Commentary on <u>Autobiographical Memory Narratives in Psychotherapy:</u>
<u>A Coding System Applied to the Case of Cynthia</u>

Rising to the Challenges of Identifying and Analyzing Clients' Narratives

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ABSTRACT

Psychotherapy researchers and clinicians alike are faced with two primary challenges in the service of most effectively understanding the therapeutic process: first, they must identify the most generative elements from the rich flow of therapeutic dialogue; and second, they must select the most appropriate and productive tools for analyzing them. Singer and Bonalume (2010) have developed the Coding System for Autobiographical Memory Narratives in Psychotherapy (CS-AMNP), a trans-theoretical method for rising to these two challenges. In this commentary, the CS-AMNP is evaluated: its noteworthy contributions are highlighted, its potential limitations are discussed, and fruitful expansions are proposed in terms of extending it from autobiographical narratives *in* therapy to autobiographical narratives *about* therapy.

Key words: psychotherapy; narrative; coherence; agency; narrative and psychotherapy; case study; clinical case study
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INTRODUCTION

Clients' stories are the *lingua franca* of psychotherapy. Regardless of the specific presenting problem or the therapist's theoretical approach, every therapy begins with a story about what has brought the client (or clients) into treatment. This initial story opens a window into a rich collection of autobiographical memory narratives that come to define the focus and arc of therapy; therapists elicit these stories, clients share them, and the therapeutic process is punctuated by such moments of narrative engagement. As a result, both researchers and clinicians working from a variety of traditions have become drawn to the potential that clients' narratives hold for explicating therapy process and outcome (e.g., Angus & McLeod, 2004; McLeod, 1997). Yet one of the greatest challenges to making sense of the rich therapeutic experience has been the matter of culling its most significant and productive components from the complex flow of potential information. Methods have been developed for assessing narratives in therapy at the level of the speaking turn (e.g., Fasulo, 2007), the content block or topic segment (e.g., Angus, Levitt, & Hardtke, 1999), the session (e.g., Rennie, 1994), and the entire treatment (e.g., Connoly & Strupp, 1996), yet none of these options necessarily direct one

to the most generative elements of the therapeutic experience. Once the relevant facets of the therapy dialogue are identified, therapists are still presented with the significant challenge of sorting through a wide array of tools and techniques for making sense of them in the service of helping the client.

Singer and Bonalume (2010) provide an excellent approach for recognizing and analyzing these key elements in their Coding System for Autobiographical Memory Narratives in Psychotherapy (CS-AMNP; Singer & Bonalume, 2008). This tool directs the researcher's or clinician's attention to those instances wherein clients share significant autobiographical memory narratives, which provide key candidates for understanding and directing treatment. As such, it is widely applicable across different approaches to treatment and can be considered a trans-theoretical tool.

In their article, Singer and Bonalume describe the seven steps of the CS-AMNP and provide an example of how it might be used in their case study of "Cynthia." In this commentary, I will evaluate the steps of the CS-AMNP, highlighting its important contributions for understanding therapy and suggesting points of potential refinement. I will then propose a potentially fruitful avenue for expanding the contributions of the CS-AMNP, extending such a coding system from stories *in* therapy to stories *about* therapy. The background and perspective I bring to this discussion includes work I conducted over seven years with the Foley Center for the Study of Lives at Northwestern University, collaborating with Dan McAdams and his colleagues there to adopt theoretical and methodological innovations originally developed for understanding personality development for the study of clinically-salient topics (e.g., Adler & McAdams, 2007a; Adler & McAdams, 2007b; Adler, Kissel, & McAdams, 2006; Adler, Skalina, & McAdams, 2008; Adler, Wagner, & McAdams, 2007; McAdams & Adler, 2010).

EVALUATING THE CS-AMNP AS A MEANS TO ASSESS AUTOBIOGRAPHICAL MEMORIES: IMPLICATIONS FOR BOTH RESEARCHERS AND CLINICIANS

The seven steps of the CS-AMNP can be conceptually divided into two stages: first, the entire transcript of a given session (or presumably set of sessions) is reviewed in order to identify the autobiographical memory narratives it contains (steps 1-3); and second, those autobiographical memory narratives are analyzed for a variety of structural and thematic elements (steps 4-7). This second stage is further sub-divided into assessments of individual autobiographical memory narratives (steps 4-5), and assessments across the entire set of narratives (steps 6-7). I will consider each step of the process, in sequence.

Step 1. Dividing Transcripts into Units for Analysis

The first step in attempting to understand clients' storytelling in the context of therapy is necessarily to select those segments of speech that are most likely to reveal the deeper significance of the clients' stories. While this task may sound rather straightforward, in practice it can be quite nuanced and is vitally important, for it serves as the foundation for all subsequent analysis. The CS-AMNP treats the unit of analysis as the individual autobiographical memory

narrative, as indicated by a shift or change in topics. In contrast to alternative approaches that adopt pre-defined segments, such as the speech turn or the entire session, focusing on a unit that is defined by the contours of client's story segments truly embraces the essence of a narrative approach. The CS-AMNP's flexible strategy privileges the client's own meaning-making processes, allowing the client to implicitly communicate where the boundaries of a given unit of meaning should be demarcated. This method provides useful guidance to the researcher or clinician, for it helps them attune to the client's own internal points of transition.

Step 2. Determining the "Narrative Complexity" of Each Unit of Analysis

        The second step in Singer and Bonalume's process of culling the pertinent information from the flow of the session focuses on further sub-dividing each topic segment into what they call their "narrative and non-narrative material" (p. 140). The authors present a 5-point scale for determining a given segment's "Narrative Complexity" (pp. 171-174). This scale is the first of three criteria on which the decision to ultimately assess the narrative for subsequent thematic content is based (the other two will be considered, below). Essentially, narrative segments scoring below 3 out of 5 on Singer and Bonalume's scale of Narrative Complexity are determined to be un-interpretable and not assessed for additional thematic content. While this step of the CS-AMNP has several benefits for the researcher or clinician, including directing their attention to the most elaborated and logically sequenced components of the client's stories, doing so also carries two risks. First, there is significant conceptual overlap between the construct of narrative complexity as Singer and Bonalume have presented it and another construct, namely *narrative coherence*, that has received a great deal of attention in the research literature and may be more productive for the task at hand. Second, it seems overly stringent to suggest that narrative complexity distinguishes narrative material from non-narrative material and doing so may divert attention from potentially generative aspects of the overall narrative. I will consider each of these potential limitations.

        Singer and Bonalume describe complexity as encompassing causal, temporal, emotional, and outcome-focused components, as well as the representations of the main characters. This conceptualization overlaps with another concept used quite productively in the study of personal narratives, that of narrative coherence. As a criterion for evaluating the merits of a given narrative, coherence has been of primary concern and much debate (e.g., Dimaggio, 2006; Freeman, 2010; Habermas & Bluck, 2000; Hyvärinen, Hydén, Saarenheimo, & Tamboukou, 2010; McAdams, 2006a; Singer & Rexhaj, 2006); and like any such construct, it resists tight definition. Scholars have quite convincingly argued that an adequate conceptualization of *narrative* coherence (as opposed to coherence in a more general sense) ought to include many of the features Singer and Bonalume have labeled as "complexity" (e.g., McAdams, 2006a). For example, one coding system for evaluating narrative coherence (Baerger & McAdams, 1999) that taps many of the over-arching goals of constructing narratives (e.g., McAdams, 2006a) and that has been specifically used to study psychotherapy narratives (e.g., Adler, Skalina, & McAdams, 2008; Adler, Wagner, & McAdams, 2007a) assesses four inter-related dimensions: the narrative's Orientation (its ability to orient the reader to the context of the story); its Structure (the causal and temporal sequencing of events); its presentation of Affect (the use of emotional language to highlight important elements); and its Integration (the extent to which the narrative makes an evaluative point and connects its specific content to the narrator's self). These four

dimensions resonate quite strongly with the elements Singer and Bonalume subsume under the label "complexity," yet dovetail more smoothly with the broader debate about the importance of narrative coherence. It may therefore provide a more fruitful vehicle for assessing narratives than the procedures described in step two of the CS-AMNP.

In addition to the conceptual overlap with the construct of narrative coherence, using a criterion of narrative complexity to distinguish between texts that can be considered narrative versus non-narrative may be overly stringent. While narratives lacking in complexity or coherence do pose a challenge to interpretation, low levels of complexity or coherence do not automatically render a given segment of speech or text to be non-narrative. It seems that complexity or coherence is best used as a major criterion for assessing the *quality* of a given narrative in a dimensional way, as opposed to a method for distinguishing between the categories of narrative and non-narrative text.

The definition of what comprises a narrative is its own topic of heated scholarly debate (e.g., Bruner, 1986; Labov, 1972; Mandler, 1984; Ricoeur, 1984), but may perhaps best be determined on epistemological grounds. In one of the foundational texts in the field of narrative psychology, Bruner (1986) distinguishes between two modes of thought, what he labels the paradigmatic and the narrative. The paradigmatic mode is the mode of science and is concerned with logically categorizing the world and constructing arguments. In contrast, the narrative mode is concerned with the meaning that is ascribed to experiences through stories. Bruner (1986) explains that stories are about "human or human-like intention and action and the vicissitudes and consequences that mark their course" (p. 13). They capture people's own explanations about what they want and how they go about achieving it.

These two modes are not hierarchically arranged; they are simply different forms of thought and therefore represent different epistemological stances. As such, rather than relying on the overall complexity or coherence of a sample of speech or text to categorize it as narrative or non-narrative (i.e., paradigmatic), this task would seem more fruitfully grounded in the speech or text's epistemological goals. Certainly something important is lost when narratives that are simply low in complexity or coherence are regarded as non-narrative. Indeed, these low-complexity/coherence narratives may be especially salient instances of trauma and fragmentation (e.g., Neimeyer, Herrero, & Botella, 2006). Several scholars have pointed to low levels of narrative coherence as indicative of psychopathology (e.g., Dimaggio, 2006; Lysaker & Lysaker, 2006; Salvatore et al., 2006), and Singer and Bonalume point to this in the case of "Cynthia." Thus, particularly when assessing narratives in the context of psychotherapy, instances of low complexity or coherence may present generative, albeit challenging, points for investigation and may be the most ripe for direct therapeutic intervention.

Substituting an assessment of narrative coherence for one of complexity would address this epistemological concern, although it would mean that researchers or clinicians would eliminate fewer elements of the therapeutic dialogue from subsequent analysis (although some would still be excluded, based on the third step of the CS-AMNP). This revision has practical trade-offs: while more of the conversation would be considered potentially salient, thus requiring the researcher or clinician to attend to a broader amount of speech (including some that is low in complexity/coherence, potentially making it a challenge to interpret), it would also remind the

researcher or clinician that those stories that lack narrative complexity/coherence may be fruitful avenues for therapeutic work. Indeed clients' incoherent stories may reveal their underlying trouble in making sense out of the experiences they recount and thereby productively point towards those memories most in need of intervention.

Step 3. Defining an Autobiographical Memory

        In contrast to the first two steps in the CS-AMNP, step three appears to be a viable process for determining which sub-segments of a client's narrative ought to be further examined. Step three suggests that a segment of narrative must meet two criteria if it is to be considered an autobiographical memory narrative: it must recount an event that took place at least twleve or more months in the past and it must have been experienced or witnessed by the client first-hand. I cannot speak with any authority to the first of these two criteria; Singer and Bonalume suggest that the field of autobiographical memory research converges on a requirement that an event be sufficiently in the past in order to "connect to the enduring meaning and affective networks of the long-term self" (p. 140). It seems possible that more recently-experienced events might have the potential to serve in a similarly salient fashion, but I will defer to the experts. The additional criterion that the event be personally experienced or witnessed in order to be considered autobiographical seems non-controversial. Thus, ensuring that a memory is sufficiently historical and personal may be considered viable exclusion criteria from subsequent analysis.

Step 4. Coding for the Specificity of an Autobiographical Memory

        Having culled the autobiographical memory narratives from the flow of the session in the first three steps, the remaining steps of the CS-AMNP focus on assessing these narratives for their psychologically and therapeutically relevant qualities – its second major contribution. In step four, the researcher or clinician is directed to use the Classification System and Scoring Manual for Self-Defining Memories (Singer & Blagov, 2002) for assessing each autobiographical memory narrative's specificity, e.g., the ability to recount memories of a single event that took place within a discrete period of time. Singer and Bonalume point out that this ability has repeatedly been associated with mental health status (e.g., Williams, Barnhofer, Crane, Hermans, Raes, Watkins, & Dagleish, 2007). While autobiographical memory researchers have studied this phenomenon quite extensively, it has largely been overlooked by researchers working with personal narratives and its inclusion in the CS-AMNP is noteworthy. Indeed, incorporating an emphasis on specificity would be a highly valuable focus for narrative researchers and Singer and Bonalume have provided a productive vehicle for doing so. For practicing therapists as well, this reminder to attend to the specificity of clients' stories offers them a straightforward way to bring research findings into the clinic, thus alerting clinicians to a productive focus for intervention that might otherwise remain implicit.

Step 5: Coding for the Integration of Autobiographical Memories
         Within the Client's Broader Self-Concept

        Step five of the CS-AMNP then recruits the Classification System and Scoring Manual for Self-Defining Memories (Singer & Blagov, 2002) in the service of assessing what Singer and Bonalume refer to as the overall integration of each autobiographical memory narrative. This

dimension taps the client's efforts to connect their memory narratives to their broader self-concept. Integration offers great potential for researchers interested in narrative identity and for clinicians, for it highlights the ways in which an individual connects the specific events from their day-to-day lives to their evolving sense of self. Whether they describe momentous events or small occurrences, these lessons for the self are likely to be of high psychological significance (e.g., Pals, 2006; Pillemer, 2001; Thorne, McLean, & Lawrence, 2004).

That being said, the coding system described by Singer and Bonalume offers only one avenue for assessing integration. For example, as described above, integration may also be understood as one of the four dimensions of narrative coherence (e.g., Baerger & McAdams, 1999). To qualify as a highly coherent narrative, a given story ought to direct the listener/reader to the reasons that this particular episode was recounted, a process that often takes the form of integrating the specific event with the broader sense of self (e.g., McAdams, 2006a). Indeed, using the Baerger & McAdams (1999) coding system for narrative coherence, instances wherein the narrator links a given episode to his or her broader sense of self score especially high on the dimension of integration. Thus, if one were to substitute an assessment of narrative coherence for Singer and Bonalume's focus on "complexity," the dimension of integration would already be included. However, regardless of the assessment tool, determining the degree of integration a given autobiographical memory narrative espouses is certain to have value for researchers and clinicians alike.

Step 6. Thematic Analysis: Coding for Overarching Themes
        Across Individual Autobiographical Memories

The sixth step of the CS-AMNP shifts the focus from each individual memory narrative to the entire set of narratives in an effort to glean the overarching themes that characterize the client's approach to meaning-making. Singer and Bonalume nominate the themes of agency, communion, redemption, and contamination as primary candidates for themes of clinical importance. (Note that agency and communion represent a set of over-arching motivational themes, while redemption and contamination represent a set of key affective sequences.) These themes are strongly connected to the empirical literature on narrative identity. As a result they represent two sets of themes that are quite likely to impact a client's overall mental health, as well as being themes that may be most amenable to intervention.

McAdams and colleagues refer to agency and communion as the two super-ordinate thematic clusterings in life narratives (McAdams, Hoffman, Mansfield, & Day, 1996). These themes tap the primary motivational dimensions of most personal narratives and therefore both have important implications for understanding psychotherapy. The theme of agency, or the individual's ability to impact his or her circumstances, is regarded as a positive indicator of mental health in both clinical and non-clinical populations (e.g., McAdams, et al., 1996; Williams & Levitt, 2007), and enhancing client agency has been considered one of the primary goals of treatment (e.g., Fasulo, 2007; Nilsson, Svensson, Sandell, & Clinton, 2007; Rennie, 1994; Williams & Levitt, 2007).

For example, in a recent study (Williams & Levitt, 2007), 14 eminent therapists representing a broad range of approaches to psychotherapy including psychodynamic, cognitive-

behavioral, humanistic, and narrative, were surveyed about their understanding of the process of change. The investigators used grounded theory methodology to identify common themes in these therapists' answers, and client agency emerged as one of their primary emphases. Thus, it seems that clients' ability to describe their experiences in a way that highlights their own ability to impact their circumstances is likely to be strongly related to mental health. Furthermore, the theme of agency infuses all autobiographical memory narratives, for anytime a client describes a personal experience they must make decisions about how to portray themselves.

In a similar way, the theme of communion marks all autobiographical memory narratives that concern relationships and may therefore be an equally productive focus for understanding how the client construes his or her interpersonal world. Communal themes tap into the individual's perspective on intimacy, connection, relatedness, and nurturance (McAdams et al., 1996). The particular ways in which clients describe their relationships is of clear importance to clinicians. As a result, agency and communion represents a pair of motivational themes that is especially straightforward and productive for clinicians to attune toward. These two themes are ubiquitous in clients' stories, relatively simple to identify, and hold great potential for direct intervention.

The themes of redemption and contamination provide an apt counterpoint to agency and communion in working to understand client's autobiographical memory narratives. Unlike agency and communion, which appear to a greater or lesser extent in most personal narratives, redemptive and contaminative sequences punctuate stories less frequently, but when they do, they can be highly influential. Redemption sequences are noted when a story that begins with some negativity is ultimately resolved in a positive way (e.g., McAdams, Reynolds, Lewis, Patten, & Bowman, 2001). Typically the struggle, conflict, or setback at the start of the narrative is overwhelmed by triumph, growth, and positive affect at the end (McAdams et al., 2001).

In contrast, contamination sequences describe a shift from positive beginnings to negative endings. The hope or joy that opens the episode is ruined by the frustration, disappointment, or negativity at the end (McAdams et al., 2001). It is worth noting that, like all narrative themes, redemption and contamination sequences are not to be interpreted as veridical accounts of what actually took place; instead they are to be regarded as the narrative approach the client adopts in making sense of what happened (e.g., Adler, 2010). As a result, such themes ought to be amenable to revision during the therapeutic dialogue.

There is an emerging literature linking redemption sequences to positive mental health outcomes and contamination sequences to negative mental health outcomes (i.e., Adler, Kissel, & McAdams, 2006; Adler & Poulin, 2009; McAdams et al., 2001). For example, in a set of entire life story accounts, my colleagues and I found that the appearance of contamination sequences was strongly associated with depression and low life-satisfaction, even after statistically controlling for the impact of such significant factors as trait neuroticism and depressogenic attributional style (Adler, Kissel, & McAdams, 2006). Like agency and communion, redemption and contamination offer therapists relatively straightforward foci for listening to and analyzing clients' narratives. As relatively simple but potent affective sequences, redemption and contamination are easy to identify in clients' storytelling and may be powerful sources for therapeutic revision.

Step 7. Deriving Overarching Affective Scripts from Autobiographical Memory Narratives

The final step of the CS-AMNP turns the researcher's or clinician's attention to the affective scripts, or overarching patterns of emotional responses to events, they contain. Singer and Bonalume regard redemption and contamination as a subset (if a particularly potent one) of a greater array of possible affective scripts that characterize a person's narrative. The addition of this step makes for an elegant conclusion to the rich assessment of clients' narratives described by the CS-AMNP. As a recent study (Siegel & Demorest, 2010) demonstrates, it is possible to investigate affective scripts by studying general hypotheses with inferential statistics. However, Singer and Bonalume appropriately recommend an inductive, qualitative approach to considering clients' affective scripts. In doing so, they firmly ground the CS-AMNP in an idiographic mode of inquiry, despite drawing from a variety of strong nomothetic traditions in many of the preceding steps. This final step therefore serves to remind the researcher or clinician that ultimately they must be concerned with the uniquely distinctive approach to meaning-making that each individual client reveals in his or her autobiographical memory narratives.

Summary

The CS-AMNP described by Singer and Bonalume offers an approach for understanding clients' autobiographical memory narratives that is both broad and deep. Their two-stage process, divided into seven steps, is both cogent and relevant for practicing clinicians and psychotherapy researchers alike. While I have suggested that there are some limitations to the conceptualization of the first stage (Steps 1-3) for defining what counts as an autobiographical memory, the CS-AMNP's explicit focus on directing one's attention to the most significant and productive components of clients' storytelling in a theoretically-grounded fashion is an extremely important contribution. Indeed, the matter of deciding which elements of clients' narratives are most likely to provide psychologically fruitful ground for exploration is one of the fundamental tasks facing all therapists and the CS-AMNP offers a clear approach.

The second stage of the CS-AMNP (Steps 4-7) describes a series of steps for analyzing the content clients' autobiographical memory narratives. These steps are firmly grounded in the empirical research literature; they elegantly blend work from research traditions on narrative identity and psychotherapy process and outcome; and they provide therapists and researchers with a constructive process for unpacking the most relevant and generative aspects of clients' stories. In addition, these steps combine both nomothetic and idiographic elements, dovetailing quite nicely with the pragmatic case study approach (Fishman, 2005).

EXTENDING THE CS-AMNP FROM
STORIES *IN* THERAPY TO STORIES *ABOUT* THERAPY

Without a doubt, clients' stories about their experiences provide much of the fodder for therapeutic dialogue. Much of the work of therapy involves making sense of these stories and the CS-AMNP offers a productive vehicle for unpacking their meaning. This conceptualization of psychotherapy is applicable, regardless of the therapeutic orientation of treatment. For example, in cognitive-behavioral therapy, clients report their autobiographical memory narratives of their problems and therapists work with them to challenge maladaptive thinking

patterns and to create new behavioral experiences that contradict them. Likewise, in psychodynamic treatment, therapists and clients work together to understand the client's memories of their developmental history and relationship styles in an effort to foster new insights into how they might be different in the future. The CS-AMNP is therefore a trans-theoretical vehicle for facilitating treatment.

While clients' autobiographical memory narratives constitute a major focus of treatment, the process of psychotherapy gives rise to a new set of stories that themselves are of psychological significance: namely, stories about the therapeutic process itself. Whether the treatment approach is explicitly focused on the therapeutic relationship or not, clients will naturally come to craft narratives about their experiences in therapy, just as they do with all other notable life experiences. Frank (1961) suggested that the storying of psychotherapy—what he referred to as weaving the "myth" of the therapeutic experience—is fundamental to the individual's continued optimal functioning once treatment has ended (p. 327). 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 [or she] learned during the analysis" (p. 270). The common idea is that therapy is an unusual experience in people's lives and therefore, when it is over, individuals need a good story about the episode in order to hold onto the gains of treatment. Indeed, research supports this assertion: one study suggests that people often and spontaneously describe their experiences in therapy when recounting their complete life story, and when they do, they often point to it as a key source of their identity development (Leiblich, 2004).

The task of crafting a therapy story is not a straightforward one. Research on narrative identity more broadly suggests that highly emotional experiences of change pose a narrative challenge for individuals (i.e., Bauer & McAdams, 2004; McAdams, 2006a). Furthermore, stories about going to therapy are often previously unformed in people's minds; idealized stories about living a good life typically do not contain chapters wherein the protagonist enters psychotherapy (McAdams, 2006b). Therefore, just as the thematic elements of clients' autobiographical memory narratives that are told inside the therapy room bear differential relationships with their mental health, stories told about the therapeutic experience are also associated with different psychological outcomes. As with all autobiographical memory narratives, when it comes to mental health, all therapy stories are not created equal.

The theme of agency appears to be a particularly potent theme in clients' therapy stories. In a pair of studies that my colleagues and I conducted, we assessed client's therapy narratives, first in an inductive and qualitative way and then in a quantitative, hypothesis-testing manner (Adler & McAdams, 2007a; Adler, Skalina, & McAdams, 2008). In these two samples, clients who had recently completed treatment were instructed to reflect on the experience and to tell the story of their psychotherapy. They also completed a battery of questionnaire-based mental health measures. In both studies those former clients whose stories were characterized by a high degree of agency enjoyed significantly better mental health than those clients whose narratives were lower in agency. Similarly, the overall coherence of clients' therapy stories related to their mental health. In these two samples, those clients whose stories were especially coherent were distinguished by the high degree of nuance and complexity they brought to the meaning-making process, as assessed by Loevinger's measure of ego development (e.g., Hy & Loevinger, 1996).

In other words, the ability to recount one's experiences in therapy in a coherent fashion was associated with a measure of psychological maturity (also see Adler & McAdams (2007b) for a case-based discussion of two psychotherapy narratives that differ in well-being and ego development).

While the CS-AMNP does not specifically distinguish between stories *in* therapy and stories *about* therapy, there is no reason why it could not be productively applied to narratives of both sorts. Given the CS-AMNP's requirement that an autobiographical memory narrative must describe an event that occurred at least twelve months in the past (Step 3), wholly applying it to the stories clients tell about their experiences in treatment might be relegated to analyzing only those tales of previous therapies. Yet people often and spontaneously recount their experiences in therapy and often point to them as key episodes of personality development (e.g., Lieblich, 2004). Without a doubt, understanding clients' narratives about their treatment history has a strong potential for informing the current therapy and the CS-AMNP offers a productive vehicle for doing so. Its approach to analyzing autobiographical memory narratives (Steps 4-7) would be especially fruitful for understanding client's stories about previous treatment.

Despite violating the historical criterion described in Step 3 of the CS-AMNP, it is also possible that the analytical steps of the coding system (Steps 4-7) would be applicable and productive for understanding how clients are making sense of their current treatment as well. Most approaches to psychotherapy do not explicitly involve the therapist asking the client to describe the story he or she is constructing about the therapeutic experience, yet this simple intervention can be easily folded into any approach to treatment and holds great potential. For example, many cognitive-behavioral approaches to therapy involve periodic progress checks, wherein the therapist and client pause to reflect on the success of the interventions and to devise any troubleshooting strategies that may be needed. Similarly, many psychodynamic approaches to therapy involve discussion of the transference, the client's (oftentimes unconscious or redirected) feelings about the therapist. Either of these common therapeutic strategies presents an opportunity for the therapist to inquire about the unfolding story of the therapy. When doing so, the therapist would benefit from listening for some of the key narrative themes tapped by the CS-AMNP and those that have been shown to relate significantly to mental health when assessed in therapy stories, such as agency or coherence. In addition, the process of termination presents yet another opportunity for an explicit discussion of the therapy story, one that has the potential to shape the themes of this narrative once the client leaves treatment. Singer and Bonalume (2010) provide an elegant example of how this might be accomplished in their case description of "Cynthia."

CONCLUSION

Sifting through the rich flow of information contained in the therapeutic dialogue to find the most productive foci represents a fundamental challenge for therapists. Once these key elements are identified, selecting among the wide array of therapeutic tools and treatment techniques available presents a second major challenge. Clients' autobiographical memory narratives offer great potential for researchers interested in psychotherapeutic process and outcome as well as for practicing clinicians. Singer and Bonalume (2010) have developed the

Coding System for Autobiographical Memory Narratives in Psychotherapy (CS-AMNP) in order to guide researchers and clinicians through the process of selecting and then analyzing these most potent facets of the therapeutic dialogue. Their approach is trans-theoretical, clearly designed and, despite some potential limitations in its conceptualization, appears to have impressive potential for being generative. Indeed, the CS-AMNP provides a framework whereby therapists can rise to the dual challenges of selecting and interpreting the autobiographical memory narratives that clients bring to treatment and Singer and Bonalume's discussion of the case of "Cynthia" provides an instructive example for how this might be conducted.

In addition to assessing the stories told *in* therapy, I have proposed that researchers and clinicians would also benefit from a focus on the stories told *about* therapy. These therapy narratives themselves offer productive windows into the client's meaning-making processes and their thematic contours have strong relationships with mental health. Adopting the CS-AMNP along with a focus on psychotherapy stories therefore provides a rich approach for conducting pragmatic case studies that use nomothetic and idiographic perspectives to derive both a full understanding of the individual client overall, and a specific treatment plan best suited to effectively meeting the client's needs.

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