

Narrative Processes Coding System: A Dialectical Constructivist Approach to Assessing Client Change Processes in Emotion-Focused Therapy of Depression

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Abstract. Drawing on a Dialectical Constructivist model of therapeutic change, this paper addresses the fundamental contributions of client narrative disclosure, emotional differentiation and reflexive meaning-making processes in emotion-focused treatments of depression. An overview of the multi-methodological steps undertaken to empirically investigate the contributions of client storytelling, emotional differentiation, and meaning-making processes, using the Narrative Processes Coding System (NPCS; Angus et al., 1999) are provided, followed by a summary of key research findings that informed the development of a narrative-informed approach to emotion-focused therapy of depression (Angus & Greenberg, 2011). Finally, therapy practice implications for the adoption of a research-informed approach to working with narrative and emotion processes in emotion-focused therapy are described and future research directions discussed.

Keywords: narrative processes, process-outcome research, emotion-focused therapy

As Strupp and Binder (1984) suggest, client storytelling is a central focus of psychological activity, structure, and organization in psychotherapy. Drawing on a Dialectical Constructivist model of therapeutic change, Angus and Greenberg (2011) further note that the reflexive construction of new personal meanings also involves the narrative organization and articulation of client emotional experiences in productive emotion-focused therapy (EFT) sessions. In this paper, we first provide a brief overview of Angus and Greenberg's (2011) Dialectical Constructivist model of therapeutic change that highlights the contributions of narrative and emotion processes for productive meaning-making construction, and efficacious treatment outcomes, in EFT of depression. Next, through the development and application of the Narrative Processes Coding System (NPCS; Angus, 2012), we describe the methodological steps un-

dertaken to investigate the contributions of client storytelling, emotional differentiation and meaning-making processes in EFT of depression (Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2004). A summary of key research findings emerging from this Narrative Process Coding System research program are discussed in terms of (a) providing empirical support for a Dialectical Constructivist model of client change and (b) informing the development of a narrative-informed approach to EFT of Depression (Angus & Greenberg, 2011). Finally, we identify directions for future psychotherapy research that include the recent development of a Narrative-Emotion Process Coding System (NEPCS; Boritz, Bryntwick, Angus, Carpenter, & Greenberg, 2012), for application to psychotherapy session videotapes.

A Dialectical Constructivist model of narrative, emotion and meaning-making processes in EFT of depression

In the context of their Dialectical Constructivist approach to facilitating client change processes in EFT of depression, Angus and Greenberg (2011)

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argue that client narrative expression is foundational for the elaboration of emotional meaning-making and the emergence of new self-understanding in EFT of depression. As noted by Bruner (2004), when we become narrators of our own stories, we produce a selfhood that can be shared with others that permits us to look back selectively to our past and shape possibilities for an imagined future. Importantly, it is in the act of articulating a situated point of view, in relation to actions and events, that storytelling gives expression to human agency and self-identity.

Consistent with Damasio's (1999) contention that the first impetus to story a lived experience is the awareness of an inner bodily felt feeling, Angus and Greenberg (2011) argue that it is often the expression of an emotional feeling that is a key indicator of the personal significance of a story. Furthermore, they note that it is the narrative scaffolding of emotional experiences that provides a framework for the organization and integration of felt emotions with unfolding action sequences. For Angus and Greenberg (2011), core emotional experiences such as pain, hurt, sadness or loving compassion need to be situated and symbolized in the context of personal stories so that important information about a client's needs and goals, and the personal meaning of what happened, can be further articulated and understood. As such, emotion-focused therapists are encouraged to help clients vividly experience bodily felt emotions, in the present moment of a session, through the disclosure of emotionally salient personal stories and/or participation in EFT role play interventions.

Within the context of their Dialectical Constructivist model of emotion, narrative and meaning-making process in EFT of depression (Angus & Greenberg, 2011), the meaning of an emotion is understood when it can be organized within a narrative framework that identifies what is felt, about whom, in relation to a specific need or issue. As such, the reflexive processing and symbolization of clients' emotional experiences, in the context of salient personal stories, is viewed as a key intervention strategy that enables clients to meaningfully integrate their narrative and emotional lives, as a vehicle for therapeutic change.

The contributions of narrative and emotion processes for the development of heightened client reflection in psychotherapy has been increasingly addressed (Bucci, 1995; Mergenthaler, 2008; Salvatore, Gennaro, Auletta, Tonti, & Nitti, 2012; Santos, Goncalves, Matos, & Salvatore, 2009) in the psychotherapy research literature. More specifically, Angus, Hardtke and Levitt co-developed the Narrative Processes Coding System (Angus, Levitt, & Hardtke, 1999) in order to empirically assess the specific contributions of personal storytelling, meaning-making and emotion processes for treatment outcomes in EFT of depression (Greenberg & Angus, 2004; Angus & Greenberg, 2011).

Narrative Processes Coding System (NPCS): Assessing narrative, emotion and meaning-making modes in EFT of depression

The Narrative Processes Coding System (NPCS; Angus, Hardtke, & Levitt, 1996) entails a two-step procedure that enables researchers to: (1) reliably subdivide and characterize therapy session transcripts into Topic Segments according to content shifts in verbal dialogue; and then (2) further subdivide and characterize identified Topic Segments in terms of one of three Dialectical Constructivist process modes: (a) *External* sequences that include the disclosure of personal stories (past, present, and/or future; actual or imagined); (b) *Internal* sequences that includes descriptions of bodily felt feelings and emotions; and (c) *Reflexive* sequences that entail recursive questioning and meaning-making processes in relation to reflection on core beliefs, actions, emotions and personal stories.

Step 1: Identification of Topic Segments

The first stage of the NPCS procedures enables trained raters to reliably subdivide therapy session transcripts into Topic Segments according to content shifts in the verbal exchange between client and therapist. For research purposes, the initiator of each Topic Segment is identified and each segment is required to be at least ten transcript lines in length. The transcript line length criteria was established to ensure that additional coding measures could be applied to Topic Segments to evaluate the depth and quality of narrative, emotion or meaning-making processes within and across topic segments (Levitt & Angus, 2000).

Once identified, each Topic Segment is characterized in terms of a key issue and relationship focus. When identifying key issue, raters try to provide a gist of the therapy session discourse that uses the client's and/or therapist's own words. Relationship focus reflects the primary relationship that is addressed in the topic segment as demonstrated in the example below.

Topic Segment Relational Focus—self in relation to mother. Topic Segment Key issue: “so helpless and scary”—emotional impact of childhood memory.

- C: I remember once, coming home from school and finding her sitting in a chair in the living room, staring out the window and just refusing to talk, to my dad, to my sister, to anyone [...] she didn't talk for 3 days and it was so hard being around her [...] not knowing what was on her mind or what she was planning to do [...] I just didn't know what to say or do.
- T: and that was distressing for you? Just not knowing “what can I do?” What was that like for you [...] living with that feeling? Can you tell me a bit more about the feeling you are experiencing now?
- C: it was like stepping on eggshells [...] always feeling afraid that she was going to do something to hurt herself [...] so helpless and scary like there is nothing I could ever do to make a difference (Angus, 2012, p. 4).

Step 2: Identification of External, Internal and Reflexive sequence subtypes

Next, raters code each identified Topic Segment for the presence or absence of three narrative process sequence subtypes—External, Internal and Reflexive—that correspond to storytelling, emotion and meaning-making process modes identified by Angus and Greenberg (2011) in their Dialectical Constructivist model of client change in EFT.

External narrative sequences. It is crucial that clients remember emotionally-salient events in order to fill in the gaps in the narrative that may have been forgotten or never fully acknowledged and therefore not understood (Angus et al., 1999). This therapeutic process is represented by External narrative sequences that address the question of “what happened?” (Angus & Hardtke, 1994). An External narrative sequence may entail a description of either a specific event, a general description of many repeated similar events or a composite of many specific events (Angus et al., 1996). Angus and Kagan (2007) point out that the more a client can describe emotionally-salient, personal stories in a detailed and descriptive manner, the more opportunity a therapist has to develop an imagistic rendering of that experience and to empathically adopt the internal frame of the client. Additionally, a growing number of psychotherapy researchers and practitioners (Angus & Greenberg, 2011; Bucci, 1995; Salovey & Singer, 1993; Borkovec & Roemer, 1995) have pointed out that the articulation of a detailed description of a specific personal memory often provides the client with an opportunity to more fully access emotions and thoughts experienced in the context of a past event.

A growing number of developmental (Stern, 1985) and personality researchers (Epstein, 1984; Janoff-Bulman, 1992; Salovey & Singer, 1993) also suggest that key episodic memories may function as core emotion schemes (Angus & Greenberg, 2011) that shape the development of a client’s self-identity narrative. Accordingly, in the context of their dialectical constructivist model, Angus and Greenberg (2011) suggest that accessing and reflecting on clients’ core emotion schemes is an important therapeutic task for heightened emotion and narrative integration and meaning-making in effective EFT sessions. For instance, they suggest that emotion-focused therapists can intentionally shift clients into an External narrative sequence by asking the client to provide a detailed concrete description of an important life event in order to facilitate a re-experiencing, rather than a retelling, of personal stories in therapy sessions.

In terms of the Narrative Process Coding System method, External narrative sequences address the question of “what happened to me?” and may entail information sharing or, as is more often the case, disclosures of personal stories that become the focus for heightened self-reflection and further emotional

elaboration in therapy sessions. Drawing on the Topic Segment presented earlier, the following text would be identified as an External sequence:

- C: I remember once, coming home from school and finding her sitting in a chair in the living room, staring out the window and just refusing to talk, to my dad, to my sister, to anyone [...] she didn’t talk for three days.

Internal narrative process sequences. Clients also need to be fully engaged in the lived experience of an event in order to bring to awareness, and fully articulate, tacit feelings and emotions. This is achieved by both the therapist and client engaging in the detailed unfolding and exploration of associated sensations and emotions, which can emerge in the re-telling of an autobiographical memory. An Internal narrative process mode addresses the question of what was felt by a client in the context of disclosing a personal story to his or her therapist. The function of client Internal narrative sequences is to share with the therapist his/her re-experienced feelings and emotions that are associated with the retelling of a particular event (External narrative sequence) or, to articulate newly emerging feelings and emotions occurring during the therapy hour (Angus et al., 1999).

In the context of dealing with physical and psychological trauma, there are compelling research findings which demonstrate that emotional disclosure in the context of trauma narratives is predictive of positive immunological and psychological effects for survivors (Pennebaker, 1995). And, while a growing consensus of psychotherapy researchers (Greenberg, Rice, & Elliot, 1993; Greenberg & Safran, 1987; Mahoney, 1991) are recognizing the importance of emotional disclosure as a basis for the generation of new personal meanings and self-narrative change, psychotherapy approaches differ to the extent to which they prioritize the description of what was experienced in the past versus focussing on the processing of emotion schemes emerging in the session.

For instance, Angus and Greenberg (2011) argue that the more evocative and descriptive a client can be regarding his or her experiencing during a session, the greater the opportunity an EFT therapist has to empathically resonate with and attune to the client’s feeling state. Additionally, in the context of Internal narrative sequences, metaphors have been found to help deepen client experiencing during EFT sessions (Levitt, Korman, Angus, & Hardtke, 1997; Levitt, Korman, & Angus, 2000) and contribute to the development of a shared context of understanding, between client and therapist (Angus & Rennie, 1988, 1989).

In summary, Internal narrative sequences address the question of “what am I feeling?” and entail the symbolization of affective responses that often signal the personal significance of the story for the client. The following transcript example selected from the Topic Segment presented earlier in this paper

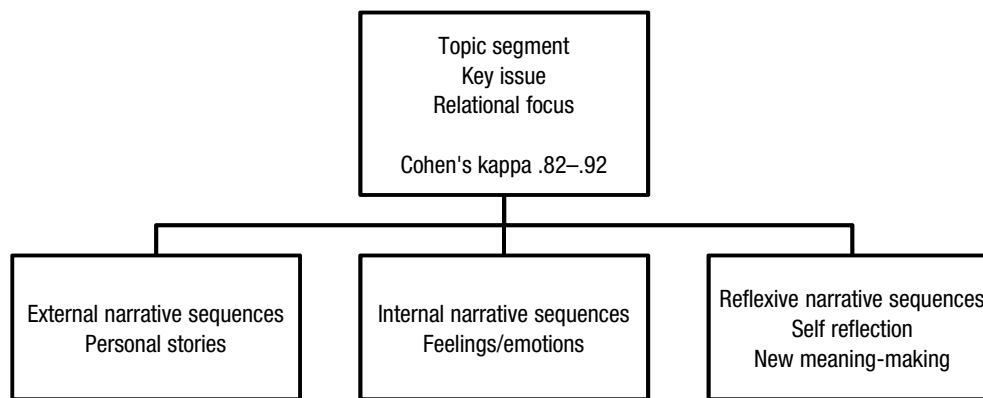


Figure 1. Narrative process coding system (NPCS; Angus, Levitt, & Hardtke, 1999).

would be identified as an Internal narrative sequence:

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

Reflexive narrative process sequences. Angus and Greenberg (2011) suggest that it is clients' reflexive analyses of salient personal stories and the emotional experiences they evoke, that often leads to the construction of new meanings and perspectives on situations and self-identity reconstruction in EFT of depression. As such, it is in the context of the Reflexive narrative mode that clients' are likely to explore personal expectations, needs, motivations, anticipations, and beliefs in order to make meaning of their personal stories. Citing findings from Pennebaker's (1995) work with trauma survivors, Greenberg and Angus (2004) argue that reflexive elaboration and meaning creation is an important therapeutic consequence of client emotional expression emerging from the disclosure of painful personal stories and the description of traumatic events.

Reflexive narrative sequences address the question of "what does this mean to me now?," and entail heightened reflection on intentions, beliefs, goals, feelings and actions that further facilitates client engagement in productive meaning-making, emotional transformation and story reconstruction—narrative change—in EFT sessions. The following transcript, identified in the Topic Segment present earlier, provides an example of a Reflexive narrative sequence:

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

T: and that was distressing for you? Just not knowing "what can I do?" Can you tell me a bit more about the feeling you are experiencing now?

In summary, the Narrative Process Coding Sys-

tem (Angus et al., 1996; Angus et al., 1999) is designed to code interactional transcript segments which can include both client and therapist discourse. In terms of Kiesler's (1973) classification of psychotherapy process measures, the NPCS can be described as a nominal method for the categorization of psycholinguistic dimensions of the therapeutic interaction. Given that the entire therapy session transcript (summary unit) is used for the identification of topic segments (contextual units) and narrative sequences (scoring units), the NPCS can also be characterized as a comprehensive categorization method. As such, the NPCS provides a comprehensive method for the identification of the three key processing modes—client storytelling, emotional expression and meaning-making—identified by Angus and Greenberg (2011) in their Dialectical Constructivist approach to working with depression in EFT.

The starting point for the empirical investigation of client storytelling, emotional differentiation and reflexive meaning-making process in EFT of depression began with the intensive analyses of Narrative Process Coding System patterns evidenced in EFT sessions drawn from three recovered and three unchanged clients selected from the York I Depression study (Greenberg & Watson, 1998). Once transcribed, all 96 therapy sessions were coded using the Narrative Process Coding System (Angus et al., 1996) wherein good levels of inter rater agreement (Angus et al., 1999; Angus et al., 2004) were established for both the identification of topic segments and narrative process mode subtypes: External, Internal and Reflexive (see figure 1).

External narrative sequence analyses: Contributions of personal story disclosure in EFT of depression

In terms of descriptive research findings, Angus et al. (2004) report that 74% of all External narrative sequences identified in EFT therapy sessions entailed the disclosure of an autobiographical memory narra-

tive or personal story (Angus et al., 2004). Stated another way, on average, clients disclosed four to six personal stories to their emotion-focused therapists during therapy sessions. Angus et al. (2004) also found that, irrespective of treatment outcome, at least 50% of all narrative process sequence shifts identified in EFT sessions involved movement from story disclosure (External narrative sequence) to personal meaning-making (Reflexive narrative sequence). This story-focused meaning-making pattern typically started with a client's disclosure of a personal story (External narrative sequence).

C: I remember once, coming home from school and finding her sitting in a chair in the living room, staring out the window and just refusing to talk, to my dad, to my sister, to anyone [...] she didn't talk for three days [followed by a shift to a meaning-making mode (Reflexive narrative sequence)] and it was so hard being around her [...] I just didn't know what to say or do.

To further understand the unique contributions of External narrative sequences to differential treatment outcomes in the York I Depression Study, the relationship between External narrative sequence subtypes and overall treatment outcomes (Boritz, Angus, Monette, & Hollis-Walker, 2008), was investigated in the full York I Depression sample. While previous research studies had established a link between over-general memory recall and symptoms of depression (Williams et al., 2007), no study to date had examined the degree of client autobiographical memory specificity expressed during therapy sessions and level of depression at therapy termination. The transcript sample for this study consisted of External narrative sequences selected from two early, two middle and two late phase sessions that had been rated using the Narrative Processes Coding System (Angus et al., 1996). All External narrative sequences that met criteria as a personal autobiographical memory were further assessed for degree of narrative specificity—single event, generic or eventless (Singer & Moffit, 1992). Good levels of inter rater reliability were established for both the identification of External narrative sequences and narrative specificity subtypes (Boritz et al., 2008).

In order to investigate the relationship between narrative specificity and pre-post change in level of depression at treatment outcome, a multi-level regression analysis was performed using the proportions of narrative specificity subtypes (single-event, generic, extended) identified in External narrative sequences as the dependent variable and stage of therapy (early, middle, late) as the independent variable, with random intercepts for sessions within dyads. Level of depression was assessed using the Beck Depression Inventory (Beck, Steer, & Garbin, 1988). As reported by Boritz et al. (2008), a significant increase in the degree of narrative specificity was evidenced from middle to late, and from early to late stages of therapy

for the sample as a whole, while no significant differences were established for non-depressed vs. depressed clients at treatment termination.

Based on evidence in the research literature proposing a strong link between over-general narrative disclosure and emotional avoidance in clinical samples (Williams et al., 2007), Boritz, Angus, Monette, Hollis-Walker and Warwar (2011) decided to investigate the relationship between expressed emotional arousal (Warwar & Greenberg, 1999), and degree of narrative specificity (Boritz et al., 2008) identified in the context of External narrative sequences. Multi-level mixed, regression analyses showed a significant positive relationship between higher levels of expressed emotional arousal and narrative specificity for EFT clients who were no longer depressed at therapy termination. In contrast, a non-significant, negative relationship between expressed arousal and narrative specificity was established for EFT clients who remained clinically depressed at therapy termination (Boritz et al., 2011).

Taken as a whole, the study results suggest that EFT clients who recovered from Depression by therapy termination were significantly more likely to emotionally express their feelings in the context of specific autobiographical memory narratives (External sequences), than EFT clients who remained depressed at treatment termination. As such, these empirical research findings appear to provide preliminary empirical support for the importance of narrative and emotion integration as discussed in Angus & Greenberg's Dialectical Constructivist model (2011). Having explored the contributions of External narrative sequences to EFT treatment outcomes, the role and function of Internal and Reflexive sequences, to treatment outcomes, was investigated next.

Internal and Reflexive narrative sequence analyses: Investigating the contributions of emotion-focused meaning-making in EFT of depression

Using hierarchical log linear regression analyses, Lewin, Angus, and Blagov (2003) established that EFT clients who recover from depression evidence a significantly higher proportion of sequential Reflexive to Internal and/or Internal to Reflexive narrative sequence shifts—what they term emotion-focused meaning-making shifts—when compared to EFT dyads who remained depressed at therapy termination. Drawing on the previous clinical example, the following therapy session segment demonstrates how emotion-focused meaning making shifts typically follow from the disclosure of a personal story:

C: I remember once, coming home from school and finding her sitting in a chair in the living room, staring out the window and just refusing to talk, to my dad, to my sister, to anyone [...] she didn't talk for three days (External narrative sequence) and it was so hard being around her [...] I just didn't

know what to say or do (Reflexive narrative sequence).

- T: and that was distressing for you? Just not knowing “what can I do?” What was that like for you...living with that feeling? (Therapist invites client shift to Internal narrative sequence).
- C: it was like stepping on eggshells [...] always feeling afraid that she was going to do something to hurt herself so helpless and scary that there was nothing I could do to make a difference (Internal narrative sequence) (Angus, 2012, p. 5)

In order to further understand the connection between productive EFT outcomes and the occurrence of emotion-focused meaning-making shifts, Lewin and Angus (2008) decided to directly investigate the relationship between the occurrence of Internal to Reflexive and Reflexive to Internal narrative sequence shifts and client productive engagement, measured by the Experiencing Scale (EXP; Klein, Mathieu-Coughlan, & Kiesler, 1986). The Experiencing Scale is an ordinal measurement system that evaluates the degree to which clients are actively engaged in productive experiential meaning-making during therapy sessions. Good levels of inter rater agreement for the Experiencing Scale had been established by Pos, Greenberg and Warwar (2009) who reported that higher level Experiencing scores significantly predicted positive treatment outcomes for clients undergoing EFT of depression.

Based on Angus and Greenberg’s Dialectical Constructivist tenets of productive client change (Angus & Greenberg, 2011), Lewin and Angus hypothesized that higher proportions of co-occurring Internal-Reflexive and Reflexive-Internal narrative sequences (emotionally-focused meaning-making shifts) would be significantly correlated with higher Experiencing Scale scores for EFT clients who were no longer depressed at therapy termination. A Hierarchical Linear Modelling analysis was conducted wherein Experiencing Scale scores were identified as the dependent variable and proportion of co-occurring Internal-Reflexive and Reflexive-Internal narrative sequence shifts (emotionally-focused meaning-making shifts) were identified as independent variable. As predicted, Lewin and Angus (2008) found that from early to late stages of therapy, EFT clients who recover from depression evidenced a significantly greater increase in Experiencing Scale scores when compared to EFT clients who remained depressed at therapy termination.

Supporting Angus & Greenberg’s (2011) Dialectical Constructivist model of client change processes, returns from our extended Narrative Process Coding System analyses of EFT of depression sessions suggests that the disclosure of emotionally alive, specific personal narratives may be an important means by which depressed clients begin to learn how to tolerate and story their most vulnerable emotions of pain, hurt, anger and rage in service of further reflection, increased emotion regulation and new meaning-

making in productive EFT therapy sessions (Boritz et al., 2008, 2011). As such, results from our Narrative Process Coding System research program suggest that depressed clients’ reflection on emotional experiences evoked in the context of specific personal story disclosures may provide a unique opportunity to (a) identify specific factors, events or actions that evoked an emotional response and (b) understand more fully the meaning of those emotions, in the context of their own personal stories (Missirlian, Toukmanian, Warwar, & Greenberg, 2005; Toukmanian, 1992) that in turn increases emotional self-regulation and self-understanding.

Working with External, Internal and Reflexive narrative processes in EFT of depression: Clinical implications and future research directions

Angus and Greenberg’s (2011) Dialectical Constructivist model suggests that the narrative organization of emotional experiences temporally sequences events and co-ordinates actions, objects and people in our lives for enhanced self-reflection and new meaning-making. As such, this Dialectical Constructivist interplay of narrative and meaning-making processes appears to help EFT clients organize and symbolize emotional experiences, as an integrated, coherent story that makes sense of their experiences in the world.

To further develop a Dialectical Constructivist approach to working with narrative and emotion processes in EFT, Angus and Greenberg (2011) have recently identified a set of specific client utterances and behaviors that are indicators of underlying narrative, emotion, and new meaning-making markers that afford opportunities for particular types of effective therapeutic interventions. Although they share a common empathic base, the identified markers differ in (a) the degree to which specific personal stories are evoked (External narrative mode); (b) the degree of context elaboration needed; (c) the degree of symbolization of bodily felt experience and emotion (Internal narrative mode); (d) the degree of promoting story coherence; and (e) the degree of noticing and heightening client self-reflection (Reflexive narrative mode). As such, each specific narrative-emotion marker not only indicates to a therapist the type of intervention use but also the clients’ current *readiness* to work on these problems (Angus, 2012).

Narrative and emotion Problem Markers (Angus, 2012) include: the *same old story* are repetitive unproductive experience based on core maladaptive emotion schemes; *unstoried emotions* are states of undifferentiated affect and unregulated emotional states; *empty stories* are clients’ autobiographical memory disclosures that are stripped of lived emotional experience; and *competing plotline stories* represent client experiences of self-narrative and emotion incoherence.

In contrast, narrative and emotion process Change

Markers highlight opportunities for therapists to recognize and enhance client experiences of positive change events (Angus, 2012). Examples of Change Markers include: *Untold stories* are identified when a client discloses an emotionally salient personal experience that has not yet been externalized as a told story; *unexpected outcome stories* (White, 2007) are identified when clients' express surprise, excitement, contentment or inner peace when comparing current adaptive experiences to past maladaptive events and story outcomes and *healing stories* are those moments when clients convey an unexpected recollection of a vivid personal memory that captures when an important relational need was met by a significant other (Sandler, 2011).

Conclusion

Over the past twenty years we have undertaken a systematic investigation of story telling, emotion and meaning-making processes in emotion-focused treatments of depression, using the Narrative Processes Coding System (Angus, 2012). Taken as a whole, returns from our narrative processes research program have provided growing empirical support for Angus and Greenberg's (2011) contention that client disclosures of specific, emotionally-charged personal narratives are an important foundation for the symbolization, reflection and transformation of maladaptive emotional experiences in EFT of depression (Boritz et al., 2011).

In terms of future research, specific client indicators that provide detailed criteria for the identification of narrative and emotion problem and change markers in therapy session video tapes have been recently identified for the development of a Narrative and Emotion Processes Coding System (NEPCS; Boritz, et al., 2012) and manual. Ongoing studies in our Narrative Processes research lab at York University are investigating the prevalence and pattern of NEPCS patterns in recovered versus unchanged client treatment subgroups drawn from EFT, Client centered therapy and Cognitive therapy treatments of depressions (Boritz, 2012; Boritz, Angus & Constantino, 2012) as well as for use in the treatment of trauma (Paivio & Pascual-Leone, 2010). As noted by Angus (2012), it will be important for future studies to investigate the specific steps and therapeutic strategies that help depressed clients shift from unproductive engagement in Same Old Stories to accessing and symbolizing primary emotions for adaptive action tendencies and unexpected story outcomes in differing treatment approaches and clinical samples.

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