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Innovative Moments and Change in Emotion-Focused Therapy: The Case of Lisa

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Abstract

This article presents an intensive case analysis of a good outcome case of emotion-focused therapy – the case of Lisa – using the *Innovative Moments Coding System* (IMCS). The IMCS, influenced by White's narrative therapy, conceptualizes narrative change as resulting from the elaboration and expansion of narrative exceptions or *unique outcomes* to a client's core problematic self-narrative. The IMCS identifies and tracks the occurrence of 5 different types of narrative change: *action*, *reflection*, *protest*, *re-conceptualization*, and *performing change*. This is the first attempt to use the IMCS with cases outside the narrative tradition. We discuss the results, emphasizing the commonalities and major differences between this case and other good outcome cases.

Keywords: Innovative Moments; Emotion-Focused Therapy; Change Process.

Innovative Moments and Change in Emotion-Focused Therapy: The Case of Lisa

In this article, we report findings emerging from the intensive case analysis of Lisa, one of the most successful cases from the York I Project on Depression Study (Greenberg & Watson, 1998; Greenberg & Angus 1994), using the *Innovative Moments Coding System* (IMCS; Gonçalves, Matos, & Santos, 2009; Gonçalves, Ribeiro, Matos, Santos, & Mendes, in press). The IMCS is grounded in a narrative tradition and this is the first application of the IMCS with a therapeutic approach not based in this tradition, allowing us to test the applicability of this coding system to other models of therapy. The main purpose of this study is to assess whether the application of the IMCS can facilitate a richer, theoretical understanding of how client change occurs in EFT of depression.

The IMCS (Gonçalves et al., 2009; Gonçalves et al., in press) is rooted in a narrative conception of the self, as it was conceptually elaborated by Bruner (1986), McAdams (1993), Sarbin (1986), among others (see also Angus & McLeod, 2004; Gonçalves & Machado, 1999; Hermans & Hermans-Jansen, 1995). At the core of these theoretical contributions is the notion that human beings construct meanings for their lives by narrating episodes about themselves, the others, and the world. This cognitive construction of narrative structures allows us to organize our identity by constructing an integrated life-story (see Habermas & Bluck, 2000; McAdams, 2001a, b).

As McAdams (2001a) suggests a self-narrative constructed, for instance, from the theme of agency (e.g., self-mastery) would be very different than one constructed from the theme of communion (e.g., love, dialogue). These two themes might shape very different lives, organizing people's relationships, behaviors, thoughts, goals, and emotions very differently.

The IMCS (Gonçalves et al., 2009; Gonçalves et al., in press) provides a systematic, reliable method for the identification of narrative changes emerging within and across psychotherapy sessions. This method was inspired by the work of White and Epston (1990),

who suggested that client's self-narrative change can occur when positive outcome stories, or what they call *unique outcome stories*, are accessed and elaborated in the therapeutic conversation. From this perspective, change does not take place because a problematic self-narrative is somehow "corrected" and the client is free to elaborate new meanings, but rather clients elaborate new meanings in therapy (that is, unique outcomes) and the accumulation of new meanings allows them to revise the problematic self-narrative (see White, 2007 for a description of therapeutic techniques). In this framework, problematic self-narratives are accounts of the person, others, and the world that impose strict constraints in the construction of meanings, making it difficult for the person to elaborate the diversity of daily life. The relevant point here is that if a problematic self-narrative makes the client unable to capture the diversity of lived experience, a lot of experiences will be ignored and neglected. These neglected or ignored experiences are what White and Epston (1990) call unique outcomes. For instance, depressive clients often tell self-narratives around the themes of loss, inability, and hopelessness (see research on the prototypical narratives of different psychopathological categories, Gonçalves & Machado, 1999). The dominance of this self-narrative is the result of neglecting and ignoring unique outcomes, which are episodes in which the person felt, thought, or behaved in a non-depressive way. For instance, in the case of Lisa, at session 6, she states: "I feel stronger, that I want to get down into it more, like I want to fight it more". This is clearly in contradiction with the problematic self-narrative (more on this below) that has been organizing Lisa's way of feeling, thinking and acting; thus representing an unique outcome.

Thus, unique outcomes, or as we prefer *innovative moments* (or i-moments), can be defined as all occurrences (thought, acted, imagined) that are different from the problematic self-narrative and are, in this sense, a representation of client self change. They are openings to the elaboration of new meanings, challenging the hegemonic role of problematic self-

narratives in clients' lives. As problematic self-narratives impose severe constraints to meaning construction in clients' lives, i-moments are all the times these constraints are broken by the client. Thus, if the problematic self-narrative is the rule (of behaving, feeling, thinking, and relating) dominant at a given time in client's lives, i-moments are all the exceptions, no matter how incipient and poorly elaborated they are. To track i-moments, the researcher needs, in fact, to clearly have in mind what the problematic story is (the rule) in order to identify what will constitute a narrative innovation or change (the exception).

Innovative moment coding system (IMCS) identifies five different types of i-moments:

1. *Action* i-moments refer to specific new actions that are intentionally engaged in by the client and are different than one would expect, keeping in mind the constraints the problematic self-narrative imposes on the client's actions.

2. *Reflection* i-moments are those events in which the client understands something new that directly contradicts or challenges the problematic self-narrative.

3. *Protest* i-moments are actions (like action i-moments) or thoughts (like reflection i-moments) that express a direct refusal of the problematic self-narrative and its assumptions. These i-moments are present when the client begins to voice some sort of dissatisfaction with the limiting consequences of the problematic self-narrative. Protest involves a different way of repositioning the self in relation to self and others and results in more proactive, agentic stance in therapy. For instance, reflection i-moment can emerge as a new understanding (e.g., "I discovered that I have this tendency to criticize myself all the time, like my mother used to do to me"), whereas protest i-moment can appear as a way of more proactively refusing the assumptions of the problematic self-narrative (e.g., "I won't accept anymore this critical view my mother had of me!").

4. *Re-conceptualization* i-moments represent a complex form of meta-reflective meaning construction that indicates that the person not only understands what is different about him or herself, but can also describe the process that was involved in this transformation. These i-moments involve three components: the self in the past (problematic self-narrative), the self in the present, and the description of the processes that allowed the transformation from the past to the present. Hence, these i-moments involve a meta-position toward the change process, given the access the person has toward the ongoing change. We think that this access, absent in the other i-moments, is fundamental in psychotherapeutic change, given the fact that it positions the person as an author of the change process. This is congruent with the claims done by several authors (e.g., Dimaggio, Salvatore, Azzara, & Catania, 2003; Hermans, 2003) suggesting that change occurs in psychotherapy because there is a new subject position that emerges, that provides a new perspective from which other positions of the self can be articulated. These researchers emphasize the development of meta-cognitive skills in the development of therapeutic change (see also Semerari, Carcione, Dimaggio, Nicolo, Procacci et. al., 2003). This meta-position is akin to what we refer to as an authoring position, allowing the person to reorganize the several positions in his or her repertoire. In fact, re-conceptualization i-moments need some meta-cognitive skills to be present.

Also, the three elements necessary for re-conceptualization to appear (past position, present position, and identifying the processes that allow the transformation from the first to the second condition) imply necessarily a narrative structure connecting past with the present, that seems to be absent in other more fragmentary i-moment subtypes. As such, re-conceptualization i-moments are essential for the establishment of a new, coherent self narrative that gives meaning to the range of i-moments types identified and elaborated in earlier sessions.

5. *Performing change* i-moments entail new projects, activities, or experiences that were impossible before, given the constraints of the problematic self-narrative. They represent a performance of the change process and may function as a projection of a new intentions, purposes, and goals that shape the emergence of a new self-narrative. These i-moments represent the expansion of the emerging new self-narrative into the future.

Further descriptions and exemplifications of the different types of i-moments are provided in the coding manual (Gonçalves et al., in press) and in previous published papers (Gonçalves et al., 2009; Matos et al., 2009). Examples will also be reported next in the analysis of this case.

From the analysis of case-studies and the intensive research done with small samples (see Matos, Santos, Gonçalves, & Martins, 2009; Santos, Gonçalves, Matos, & Salvatore, 2009; Santos, Gonçalves, & Matos, in press) we have constructed a heuristic model of change. According to it (see Figure 1) change starts with action and reflection i-moments, as the most elementary kind of novelty in which the client starts wondering about how life could be if it was different (reflection i-moments) and performing new actions (action i-moments) congruent with these reflection i-moments (or the other way around, from action to reflection). Several cycles of action and reflection (or, inversely, from reflection to action) may be needed to ensure that, to the client and to others, something really different from the problematic self-narrative is happening.

Sometimes protest i-moments also emerge from the beginning, as a form of protesting life from the problem, and in this movement creating a very proactive and powerful position ("I really want to change, I won't stand life like this anymore!"), whereas other times protest i-moments only appear after some development of reflection and action i-moments.

Usually at the middle of the therapeutic process, re-conceptualization emerges, positioning the client as an author of the change process (given the access to the process of

change), articulating the past condition and the present one, integrating the diversity of i-moments that emerged until the moment, in this way facilitating the creation of a new narrative of the self, able to compete with the former problematic self-narrative. Performing change i-moments are projections into the future of this new position. Our model also suggests that this process could develop through cycles of action, reflection, protest, followed by re-conceptualization, stimulating new action, reflection, and protest i-moments, stimulating again new forms of re-conceptualization, and so on, until a new narrative of the self clearly emerges. We hypothesize that this occurs by the accumulation of i-moments and also by the pattern of this accumulation (first action, reflection and protest; then re-conceptualization and latter performing change), leading a new self-narrative to compete with the problematic self-narrative in the organization of the client's daily experience.

***Figure* 1**

In our ongoing research program at our research center, at the University of Minho (Portugal), we have become very interested in exploring if the IMCS can be applied to different psychotherapeutic models, outside the narrative tradition. It is our hypothesis that, independently of specific therapeutic models and their specific techniques, effective therapists aim to reduce the power of clients' problematic self-narratives, helping them to construct new understandings of old problematic stories as well as undertake new actions, thus creating i-moments (see Dimaggio, 2006; on the different meanings of problematic self-narratives).

This is the first case study analysis to apply the IMCS to a psychotherapy approach not influenced by narrative therapy and as such will be informative in a number of different ways. First, it will demonstrate whether the coding system can be applied to emotion-focused

therapy. Second, it may be informative about the nature of narrative change processes occurring in an emotion-focussed therapy of depression. Finally, it may be relevant to clinicians that use EFT, helping them stimulate and sustain narrative change.

The Present Study

In this contribution, our goal is to study the process of narrative change in EFT with one good outcome case of a patient with depression. All therapy sessions were coded using the IMCS in order to track the types of i-moments that occurred within and across sessions. In contrast to narrative therapy, where therapists intentionally search for client generated i-moments and pose questions to elaborate their meanings, EFT therapists are more concerned with accessing, identifying, and restructuring problematic emotion schemes (Greenberg & Watson, 2006). Therefore, the aim of this study is to investigate the occurrence of i-moments and narrative change in one EFT therapy case and to assess whether the application of the IMCS can facilitate a richer, theoretical understanding of how client change occurs in EFT of depression.

Method

Client

Lisa was a 27-year-old woman who was married and had two school-aged children at the time of her participation in the York I Depression Study (Greenberg & Watson, 1998). She described herself as coming from a working class background, and was not employed at the beginning of treatment. She had secured part-time employment, however, before treatment termination. Lisa met criteria for inclusion in the York I Depression Study on the basis of her diagnosis of Major Depressive Disorder (MDD), assessed using the Structural

Clinical Interview for DSM-III-R (SCID; Spitzer, Williams, Gibbons, & First, 1989). Lisa was randomly assigned to Emotion-focused therapy and was seen for 15 sessions.

Lisa reported feelings of sadness, guilt, and resentment towards her family and was unable to articulate the root of her depressed feelings prior to entering therapy.

The case of Lisa was selected for intensive process-outcome analyses on the basis of significant symptomatic change evidenced on pre-post standardized assessment measures. Her pre therapy BDI score of 23 dropped to 3 at therapy termination and post therapy BDI (03) scores, fell to 0 at three month follow-up. A Reliable Change Index (RCI) analysis of her BDI pre- to post-test change scores classified Lisa as having met criteria for recovered (i.e., passed both a BDI cut-off score of 11.08 and RCI criteria) at treatment termination (see Jacobson & Truax, 1991; McGlinchey, Atkins, & Jacobson, 2002). Once identified, all 15 therapy sessions were transcribed as part of larger process-outcome study of Client-centered and Emotion-focused therapy treatments (Greenberg & Angus, 1994).

Therapist

Her therapist was a female doctoral student in clinical psychology with two years of prior clinical experience as a psychotherapist and had undergone a 30 hour training program in EFT prior to participation in the study.

Researcher

The researcher working with the case of Lisa was a woman in her middle twenties doing her PhD dissertation, integrated in a team of researchers that were studying the change processes using the IMCS. Another PhD student, trained in this coding system also participated in the case-study by independently coding 50% of the sample (see below).

Measures

To study the process of change, the case was coded using the IMCS' Manual (Gonçalves et al., 2009; Gonçalves et al., in press). We will give examples below (see Results section) of the different i-moments in the present case. Table 1 describes how the i-moments were identified and gives examples of the diversity in each type.

Table 1

Procedures

For the present study, the raters, after a careful reading of the entire psychotherapeutic transcripts, defined consensually, what the problematic self-narrative was in this case. Table 2 presents the different aspects of the problematic self-narrative in Lisa's case that were tracked with the IMCS in the 15 sessions of therapy. Raters identified i-moments, keeping in mind these different aspects of the problematic self-narrative. The definition of the problems was linked to the verbal material, that is, close to client's discourse, allowing the identification of the i-moments in relation to it. Based on the transcripts of the sessions, raters identified the following problem's main *rule*: accept, please, and help others around her, namely her husband and parents (see Table 2 for further description). This definition of the problem is supported by other case-studies done with this case (see, for instance, Angus, Goldman, & Mergenthaler, 2008; Brinegar, Salvi, & Stiles, 2008). Accordingly, every time Lisa considered the consequences and the effects that this way of acting had on her life and every time she repositioned herself against the others' expectations, focusing on her own feelings and needs was considered an i-moment. Besides that, Lisa reported feelings of sadness, guilt, and resentment. Hence, raters also coded every expression of reduction of those feelings and moments of well-being as i-moments.

Table 2

After this consensual decision, the raters then identified individual thought units (Hill & Lambert, 2004) according to content shifts in the dialogue, in each therapy session transcript. A thought unit was identified when a shift in therapeutic conversation occurred, when either therapist or client started to talk about something new. From our perspective, the process of change is co-constructed between the client and therapist so the unit of analysis may contain both client and therapist turn taking (Angus, Levitt, & Hardtke, 1999). Therefore, the i-moments could result from questions or tasks suggested by the therapist, but they were only coded as i-moments if the client elaborated on them. For instance, if the therapist posed a question that contained an i-moment and the client denied it or did not elaborate on it in some way, it was not coded.

Once identified, each thought unit was then coded independently in terms of the presence of one of five i-moment types (e.g., action, reflection). The five categories were mutually exclusive. All the sessions were coded in a sequential order (session 1, 2 ... until the last one). We preferred to use duration as a measure of the i-moments, which was the amount of time that clients and therapists spent elaborating a given i-moment, instead of frequency, since the former is a more direct indicator of narrative elaboration. Frequency is simply the appearance of one i-moment, giving no information about how long therapists and clients were elaborating the theme. Duration is measured by counting the time with a chronometer of each i-moment, or when we use transcripts (as happened in this case) by counting the proportion of the words involved in each i-moment.

The coding system involved a three step process: (1) the rater had to identify if an i-moment was present or absent for every thought unit of the therapeutic process, (2) then if an

i-moment was present he or she had to decide what type it was, and finally (3) the beginning and the end of that i-moment had to be rated, so a measure of duration was obtained for that particular i-moment.

For each session, we computed an index of duration for each of the five i-moments, as the percentage of text in the session occupied by that type of i-moment (e.g., reflection, protest). This percentage was computed by calculating the amount of words involved in each type of i-moment, for each session, and dividing the total amount of words that the transcript of the session had.

We also computed an index of overall duration of each i-moment for the entire therapy, which is the duration mean of a given type of i-moment across all sessions.

Reliability

During the training period with the authors of the manual, raters had weekly meetings with all members of the research team that were also being trained. Between meetings, they coded psychotherapy transcripts. In our research team, all members were studying the process of change with the IMCS, collecting data from different psychotherapeutic approaches (e.g. Narrative Therapy, Emotion Focused Therapy, Cognitive-Behavioral Therapy) and also the process of change in everyday life. The process of training included reviewing the manual with the authors, coding transcripts from the data collected by each member of the research team, discussing disagreements and misunderstandings in the process of coding until a consensus among every member was established. At the end of the training period, an interrater reliability of these two raters was based on their ratings of the i-moments in a set of selected excerpts of dialogues of therapeutic sessions and interviews (Cohen's Kappa was .82 and .83). After this training process, the raters started coding cases from the EFT samples (Greenberg & Watson, 1998; Greenberg & Angus, 1994).

The inter-judge percentage of agreement for duration was 84%. This means that there was an overlapping of the thought units between both raters in 84% of the transcripts of the 15 sessions. Thus, for example, one rater could have rated reflection i-moment, while the other could have coded protest i-moment but they agreed that this thought unit is an i-moment. This measure of agreement means that both raters agree that a given thought unit is (or is not) an i-moment in 84% of the text. As a measure of the agreement regarding the specific type of i-moment, we used Cohen's Kappa, which in this case was .76, showing a strong agreement between judges (Fleiss, 1981, quoted by Hill & Lambert, 2004).

Results

In the analysis of this case we followed the suggestion made by Stiles (2007) about case-studies, orienting this article to a "theory-building case study". In the light of this framework "each case analysed using a theory has the potential to support, disconfirm, elaborate, or in some way modify statements in the theory" (Brinegar, et al., 2008, p. 8). Along these lines, theory should be changed by new observations while still making sense of the past ones (Brinegar et al., 2008). Thus, we will present the therapeutic change processes according to the IMCS in this section, and the unique insights and challenges that this good outcome case poses to our change model will be the target of the discussion section

Overall Findings

The analysis revealed that i-moments were 35% of all the 15 sessions (overall duration) meaning that this percentage of the text that comprised the entire therapeutic transcripts contained therapeutic conversations that were different from the problematic self-narrative, or in other words, it was constituted of innovations. Of course, as we will discuss below, this number is not constant across sessions, and some sessions have much more time

devoted to i-moments, whereas others have much less (first session is the one with lower duration – 19%, and session 8 is the one with higher duration – 50%).We emphasize that this percentage reflects all the moments that the problematic self-narrative was somehow defied, be it more elaborated and definitive, or more incipiently and tentatively.

The type of i-moment that presented higher duration in this case was protest (14.95%) and the second one was reflection (11.20%). Re-conceptualization occupied 7.06% of the entire therapy, and the percentage of action (0.52%) and performing change (1.10%) was negligible (see Figure 2).

Figure 2

Occurrence of i-moments Types across Therapy Sessions

In what follows, we analyze the way the different types of i-moments evolved throughout the therapeutic process. Figure 3 depicts the evolution of reflection, protest, and re-conceptualization i-moments. Action and performing change i-moments are not represented given their very low duration.

Figure 3

Action i-moments. Action i-moments were the ones that presented lower duration of all i-moment types identified in this case. This type appeared in only six sessions and achieved a low duration score in most of those sessions. The only exception occurred in session 6, when Lisa described a situation in which she had been arguing with her husband, and then decided to end it by going to church. Even though the disclosure of this story only occupied 4% of session 6, the elaboration of this action i-moment was the example with

higher duration of this type in the therapy as a whole. Despite the low duration, this event was very important to Lisa because represented a withdrawal from the husband and what he represented in Lisa's life, and an investment in God and in the support the church offered.

This low duration of action i-moments in this case illustrated that what changed most for Lisa were the meanings that she attributed to her marriage and to her family, mainly her role as a wife and as daughter. The great majority of innovations were situated in the realm of meaning, in the form of reflection, protest, or re-conceptualization i-moments.

Reflection i-moments. Reflection i-moments had an interesting pattern of "ups and downs", but were consistently present across sessions (11.20 %).

Duration of reflection i-moments increased in sessions 2, 6, 8 and 13 and decreased in sessions 4, 7, 10 and 15. This suggests the presence of cycles wherein Lisa engaged in more in-depth elaboration in the reflection mode, followed by low elaboration. Notably, with the exception of the last session, the decreases (session 4, 7 and 10) clearly coincided with an increasing engagement in protest i-moments, as if the involvement of therapeutic dyad in tracking reflection i-moments was substituted at those sessions by protest novelties. Since the middle of therapy, the sessions in which reflection i-moments decreased (7, 10 and 15) also coincide with an increasing in re-conceptualization i-moments, which suggests that Lisa was engaged in a more elaborated type of innovation.

The content of reflection i-moments revealed diverse features: new understanding of key problems, identifying strategies used to change the problem, identifying strategies that she can use in the future, and feelings of well-being that resulted from these changes.

In the beginning of the therapy, the majority of reflection i-moments mainly involved new formulations about the problem and new understanding of their causes, as is illustrated in the example below:

Lisa: yes scared (crying), scared - - I feel that I always had to be a good girl in front of him… but then again it feels like a phony act.

Therapist: uh-huh. Can you tell him that I don't want to be phony.

Lisa: I don't, it um, makes me feel really uncomfortable.

(Session 3; – Empty Chair Dialogue with her father)

From these new understandings, Lisa started to reject taking responsibility for what she now understood as others' problems and this allowed her to assume a new subject position that enabled a new perspective of herself to emerge. In the following example, from session 8, Lisa elaborated about what she was feeling after an empty chair dialogue with her husband, in which she expressed her disappointment about her marriage and decided that she is not going to support him anymore.

Lisa: relief, um I've done what I can I – it it just isn´t working, I'm bouncing my head against the wall [waiting for the husband to change and supporting him].

Therapist: and you just can't go anywhere else

Lisa: no, I can't go anywhere else, that's why I've turned to-to God and, and the-the support of the Church because I just don't want to harm myself I don't want to hurt myself anymore. [new position that will help her to focus and reclaim her needs].

(Session 8)

As evidenced in session 12, reflection i-moments continued to be about the strategies to deal with problems during the final phase of the therapeutic process (after session 10), allowing Lisa and her therapist to differentiate new self-positions as in session 12.

Lisa: (crying) I want to um grow and um, experience what I have to offer and um, um, just to learn about what's out there.

Therapist: mm-hm. what's happening when you say that?

Lisa: yeah, I'm positive about it.

...

Lisa: I feel positive and strong.

Therapist: mm-hm.

Lisa: it's okay to ask for these things [acceptance for who she is and what she feels].

Therapist: you feel okay about it?

Lisa: yeah, yeah, it's a- it's a part of me, so I'm not going to um, turn it down

Protest i-moments. The duration of protest i-moments increased significantly until the middle phase of the therapy (session 8) and then it had a considerable decrease (it has a shape of an inverted U). Protest i-moments mainly emerged from experiential tasks, like the two chairs dialogue (between the experiencing self and the critical self) and in the empty chair dialogue (with her mother, father and husband).

In the beginning of therapy, protest i-moments were primarily the confrontation and critique of the problem. The client simply positioned herself against the problem, without any elaboration about what change would be like, or what new meanings could emerge from the confrontation of the problem. This kind of protest is simply a reaction against the problem. In the following example, from session 3, Lisa is expressing her anger about the way she was brought up, with the sense that she had no right to express her feelings and that she had to do what her parents expected from her and what makes them happy.

Therapist: okay, so tell him about the anger.

Lisa: um, why didn't you (her father) um ever do anything about it? - - um, you're a responsible adult and it's your own problem.

Therapist: alright, tell him that, it's real important. You're responsible, I hold you responsible for your actions, you're an adult.

Lisa: you're responsible for your own - actions, you're, you're an adult - why did, me and mom and the rest of my brothers have to um, (sniff), um, be affected by it (gambling)?

Therapist: mm-hm. Tell him how you were affected by it.

Lisa: um - - - - to, um, not to bring up how we felt about it, uh, it was to be kept as a secret.

Therapist: uh-huh, I had to push everything down, I had to pretend it wasn't happening, right?

Lisa: yeah, not, not to be real.

Therapist: can you tell him I resented having to pretend?

Lisa: yeah, I, I resented to pretend living that way, I, it really makes me angry.

Therapist: tell him that anger really makes you angry.

Lisa: um, it wasn't fair to be brought up that way. I think you're very selfish!

Therapist: say that again.

Lisa: I think you're very selfish!

(Session 3; empty-chair dialogue with her father)

This critical position decreased throughout the therapeutic process. Lisa started expressing her feelings, poorly acknowledged before, and from here a new position of assertiveness and empowerment developed. This position allowed her to express her needs and rights, putting herself in a position of entitlement, actively refusing the assumptions of her problematic self-narrative and the people that supported them. This kind of protest was rather different from the first one described before. Here, new dimensions of meaning emerged, in addition to a critique of the problematic self-narrative. The confrontation of the problem was associated with new dimensions of meaning, mainly in the form of asserting preferences and options.

Therapist: mm-hm - - so what do you feel towards him [husband] right now?

Lisa: - - um - - - I feel bigger – um - taller

Therapist: - mm-hm - tell him I feel

Lisa: I feel bigger and - and taller and - - I feel that I can - stand up for myself -

Therapist: mm-hm - what happens when you say that - I feel I can stand up for myself - - you can just - get up and - walk out - tell, wanted to...

Lisa: - because um -I'm an adult and - I can make my own decisions - and I'm not going to take - - and put up with what you say to me, - because I don't deserve - to hear that - or, be treated that way.

Therapist: - - what do you deserve?

Lisa: - um - - I deserve to feel what I feel and - - and - ah - do what I - want to do is is right for me and my kids – I'm going to stand up for myself - um - I deserve that - I'm a good person and I'm not going to let you step on me anymore

(Session 5; empty-chair dialogue with her husband)

This evolution from protest centered on the critique of the problem to protest that emphasizes the needs of the self created a new self-position, away from the mere reaction to the problem.

Re-conceptualization i-moments. Re-conceptualization i-moments had a very low duration in session 1, were absent from sessions 2 to 4, re-emerged in session 5 again with a low duration, and increased over time after that. However, despite brief occurrences in sessions one and 5, re-conceptualization i-moments did not start to have a significant duration until after session 6. A good example of a re-conceptualization occurred during session 15, in which Lisa narrated her transformation process, from a meta-reflective position.

Lisa: yeah, yeah get back into my feelings, yeah and that's I guess, because the

awareness I know is there now and before I never knew it existed (laugh) so I'm an individual, I realize I'm an individual and I have the right to vent my feelings and what I think is right or good for me and that's been the improvement of the therapy like that I think to me and myself

Therapist: yeah, really finding your feet

Lisa: mm hm, as an individual yeah, which before I-I thought I was glued to him (laugh) yeah, I didn't have an existence and now I do and that's a good feeling.

Lisa clearly made contrasts between her previous self and her present self, elaborating the process of change that facilitated this important shift. In the final phase of therapy, in re-conceptualization i-moments, Lisa spent even more time elaborating on the changes that she was able to make during the therapeutic process, assuming the authoring of change and the construction of a new narrative of the self.

Performing change i-moments. It was only during the final session of therapy that Lisa articulated performing change i-moments in a substantial way that represented new ways of dealing with her marriage and the relationship with her parents. These i-moments were a performance of the change process that represent the new views of the self that were articulated in the context of re-conceptualization i-moments. In this session, Lisa and her therapist spent 11% of their time elaborating this type of i-moment.

Lisa: I-I've been feeling okay, like actually getting out and seeing other people and being into the school.

Therapist: yeah,

Lisa: because that's what - I like doing that around the kids,

Therapist: yeah

Lisa: I think that's important

Therapist: that's nice

Lisa: yeah it's been a, you know, it's like-it everything kind of follows through, it's like, I didn't expect what was going to happen throughout the year.

The reduced duration of performing change i-moments reflects, in our view, the manner in which Lisa changed – more by the transformation of intrapersonal meanings than through engagement in new actions (present both in action i-moments and performing changes i-moments) and new interpersonal events.

Discussion

As suggested by Stiles (2003, 2005), we will discuss the results taking into account to what extent the observations from the Lisa case converge with the theory and other case studies analyzed through the IMCS lens and also how they may invite us to refine the theory. The intensive case analysis of Lisa with the IMCS revealed some interesting similarities and differences when compared to previous findings established in the context of good outcome narrative therapy cases (see Matos et al., 2009).

First of all, Lisa had almost two times the duration of the most successful case from narrative therapy. Of course, the cases from these two samples were not comparable, and this could be a mere effect of the kind of clients that were studied in the narrative therapy sample (women victims of intimate violence, see Matos et al., 2009). Another possibility is related to the systematic use of therapeutic tasks in EFT, which elicited, by using two-chairs and empty-chair procedures, a considerable amount of i-moments and could have had the effect of increasing i-moments' duration (given the time spent in these experiments). This difference needs to be addressed in future studies, by comparing the same kind of clients with different types of therapeutic approaches.

Besides this quantitative difference, there are several commonalities with the other good outcome cases studied (Matos et al., 2009; Ribeiro, Gonçalves, & Ribeiro, 2009). As in other good outcome cases, reflection and protest were clearly the more common types of i-moments. We also found the typical pattern of emergence of re-conceptualization in the middle of therapy with and increasing tendency until the end. Lisa's therapeutic process was thus compatible with the tentative model presented at the introduction concerning the role of reflection, protest, and re-conceptualization i-moments.

One main difference from this model of change was the almost absence of performing change i-moments. Perhaps this is a difference that resulted from the fact that the model presented in the introduction was constructed from the study of narrative therapy cases, in which therapists try to help clients extend their new self-narratives into the future. Narrative therapists give an important role to how the imagination of different futures shapes the present and has the potential to change the way the self-narrative is organized in the present (see White, 2007). Thus, perhaps the significance of performing change in the model presented above reflects this importance given to the future.

In contrast, emotion-focused therapy (Greenberg, Rice, & Elliott, 1993; Greenberg & Watson, 2006) tries to center the client in the here and now of the present moment, and this way a focus on projection or elaboration of new meanings for the future may play a more limited role in the treatment process. EFT focuses on the present moment and within session enactments for the articulation of new emotional meanings and in so doing, places less emphasis on the client's narrative descriptions of actions in the world. With very low action i-moments, and a strong component of meaning novelties, first in the form of reflection and protest and then in the form of re-conceptualization, findings from the IMCS analysis of Lisa's therapy sessions provides some preliminary empirical support for this perspective. All these i-moments centered on the meaning side of experience are congruent with the way Lisa

changed: focusing on herself and on her needs and giving priority to her feelings instead of what she was supposed to feel. Also, Brinegar and colleagues (2008) emphasize that Lisa's change took place without any significant change in her current life (e.g., at the end of therapy she is still married with the same man, who keeps spending their money in gambling)

Another possible explanation is that, in this case, the majority of action i-moments emerged in the form of protest. Protest i-moments can occur in the form of actions or reflection and perhaps the use of empty and two chair dialogues experiments increased action in the form of protest in the sessions. Anyway, even with this interpretation in mind, it is clear that in this case innovative actions outside the therapeutic space have a low duration in the therapeutic conversation.

At a more processual level, Lisa's case also allows us to clarify the role protest i-moments could have in the process of change. In this case, protest i-moments created a reevaluation of Lisa's position toward the problems that bring her to therapy, creating a sense of agency. Protest i-moments allowed her to create a distance from her husband and from her parents, expressing her feelings and needs and entitling her to assume that these emotions were meaningful and acceptable. This position constructed through protest i-moments was validated by all the reflection i-moments, creating perhaps a pattern of mutual reinforcement between these two types of i-moments.

In this case, two very different kinds of protest i-moments were elaborated, mainly in the context of chair work or as a consequence of these enactments (62% of protest i-moments emerged during chair dialogues while only 26% of reflection i-moments merged during these tasks). First, there was the emergence of a *problem-oriented position* consisting of a mere refusal of the problem. The first form of protest was still centered on the problem, in which the client spent her time criticizing the problem and the significant others that in her perspective were part of the problem. This form of protest can be very important at the

beginning, but if it does not evolve to the second type of protest (see below) it can keep the person in a oppositional attitude towards the problem (e.g., criticizing the father in Lisa's case) without innovating anything outside the theme of the problematic self-narrative (e.g., assuming her right to feel what she is feeling).

Subsequently a new type of protest emerged. This form of protest i-moment that heralds the *emergence of new ways of viewing and understanding the self* is clearly associated with a sense of empowerment, by emphasizing self's needs. This second form of protest i-moment brings new ways of understanding key concerns and conflicts, orienting the person to new ways of seeing and understanding herself. This last type of protest i-moments creates a very proactive, empowered position of the self (e.g., "I'm entitled to this").

Curiously this process is very similar to what Brinegar and colleagues (2008) also found with this case. They suggest that the voice of a resentful fighter (which is similar to the first form of protest, centered on the problem) was integrated in the community of Lisa's voices giving rise to a voice of an empathic supporter of the self (similar to the second form of protest, centered on the self).

We hypothesize that the transformation involved in protest i- moments, from protest centered on the problem to protest centered on the needs of the self, facilitated the emergence and consolidation of new, more empowered views of self to emerge in the context of re-conceptualization i-moments, thus consolidating the change process. This is consistent with the analysis of, Nicoló and colleagues' (2008) of this case. They reported that Lisa's initial state of mind was depressed and powerless, but towards the end the feeling of powerlessness disappeared and this was associated with positive self-efficacy. Congruent with this change, Lisa's re-conceptualization i-moments involved the emergence of new facets of the self, which may be an outcome of the increased engagement in empty chair and two chair role plays that fostered a heightened sense of self-empowerment and self-assertion, i.e. protest i-

moments. Thus, new self-positions that emerge with protest i-moments may serve as scaffolding for the development of new views of self, present in re-conceptualization i-moments. Indeed, towards the end of therapy, the decrease of protest i-moments coincides with the increase of re-conceptualization i-moments.

In this sense, we think that in Lisa's case protest i-moments, given that they appeared most of the time in two chair and empty-chair dialogues, had the role of facilitating the affective and cognitive processing of her emotional experience, that Greenberg and collaborators (Greenberg, Auszra, & Herrmann, 2007) associate with the therapeutic success, leading her to construct re-conceptualization i-moments. If re-conceptualization is central in the change process, as we believe it is, perhaps in emotion-focused therapy one main route to re-conceptualization is through protest i-moments.

Limitations

One main limitation of this case is the knowledge that the researchers had about the status of the case (successful case). In other research projects, we were able to keep the main researcher uninformed about the status of the cases, but this was not possible in this case-study. It is obvious that this awareness could have influenced the coding process of the case, although its good reliability reduces the dimension of the problem.

Another limitation is that until now, we cannot be completely sure about what the role of i-moments in change process is: they can be intermediate outcome measures or process measures. According to narrative therapy, they are process measures in the sense that their elaboration facilitates the change process, and as such a causal role is attributed to them. However, this claim has not been empirically studied, as far as we know.

Implications for Research

In the future, we will study if this pattern of development of protest i-moments appears in other cases and also in different therapeutic models, or if this pattern is specific to this case or to emotion-focused therapy, and the experiential tasks the client is involved in. We also wonder what would be the pattern of protest throughout the therapeutic process in a poor outcome case of emotion-focused therapy. We foresee that, in that case, the elaboration of protest i-moments would be more focused in a problem-oriented kind (i.e., criticism/confront), and that it would not expand to the emergence of new positions (empowerment/assertiveness). This would validate our hypothesis that the pattern of protest i-moment that develops from a position of criticism to an empowered one is a promoter of change, leading to re-conceptualization i-moments.

This case also corroborated our hypothesis that the IMCS allows the study of change in therapeutic approaches outside the narrative tradition, in which the concept of narrative exception or i-moment is not a central one in the assumptions and techniques that guide the therapist.

We finally hypothesize that others models of therapy could emphasize other ways to achieve re-conceptualization (e.g., reflection, action). Until now, the most robust result that we have found is the centrality of re-conceptualization i-moments in good outcome cases (Matos et al., 2009). We hypothesize from those results that therapeutic change is not possible without some form of re-conceptualization. However, until now we have found different routes to it. In this case, the central way to achieve it is through reflection and protest i-moments. One interesting question is whether different therapeutic models emphasize different routes to re-conceptualization and whether different clients, inside the same model, arrive at re-conceptualization through different routes.

Implications for Practice

It is obviously very risky to make inferences for practice from one single case, and we need to further develop studies to make sure these results replicate in other samples and other case-studies. If they replicate regarding performing change i-moments in EFT, we would suggest that emotion-focused therapists should pay more attention to projection in the future. Perhaps some attention from the therapist to these i-moments would facilitate a more secure development of a new self-narrative in the future. Even if emotion-focused therapy promotes action in the form of protest i-moments, by using two-chair and empty-chair dialogues as we have suggested, we believe that it could be also important to search for i-moments outside the therapeutic space, mainly in the format of action and performing change.

Our results also suggest that therapists should facilitate the movement from the first form of protest (critique and opposition) to the second one (centered on the self), if they want their clients to achieve a position of re-conceptualization. Obviously, more research is needed to confirm the generalization of these findings.

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Types of i-moments	Examples

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Table 1

Action i-moment Actions of specific behaviors against the problem. (the client not only manifests thoughts and behaviors outside of the problematic	New coping behaviors facing obstacles; Effective resolution of unsolved problems; Active exploration of solutions; Restoring autonomy and self-control; Searching for information about the problem.
Re-conceptualization i-moment Process description, at a meta-cognitive level	References to new/emergent identity versions; Re-evaluation of relationships; Reframing of previous problems; Redefinition of versions of others.
Reflection i-moment Thinking processes that indicate the understanding of something new that makes the problem unacceptable (e.g., thoughts, intentions, interrogations, doubts).	New problem formulations and/or awareness of its effects; Reconsidering problems' causes; Considering cognitive and affective dilemmas; Reflecting about cultural, social and religious demands supporting the problem; References of self worth; Feelings of well-being; Adaptative self instructions and thoughts; Reflecting about the intention to fight problems demands.
Protest i-moment Attitudinal defiance of the problematic self-narrative, that involve some kind of confrontation (directed at others or versions of oneself); it could be planned or actual behaviors, thoughts, or/and feelings.	Cognitive, behavioral and emotional defiance towards constraints; Assertive attitudes towards others; Repositioning towards cultural, social, religious demands supporting the problem.

Types of i-moments and examples

narrative, but also understands the processes that are involved in it).	
Performing change i-moment References to new aims, experiences, activities or projects, anticipated or in action, as consequence of change.	Generalization into the future and other life dimensions of good outcomes; Problematic experience as a resource to new situations; Investment in new projects as a result of the process of change; Investment in new relationships as a result of the process of change.

Note. From Innovative Moments Coding System – Version 6.2 (Gonçalves, et al., in press). Adapted with permission.

Table 2

Lisa's problematic self-narrative and i-moments

	Problematic self-narrative	**Examples of i-.moments**
Sadness	L: yeah, [I feel] neglected or rejected or um, just there for the purpose of being there as the	L: I feel content because um I do have friends now.

	provider for the kids and T: mm-hm, so kind of just left all alone holding the bag L: yeah, I guess … I hold a lot on my shoulders."	L: yeah, I feel pretty satisfied at this point.
Guilt	L: yeah, when I, if I do go out to the store and you know, I may take, whatever, a couple of hours (laugh), an hour and hour and a half, um sometimes I feel guilty about doing that. C: (talking to her husband in empty chair task) - - - um, there's a lot of making me feel like I'm a bad person and I've just got to keep on trying, just, no matter what happens; just accept you the way you are and just shut-up.	L: let me explore, mm-hm, let me grow and explore and just let me find myself. L: um, I don't want to live like that, I want to be able to enjoy life, to let out my creativity and I want to blossom… I deserve that.
Resentment and difficulty in expressing her own feelings	L: … maybe that's why I don't tell him (husband) how I really feel inside (sniff) … yeah, there's, or um, even though I express it, it's just kind of laughed at. L: for me to express this, yeah, it's a little, it's sad and it's scary. T: uh-huh, what were the rules (in your family)?	L: …but then my feelings are my feelings and (sigh) and I'm entitled to them. L: I don't want to um, resent my mother ... because then I find when I do that I stay stuck L: yeah, just accept me the way I am.….

	L: “uh, to respect, be nice to everybody, don't talk back... L: yes scared (crying). Scared - - I feel that I always had to be a good girl in front of him... and, if I'm not, then I'm no good.	
Lack of assertiveness	L: he'll (husband) raise his voice and I simmer down and either walk away, or just forget about what was said and I don't fight it out. L: um, yeah, or just better shut up and that's it - - I've never tried to go over my limit (laugh)	L: yeah that's what I say to myself, why don't I, you know, why, excuse me, why don't I stand up for myself. L: I'm not responsible for his actions (husband). L: I am me and these feelings belong to me and if I want to tell you I will.

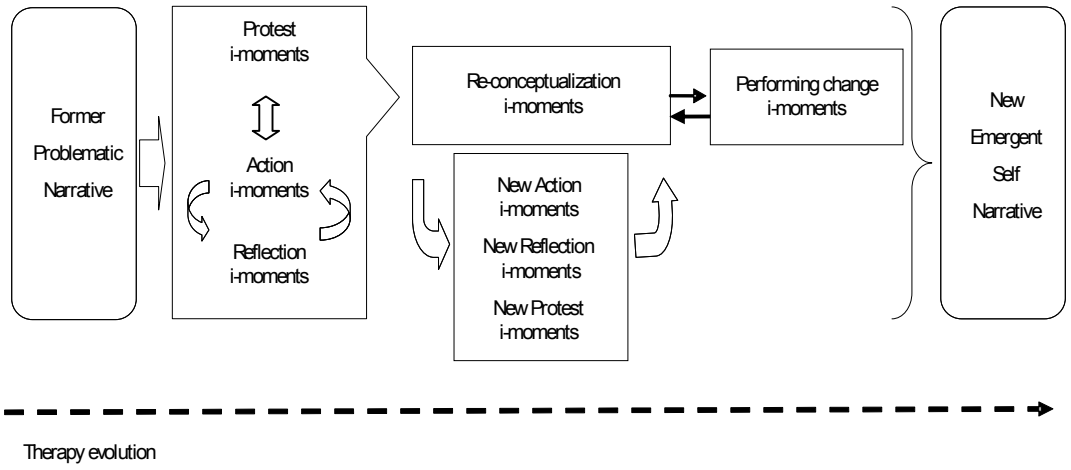
Figure Captions

Figure 1. I-moments and the creation of a new narrative.

Figure 2. Overall duration of i-moments’ types.

Figure 3. Duration of i-moments of Reflection, Protest and Re-conceptualization throughout the therapeutic process.

Figure 1



Adapted from Gonçalves, Matos & Santos (2009)

Figure 2

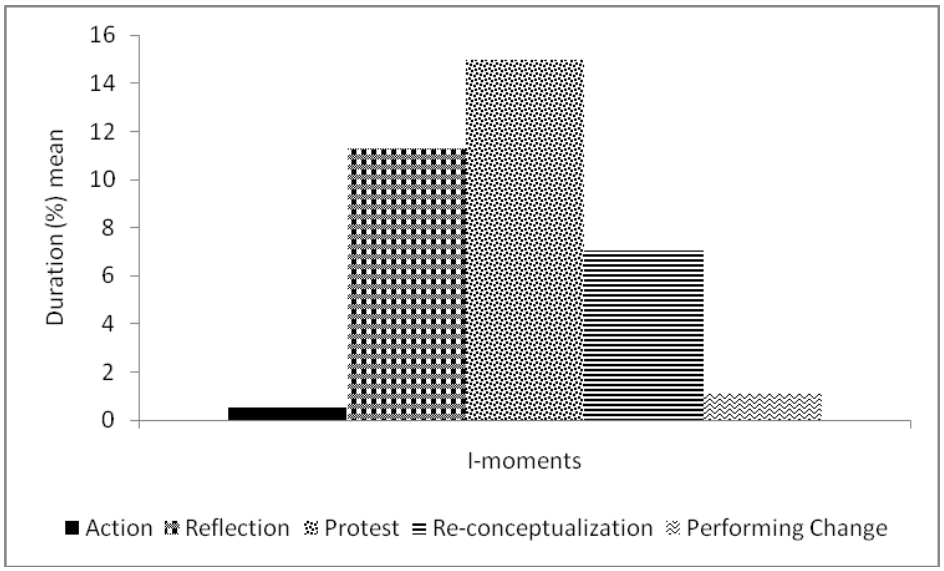
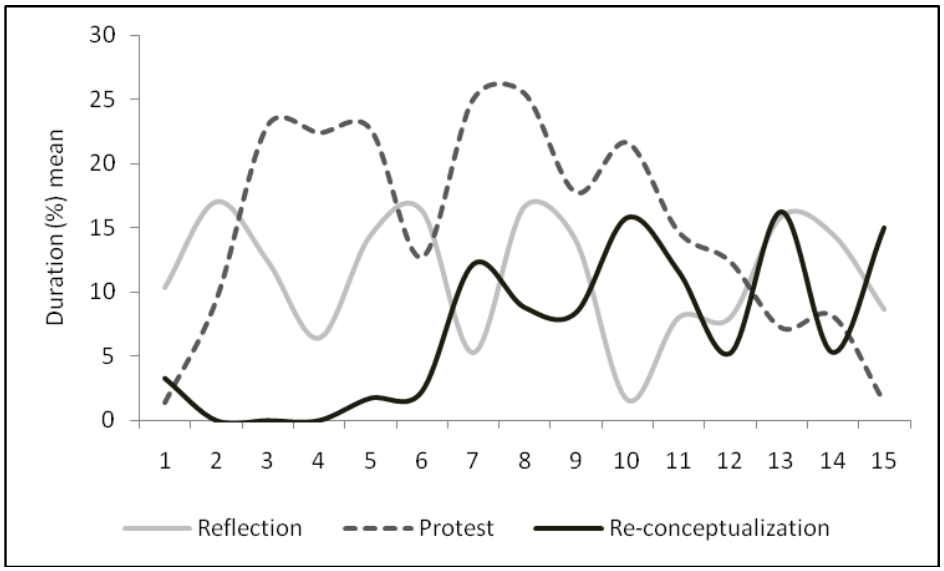

16
14
12
10
8
6
4
2
0
Duration (%) mean
I-moments
Action
Reflection
Protest
Re-conceptualization
Performing Change

Figure 3


30
25
20
15
10
5
0
Duration (%) mean
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Reflection
Protest
Re-conceptualization