggle with a discrete and personified problem, which is initially more powerful than they are but which is also ultimately vanquished by a reempowered, agentic protagonist. The relationship between agentic reconstructions of psychotherapy and subjective well-being was observed regardless of the duration of treatment, the client's mood at the time of writing the narrative, the client's satisfaction with therapy, his or her ratings of the therapist's competence, and his or her willingness to seek therapy should the need arise in the future.

In contrast, those clients who are currently at high levels of ego development—they construe complex and nuanced meaning from their experiences—tend to recount the therapeutic endeavor in a highly coherent story of growth and progress. These stories provide the reader with high degrees of contextualization to suggest how this episode fits within the broader scope of the narrator's life; they flow well structurally; and they offer an evaluative point, indicating why this particular story is worth telling. In addition, the clients describe therapy as an ongoing project, wherein their therapeutic work continues even though they have stopped meeting with a therapist. Again, the relationship between coherent reconstructions of psychotherapy and ego development was observed regardless of the duration of treatment, the client's mood at the time of writing the narrative, the client's satisfaction with therapy, his or her ratings of the therapist's competence, and his or her willingness to seek therapy should the need arise in the future.

In addition, the stories of clients with the most desirable constellation of psychological health—high in both SWB and level of ED—are uniquely saturated with the theme of agency compared with those of clients with differing mental health profiles. Similarly, those clients with the least desirable constellation of psychological health—low in both SWB and level of ED— told stories about treatment that were uniquely lacking in narrative coherence. This pair of results strongly echoes findings drawn from elsewhere in the literature on psychotherapy. For example, multiple authors have suggested that agency is one of the hallmarks of strong mental health and a theme that should increase over the course of psychotherapy (e.g., Lysaker et al., 2005; Williams & Levitt, 2007). Likewise, coherence of the self has been conceptualized as a foundational element of psychological health, a lack of coherence has been observed in impaired clinical samples, and treatment has been shown to increase narrative coherence (e.g., Habermas & Bluck, 2000; Hermans, 2006; Lysaker et al., 2005; McAdams, 2006a; Neimeyer et al., 2006; Neimeyer & Raskin, 2000; Nilsson et al., 2007; Singer & Rexhaj, 2006).

Importantly, the thematic patterns assessed in the present study were initially identified in a qualitative sample using grounded theory methodology (Adler & McAdams, 2007a). In that study, clients were first stratified into groups based on their constellation of psychological health, and an iterative process of qualitative coding and discussion was used by a team to determine which unique themes emerged to characterize each group. Although a good deal of theory and previous research supports the propositions we developed, the specific hypotheses in the present study were drawn inductively from the actual stories of psychotherapy clients in the previous study without *a priori* inclinations. The present study thus empirically replicated these qualitative findings in a new sample through coding by raters who were blind to the SWB and ED status of the participants. The quantitative findings supported both of the hypotheses developed from the prior qualitative investigation.

Why does it matter that clients reliably differ in their constructions of the psychotherapeutic experience? In answering that question, we turn to the literature on narrative identity (i.e., McAdams, 2001; Singer, 2004). The life story serves the purpose of integrating the self and providing a sense of unity and purpose across time and situations (i.e., McAdams, 2001). Stories of change experiences are salient components of people's life stories (i.e., Bauer & McAdams, 2004), and stories about psychotherapy often spontaneously enter the life story and are cited as key moments of personal development (i.e., Lieblich, 2004). But beyond their function as an important component of narrative identity more globally, therapy stories serve an additional purpose as well. Frank (1961), Spence (1982), and others have suggested that clients need a good story

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about their experience in psychotherapy in order to maintain the gains of treatment after it ends. The narrative one constructs about his or her therapy may serve as the foundation on which he or she relies to sustain the progress made by working with a therapist. Previous research has explored the way clients describe particular moments in an individual therapy session (e.g., Rennie, 1992, 1994) and write about the most significant outcomes of treatment (e.g., Connolly & Strupp, 1996). However, past research has not empirically explored differences in the narrative reconstruction of psychotherapy depending on clients' posttreatment psychological health. Although previous research has provided important contributions to understanding the ways in which clients later describe their experiences in therapy, none have pointed to reliable differences in thematic patterns that differentially relate to psychological health. In doing so, the present study provides new information that is valuable to psychotherapy researchers and practicing clinicians alike.

From the perspective of scholarly research, it is important to know that not all therapy narratives are created equal. Some stories—those emphasizing clients' agency—are uniquely associated with the most desirable constellation of psychological health, one characterized by high levels of subjective well-being and a high degree of complexity and nuance in meaning-making. In contrast, those stories that are lacking in narrative coherence are associated with poor subjective well-being and relatively simplistic ways of construing lived experience.

From the perspective of practicing clinicians, the results of the present study suggest that therapists should be attuned to the types of stories their clients begin to tell about the therapeutic experience as treatment draws to a close. Previous research has documented specific narrative patterns that are associated with poor mental health and that may be targeted in client speech throughout treatment regardless of the content of the discussion (e.g., Adler et al., 2006). Given the limitations of the present study's design, its findings should be interpreted with caution by practicing clinicians. However, the findings of the present study suggest that therapists might periodically ask their clients how they are experiencing therapy, especially toward the end of treatment, and listen for the theme of agency and the overall coherence of their story. It is quite possible that clients whose stories are low in agency and coherence could be encouraged to reframe their narrative of the therapeutic experience and therapists could facilitate this revision (see Lysaker & Lysaker, 2006, and Salvatore et al., 2006, for clinical recommendations on helping clients work with disorganized narratives).

Limitations

One of the primary limitations of the present study, which has implications for its clinical relevance, is the cross-sectional nature of the data. As in most research on clients' psychotherapy narratives (e.g., Adler & McAdams, 2007a; Connolly & Strupp, 1996; Rennie, 1992, 1994), stories were obtained at one point in time, from a self-selected sample of participants, asking clients to retrospectively describe their experiences. With this design, it is impossible to determine what role the therapeutic encounter played in influencing clients' narratives. Surely the influence was significant, for there would be no therapy story without the therapy. However, the particular ways in which the theme of agency and the overall coherence of clients' narratives were impacted by the treatment remain unknown. It is possible that clients' clinical improvement preceded and directly influenced their use of agentic language and narrative coherence. It is also possible that clients began to tell agentic, coherent stories, which they then lived their way into; that the development of this type of story facilitated their clinical improvement. It is also possible that clients who ultimately ended therapy with positive functioning would have used agentic language and constructed a coherent story from the beginning of treatment, while clients who would not benefit from treatment also showed no change in these narrative patterns. Only a prospective longitudinal study could empirically tease out the relationship between the narrative reconstruction of the psychotherapeutic experience and actual clinical improvement. A study of this nature would best inform clinical practice.

It is also worth noting that the narrative themes assessed in this study do not provide an exhaustive sampling of all themes of potential interest to researchers or clinicians. The themes of interest in this investigation were selected based on their salience in the previous qualitative study on which the present study is founded (Adler & McAdams, 2007a). It is quite possible that other narrative themes in posttreatment therapy stories may also relate differentially to clients' psychological health.

Conclusions

In spite of these limitations, the present study marks an important next step in illuminating clients' understanding of psychotherapy. By demonstrating that not all therapy stories are created equal and by identifying which narrative patterns discriminate

between clients with better and worse psychological health, the present study significantly extends prior work in this area. That these relationships between narrative reconstruction and psychological health remained significant when statistically controlling for other factors such as duration of treatment and client satisfaction with treatment is especially notable. The present study also lays the foundation for subsequent longitudinal research into the relationship between clients' evolving reconstructions of the therapeutic experience and their psychological health. Ultimately, determining the distinctive ways that clients make sense of the unique experience of psychotherapy will allow both researchers and clinicians to improve therapeutic interventions by focusing on the domain we are most seeking to influence: clients' subjective experience of their lives.

Note

[1] It is necessary to make a distinction between the study of *psychotherapy narratives* and the study of *the uses of narrative in psychotherapy*. The former focuses on the stories clients construct about their experiences in therapy both during treatment and after it is over. The second field of study focuses on clients' uses of storytelling in the therapeutic encounter. There is a large body of work in this second tradition that dovetails with the literature on identity construction via storytelling (i.e., McLean, Pasupathi, & Pals, 2007) that is not reviewed in this article (i.e., Angus, Levitt, & Hardke, 1999; Angus & McLeod, 2004; Levitt, 2001; Machado & Gonçalves, 1999). The distinction here is between the study of narratives *about* therapy and the study of narratives *in* therapy or therapy *as a narrative endeavor*. The present study is concerned with narratives about the therapeutic experience and, therefore, falls within the former tradition of research.

References

Adler, J. M., Kissel, E. C., & McAdams, D. P. (2006). Emerging from the CAVE: Attributional style and the narrative study of identity in midlife adults. *Cognitive Therapy and Research*, *30*, 39–51.

Adler, J. M., & McAdams, D. P. (2007a). The narrative reconstruction of psychotherapy. *Narrative Inquiry*, *17*, 179–202.

Adler, J. M., & McAdams, D. P. (2007b). Telling stories about therapy: Ego development, well-being, and the therapeutic relationship. In R. Josselson, D. P. McAdams & A. Lieblich (Eds), *The meaning of others: Narrative studies of relationships* (pp. 213–236). Washington, DC: American Psychological Association.

Adler, J. M., & McAdams, D. P. (2007c). Time, culture, and stories of the self. *Psychological Inquiry*, *18*, 97–99.

Adler, J. M., Wagner, J. W., & McAdams, D. P. (2007). Personality and the coherence of psychotherapy narratives. *Journal of Research in Personality*, *41*, 1179–1198.

Angus, L. E., Levitt, H., & Hardke, K. (1999). The narrative process coding system: Research applications and implications for psychotherapy practice. *Journal of Clinical Psychology*, *55*, 1255–1270.

Angus, L. E., & McLeod, J. (2004). Toward an integrative framework for understanding the role of narrative in the psychotherapy process. In L. E. Angus & J. McLeod (Eds), *The handbook of narrative and psychotherapy: Practice, theory, and research* (pp. 367–374). Thousand Oaks, CA: Sage.

Baerger, D. R., & McAdams, D. P. (1999). Life story coherence and its relation to psychological well-being. *Narrative Inquiry*, *9*, 69–96.

Bakan, D. (1966). *The duality of human existence*. Boston: Beacon Press.

Bauer, J. J., & McAdams, D. P. (2004). Growth goals, maturity, and well-being. *Developmental Psychology*, *40*, 114–127.

Bauer, J. J., & McAdams, D. P. (2005). Interpreting the good life: Growth memories in the lives of mature, happy people. *Journal of Personality and Social Psychology*, *88*, 203–217.

Beck, A. T., & Steer, R. A. (1993). *Manual for the Beck Anxiety Inventory*. San Antonio, TX: Psychological Corporation.

Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for Beck Depression Inventory*. San Antonio, TX: Psychological Corporation.

Bouchard, M., Target, M., Lecours, S., Fonagy, P., Tremblay, L., Schacter, A., & Stein, H. (2008). Mentalization in adult attachment narratives: Reflective functioning, mental states, and affect elaboration compared. *Psychoanalytic Psychology*, *25*, 47–66.

Clarkin, J. F., Levy, K. N., Lenzenweger, M. F., & Kernberg, O. F. (2007). Evaluating three treatments for borderline personality disorder: A multiwave study. *American Journal of Psychiatry*, *164*, 922–928.

Cohn, L. D., & Westenberg, P. M. (2004). Intelligence and maturity: Meta-analytic evidence for the incremental and discriminant validity of Loevinger's measure of ego development. *Journal of Personality and Social Psychology*, *86*, 760–772.

Connolly, M. B., & Strupp, H. H. (1996). Cluster analysis of patient reported psychotherapy outcomes. *Psychotherapy Research*, *6*, 30–42.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, *11*, 227–268.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, *49*, 71–76.

Dimaggio, G., Semerari, A., Carcione, A., Procaci, M., & Nicolò, G. (2006). Toward a model of self pathology underlying personality disorders: Narratives, metacognition, interpersonal cycles, and decision-making processes. *Journal of Personality Disorders*, *20*, 597–617.

Duncan, B. L., & Miller, S. D. (2000). The client's theory of change: Consulting the client in the integrative process. *Journal of Psychotherapy Integration*, *10*, 169–187.

Elliott, R. (1986). Interpersonal process recall (IPR) as a psychotherapy process research method. In L. Greenberg & W. Pinsof (Eds), *The psychotherapeutic process: A research handbook* (pp. 503–527). New York: Guilford Press.

Elliott, R., & James, E. (1989). Varieties of client experience in psychotherapy: An analysis of the literature. *Clinical Psychology Review*, *9*, 443–467.

Frank, J. D. (1961). *Persuasion and healing: A comparative study of psychotherapy*. Oxford, England: Johns Hopkins University Press.

George, C., Kaplan, N., & Main, M. (1985). *Adult Attachment Interview*. Unpublished manuscript, University of California, Berkeley.

Glasser, B. G., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.

Gray, P. (2006). *The madness of our lives: Experiences of mental breakdown and recovery*. London: Jessica Kingsley.

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Grice, H. P. (1975). Logic and conversation. In D. Davidson & G. Harman (Eds), *The logic of grammar* (pp. 64–153). Encino, CA: Dickinson.

Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin*, *126*, 748–769.

Helson, R., & Roberts, B. W. (1994). Ego development and personality change in adulthood. *Journal of Personality and Social Psychology*, *66*, 911–920.

Hermans, H. J. M. (2006). The self as a theater of voices: Disorganization and reorganization of a position repertoire. *Journal of Constructivist Psychology*, *19*, 147–169.

Hy, L. X. & Loevinger, J. (1996). *Measuring ego development* (2nd ed.). Hillsdale, NJ: Erlbaum.

Kernberg, O. F. (1984). *Severe personality disorders: Psychotherapeutic strategies*. New Haven, CT: Yale University Press.

King, L. A. (2001). The hard road to the good life: The happy, mature person. *Journal of Humanistic Psychology*, *41*, 51–72.

King, L. A., & Hicks, J. A. (2007). Whatever happened to "what might have been"? Regrets, happiness, and maturity. *American Psychologist*, *62*, 625–636.

King, L. A., Scollon, C. K., Ramsey, C., & Williams, T. (2000). Stories of life transition: Subjective well-being and ego development in parents of children with Down syndrome. *Journal of Research in Personality*, *34*, 509–536.

Labov, W. (1972). *Language in the inner city.* Philadelphia: University of Pennsylvania Press.

Levitt, H. M. (2001). Sounds of silence in psychotherapy: The categorization of clients' pauses. *Psychotherapy Research*, *11*, 295–309.

Levy, K. N., Clarkin, J. F., Yeomans, F. E., Scott, L. N., Wasserman, R. H., & Kernberg, O. F. (2006). The mechanisms of change in the treatment of borderline personality disorder with transference focused psychotherapy. *Journal of Clinical Psychology*, *62*, 481–501.

Lieblich, A. (2004). The place of psychotherapy in the life stories of women in households without men. In A. Lieblich, D. P. McAdams & R. Josselson (Eds), *Healing plots: The narrative basis of psychotherapy* (pp. 171–188). Washington, DC: American Psychological Association.

Loevinger, J. (1976). *Ego development: Conceptions and theories*. San Francisco, CA: Jossey-Bass.

Loevinger, J., & Wessler, R. (1970). *Measuring ego development: Volume 1. Construction and use of a sentence completion test*. San Francisco, CA: Jossey-Bass.

Lysaker, P. H., Buck, K. D., & Ringer, J. (2007). The recovery of metacognitive ability in schizophrenia across 32 months of individual psychotherapy: A case study. *Psychotherapy Research*, *17*, 713–720.

Lysaker, P. H., Davis, L. W., Hunter, N. L., Nees, M. A., & Wickett, A. (2005). Personal narratives in schizophrenia: Increases in coherence following five months of vocational rehabilitation. *Psychiatric Rehabilitation Journal*, *29*, 66–68.

Lysaker, P. H., & Lysaker, J. T. (2006). Psychotherapy and schizophrenia: An analysis of requirements of an individual psychotherapy for persons with profoundly disorganized selves. *Journal of Constructivist Psychology*, *19*, 171–189.

Machado, P. P. P., & Gonçalves, O. F. (1999). Introduction: Narrative in psychotherapy: The emerging metaphor. *Journal of Clinical Psychology*, *55*, 1175–1177.

Mandler, J. M. (1984). *Stories, scripts, and scenes: Aspects of schema theory.* Hillsdale, NJ: Erlbaum.

McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology*, *5*, 100–122.

McAdams, D. P. (2005). *Coding autobiographical episodes for themes of agency and communion.* Retrieved August 2, 2008, from www.sesp.northwestern.edu/foley/instruments/agency/

McAdams, D. P. (2006a). The problem of narrative coherence. *Journal of Constructivist Psychology*, *19*, 109–125.

McAdams, D. P. (2006b). *The redemptive self: Stories Americans live by.* New York: Oxford University Press.

McAdams, D. P., & Adler, J. M. (in press). Autobiographical memory and the construction of a narrative identity: Theory, research, and clinical implications. In J. E. Maddux & J. Tangney (Eds), *Social psychological foundations of clinical psychology.* New York: Guilford Press.

McLean, K. C., Pasupathi, M., & Pals, J. L. (2007). Selves creating stories creating selves: A process model of self-development. *Personality and Social Psychology Review*, *11*, 262–278.

Neimeyer, R. A., Herrero, O., & Botella, L. (2006). Chaos to coherence: Psychotherapeutic integration of traumatic loss. *Journal of Constructivist Psychology*, *19*, 127–145.

Neimeyer, R. A., & Raskin, J. D. (2000). *Constructions of disorder: Meaning-making frameworks for psychotherapy.* Washington, DC: American Psychological Association.

Nilsson, T., Svensson, M., Sandell, R., & Clinton, D. (2007). Patients' experiences of change in cognitive-behavioral therapy and psychodynamic therapy: A quantitative comparative study. *Psychotherapy Research*, *17*, 535–566.

Rennie, D. L. (1992). Qualitative analysis of the client's experience of psychotherapy: The unfolding of reflexivity. In S. G. Toukmanian & D. L. Rennie (Eds), *Psychotherapy process research: Paradigmatic and narrative approaches* (pp. 211–233). London: Sage.

Rennie, D. L. (1994). Storytelling in psychotherapy: The client's subjective experience. *Psychotherapy: Theory, Research, Practice, Training*, *31*, 234–243.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudiamonic well being. *Annual Review of Psychology*, *52*, 141–166.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, *69*, 719–727.

Salvatore, G., Conti, L., Fiore, D., Carcione, A., Dimaggio, G., & Semerari, A. (2006). Disorganized narratives: Problems in treatment and therapist intervention hierarchy. *Journal of Constructivist Psychology*, *19*, 191–207.

Semerari, A., Carcione, A., Dimaggio, G., Nicolò, G., Pedone, R., & Procacci, M. (2005). Metarepresentative functions in borderline personality disorder. *Journal of Personality Disorders*, *19*, 690–710.

Singer, J. A. (2004). Narrative identity and meaning-making across the lifespan: An introduction. *Journal of Personality, 72*, 437–459.

Singer, J. A., & Rexhaj, B. (2006). Narrative coherence and psychotherapy: A commentary. *Journal of Constructivist Psychology*, *19*, 209–217.

Spence, D. P. (1982). *Narrative truth and historical truth: Meaning and interpretation in psychoanalysis*. New York: W.W. Norton.

Stiles, W. B., Elliott, R., Llewelyn, S. P., Firth-Cozens, J. A., Margison, F. R., Shapiro, D. A., & Hardy, G. (1990). Assimilation of problematic experiences by clients in psychotherapy. *Psychotherapy*, *27*, 411–420.

Vaillant, G. E., & McCullough, L. (1987). The Washington University Sentence Completion Test compared with other measures of adult ego development. *American Journal of Psychiatry*, *144*, 1189–1194.

Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States. *Archives of General Psychiatry*, *62*, 629–640.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect:

The PANAS Scales. *Journal of Personality and Social Psychology*, *54*, 1063–1070.

Westenberg, M. Blasi, A. & Cohn, L. D. (1998). (Eds.). *Personality development: Theoretical, empirical, and clinical investigations of Loevinger's conception of ego development*. Mahwah, NJ: Erlbaum.

Westenberg, P. M., & Block, J. (1993). Ego development and individual differences in personality. *Journal of Personality and Social Psychology*, *65*, 792–800.

White, M. (2004). Folk psychology and narrative practices. In L. E. Angus & J. McLeod (Eds), *The handbook of narrative and psychotherapy: Practice, theory, and research* (pp. 15–52). Thousand Oaks, CA: Sage.

Williams, D. C., & Levitt, H. M. (2007). Principles for facilitating agency in psychotherapy. *Psychotherapy Research*, *17*, 66–82.

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