IDENTITY REREFERENCING:
THE PRESENTATION AND EVALUATION OF A NARRATIVE MAP FOR THERAPEUTIC PRACTICE

A thesis presented in partial fulfilment for the requirements for the degree of

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ABSTRACT

This study introduces a map for a therapeutic conversation and assesses its effectiveness. The evidence for this proposal is provided by the study reported, in which a number of measures were taken to ascertain whether the therapeutic process promoted useful change in clients with maladaptive assumptive systems (problem narratives), and whether those changes were sustained over time. Nine clients out of a sample of twenty- three responded and all nine respondents reported sustained changes over a period of 6-24 months. Michael White (2007) suggests that Narrative maps are few, but are important so that processes used by clinicians do not become lost, and are at the same time able to be evaluated, assessed and implemented by other professionals. A hermeneutic phenomenological approach was taken to analyse the adaptive client narratives that occurred immediately post therapy, and which remained 6 - 24 months later. A number of themes emerged that revealed a spiritual or 'wairua' approach to assuming the adaptive narrative, and there was evidence to suggest that a more resourceful state of beingness (adaptive identity) had emerged and evolved as a result this. The themes point to new initiatives for dealing with the problem emerging via the processes of innovative moments and adaptive reframing. The proposed therapeutic map appeared to be successful and empowering for the respondents as they came to understand they have the power to 'change the meaning they had assigned to the problem issue, without being defined by the problem issue as they were previously'. The individual seems to be able to perceive the problem through the eyes of the all-knowing self (higher self or spiritual self). When the meaning making and reconstruction emerges from within the client in this way, the writer proposes change is both significant and lasting- Identity Re-Referencing. It is not known if the clients who did not respond did so because they did not experience significant change, however the results would suggest that further research is warranted.

Keywords: Narrative Therapy, Reframing, Re-authoring, Identity Re-referencing, Map of Narrative Practice, Wairua (spirit)

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Ko te Amorangi ki Mua
May your God **bless** you and protect you for all time.

CANDIDATES DECLARATION

I, Vicky Scott, candidate for the degree of Masters of Psychology at Massey University Palmerston north, do hereby certify that:

1. The papers and thesis contained herein comprise entirely my original work towards the degree,

2. This work has not been submitted to any other university or institution for a higher degree,

3. The thesis including papers is less than 150 pages in length, excluding tables, references and appendices,

4. Ethics approval for the research was obtained by the Massey University Human Ethics Committee: Southern A, Application 14/35.

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Vicky Scott

Table of Contents

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE: OVERVIEW

INTRODUCTION

Epidemiological studies show that psychological distress is common in New Zealand. The 2012/13 New Zealand Health Survey (Mental Health Foundation, 2014; Ministry of Health, 2013), reports one in six New Zealand adults (16%, or an estimated 582,000 adults) having been diagnosed with a common mental disorder at some time in their lives (including depression, bipolar disorder and/or anxiety disorder). Women were around 1.6 times more likely to have been diagnosed with a common mental disorder (20%) than men (13%), and female rates were higher in all age groups. The highest rates for women were from 35 – 44 years of age (23.8%) and for men were from 45 – 55 years of age (15.5%). Six percent of New Zealand adults, or more than 200,000 adults, experienced psychological distress at the time of taking the survey (people experiencing psychological distress are highly likely to have an anxiety or depressive disorder). Rates of psychological distress in the 'past four weeks' (at the time of survey) were significantly higher amongst Māori adults (10%) and Pacific adults (9%) than in the general population (6%). Mental disorders, as a group, are the third-leading cause of health loss for New Zealanders (11.1% of all health loss), behind only cancers (17.5%) and vascular and blood disorders (17.5%). Within this group, the main conditions are; anxiety and depressive disorders (accounting for 5.3% of health loss), alcohol use disorders (2.1%), and schizophrenia (1.3%). The Te Rau Hinengaro New Zealand Mental Health Survey completed in 2007 found that 46.6 percent of the New Zealand population has had a mental disorder at sometime in their life, with 20.7% having had a disorder in the past 12 months (Oakley Browne, Wells, & Scott, 2006). Overseas studies show that the majority of people with psychological distress receive no treatment (Kessler et al., 2008) and several studies have shown that General Practitioners fail to report a significant number of cases of psychological distress (Kadum, Croft, McLeod, & Hutchison, 2001). A number of clients I have worked alongside over the years revealed spending hours working on their problems with other professionals, but seemingly remained powerless to make a change, often blaming this on the

professionals they had worked with, or at times received no help at all. Central themes that they raise included the need for the 'healing of the spirit as well as the mind'.

My inherent interest in the narratives and identities that seemed to commonly surface in the lives of clients I was working alongside in my private practice, my interest in the Enneagram (a framework of identity types), and my interest in spirituality, led to the ideas that have formed the foundation of my thesis. Themes of self-hatred, worthlessness, failure, neediness, rejection, helplessness, control and self-criticism, for example, emerged in clients who were psychologically distressed, suffering from grief, depression, social isolation, victimhood, relationship issues, performance issues, health issues and addiction problems. These problems affect many individuals' lives at some point when dealing with the usual stresses of life. It became clear that many of the events they were describing were both unpredictable and at times unavoidable. In order to move on, the persons involved needed a new way of referencing their problem and a more resourceful self personal narrative, so as to respond to any similar situation in the future with resilience.

My curiosity was further ignited when delving into epistemological and theoretical frameworks in my university studies; I came across the work of Milton Erikson (Erickson & Rossi, 1989), Virginia Satir (Hale-Haniff, 2013), Murray Bowen (Comella, 2011), John Bowlby (Holmes, 2014) , Salvador Minuchin (Sori, 2006), Michael White and David Epston (M White & Epston, 1990). A framework gradually emerged through my work that allowed the client to remain the centre of power in their own conversation, whilst forgivingly discovering solutions for themselves in order to alter their own beliefs and behaviours. Many discovered and described themselves, as their 'Spiritual Self', 'Light Self' or 'Wise Self', and solutions emerged from this 'self' that appeared to be both transforming and lasting. This 'self 'was referred to as the 'higher self' or 'mentor'. People who had been struggling to make sense of

their world began to alter their thinking, speech and behaviours due to my way of practicing.

Through reflecting on the successes I appeared to be having, I decided to distil the characteristics of my way of working, so that other professionals could benefit from it and perhaps even adopt or adapt it into their own practice. I began to condense the conversations I was now having with my clients into a format that would be easily able to be utilised by other practitioners, following a brief training. The number of cases shared here constitutes a small and detailed sample of the results of this work via client feedback on their own issue 6-24 months later after therapy. What resulted was a map for a therapeutic conversation. Michael White (2007, p.6) proposed that maps for therapeutic practice consist of a guideline of ideas for effective therapeutic conversations, whilst recognising that the map itself both continues to evolve and allows for divergence when in the hands of the explorers (both client and therapist). He also recognised the need for these types of guiding ideas to be recorded so they themselves do not become "invisible and unavailable to critical reflection" thereby falling subject to the unconscious reproduction of the familiar.

This thesis draws on Narrative Therapy, which is rooted in Social Constructionism. It seeks to contribute to this field by offering a guideline map of a narrative conversation that enables a client to reframe both the meaning they have ascribed to the problematic view they have of themselves and /or an event, and the storyline from which they are currently viewing the problem. My theoretical and philosophical position within the field of psychology therefore entails a phenomenological research approach from the postpositive and social constructionist epistemologies with an overall focus on narrative therapy. As a result qualitative research methods have been resourced in order to evaluate the Narrative Therapeutic Map I have developed whilst working alongside clients over the last 15 years, utilising discursive transformative therapies. As Narrative Therapy draws from a number of theoretical sources it is useful to have an insight from

ontological (beingness) and epistemological (knowingness) perspectives as to its origins, prior to defining its structure.

THEORETICAL BACKGROUND

Currently, the majority of mental health professionals find themselves bound and centered in the positivist and empiricist practicality of the scientific approach founded in Enlightenment. Their role is largely that of the expert and individual knower (scientist-therapist), who remains separate from the individuals they are treating and observing. Observations occur based on the concept of an assumed ideal functioning reality in which the individual operates adaptively. Individuals are perceived as self-determining and any inadequacies and failure to function are assumed to be related to the inability of the individual to operate as the ideal 'individual knower' (Hoshmand & Polkinghorne, 1992; McNamee & Gergen, 1992; Nicholl, 1999).

There has been a broad spectrum of discontent with the practice of utilising the scientific method for 'identifying problems and providing cures' in therapeutic circles and this includes: Family Therapists, Critical Therapists, Community Psychologists, Feminist Scholars, Hemeneuticists, Phenomenologists, and Constructivists. In addition, the voices of ex-mental patients themselves are now being heard. Psychologist Ronald Bassman (2005, p.495) states:

> *"Perhaps it is time for practitioners to reconnect with the exciting beginnings of their helping profession, in which there was belief in the transformative power of thinking, sharing, feedback, and understanding known as talk therapy. Is it not possible to help persons in extreme emotional states to reconstruct their stories?"*

Bassman's individual experience as a person experiencing schizophrenia, is summarised in his description of current treatment having progressed little from

past practices of incarceration and chemical lobotomies (highlighting the experiences of those who suffer the dramatic side effects of psychoanalytic drugs). Common themes of discontent described by the disciplines above are: hierarchies of privilege, oppression, narrow un-systemic focus, and a lack of respect and integration of the clients 'own expertise and perception of their problem' (Cruickshank, 2012; McNamee& Gergen, 1992). Whilst acknowledging that science, and what we know about the world, has its place in understanding the how and why of existence, postmodern thinking looks at the relationships between individuals, communities, and structures within society holistically, examining gender, culture, knowledge, power, language and systems. Bakhtin (1984) describes the very being of humanness (both internal and external) as a profound communication, 'to be' is to communicate.

Systems Theory

Systems theory grew from both a disgruntlement and appreciation of the biological sciences, and the need to move beyond the classical paradigm of reality in order to appreciate the beauty of the whole, not only as an observer but also as a participant. If 'to be is to communicate' then what is the nature of the relationship of the communicators? Systems theory focuses on the relationships between the members of a society or culture (J. Brown, 1999; Hecker, et al., 2015). Individuals are not seen to be acting in isolation but conform to the roles and rules assigned them within the power structure of the system itself (Nicholl, 1999). Gregory Bateson (social scientist, anthropologist, linguist, semiotician and cyberneticist) was a strong influence in the 1940's. He utilised the term Cybernetics to combine the epistemologies of biological systems theory, communication theory, and cybernetics. He was instrumental in helping to extend systems theory into the social sciences (Bale, 1995). Bale (1995, pp., 1-2) notes that "Bateson was among the first to appreciate the fact that the patterns of organization and relational symmetry evident in all living systems are indicative of mind (mental processes)". The criticism is that the scientific method is useful in studying isolated phenomena by the manipulation of variables, but is unable to explain the complexity of the

bidirectional cause-and-effect relationships that occur between interacting pairs (Bale, 1995; Gelfand & Engelhart, 2012). This is well explained by Bhaskar (1998), a Realist, who refers to the world as an open system that to the observer is in a constant state of change. He contrasts the laboratory as an artificially created closed system and thus it is not a true reflection of the world outside. Bhaskar then, defines the social system as an open system in which the individual is both impacted upon, and capable of influencing. Stories are transmitted through the social systems in which we live via language and social interaction within cultural and historical contexts. The meanings we assign to events are shared within the confines of the social structure itself. Narrative Therapists also view an individual as a social being, and thus perceive the person and their problems within the wider social context in which they live (White & Epston, 1990).

Feminist Theories

Feminist Theory is concerned with how the individual is placed within a society in regards to attitudes towards women. It explores how the individual is both defined and limited by gender, especially in relation to patriarchal, racial and or cultural power differences (Green, 2010; Hare-Mustin & Marecek, 1988). The power differentials between the genders are perceived in feminist theory as marginalising women and advantageous to men. This remains evident in the wage differentials that exist in occupations that are defined as either male or female type jobs, with jobs that are deemed to be typically carried out by women being valued less, and with gender influencing salary allocation for identical jobs (Alksnis, et al., 2008). Both psychological practice and knowledge are not free from sexism. This can, for example, be further evidenced by the fact that bulimia and anorexia are perceived as a 'personal illnesses', rather than 'cultural or social illnesses' that are defining unhealthy ideals for women to subscribe to (Brown, 1993; Clay, Vignoles, & Dittmar, 2005). The consensus in feminist theory is that women's lives are defined within a cultural context that allows power differentials to impact on the amount of control they are able to exert in their own lives and as a group within society (Bartky, 1988; Brown, 2014). Narrative therapy attempts to expose the underlying

stories of sexism that are creating limitations and offers the individual an opportunity to both rewrite their story and explore new ways of being (M White & Epston, 1990).

Cross Cultural Investigations

Cross-cultural Investigations explore the perception of realities and identities within a culture, as well as between different cultures. There are a number of perceptions the individual has about the world they live in and how they behave in response to that world, that are both culturally distinct, and culturally and historically dependent. This includes concepts of self, of time, the boundaries of self (both internal and external), norms, and ones perception of control within and over the environment in which one lives (Lock, 1981). This is apparent in a recent study of suicidal behaviour in adolescents, with results suggesting that cultural factors play a role in both suicidal attitudes and behaviours (Eskin, et al., 2014). Some individuals in some cultures will opt for suicidal behaviour as a relief for psychological pain, more often than some individuals in other cultures (Shneidman, 1998). Cross cultural investigations have contributed to Narrative Therapy by highlighting the concept of the client being their own expert, and ensuring that the therapist does not assume the role of knowing what is best for others (M White & Epston, 1990). Lewis (2011) also emphasised the need for working with clients in culturally appropriate ways, which includes ensuring that research is culturally relevant. Again the therapist is required to consider what is safe cultural practice with "cultural safety being a function of the therapist, not the therapy" (Nelson et al., 2014, p.22). Bradley & Phillion Bradley (2002; 2011;) describe Narrative Therapy as particularly sensitive to multiculturalism where the therapists are not only aware of what they know, but remain open and vulnerable to both 'not knowing', and 'discovering what they do not know'. Knowledge is created through a negotiated construction of understanding (Phillion, 2002) between the researcher (therapist) and the participant (client).

Social Constructionism

A collaborative post positivist perspective is unfolding among (Critical Therapists, Family Therapists, Community Psychologists, Feminist Scholars, Phenomenologists, Constructivists, Hemeneuticists) which McNamee & Gergen (1992, p.3) describe aptly as "a common consciousness emerging across a number of domains that sees the possibility for a form of unification...Social Constructionism".

From a postmodern stance, constructionists argue that what we take to be our experience of the world and self emerges from social processes (Averill, 1980; McNamee& Gergen, 1992). There is no one truth or essential identity; rather individuals exist as a dynamically produced result of social and cultural narratives and discourses that have shaped the meaning of their lived experiences and life events. A dialectical process occurs as a result of this interrelation with self and the world, which humans are both shaping and are shaped by (Catrina Brown & Augusta-Scott, 2007). Bakhtin (1981, p, 293-284) puts the point thus:

> "The word in language is half someone else's. It becomes one's "own" only when the speaker populates it with his own intentions, his own accent, when he appropriates the word, adapting it to his own semantic and expressive intention. Prior to this moment of appropriation, the word does not exist in a neutral and impersonal language... but rather it exists in other people's mouths, in other people's contexts, serving other people's intentions; it is from there that one must take the word, and make it one's own".

This viewpoint allows for multiplicity in the perception, conception and construction of reality (rather than a hegemonic view) which fosters innovation, indigenous diversity and equality, with others likely to be recognised on their own terms (Gergen et al. 1996; Misra & Prakash, 2012). The therapeutic relationship develops on trust and sharing, encouraging discourse and collaboration. Possessing the power of creating language thus also gives us the power to alter or dis-create it,

inviting critical self-reflection (Burr, 1995; Lock & Strong, 2012; McNamee & Gergen, 1992). Narrative therapy has in part evolved and developed by adopting some of these principles and concepts.

Deconstructionism

Deconstructionism emerged primarily through the work of French writers and philosophers, such as Jacques Derrida, Jean-Francois Lyotard and Michel Foucault. It is the process of finely analyzing language or language fragments to reveal their deeper conceptual foundations and semiotics (meaning-making), whilst at the same time discovering the aspects of the text that are inconsistent with and oppose those foundations and meanings (Kurtzman, 1987). Derrida described these as 'binary oppositions' (upon which meaning making is constructed), and posited that there is 'nothing outside the text' (Jacques Derrida & Attridge, 1992; Jacques Derrida, 1978). His approach to text was influenced by the semiology (the philosophical theory of signs and symbols) of Ferdinand de Saussure, a Swiss linguist.

Words thus derive their meaning through their relationship to other words and within the confines of these binary oppositions. An example of this is that 'man' is defined by that which is not 'women' (Jacques Derrida, 1978; Nicholl, 1999). This is an example of the hierarchal nature of binary oppositions and underpins the idea that constitutes all social practices in and through language. Derrida and Lyotard "acknowledge that it is not possible to tell a single and exclusive story about something that is really complex . . . the acknowledgement of complexity, however, certainly does not lead to the conclusion that anything goes" (Cilliers, 1998, p. viii). Part of the process of deconstruction is in identifying omissions, the untold story beneath the narrator's perceptions and biases. An image emerges of the way the subject/ person is being portrayed and what implications are being applied to their actions (Jacques Derrida, 1978).

A primary tool for creating images is metaphor. Landau et al. (2014) explain that many concepts utilised in social interaction are abstract, for example 'friendliness' and 'evil' are not concrete objects in the external world. Such complexities in

'meaning making' cannot be seen but are rather sensed and the language creates the picture… we 'stem the tide of evil' and 'gauge friendliness'. The explanation is that metaphor is utilised to grasp the abstract concepts that lie at the center of societal interaction and also provides a structure for both remembering information and defining / undefining reality (Landau et al., 2014; Nicholl, 1999; Robins, 1197). Biases, hidden agendas and hierarchies are exposed by examining metaphors and this process is an essential component of deconstruction.

McNamara (2010, p.11) states:

> *"Our stories help us to make sense of the world we are living in and sometimes those stories make no sense at all to those outside our experiences. I am here to encourage you to listen to the stories of the people you work with, as you-walk alongside them through some of the extremes of their life experiences. These stories need to be heard. Do not lose sight of the storyteller, or of the sense they are making of their experiences. I urge you to listen to them. Because these are often disenfranchised voices, the unheard stories of the dispossessed".*

Narrative Therapy takes into account the stories of individual lives by utilising the concept of binary oppositions to understand the metaphorical experience of a person's life and what it is those metaphors exist in relation to. The Narrative Therapy process provides the opportunity for the individual to develop a number of different perspectives in order to understand and reconstruct their perceptions of reality in a more resourceful way to determine a preferred way for being in the world (Brown & Scott, 2007; White & Epston, 1990).

Knowledge, Power and Discourse

Derrida sought to find the hidden meaning in language through word relationships. By contrast, Foucault's goal was to elucidate how the evolution of discourse is influenced by power and knowledge differentials (Foucault, 1980). His work has

been praised by Critical Discourse Theorists who were inspired by his work, and who proposed that this type of discourse analysis would reveal the hierarchies that are prevalent in the discourse, and the bodies of knowledge associated with them that enable those hierarchies to exist (Van Loon, 2001). In a much-publicised debate with Chomsky, Foucault stated:

> *"It seems to me that the real political task in a society such as ours is to criticise the workings of institutions, which appear to be both neutral and independent; to criticise and attack them in such a manner that the political violence which has always exercised itself obscurely through them will be unmasked, so that one can fight against them"* (*Chomsky & Foucault, 2011*).

Foucault was an active campaigner for the rights of the mentally ill, the disenfranchised, and the gay communities. He was critical of the way in which knowledge producers (i.e. the government, prisons or mental hospitals) utilised discourse to subjectify individuals. He claimed the above institutions created identities that became unconsciously subversive to the subliminal discourse that was perpetuated by the institutions themselves, in order to control those identities, with consequences for disobedience i.e. incarceration (Green, 2010). Foucault claimed that power is everywhere - embedded in discourse, knowledge and 'regimes of truth' - and comes from everywhere (Foucault, 1991). Power is thus conceptualised as a 'regime of truth' that permeates society and is ever changing (Foucault, 1998). The term 'power/knowledge' was coined to capture the point that 'power is constituted through accepted forms of knowledge, scientific understanding and truth, with Foucault seeing knowledge and power as united through discourse (Brown & Augusta-Scott, 2007). He contrasted traditional power, which had as its focus a central authority figure, as in monarchy or religion (King or Pope) with a more subtle modern power, which focused on discourse. Examples of this modern power are advertising, school boards and political rhetoric etc where those who are more privileged in society have more opportunity to influence discourse (Combs & Freedman, 2012).

"The ontological assumption of a more or less coherent narrative identity seems to be accepted by theorists and practitioners alike" (Hoshmand, 2005, p.180). Foucault argued that 'self' is created as both 'the object and subject of discourse' in a moment of time. Persons may become disempowered and less autonomous as they internalise dominant social discourses as their own (Catrina Brown & Augusta-Scott, 2007). Foucault asks us to challenge the assumptions that determine our way of being, so as one is able to create the ethical self that is always changing. Thus identity itself becomes fluid when it is no longer constructed and constrained by subversive discourse (Mackey, 2007). The Narrative Map that will be introduced in this research, enables a person to see himself or herself as both object and subject in relation to a 'way of being' (defined identity) that has been problematic for them. From this viewpoint, the individual is able to re-author both the role they are playing and the meaning they had assigned to that role, creating a new internal dialogue as a result. The individual becomes the author of his or her own creations, and in turn is both empowered and freed by this process.

Narratology

Narratology is commonly associated with literary disciplines. It is also utilised however, in the social sciences. The theorists who have shaped Narratological enquiry are numerous and include Foucault (1971), who approached narrative as a social, cultural, and political practice, and MacIntyre (1981) who argued for narrative as the primary structure for identity and human action (Hoshmand, 2005). Theoretical perspectives on narrative have influenced psychology and the human sciences (Hoshmand, 2005; Hoshmand, 2000; D E Polkinghorne, 1988). There has been increased interest in the meanings and relationships found in narratives (such as motives and plots), as well as the social, historical, and cultural contexts of narratives (Hoshmand, 2005). Cultural and social aspects of the narrative are explored to reveal; a) the numerous voices within the narrative (polyphonic) and b) the power differentials, with the narrator and the audience both being seen as part of the dialogue (Hoshmand, 2005; D E Polkinghorne, 1988).

"Constructivist and dialogical perspectives in narrative theorizing have appealed to the counselling and psychotherapeutic fields because of alignment with relational theories of therapeutic practice and cultural views of identity development and the fact that Narrative theory takes into account the uniqueness of individual life and experience" (L T Hoshmand, 2005, p.179).

Narratology is the theory of the structures of narratives and involves a rigorous and analytical review of: a) common themes among narratives; b) the system of rules they are governed by; c) individual narrative components; d) their functions and purposes; e) patterns; and f) systemic relationships and typologies (Collin, 2007; Gergen, 1988; Hoshmand, 2005). Culler (1981, p.190) states that "an indispensable premise of Narratology is the need to distinguish between the what and the how of narrative". The writing of history is a great example of this, as significant events in time are reconstructed in various ways from a wide variety of viewpoints and are influenced by both positional and power differentials. A prominent example in New Zealand is the peaceful resistance and annihilation of the Marae at Parehaka in Taranaki (Paora & Preston, 2012). This example emphasises the complexity and multileveled nature of narrative, with the minority voices and experiences being overwritten by the discourse of the government officials in the power position at that time.

Narratives may be analysed on four levels (Collin, 2007; Hoshmand, 2005; Nelles, 1997). The first level of analysis is the surface layer, the chronicle or *fabula*…the 'sequential description of events' (Cochran, 1990; Collin, 2007; M. Gergen, 1988). The second level is the storyline or plot, this transforms the fabula as the tensions motives and themes emerge. Collin (2007, p.163) illustrates this with the example: "The King died. The Queen died" being transformed by "The King died. The Queen dies of grief". Cochran (1990, p.77) states "Without knowledge of individuals as persons who think, feel, and do; who have aims, beliefs, and values, there is no basis for a story.'' The third level of analysis is the text and discourse. The text is the linguistic construct 'an instance of discourse, of linguistic action' (Collin, 2007;

Onega & Landa, 1996). Gergen & Gergen explain narratives as a linguistic tool constructed by persons and used in relationships to sustain, enhance or impede various actions (1988). And lastly there is the analysis of the 'act of narration' in and of itself (Genette, 1980).

Narratives organise events in time and have a beginning, middle, and an end. They allow persons, cultures and societies to make sense of their experiences, establish causal links and give meaning to experiences (Gergen & Gergen, 1998; Hoshmand, 2005; Nicholl, 1999). Much is left out of narratives as a selection process occurs as the narrative is filtered by interpretations, and constructed to make sense of events (White & Epston, 1990). These stories arise within cultural conversations and available discourses and thus they shape lives and relationships (Brown & Augusta-Scott, 2007).

CHAPTER TWO: NARRATIVE THERAPY

PRINCIPLES OF NARRATIVE THERAPY

Michael White and David Epston were the originators of Narrative Therapy in the late 1980's and were influenced by Bateson(1980); lived experience, Brunner (1980; 1986, 1990); meaning-making, the Milan and post-Milan Family Therapists (Becvar & Becvar, 1996); relationships and context, and Michel Foucault (1980); knowledge and power, among others (Brown & Augusta-Scott, 2007). Narrative Psychology as a field of study with its own identity has thus only been around for two decades, and has just begun to be taken more seriously within the field of psychology (Hiles & Cermák, 2008).

White & Epston (1990) describe a person as experiencing problems when the narratives they are living their lives through become limiting or destructive. Thus, they explain the goal of narrative therapy to be the identification and generation of new stories that facilitate alternative meanings and generate new ways of being in the world. Attributing the power of the client to re-author their own stories is part of the social sciences movement called the 'interpretive turn' (Combs & Freedman, 2012), where individuals make and interpret their own meanings rather than the expert making the interpretations. The map utilised in this research provides a guideline for the therapist in facilitating this transformation, in partnership with their client. Edith Freeman (2011) outlines five basic principles that are required for effective narrative practice as follows:

Table 1.1   FIVE BASIC PRINCIPLES OF EFFECTIVE NARRATIVE PRACTICE

Basic Principles	Main Elements of Principles	Significance of Each Principle	Narrative Practice Skills
Principle I: The Timing and Context of Narratives Principle	*Timing:* The right narrative emerges at the right time/context. *Context:* Narratives are retold as a way of coping with understanding con-trolling key life situations.	Understanding the natural narrative process is the foundation for under- standing how narrative practice works.	Understanding and applying the narrative knowledge base. Using timing and context questions.
Principle II: The Shared Experience & Transformation Principle	*Narrative Indicators:* Bench marks for a shared transformation process between teller/listener. *Narrative* *Challenges:* Helper, client, system barriers to process.	The shared process supports the practitioner in maintaining a not knowing attitude, and the role of clients as experts on their narratives.	Identifying narrative forms and functions. Listening for and acknowledging clients' spontaneous narratives, and the transformative process.
Principle III: Naming and Unpacking: The Assessment-Intervention Principle	*Naming Process:* Clients' power to voice unacknowledged-unidentified aspects of narratives. *Unpacking Process:* Clients' expertise in adding more detailed thicker descriptions of narratives.	Responding effectively to clients' spontaneous narratives facilitates the assessment-intervention process. It identifies and draws upon clients' local knowledge and other strengths.	Using naming questions. Using unpacking questions. Clarifying where clients are in the narrative space. Using solution-focused narrative questions.
Principle IV: The Meaning Making Principle	Narratives people chose to tell have personal meanings central to their *worldviews* and *life narratives.* *Single event narratives* emerge when they conflict with peoples' life narratives.	Helping clients find thematic links between their single event and life narratives provides coherence and continuity, which leads to meaning making in a life review or whole life context.	Using coherence questions focused on narrative themes from single event narratives. Using continuity questions to construct, review, revise, or maintain life narratives
Principle V: Social-Political- Cultural Intervention Principle	Clients low currency narratives can be externalized and deconstructed to help them separate themselves from their problem situations (marginalization analysis)	Encouraging clients to share unnarrated oppressed narratives provides them with new opportunities for voice and agency to address universal social justice issues through system change.	Eliciting low currency narratives/facilitating policy reform groups. Eliciting exception narratives. Using marginalization analysis. Eliciting decision-makers' dilemma and resolution narratives.

Source: (Freeman, 2011, p. 7-8)

Externalising Conversations

"A story can be defined as a unit of meaning that provides a frame for lived experience" (McNamee & Gergen, 1992, p. 97). In order to determine the nature of the client's existing story, narrative therapeutic interviews are characterised by the therapist asking many questions, which recruits the client as an expert on their own problem. This questioning strategy facilitates self reflection and therapeutic engagement (via the social expectation to respond to a question) at the same time (Nicholl, 1999; Roth & Epston, 1994; White & Epston, 1990). Alternative stories emerge as a result of this questioning type of exploration, and these are not imposed upon the client by a therapist in the role of expert, but emerge from within the client themselves (Epston & Bowen, 2008; Nicholl, 1999; White & Epston, 1990). When the individual is able to see themselves as being separate from the problem saturated story, their relationship to the problem changes, and the 'problem becomes the problem' rather than an intrinsic deficit within the person themselves (Brown & Augusta-Scott, 2007; Nicholl, 1999; Roth & Epston, 1994). Combs & Freedman (2012 p. 1034) describe the conceptualisation of 'problems as separate from people', as the most widely known construct in Narrative Therapy and state:

> *"We are not focused on solving problems, but rather on helping people immerse themselves in life stories that offer different possibilities and directions than those offered by the problem stories. From within these stories, people's relationships to problems change".*

Identifying a problem as an entity that exists in its own right allows the individual to both regain control of the feeling they find themselves affected by (anger, helplessness, despair etc), and identify unresourceful identities that are also acting out in the problem story (the worthless person, the victim, the controller, the schizophrenic etc). Externalising conversations thus support the social justice stance

of Narrative Therapy, with individuals being less marginalised when pathologizing or disempowering labels no longer define them.

The Absent but Implicit

White (2000) drew on his reading of Bateson (1980) and Derrida (1978) to explore the concept that we make meaning from our experiences by contrasting them with other experiences. The idea is that we are unable to see the foreground without the background as a contrast. The story we tell about an issue or problem is made in contrast to the perceived preferred experience (Combs & Freedman, 2012). White proposes that the therapist needs to utilise 'double listening' to be able to recognise both the foreground and background so as to determine the rich resource of preferred stories the client is using in order to define their current experience. White (2003) illustrates this when he explains that in order for a person to experience injustice, he must have some concept of a just world. Coombs and Freedman state " in order for a person to experience despair he or she must have hopes, dreams, or visions of the future that are not being fulfilled (2012, p. 1041). White called this kind of enquiry "asking about the absent but implicit" (Combs & Freedman, 2012; M. White, 2003). This type of questioning enables the therapist to define the positive motivation of any behaviour toward meeting the background hopes dreams and ideals that exist in the implicit stories, thus enabling the person to view their current situation non-judgementally whilst re-authoring the problem. This research paper proposes that when a person is able to reframe the experience that is not preferred (the foreground) as in alignment with the background (preferred experiences), the shift seems to be sustained over time.

Maps of Narrative Practice

The Delphi Panel (an 'expert panel' of established practitioners trained in, and knowledgeable, about narrative therapy selected to assess the components and practices of Narrative Therapy) determined that problem stories are socially, culturally and politically formed, both interpersonally and through wider influences

(Wallis, Burns, & Capdevila, 2011). The narrative practices considered the most important were:

a) Seeking unique outcomes or exceptions

b) Making explicit people's skills and knowledge

c) Enhancing connection with social networks

d) Inviting audiences to sessions

e) Writing therapeutic documents

f) Listening to and acknowledging people's experiences

g) Exploring identity through questions about 'landscape of action' (what people do) and 'landscape of consciousness' (identity and meaning)

h) Focusing on the person's preferred outcomes

This remained consistent with the key features of White and Epston's (White & Epston, 1990; White, 2007) Narrative Therapy (Wallis et al., 2011). As a result, the Delphi Panel has in essence formulated a foundation map for narrative practice that exists due to White and Epston's work. The Delphi Panel members "unanimously agreed that the role of the therapist could be conceived as that of a conversational architect, and that the therapists expertise lay in creating a context for change" (Wallis et al., 2011, p.491). White proposed that it was important to provide guideline maps of therapeutic practice so the therapeutic work itself could be evaluated and continually improved upon, and the novice practitioner had some guideline to follow in order to become more proficient in their craft with practice.

CHAPTER THREE: IDENTITY REREFERENCING

THE FOCUS OF INQUIRY AND ITS SIGNIFICANCE

As a nurse, I have witnessed the effects of pharmacotherapy from both a positive and negative viewpoint. Pharmacotherapy can provide effective relief from the serious symptoms of mental distress, but there are times when it has dramatically changed a client's physiology and quality of life, so much so, that the side effects have been more detrimental on the persons overall lifestyle and functioning than the original illness was (Bassman, 2005). I have witnessed pharmacotherapy being utilised as the very first solution a professional has applied to a client's psychological distress due to a recent loss (grief). The clinician prescribed antidepressants as a first step of intervention without exploration of how best to utilise a client's strengths, coping skills and /or personal and family resources. Those strengths may have supported a resourceful adaptation to grief as 'a normal part of life experience that may be overcome' and in the process offered a transformation. I began reading the works of Milton Erickson (Erickson & Rossi, 1989; Rosen, 1982) and Elizabeth Kuber Ross (Kübler-Ross, 2014) among many others, and became further interested in the healing power associated with sharing and transforming one's own personal narrative in the presence of an active listener.

Through reflecting on the successes I appeared to be having, I decided to distil the characteristics of my way of working so that other professionals could benefit from it and perhaps even adopt or adapt it into their own practice. Common themes of distress among the clients I have been working with over the years include problems with self-worth, abandonment, anxiety, depression, stress, relationship issues, abuse (psychological, physical, sexual) and non-coping reactions to life changes. I began to condense the conversations I was having with my clients, into a format that would be easily utilised by other practitioners, following a brief training. Thus, the intention was to assess the effectiveness of a 'brief therapy' I have

developed that utilises the client's expertise on their problem as a means of solving it in order to provide a conceptual and operational framework map for therapeutic narrative practice. This procedure involves:

a) Presenting the Narrative Therapy 'Identity Re-referencing' framework from an individual component perspective so its theoretical basis can be formalised and its individual narrative components understood

b) Evaluating nine clients' responses to the above framework in order to assess their personal experience regarding any perceived changes (mental, physical or spiritual) immediately following the cessation of their therapy sessions

c) Establishing if that experience or perception was sustained for 6-24 months post therapy

All nine clients in this study were motivated to address some problem areas they perceive in their lives. They were not vulnerable in the sense they were actively seeking help, were self-motivated to change and were not community mental health clients.

A MAP FOR THERAPEUTIC CONVERSATIONS

Hoshmand and Polkinghorne (1992, p. 56) emphasise the need for "theories of action that can inform practice and provide more adequate maps of the social realities of practice". The narrative map developed and implemented for the therapy in this research has the five principles of Narrative Therapy (Freeman, 2011) as its foundation. Narrative maps provide a guideline for exploring a limiting and/or destructive narrative (that an individual is experiencing as a problem) in a very specific way (White, 2007), by targeting both the internal discourse and the identity attached to the story. Unresourceful internal discourse is explored, and the positive motivation for its existence is determined within the reframe of the individual a) doing the best they could... b) with the tools, they had at the time. This exploration relieves the individual of self-recrimination or blame for self and others,

and enables them to recognise the dominant problematic self-narrative as both limiting and unresourceful. The client is then often able to recognise the earlier strategy is no longer working, and becomes motivated towards some form of change. A narrative map is a very empowering way for the individual to decide for himself or herself that change is necessary on some level. The platform is then constructed which enables the client to externalise both the discourse and its associated identity, with the client reaching a point of 'all knowing' beyond the problem itself. The client then is able to reframe and offer appropriate advice to them self from this viewpoint. Michael Singer (Singer, 2007, p.16) puts it this way…

> *"The process of seeing something requires a subject-object relationship. The subject is called 'The witness' because it is the one who sees what is happening. The object is what you are seeing, in this case the inner disturbance. This act of maintaining objective awareness of the inner problem is always better than losing yourself in the outer situation. This is the essential difference between a spiritually minded person and a worldly person. Worldly does not mean that you have money or stature. Worldly means that you think the solution to y9ur inner problem is in the world outside. You think that if you change things outside, you will be okay. But nobody has truly become okay by changing things outside. There's always the next problem. The only real solution is to take the seat of witness consciousness ad completely change your frame of reference".*

The reframing opportunities at several points within the map are characterised by what Gonclaves, Mendes, Ribeiro, Silva, & Sousa (2015) call an *Innovative Moment* (IM). IM's are defined as "moments in the therapeutic dialogue in which exceptions to the client's problems unfold and constitute narrative markers of meaning transformation" (Goncalves et al., 2015, p.2). From here, the individual is able to reframe both the meaning they had assigned to the problem as well as their internal discourse, providing alternative solutions to the problem they were dealing

with. It is easier for the person to then to see himself or herself' as reacting differently to the problem when facing the possibility of something similar arising in the future. The client completes a Future Pace to assess their new relationship to their problem, determining how they perceive its influence in their life as time moves forward. First steps of action for moving forward are determined, which the client defines for himself or herself.

The focus is the client as their own expert, re authoring their unresourceful narrative and internal discourse, in the process of externalising their problem. Five IM opportunities exist within the narrative map:

a) When the client determines the highest good or intention for the problem behaviour, identity or thought
b) When the client reaches an all-knowing self that exists beyond the problem
c) When the client re-authors the meaning of the 'old story' or discourse
d) When the client redefines their identity in relation to the old problem in order to select their action going forward
e) When the client projects their response to the problem out into the future (Future Pace: Appendix F, p. 120) and notices how that may be different to what they have currently been doing in their attempts to address it.

It is a strength-focused and flexible therapeutic map framework. The map allows for the clients own understanding of their world, lived experience and self-definition, to be explored both non-judgementally and with compassion. The client is the expert on both their problem and its solution and client becomes further empowered as the absent and implicit are revealed. The therapist, from the viewpoint of the 'not knower' (assuming an attitude of curiosity and openness rather than one of expertise), asks questions and draws forth the clients knowledge, guiding them towards the IM moments within the framework, thereby enabling the clients maladaptive assumptive systems to be revised. Frank & Frank propose that clients need to change their *Maladaptive Assumptive System*

(problematic self-narrative) in order for change to occur in therapy (Frank & Frank, 1991; see also Goncalves et al., 2015).

The maladaptive framework once transformed gives rise to the new emergent alternative framework. The more IM's that occur during the therapeutic process , the more likely it is that the maladaptive assumptive system will be overwritten by a new '*Adaptive Framework*' (Goncalves et al., 2015). Goldfried (2012) proposes that regardless of the therapeutic strategy used, this 'meaning making' transformation must occur in order for this new adaptive framework to develop. The narrative Identity Rereferencing Map that I have developed (Figure 1) as a guideline for therapists provides a number of opportunities in the course of its questioning framework for meaning making change to occur for the client.

Components of the Identity Rereferencing Therapeutic Map in relation to the Principles (that were shown in Table 1.1, p.16) of Narrative Therapy

Sequence One: Identifies the problem narrative/identity and the altruistic reason for its existence.

1. *START* (Principles I & II: 'Timing & Context' and 'Shared Experience & Transformation'): Identifies the internal discourse that is running when fully immersed in the narrative position and often defines the feeling and identity (the position the client has assumed within the maladaptive framework or problematic self-narrative). It is common for these to be deficit ("I am… I can't…") type statements. This does require some focused elicitation in partnership with the client, as Michael White (2007, P.6) states "Practice, practice, practice").

2. *SAY* (Principle II & III: 'Shared Experience &Transformation' & 'Naming & Unpacking'): Explores the context and meaning of the maladaptive framework (problematic self-narrative) within a resourceful framework allowing the client to experience the power to voice unacknowledged and unidentified aspects of narratives and surrender judgement on the maladaptive framework.

3. *Highest Intention/ Viewpoint* (Principle IV: Meaning Making): The client assigns a more holistic and adaptive framework to the problematic narrative.

<u>Sequence Two:</u>   Disassociating from the problem narrative and connecting with the all knowing self (Wairua)

1. *Externalising & Deconstruction* (Principle III: 'Naming & Unpacking'): The client steps further and further back from the problematic identity redefining themselves at each step until they are able to view the maladaptive framework from a more resourceful and expanded self.

2. *Wairua-The Higher Self* (Principle IV: Meaning Making): The expanded all knowing and wise self. This is usually defined by the client stating that the self now viewing the problem is "everywhere" in response to the questioning process. It is often perceived as the 'light inside' or the 'soul' with many clients describing this particular 'self' within a personal spiritual framework.

<u>Sequence Three:</u>   The process of meaning making and adaptive reframing

1. *Back Down the Ladder:* (Principle IV & V: Meaning Making & Social-Political-Cultural Intervention): The client offers wisdom and solutions to each of the externalised identities on the way back towards the original problematic narrative.

2. *What Does the?? (Higher Self in clients words) Say About That Old Story Now?:* Reconstruction (Principle V: Social-Political- Cultural Intervention): The client re-authors the original problematic self-narrative into an adaptable framework which often includes being able to release oneself from externally defined social, political, cultural and power based relationships and narratives that have been limiting the clients world view.

3. *Holistic Reframe* (Principle IV & V: Meaning Making & Social-Political-Cultural Intervention): The reframe occurs in alignment with the client's highest intention from the viewpoint of the highest self. From here, the

client is able to re-author the "I am… I can" statements, within a more adaptive identity and framework.

4. *New Core State/ Belief* (Principle IV & V: Meaning Making & Social-Political-Cultural Intervention):   Holistic reframe continues until the new core state is both felt and experienced (client often shows physiological responses and mood changes i.e. a shift in posture, a broad smile, a reddening of the face, laughter etc).

<u>Sequence Four:</u>   Developing and maintain change and resiliency

1. *Follow Through* (Action Steps and Future Pacing): Exploring identity through questions about 'landscape of action' (what people do) and 'landscape of consciousness' (identity and meaning) and focusing on the clients preferred outcomes forward in time. (Refer to Future Pace Questions Appendix F).

Figure 1.   IDENTITY REREFERENCING THERAPEUTIC MAP

Source: (Scott, 2008)

SUMMARY

Offering the client an opportunity to re author their story within the above framework is a strong contrast to the deficit models common in therapeutic discourse where the focus is on 'problems' and the need to 'fix' people. The map enables a 'shift to hope' (Gergen, 1990; O'Connor, Meakes, Pickering, & Schuman, 1997; Wallis et al., 2011) with the development of personal agency and contribution towards positive outcomes. The purpose of the Identity Re-referencing Map is to facilitate the client to step beyond a problematic self-narrative they have currently identified with (maladaptive identity). Anderson (1997, p126) (who is a major player in the development of the post modern collaborative approach to therapy) describes the self as "an on-going autobiography; or, to be more exact, it is a self-other multifaceted biography that we constantly pen and edit". The outcome of my approach is that it alleviates personal condemnation and allows the client to positively embrace both the idea of change and a multifaceted identity of which they are both Master and Creator. The maladaptive assumptive system is overwritten and a new adaptive framework is adopted. Polkinghorne (1991) states:

> *"One's self-concept or self-identity is fashioned by adaptation of plots from one's cultural stock of stories and myths. Stories of personal identity differ from literary productions in that they are constructed within an unfolding autobiography and incorporate the accidental events and unintended consequences of actions. Under stressful conditions, a self-narrative may decompose, producing the anxiety and depression of meaninglessness. One function of psychotherapy is to assist in the reconstruction of a meaning-giving narrative of self-identity".*

After reviewing the available literature, it is apparent that maps of therapeutic discourse are few, and even fewer embrace the concept of a multifaceted self that includes wairua or spirit. Once the practitioner / therapist has a sound knowledge

of the fundamental narrative Identity Rereferencing Map proposed, a much-simplified version of the Identity Re-referencing Map is used when working with the client (as in Figure 2, p.30).

Figure 2.   IDENTITY REREFERENCING CLIENT MAP
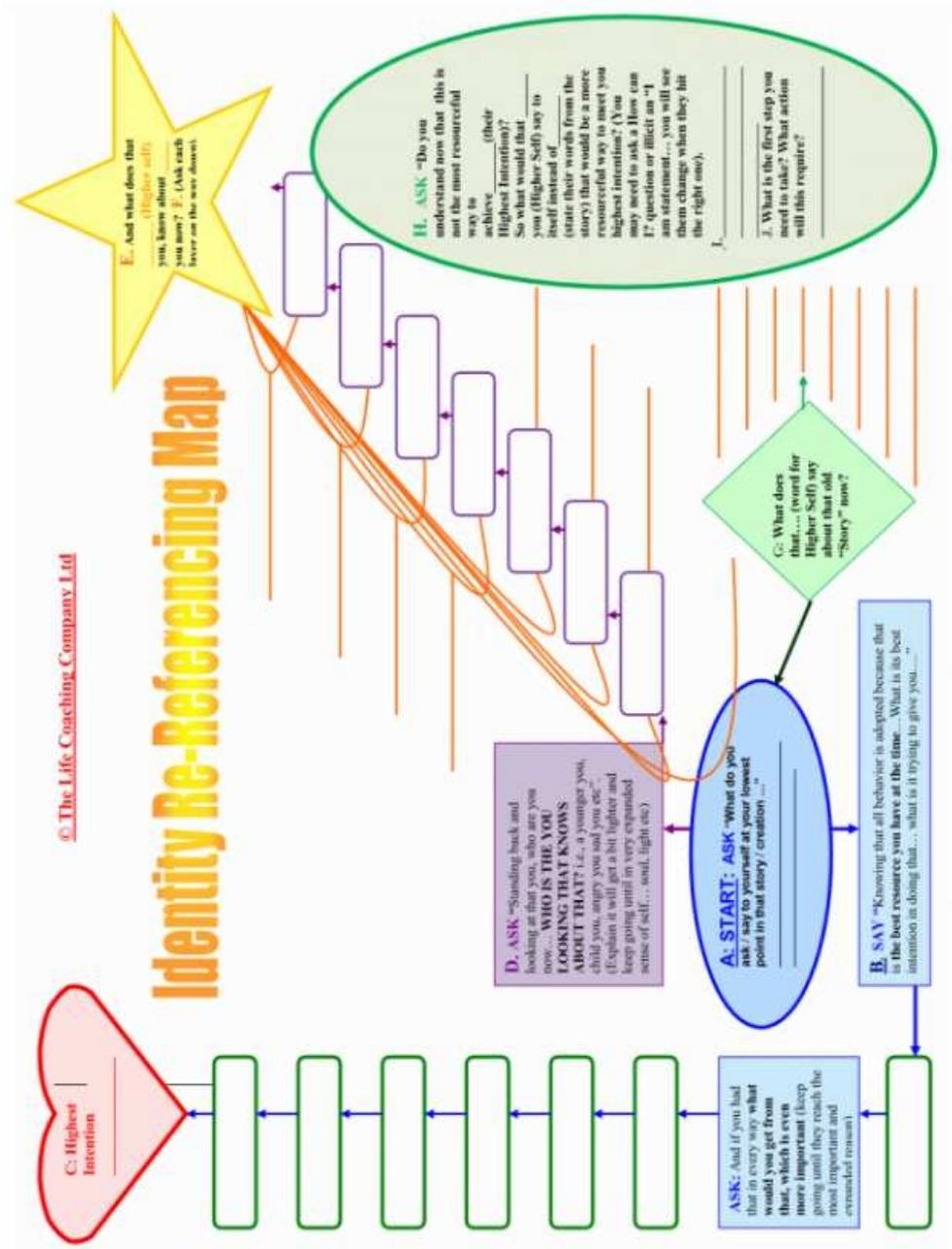
Source: (Scott, 2008)

CHAPTER FOUR: MODES OF ENQUIRY

THEORETICAL FRAMEWORK OF THE RESEARCH

Reflexive Statement of Research and Personal Stance

I grew up with stories and was a voracious reader. My grandparents were a mixture of French, American, English, Scottish, and Irish folk who managed to intermingle, procreate and make their way by boat to New Zealand two to three generations ago. My parents both worked in the public services; my mother was a General and Surgical Nurse who later moved into the field of Mental Health and Disability and my father was the head of the Criminal Investigation Branch (CIB) in the police force. Upon leaving school I too trained as a Registered Nurse and became interested over time in Strength-based Wellness philosophies (Professor Charles Rapp's Strengths Model (2006) and Mary Ellen Copeland's (1997) Wellness Recovery Action Plan). It seemed to me however, that my attention always returned to the mind and internal word landscapes - the discipline of psychology fascinated me.

Professionally, I have registrations with the New Zealand Nursing Council, the New Zealand Association of Neuro Linguistic Programming (NZANLP), The Journey (UK, Europe, India and Pacific) and the New Zealand Charter of Health Practitioners Inc. (NZCHP). I am also a member of the Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) and am a student member of the Zealand Psychological Society (NZPS). Currently I work in both my private practice (The Life Coaching Company Limited), and as a Senior Child and Family Therapist with Wellstop/Manuka Services. The latter entails providing professional specialist treatment services to children with concerning sexual behaviours, and brief trauma based intervention to children and young people who have been assessed as having mild to moderate mental health or behaviour problems.

As my life experiences began to transform me as a person, I found myself heading in the direction of Transpersonal and Positive Psychology, with a focus on holistic

healing and spiritual growth. This culminated in several spiritual pilgrimages to India. Ram Das (2011, p. 34) states "As you pass through life on the way to God (spirit) , what's important is not what you experience, but how you identify or cling to what you experience." The importance of holistic healing and spiritual balance are beautifully reflected in a number of indigenous cultures, with one example in New Zealand Maori culture being that of Professor Mason Durie's Te Whare Tapa Wha (Durie & Kingi, 1997; Ministry of Health, 2014) and the Four Cornerstones of Holistic Health. The corner stones are: 1) Hinengaro-mental wellbeing, 2) Tinana-physical wellbeing, 3) Wairua-spiritual wellbeing, and 4) Whānau-family wellbeing. I had the opportunity to put this into practice when nursing in my early twenties in the Hokianga in the far north of New Zealand. More recently a further three dimensions have been considered and Drury (2014) speaks of Mauri Ora (the life force of a person), Whānau Ora (the balance between individual and family focus), and Wai Ora (our relationship with the environment). Narrative Therapy is synonymous with the values and principles of holistic wellbeing practice and the Identity Rereferencing Map offers the client an opportunity to connect with spirit or wairua, in the process of balancing the mind.

Qualitative Research

In the last twenty to thirty years there has been a growing interest in qualitative research, along with the growing disenchantment with empirical methods (e.g. Laverty, 2003; Osborne, 1994; Rist, 1980). The dominance of natural science type research methods has been increasingly challenged by descriptive and hermeneutically oriented methods (Osborne, 1990; Packer, 1995; Polkinghorne, 1983). Social Constructionists (1985) and Deconstructionists (1978) have also challenged the objectivity of traditional natural science methodologies by emphasizing the socially derived structures upon which such methods are based (Osborne, 1994).

Qualitative research has much to contribute to the practice of psychology with Hoshmand & Polkinghorne (1992, p.52) reminding us that "practitioners depend on knowledge derived from experience and direct interaction with clients, a type of

knowledge not formally admissible by the accepted scientific model". They propose that a knowledge base of enquiry is formulated to allow practitioners to contribute to the profession concerning processes of practice. The broader goal would be to create a bridge between practice knowledge and experience and positivist scientific enquiry so that both may inform each other (Gelso, 1985; Hoshmand & Polkinghorne, 1992; Howard, 1986).

The emphasis in qualitative research is on discovery, description and meaning rather than the scientific criteria of prediction, control and measurement (Osborne, 1994; Polkinghorne, 1983). The traditional notions of random sampling, reliability and validity, to name a few, are therefore not necessarily appropriate in the qualitative research context (Osborne, 1994; Rist, 1980). A number of methodologies have emerged for qualitative research, with some of the most popular being ethnography, grounded theory, phenomenology, and hermeneutic phenomenology (Denzin & Lincoln, 2000).

Ethnography

Ethnography has its roots in anthropology (Floersch, 2014) and is a qualitative research design that focuses on the study of people to explore cultural phenomena (De Chesnay, 2015), with the emphasis being the importance of studying at first-hand what people do and say in particular contexts (Hammersley, 2005; Mannay & Morgan, 2014). Ethnographic approaches have many forms – classical, natural, interpretative and critical (Atkinson et al., 2001) but there are commonalities. The focus of ethnographic research is generally fairly small-scale to engender in-depth study and the analysis of data involves the interpretation of meanings and their relation to local and global context (Mannay & Morgan, 2014). Van Maanen (Van Maanen, 2009, p.16) describes this as a process that attempts to put into writing 'what it is like to be somebody else'. Ethnographic researches may use a variety of research techniques (interviews, visual data production and other qualitative techniques) however its researchers are immersed in the field where spaces are never empty – they value the in-between (Mannay & Morgan, 2014). This offers the

opportunity to not only be alert to the unexpected but allows for the space to draw novel connections and synthesise insights (Fine & Deegan, 1996). Floersch (2014, p. 4) states "Ethnography produces empirically rich case studies of complex social problems, sheds light on contradictions in social policy, attends to change across multiple scales of human action, and assists in the process of translating theory-to-practice". Much of the focus of ethnographic research in the social sciences has been in human services, social, and psychological problems.

Grounded Theory

The origins of grounded theory are in sociology. The Grounded Theory method was developed by two sociologists, Barney Glaser and Anselm Strauss when working with dying hospital patients where they developed the constant comparative method, later known as Grounded Theory Method (Glaser & Strauss, 1967). Grounded theory is one of the most frequently used qualitative methodologies in contemporary psychology (Ruppel, 2015) and has become known for its rigor (Fassinger, 2005).

Grounded theory enables a systematic analysis, has clearly defined analytic steps, and is sufficiently open to provide researchers with room for manoeuvre in its application (Ponterotto, 2013; Ruppel, 2015). The questions the researcher repeatedly asks in grounded theory are (Glaser & Strauss, 1967) "What's going on?" and "What is the main problem of the participants, and how are they trying to solve it?". Frequent methods utilised include interviewing, participant observation and gathering of artefacts and texts. The researcher moves in and out of the data collection and analysis process. This back and forth movement between data collection and analysis is sometimes called 'iteration' (Strauss & Corbin, 1994). Grounded theory research involves multiple iterations. The comparative process continues until the researcher reaches saturation - the point at which there are no new ideas and insights emerging from the data. Instead, the researcher sees strong repetition in the themes he or she has already observed and articulated (Cohen & Crabtree, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1994). It has been argued

by Rennie (2000) that "grounded theory is a form of methodical hermeneutics because it structures the interpretation of meaning from units of text and identifies patterns in the explicit and implicit meanings via the construction of hierarchical categories" (Levitt, 2013, p.121) .

Phenomenology

The father of phenomenology was considered to be Edmund Husserl (Cohen, 1987; Polkinghorne, 1983) who was initially a scientist and mathematician. His interest in philosophy grew and culminated in his entire focus being that of phenomenology. Laverty (2003, p. 4) states:

> "Husserl criticized psychology as a science that had gone wrong by attempting to apply methods of the natural sciences to human issues. He charged that these pursuits ignored the fact that psychology deals with living subjects, who are not simply reacting automatically to external stimuli, but rather are responding to their own perception of what these stimuli mean… he believed that researchers, who attended only to external, physical stimuli that could be isolated and correlated with other isolated responses, not only missed important variables but ignored context and created a highly artificial situation".

A Phenomenological approach to qualitative research is removed from the artificial as it focuses on the life world of an individual, and this world is not perceived as an entity separate from the individual. Polkinghorne (1983) referred to this as attempting to understand or comprehend meanings of human experience *as it is lived*, and quite often includes what is taken for granted or those things that are common sense (Hursserl, 1970; Langdridge, 2007; Laverty, 2003).

The study of phenomena enables the discovery of the forgotten meanings and taken for granted experiences. Fundamentally phenomenology aims to "study human experience carefully and systematically and to express insights arising out of

such study in language that does justice to these experiences" (Halling, 2008, p.3). Husserl saw phenomenology as a way of reaching true meaning by penetrating deeper and deeper into reality (Hursserl, 1970; Laverty, 2003). His focus was phenomena as they appeared through consciousness.

Husserl viewed consciousness as a co-constituted dialogue between a person and the world (Laverty, 2003). He saw that knowledge was a result of consciousness understanding phenomena as a direct result of focused attention and intention. Husserl perceived conscious awareness as the starting point in one building one's knowledge of reality (Hursserl, 1970; Laverty, 2003). His focus in his research was to actually see things 'as they are' through 'intuitive seeing' and he therefore sought to show the purely immanent character of conscious experience by means of careful description (Laverty, 2003). A process of suspending one's judgement or bracketing particular beliefs about the phenomena was required in order to intuitively see it clearly (Jones, 1975).

Husserl's life work became the field of phenomenology and he had hopes of an heir. Martin Heidegger looked to being that prodigy; however once he had attained Husserl's professorship chair at Freiburg University in Germany where they both worked, he distanced himself from Husserl and his work (Jones, 1975) due to differences in their philosophy's on how phenomena are perceived. There are as a result two approaches to phenomenological psychology: descriptive and interpretive or hermeneutic (Boden & Eatough, 2014). Descriptive phenomenology aims to generate a general structure of the phenomenon by comparing individual experiences to find elements in common (Boden & Eatough, 2014; Giorgi, 1970) and hermeneutic phenomenological methods embrace interpretation (Boden & Eatough, 2014; Finlay, 2009).

<u>Hermeneutic Phenomenology</u>

Martin Heidegger, like Husserl, did not have his beginnings in philosophy, as he initially came from a theological background. Whilst he was at Freiburg University, Husserl trained Heidegger in the processes of phenomenological intentionality and reduction. Heidegger and Husserl disagreed however on the way the exploration of lived experience was to be understood, with Heidegger then turning his attention toward hermeneutic phenomenology (Jones, 1975; Laverty, 2003) with a strong focus on 'ones being in the world' (Boden & Eatough, 2014) . There remains a strong similarity between the two in that both philosophies are concerned with the life world or human experience as it is lived. Both focus on illuminating details and seemingly trivial aspects within experience that may be taken for granted in our lives, with a goal of creating meaning and achieving a sense of understanding (Laverty, 2003; Wilson & Hutchinson, 1991).

The differences however are explained by Laverty (2003, p.7) "While Husserl focused on understanding beings or phenomena, Heidegger focused on 'Dasein', that is translated as 'the mode of being human' or the situated meaning of a human in the world". From this viewpoint consciousness is not separate from the world but is a formation of historically lived experience (Heidegger, 1962). Heidegger went as far as to claim that nothing could be encountered without reference to a person's background understanding. "Meaning is found as we are constructed by the world while at the same time we are constructing this world from our own background and experiences" (Laverty, 2003, p. 8). Hermeneutic phenomenologist's therefore recognise that the presence of interpretation is unavoidable (Osborne, 1994). We are always already interpreting, as we perceive as part of our human condition (Boden & Eatough, 2014; Finlay, 2009). Phenomena are seen as ambiguous and paradoxical, with nuanced and multiple meanings (Boden & Eatough, 2014; Finlay, 2009). Boden and Eatough state (2014, p.161) "…when embracing multiplicity in this way, phenomenology can be placed within or even beyond postmodernism, in a realm where multiple voices can co-exist, and multistability and multidimensionality are permitted".

Methodology

A hermeneutical phenomenological approach has been implemented for this research due to its interpretive nature of enquiry. The purpose is to explore the participant's subjective experiences of foreground and background phenomenon and their impacts on lived experience, rather than causes or correlates. The participants are exploring how their 'being in the world' has changed as a result of replacing a problem narrative with an adaptive one. They are also observing the identity (state of being) that originally experienced the problem narrative from a more resourceful identity (state of being) and reporting their insights. Throughout the Identity Re-Referencing process, the clients are both deconstructing and reconstructing meaning from their own lived experience as hidden (absent but implicit) background understandings are encountered. The participants are simply revisiting those understandings 6 - 24 months later to assess if those new understandings have remained, and if those new understandings have had a positive impact on the persons lived experiences, not as separate from the world but as part of it.

Plan of Inquiry

The Human Ethics Committee (Massey University) granted approval for this research in February 2014.

Initial:

The deconstruction of the Identity Re-referencing Map (Figure 1, p.27) was undertaken in order to illustrate its narrative therapy foundations with regard to the five basic principles of effective narrative practice (Table 2.1, p.16).

Deconstruction allows for the illustration and explanation of the step-by-step process required for it to be employed therapeutically by another practitioner.

A second summary map (Figure 2, p. 30) is provided as a simple reference document to be utilised when working with a client, once a therapist is proficient

and confident in implementing the Identity Re-referencing map as a process of questioning.

A: Stage One: (refer to Figure 3, p.42).

The clients in this research have engaged with me in their capacity as private clients, having themselves sought me out as a practitioner. Twenty-three clients were selected who had completed therapy at a minimum of 6 months ago and a maximum of 24 months ago. The clients go through an elicitation at the beginning of the Identity re-referencing map to facilitate recognition of the problem narrative or identity (or both). This may require an emotional mindfulness exercise also if it becomes very emotional for the client. The elicitation technique is taught along with the Identity Re-Referencing map to the therapist who is aiming to facilitate the process.

B: Stage One:

The outline of the research, consent forms, confidentiality forms, problem review sheet and future pacing sheet were remitted via Massey University psychology department, and included a reply paid envelope to Professor Andy Lock, Massey University School of Psychology. The following forms were sent (see Appendix):

Appendix B: Information Sheet

Appendix C: Participant Consent form

Appendix D: Confidentiality Agreement

Appendix E: Problem Review Sheet

Appendix F: Future Pacing

B: Stage Two:

The researcher collected the returned responses and the participating clients were identified.

Please note:

The initial Problem Review sheet (Appendix E), is written on by the therapist at the end of the client's therapeutic session, and this is used to collate the progress and changes made at the end of the session for the client (this information comes from both the Emotional Mindfulness and The Identity Re-Referencing worksheets used during the therapy session). The client takes a copy of this for their own reference at the end of their session. This is repeated at every session. The clients in receiving these sheets are thus somewhat familiar with the format. The client's Problem Review sheet summarizes the IM's and the changes in identity, beliefs and perceptions they have made. It also includes what action steps the client has chosen to implement in order to follow through (i.e. homework). The returned research Problem Review sheet will be compared with the client's initial Problem Review sheet that was completed immediately post therapy.

B: Stage Three:

The client's initial maladaptive assumptive systems (problem narratives) were retrieved and documented in narrative form. The new Adaptive framework immediately post therapy is identified along with any changes in self-perception and / or beliefs.

B: Stage Four:

The client's initial Problem Review sheets were gathered to be compared with the client's current Problem Review sheets for evaluation. (The format of the sheets is identical as is the future pace sheet which is utilised in order to prompt reflection).

Comparisons were made in relation to:

a) Resources the client perceives they have (Resources Gained)

b) Beliefs (New beliefs chosen by the client)

c) Identities (New states of being chosen by the client)

d) Resourceful reframe and embodiment of learning (Mentor or Wise Self) from a spiritual perspective

e) Future Pace (How the clients sees the problem in the years ahead)

Figure 3.   PROCEDURAL FLOW CHART
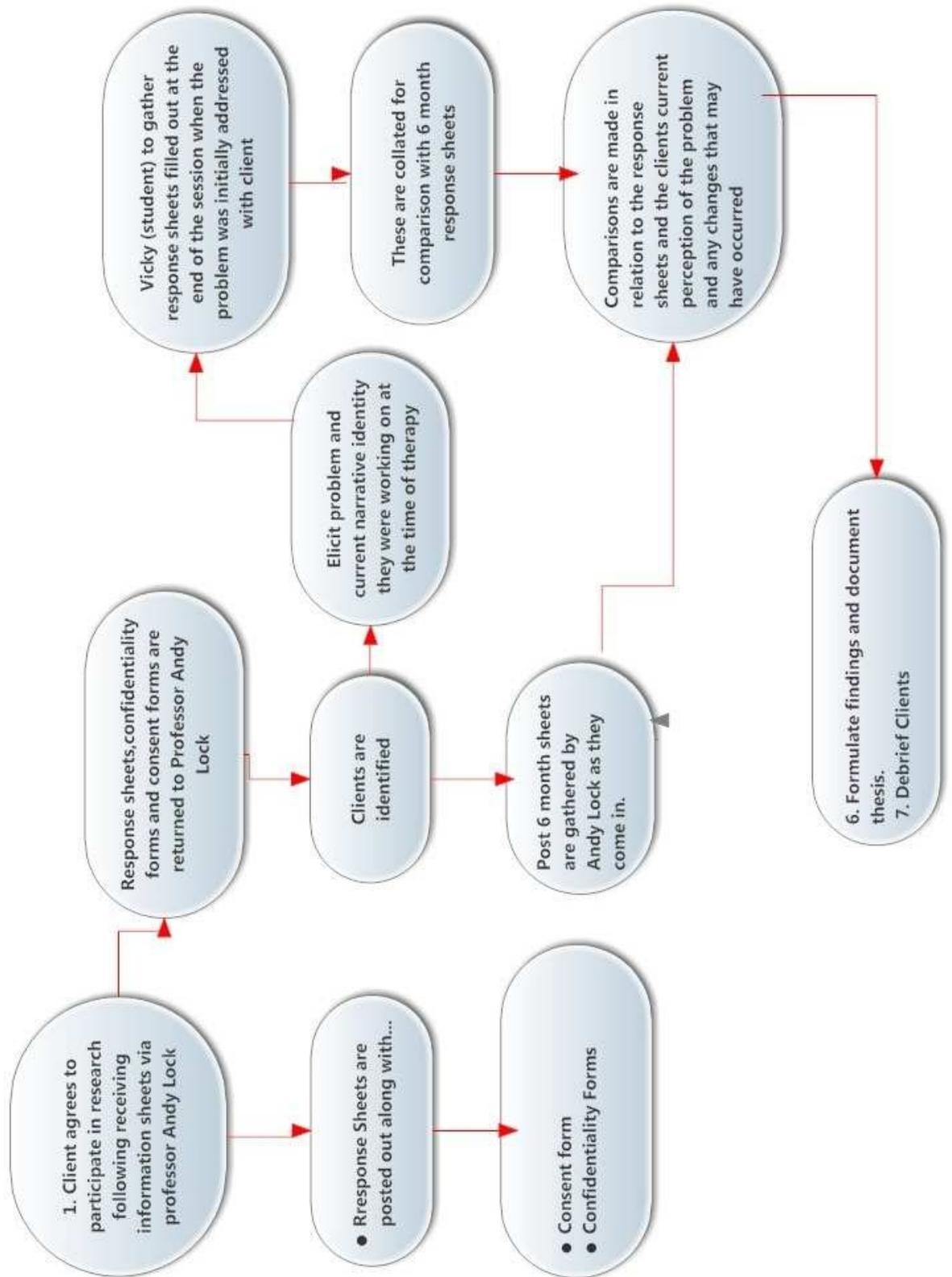
Participants and Participant Selection

The sample was extracted from a data set of twenty-three former clients who had experienced the Identity Re-Referencing process under investigation. The clients in this research either sought my services, or were referred to me within past 12-18 months at the time of commencement of this research. All of the clients in the sample desired to address some problem areas they perceived in their lives in relation to the mental health issues already mentioned (chapter one, Introduction, p.2). The clients were not vulnerable in the sense they were; a) self-motivated to change and b) were not community mental health clients.

Responses were received from nine clients and three envelopes were returned 'Gone No Address'. At the commencement of the research, it was decided in consultation with Professor Lock, that 8-10 client's responses would be a sufficient number to work with given that this was a qualitative approach requiring subjective client interpretation (Turpin et al., 1997). It was determined that these 8-10 responses would give some indication as to how the Identity Rereferencing process was experienced by the client and if its effects appeared to be consistent over time. Insights as to common themes that the clients were experiencing as problematic would also be evident, and it would then be possible to assess if there was a shift in the maladaptive assumptive system to a more adaptive framework. It would also provide some opportunity to evaluate the usefulness of undertaking further research with a larger sample in the future.

The age range of the participants in the sample was from 18-67 years and consisted of seven females (77.7%) and two males (22.2%). The youngest participant was a secondary school student and the eldest participant was retired. Of the remaining participant's one was a student, one was a stay at home mother (recently separated), a male was self-employed in business, and four were employed fulltime. Of the nine participants, seven participants (77.7%) were of New Zealand European/ Pakeha origin and two participants were of New Zealand Maori descent (22.2%). Two participants were single (22.2%), two participants had recently separated due to abusive relationships (22.2%), and five participants (55.5%) were

either married or in a relationship. Seven of the nine clients had children (77.7%), and one participant was of bisexual orientation (11.1%). The problems experienced by these clients included performance anxiety, depression, relationship and/ or trauma related issues (especially physical or sexual abuse), grief, self doubt, worthlessness, self criticism, powerlessness, self sacrifice and low self esteem.

Cultural and Ethical Considerations

Because the narrative process simply provided a framework for the individual client's problem, issue and or story to emerge, the individual's personal, gender and cultural beliefs were easily incorporated into the process in a culturally sensitive way. Maori perspectives of health and well-being from the Te Whare Tapa Wha are easily incorporated into the process as and if they arise at the time of therapy. Cultural advice was therefore not sought for this research, however monthly external supervision with two supervisors (one of Pakeha descent, one of Maori descent) ensured that cultural practice was truly reflected upon).

Analysis

Interpretative Phenomenological Analysis (IPA)

According to Smith (Smith & Shinebourne, 2012, p.73):

> *"Interpretative phenomenological Analysis (IPA) has three primary theoretical touchstones: phenomenology, hermeneutics, and idiography. Although IPA is concerned with experience and the meaning of experience to people, it recognizes that this experience cannot be transparently extracted from people's heads—rather, it involves a process of engagement and interpretation on the part of the researcher. Therefore IPA is also influenced by hermeneutics, the theory of interpretation."*

IPA is the method that was utilised to analyse the data as it explores both the unique characteristics of individual participants (idiographic focus) and the

patterning of meaning evident across participants (Larkin, Watts, & Clifton, 2006; Smith, Flowers, & Larkin, 2009). This method has been described as a double hermeneutic. The participant is trying to make sense of what is happening to them, and the researcher is trying to make sense of the participant trying to make sense of what is happening to them (Smith & Osborn, 2003; Smith & Shinebourne, 2012). It requires that each case be analysed so as to maintain the individual nuances and details, before the researcher explores patterns across the cases (Smith & Shinebourne, 2012). Generally the sample sizes required for this form of analysis are small (from 3-15 participants) so as to allow for in-depth insight into the participants' experiences and perspective on their world (Reid, Flowers, & Larkin, 2005). In this instance the phenomena that is being explored is the client's insights into an issue they sought help for in order to determine if the changes they felt at the time of therapy were sustained 6 -24 months later. The purpose was then to evaluate the effectiveness of the narrative therapeutic map implemented at the time to facilitate those changes. The phenomena were explored on five levels:

a) Emergent themes around Beliefs and Identity

b) Initial maladaptive superordinate themes

c) Adaptive superordinate themes

d) Wairua (Spiritual) superordinate themes

e) The Reframe superordinate theme that illustrated the sustained change over time

The completed 'Problem Review' transcripts (see Appendix E for sample) were compared with the initial 'Problem Review' transcripts to assess for similarities in codes of beliefs and / or identities. Both transcripts were then reread alongside the client's personal narrative to generate a more in depth understanding of the nature of the client's maladaptive assumptive systems (beliefs and identities). The maladaptive assumptive systems were then recorded alongside the client's transcripts (both the initial and the recent responses) for easy identification of emergent themes.

The current adaptive frameworks were also extracted from the recently completed 'Problem Review' transcripts and these were compared with the initial adaptive frameworks that had emerged immediately post therapy. Consistencies that illustrated the effects of the therapy as having lasted over time were then identified. The maladaptive frameworks were coded into commonly occurring themes of mental distress with reference to both:

a) Beck's (Steer, Ball, Ranieri, & Beck, 1999) Depression Inventory (BDI-II) affective subscales; pessimism, failure, guilt, punishment, self dislike, self criticalness, suicidality, worthlessness.

b) Wagner's (M. C. Cohen, 2007; Wagner, 1996) Enneagram Psychology of Personality core identity types; I am a nobody, I am weak, I am in pain, I am insecure, I am helpless, I am insignificant, I am a failure, I am needed, I am bad (refer Table 4:1, p. 46).

Wairua or spiritual themes were also identified utilising the Wagner (M. C. Cohen, 2007; Wagner, 1996) Enneagram Psychology of Personality core identity types. Finally the Reframe superordinate themes were identified that illustrated whether the client experienced sustained change over time were identified.

Table 4.1   THE ENNEAGRAM AND IDENTITY

The Enneagram Core Themes of the Types			
Identity Type	*Unresourceful*	*Resource* *Spirit* *Identity*	*Common Strategy*
Nine: Peaceful / Mediator The Accommodator The Resistor	I am nobody: (Invisibility) The Merger The need to be at peace	I am whole: (Holy/ Universal Love) The Peaceful Person	Sloth Self-sacrificing & Indecisive Avoids abandonment Passive Resistance Accommodating

			Patient
Eight: Powerful / Challenger The Leader The Intimidator	I am weak: (Vulnerability) The Boss The need to be strong	I am strong (Holy Truth) The Powerful Person	Vengeance Punitiveness Lust Self-Assured Assertive Decisive
Seven: Joyful/Enthusiast The Optimist The Escapist	I am in pain (Deprivation) The Hedonist The need to be happy	I am fulfilled (Holy Wisdom, Holy Plan) The Joyful Person	Avoids boredom Fears Pain Gluttony Optimistic Spontaneous Uninhibited
Six: Loyalist / Sceptic The Guardian The Pessimist	I am insecure (Lack of support) The Betrayed The need to be secure	I am reliable (Holy Faith) The Loyal Person	Fear Worrying Distrusts Power Figures Cautious Anxious Loyal Alert
Five: Thinker / Investigator The Observer The Reductionist	I am helpless (Incapableness) The Loner The need to be competent	I am all knowing (Omniscience, Holy Transparency) The Wise Person / Sage	Feels Empty Avarice Stinginess Detached Cerebral Curious Private
Four: Original / Individualist The Artist The Dramatist	I am insignificant (Rejection) The Elitist/ Romantic The need to be original	I am unique (Holy Origin) The Original Person	Envy Avoids being ordinary Fears Abandonment Creative Emotional Expressive
Three: Achiever /	I am a failure (Worthlessness)	I am Worthy (Holy Law, Holy	Deceit Vanity

Performer The Motivator The Chameleon	The performer The need to be successful	Hope) The Effective Person / Achiever	Workaholic Ambitious Focused Adaptable
Two: Helper/Giver The Saint The manipulator	I am needed (Neediness) The Martyr The need to be appreciated	I am loved (Holy Will, Holy Freedom) The Loving Person/ Altruist	Uses Flattery Pride Helpfulness and Caring Avoids Disappointing Others Generous
One: Perfectionist / Reformer The Purist The Critic	I am bad (Self Condemnation) The Sinner The need to be right	I am virtuous (Holy Perfection) The Good Person/ Saint	Anger & Resentment Avoids making mistakes Internalises anger Criticise self and others Conscientious Controlled

Source: Parts of this chart were adapted from (Pinneau, 2006; Riso & Hudson, 1999; Wagner, 1996)

CHAPTER FIVE: PARTICIPANT NARRATIVES

(All clients' names have been changed in order to protect their privacy)

HANNAH

(NZ European female age 44 years, single, employed): Recovering from Rape

Hannah is a New Zealand European single parent who works as a cutter and sewer in the clothing industry. Hannah has struggled with depression and low self-esteem due to a rape that took place when she was in her early teens. Over the years, Hannah has sought medical help for her issues without success, and has not felt any better despite taking antidepressants. Hannah has two daughters resulting from a number of failed relationships, and at times was unable to parent her girls successfully.

To cope with her spiralling low self-esteem Hannah turned to drugs and alcohol, which led to her needing to move in with her parents for a while, so they could help care for her and her children. Hannah managed to get herself back into her work and the girls back into her solo care, yet she states that for as long as she could remember she felt that the rape was her fault in some way (problem narrative) and that she felt like a bad person (problem identity). A family member raped Hannah and she stated, "I was not able to tell, as I needed to be the 'peacemaker' in my family" (problem identity).

Hannah described the rape experience as 'affecting her whole life' and explained that her relationship with her teenage children was difficult. When Hannah presented for her session she stated she was having trouble sleeping and would often cry in the mornings when she awoke and that she "smoked a lot of cigarettes and smoked the occasional joint".

Hannah required three sessions. Hannah has since moved town, started a new job and is in the beginning stages of a relationship that has emerged from a friendship. She is not on any medication, is free from drugs, and has the occasional drink when she goes out. She does continue to smoke cigarettes, but has cut down. Her

relationship with her children has improved and both children are now working and independent. During the elicitation part of establishing the problem identity or narrative Hannah required an emotional mindfulness technique because the feelings in relation to her rape were intense.

Table 5.1   DATA FROM THE 'PROBLEM REVIEW SHEETS' (APPENDIX E) HANNAH

Hannah	Response: Initial 08/07/2014 immediately post therapy	Response: 12 months later in response to research	Interpretations *Emergent themes around Beliefs and Identity*
Resources	* Love * Self worth * Happiness * Satisfaction * Peace	*Confidence * Self love * Self Esteem * Innocence	Maladaptive: * It was my fault Adaptive: * I am innocent
New Beliefs	* I can cope * I can do it * I can grow up now * I can be happy * I am who I am * I am loveable	* I feel better about myself * I am confident *I can do anything	Maladaptive: * I can't deal with it * I am bad Adaptive: * I can do anything * I feel better about myself
The Mentor **(Wise Self)** The lesson learnt…	* I don't have to hide from the world * I need to keep myself happy * I don't have to feel guilty * Inside me was just a scared wee girl	* That experience does not have to follow me for the rest of my life * I don't feel guilty anymore	Maladaptive: * It was my fault *It was affecting my whole life Adaptive: * I don't have to feel guilty

			* That experience does not have to follow me for the rest of my life
Future Pace One day: One week: One Month: Six months: One year: Five Years: Ten years:	* I feel better * My shoulders are lighter , I am not so heavy * There is a future ahead of me *I feel a lot better and I am a good person * I am more confident and happier *I am a lot happier *The old story is gone	* Don't see it as a problem anymore * I don't put my attention on it anymore * It has gone, there is nothing more to say * N/A * N/A * N/A * N/A * N/A	Maladaptive: * I am a bad person * Consumed by the experience Adaptive * I am a good person * Don't see it as a problem anymore

Superordinate	Themes
Initial: 1. Guilt 2. Worthlessness 3. Powerlessness 4. Self-Criticism,	
Sustained over time: 1. Innocence 2. Self Worth 3. Strength 4. Self-Acceptance	
Wairua (Spirit): (Table 4.1, p. 45) 1. I am virtuous: Holy Perfection 2. I am loveable : Holy Will, Holy Freedom 3. I am strong: Holy Truth	

	4. I am good: Holy Perfection
Identity Reframes:	1. From the 'Guilty' person to the 'Virtuous' person
	2. From the 'Unloved' person to the 'Loved' person
	3. From the 'Weak' person to the 'Strong' person
	4. From the 'Bad' person to the 'Good' person

ANDREW

(NZ European male age 18 years, single, student): Failing at school

Andrew was referred by his mother, and was happy to come to therapy. He had been feeling depressed and felt that something needed to change. Andrew has a great command of the English language, possesses a dry sense of humor, and becomes delightfully animated when engrossed in conversation. Andrew's confidence had suffered following his parent's separation and a medical illness in his early teens. He had begun to fall behind in his schoolwork, had lost contact with a number of friends and had begun to compare himself with the cleverest of students in his class at school. Previously a keen student, he began to shut himself in his room, stopped participating in sports and seemed to become irritated very easily. His studies suffered and he began to spend a lot of his time on the computer. Over a period of 6-8 months, his mother noticed that he had now begun to 'hate school' and she was very concerned. Andrew's maladaptive framework was that he now saw himself as a failure (problem narrative) and felt that he did not fit in with his peers. He said sometimes he "didn't feel like being here" and had labelled himself as 'dumb' (problem identity).

Andrew required two sessions. His schoolwork improved dramatically and he passed his final NCEA exams with an excellent result. He again participated in his sports and achieved awards in his field of expertise. His circle of friends has grown and he expressed that some of these connections will be lifelong. He is currently studying at Wellington University and achieving well.

Table 5.2   DATA FROM THE 'PROBLEM REVIEW SHEETS' (APPENDIX E) ANDREW

Andrew	Response: Initial 07/07/2014 immediately post therapy	Response: 11 months later in response to research	Interpretations *Emergent themes around Beliefs and Identity*
Resources	* Love * Self Love * Hope * Acceptance * Understanding * Forgiveness *Courage	*Intelligence * Self Acceptance * Self Confidence	Maladaptive * I am dumb Adaptive * I am intelligent
New Beliefs	* I am okay * I can be who I want * I can accept me * Everyone has different strengths *I am as good as anyone else * I am healthy and fit * I am happy	* I am not stupid * I am capable * I can accept help * I am resourceful * I am allowed to make mistakes * I can strive to reach my potential	Maladaptive: * I am not as good as…. * I have to be perfect Adaptive * I am as good as anyone else * I can strive to reach my potential * I am allowed to make mistakes
The Mentor **(Wise Self)** The lesson learnt…	* You belong if you feel you do * Enjoy your own strengths * I just needed a friend and someone to talk to * I don't have to be perfect	* Do not let others dictate what I am capable of * If you put your mind to something, nothing will stop you	Maladaptive * I don't belong * I can't catch up Adaptive * If you put your mind to something

			nothing will stop you * You belong if you feel you do
Future Pace: One day: One week: One Month: Six months: One year: Five Years: Ten years:	* I feel hopeful * I am thinking about the things I want to do * I am back into my sports *I have caught up on my school work * I am where I should be, I am doing well *I am a leader, I have good friends and I am at University *It doesn't matter	* I feel more at peace * I feel emotionally stronger * There is almost no trace of the previous problem * I am becoming more successful in school / University * I have started to achieve in many areas * I achieved a scholarship for University * The issue is non existent	Maladaptive: *I don't want to be here * I can't achieve Adaptive: * I am emotionally stronger * I have started to achieve in many areas * The issue is non existent

Superordinate	Themes
Initial:	1. Worthlessness 2. Failure 3. Stupidity & Helplessness 4. Rejection
Sustained over time:	1. I am worthy 2. I am achieving 3. I am strong 4. I am whole (belonging)
Wairua (Spirit):	1. Self Worth: Holy Hope, Holy Law

(Table 4.1, p. 45)	2. Achievement: Holy Hope, Holy Law
	3. All Knowing : Omniscience, Holy Transparency
	4. Belonging: Holy/ Universal Love
Identity Reframes:	1. From the 'Worthless' person to the 'Worthy' person
	2. From the 'Failing' person to the 'Achieving' person
	3. From the 'Dumb ' person to the 'Intelligent' person
	4. From the 'Rejected' person to the 'Accepted' person

ANNIE

(Maori female age 55 years, recently separated, employed): Leaving a violent relationship

Annie is a professional Maori woman who works in the health and medical services. She exudes confidence and warmth when you first meet her, and when she smiles it lights up her whole face. Annie described herself as having lost her confidence both personally and at work, as a result of an incident of physical abuse by her partner that had occurred five weeks prior to her session. This attack had left Annie questioning herself as to who she was, and her ability to carry out her work with those in need of medical care and she was concerned that there would be 'some kind of transference' due to her experience.

Annie's greatest fear was that 'the fear and trauma of the experience would not leave her' (problem identity), despite having separated from her partner, and despite having no plan to reconcile with him. Annie also shared that her emotions were in turmoil as a result of her filing charges against her partner, even though she felt it was very important that there was an immediate and strong response to his behaviour.

Annie's problem narrative also included a fear of being alone, which she had not recognised until the therapeutic process began. Hidden feelings of grief surfaced and Annie recognised that she had felt like this since the death of her grandmother. During this part of her therapy, Annie required an emotional mindfulness technique because the feelings in relation to her grief were intense. Annie then recognised that the fear of being alone was not actually related to her current situation and this made it easier for see beyond her traumatisation.

Annie attended one session, , stating at the end of her session she was confident the incident would not follow her into the future and that she now felt able to deal with it.

Table 5.3   DATA FROM THE 'PROBLEM REVIEW SHEETS' (APPENDIX E) ANNIE

ANNIE	Response: Initial 17/11/2013 immediately post therapy	Response: 20 months later in response to research	Interpretations *Emergent themes around Beliefs and Identity*
Resources	*Forgiveness *Joy *Love *Light *Wholeness	* I have time to reflect	Maladaptive: * It won't leave me Adaptive: * I have time to reflect
New Beliefs	* The dark and light of me is one * I can see myself clearly * When you are uptight you are not feeling the love and joy *Be free	* I am grateful * I still hold fast to my 'old beliefs' * I am loveable	Maladaptive: * I don't know who I am Adaptive: * I can see myself clearly * I am loveable
The Mentor **(Wise Self)** The lesson learnt…	* It is not aloneness, it is time for you to be quiet and at peace with yourself * There is no more time for angst * The quiet blue pool inside is meant to be there, it's the glue of life	* I am experiencing a sense of self empowerment * I have resilience and worldly goodness	Maladaptive: * I am afraid of being alone * I feel guilty Adaptive: * I am experiencing a sense of self empowerment * I have resilience and worldly goodness
Future Pace One day:	* I am relieved I have taken the first step	* Stuck in time and history, I disregard the feelings of the present	Maladaptive: * It will affect my

			work
One week:	* Things are improving , I have less intruding thoughts	* It is time for reflection	? Adaptive:
One Month:	* Apprehensive re the court hearing, there is attention on that	* It is time to consider 'now'	* Stuck in time and history, I disregard the feelings of the present
Six months:	*I feel a real sense of freedom, I have my 'mojo' back	* It is time to consider 'tomorrow'	
One year:	*Regardless of what is going on in life I feel whole, a complete person, I can reflect back and see the journey	* It is time to plan for the 'future'	
Five Years:	*It's completely gone	*N/A	
Ten years:	*N/A	*N/A	

Superordinate Themes		
Initial:	1. Powerlessness	
	2. Guilt	
	3. Abandonment	
Sustained over time:	1. Self-Empowerment	
	2. Resilience	
	3. Goodness	
Wairua (Spirit): (Table 4.1, p. 45)	1. Strength:	Holy Truth
	2. Resilience:	Holy Truth
	3. Worldly Goodness:	Holy Perfection
Identity Reframes:	1. From the 'weak' person	to the 'strong' person
	2. From the 'Helpless' person	to the 'Resilient' person
	3. From the 'Guilty ' person	to the 'Good' person

SARAH

(NZ European female age 55 years, married, bisexual, employed): Self sacrificing, playing the martyr

Sarah is a bisexual professional New Zealand European woman who works as a company manager and is married with two children. Sarah has a number of family members who are dependent on her and the pressure of this is taking its toll on her health. She had to undergo a mastectomy, a few years ago which left her facing her own mortality. Sarah presented as tired and run down and feeling like "she had to be all things to all people" (problem narrative) and this required 'putting her own needs last' (problem identity). Sarah also described feeling that she 'did not deserve to have her own needs met' (problem identity). Keeping this up has run her ragged and she now feels like she is carrying a huge weight (problem narrative). Sarah also feels resentful towards her elderly Aunt whom is dying, and whom she has been helping to care for.

Sarah required one session in relation to this issue. Although she still has the responsibilities she had previously, she is taking time out for herself in the form of regular breaks and is sharing the burden with others. Sarah feels there is more of a balance to her life.

Table 5.4   DATA FROM THE 'PROBLEM REVIEW SHEETS' (APPENDIX E) SARAH

Sarah	Response: Initial 17/04/2014 immediately post therapy	Response: 6 months later in response to research	Interpretations *Emergent themes around Beliefs and Identity*
Resources	* Love * Self Love * Hope * Acceptance	*Understanding * Don't compromise myself	Maladaptive: * I have to put my own needs last

	* Understanding * Forgiveness *Courage		Adaptive: * I don't compromise myself
New Beliefs	* I am free to choose * I am understanding * I am relaxed * I deserve love	* I am deserving * I am universally deserving * I am 'being' * I am relaxed	Maladaptive: * I don't deserve Adaptive: * I am universally deserving
The Mentor **(Wise Self)** The lesson learnt…	* You don't have to play the martyr * It is okay to ask for help * Attend to your own needs too * Take time to be	* Treat yourself better	Maladaptive: * I am being a martyr Adaptive: * I treat myself better
Future Pace One day: One week: One Month: Six months: One year: Five Years: Ten years:	* In need of a rest * I am attending to my needs too * I take time to nurture myself *I feel less resentful * I am more understanding *I am looking after myself *It's gone	* I treat myself better * I am more aware of myself * I am not being pulled off centre * I am fulfilling my own needs much better and listening to my body * I have changed from survival mode to nurture mode * I am in nurture mode * Unsure	Maladaptive: * I am in survival mode * I not listening to what I need Adaptive: * I have changed from survival mode to nurture mode * I am fulfilling my own needs much better and listening to my body

	Superordinate		Themes
Initial:	1. Self-Sacrificing (Martyr)		
	2. Burdened		
	3. Resentment		
Sustained over time:	1. Self-Nurturing		
	2. I am strong (Resilience)		
	3. Acceptance		
Wairua (Spirit):	1. Deserving (Loved):	Holy Will, Holy Freedom	
(Table 4.1, p. 45)	2. Strength (Resilience):	Holy Truth	
	3. Virtuosity:	Holy Perfection	
Identity Reframes:	1. From the 'Self Sacrificing' person	to the 'Self Nurturing' person	
	2. From the 'Burdened' person	to the 'Resilient' person	
	3. From the 'Resentful ' person	to the 'Accepting' person	

MARY

(NZ European female age 30 years, recently separated, solo parenting): Leaving a violent relationship

Mary is a petite framed softly spoken 30-year-old mother of two children. She has separated from her husband five weeks prior to therapy after several years of physical and psychological abuse. Mary has three children aged 6 years, 5 years and 20 months. She wants to move forward and start a new life and be free of the guilt she feels around creating abusive relationships. Mary keeps having the memories of the abuse and her relationships playing over constantly in her mind and she feels this is 'preventing her from being free' (problem narrative). Mary also recognised that this pattern was set up with her first boyfriend who cheated on her and that since then she had always felt 'not good enough' (problem identity). Mary stated she would like to accept what has happened and lay it to rest.

Mary required two sessions. She has now completed her training as a nutritionist and lives in her family home with her children. Mary has a new partner and describes this as relationship as happy and that she no longer tolerates any form of bullying.

Table 5.5   DATA FROM THE 'PROBLEM REVIEW SHEETS' (APPENDIX E) MARY

Mary	**Response:** **Initial 29/11/2014 immediately post therapy**	**Response:** **9 months later in response to research**	**Interpretations** *Emergent themes around Beliefs and Identity*
Resources	* Love * Self Love * Hope * Acceptance * Understanding	*Love * Self Love * Wisdom * Confidence *Fun	<u>Maladaptive:</u> * I am guilty <u>Adaptive</u> * I am accepting * I have courage

	* Forgiveness *Courage	* Peace * Asking for help * Guardian Angel or mentor	
New Beliefs	* I am awesome * I have a new life * I am free * I am solid and powerful *I have everything I need * I have always been loveable * Happiness is what I deserve * I am a great mother * I can accept the past and make choices that fit with what I want	* I have a new life * I am free * I am solid and Powerful * I have everything I Need * Happiness is what I observe * I am a great mother * I accept the past and make choices that fit with what I want	Maladaptive: * I am not good enough * I can't be free of the past Adaptive * I am awesome * I accept the past and make choices that fit with what I want
The Mentor **(Wise Self)** The lesson learnt…	* I would have walked away when I met him * I have been learning about helping others	* I would have walked away when I met him * I have been learning about helping others * It has helped me figure out what I want and who I am * I don't need the old story anymore	Maladaptive * I am like his other girlfriend * Men cheat on me Adaptive: * I would have walked away * I don't need that old story anymore
Future Pace One day: One week: One Month:	* Happier * I am free * I am making new plans	* Happier * Free * I am making new plans	Maladaptive: * I am not good enough * I can't be free of the past

Six months:	*Confident	* I am confident and happy	Adaptive*I am confident and happy
One year:	* I am laughing with my children	* I am laughing with my children	* The old patterns are gone my previous problems are not there
		* I am strong enough to stand up for what I want, no more bullying	
Five Years:	*Positive, happy, strong	* Old patterns are gone, my previous problems are not there	
Ten years:	*It's gone	* I am in a happy relationship and have a happy family	
		* I take one problem at a time and am strong enough to stop problems when they arise by dealing with them and moving on.	
		* I don't allow problems to build up of late	
		* I have goals and aim high	
		* Taking care of yourself allows you to take better care of others	
		* I spend time doing the things that make me truly happy and fulfilled	

Superordinate	Themes

Initial:	1. Self-Criticism
	2. Worthlessness
	3. Powerlessness

Sustained over time:	1. Acceptance
	2. Self-Worth
	3. Freedom

Wairua (Spirit): (Table 4.1, p. 45)	1. I am loveable: Holy Will, Holy Freedom 2. I am worthy: Holy Law, Holy Hope 3. I am strong: Holy Truth
Identity Reframes:	1. From the 'Guilty' person to the 'Virtuous' person 2. From the 'Worthless' person to the 'Loved' person 3. From the 'Weak' person to the 'Strong' person

DEBORAH

(NZ European female age 54 years, married, employed): Long-term depression

Deborah is a professional NZ European woman who works in the hospital as a specialist nurse. Deborah presented with long-term depression, which she attributes to having to cope with her 'dysfunctional family'. Deborah states she had a strong and domineering father, a mother that suffered depression and was suicidal due to a brain tumour, and a brother that has suffered with mental illness. This same brother is now dealing with cancer. Deborah states that she perceives her parent's relationship to be very unhealthy.

Deborah states she is also experiencing a lot of conflict with her husband because of everything that is going on and that she is 'not coping with it all'. Deborah describes herself as 'having to be there for everyone' (problem narrative) and that she has too much feeling and empathy (problem identity) as she takes on everyone's problems and has to go into her own world to shut it out, then she feels alone (problem identity). Deborah currently takes Cetalopram for her depression and states she has tried to come off this but it did not work. She has also tried a number of different approaches to deal with her depression in the past without success.

Deborah required three sessions. Deborah recognised she had a lot of attention on her mother's pain and that it actually was not 'her cross to bear' (problem narrative). She was also gentler with herself when she realized that there was not a lot of attention available for her growing up due to the mental illness in her family, and that some of her depression was connected to her fear of being alone as a child (problem identity).

She describes that change has taken place in her life and that the waves of depression still comes at times but that she uses her tools to manage it. She describes herself as continuing to grow as a person and she is much more aware of where her attention focus is and is more able to shift it if it becomes stuck, or starts spiralling toward depression and is now able to prevent this from happening.

Table 5.6   DATA FROM THE 'PROBLEM REVIEW SHEETS' (APPENDIX E) DEBORAH

Deborah	Response: Initial 09/07/2013	Response: 14 months later	Interpretations *Emergent themes around Beliefs and Identity*
Resources	* Love * Freedom * Uplifting * Warmth and fire * Self * Healing	*Listening to what my body is telling me * relaxing and accepting feelings * Walking and breathing allows light love and rest to enter my soul	<u>Maladaptive</u> * I am depressed * I can't cope <u>Adaptive</u> * I accept my feelings * Light love and rest enter my soul
New Beliefs	* Let it be * I fly * I am not alone, I am part of everything * I listen to myself and I am open * I am open minded and learning * I am warm * I am love * 'Love Me Do' song came into my head	* Unhappiness is a choice * I am not responsible for others behaviour or pain * I am myself and do not have to conform to others expectations * I am more content in who I am	<u>Maladaptive:</u> * I have to be there for every one * I am alone <u>Adaptive:</u> * I am not responsible for others pain * I am not alone… I am a part of everything
The Mentor **(Wise Self)** The lesson	* I was learning about creating boundaries so as not to take on others stories * Keep loving and give love	* It was not my problem * Choose to be happy * Relax into the here	<u>Maladaptive:</u> * I am too empathetic and sensitive I take

learnt…	and accept love * Don't sweat the small stuff * A child needs stroking and nurturing * Relax and don't be afraid * Let your shoulders drop * What are you feeling? Why? Who is the one feeling this?	and now * Don't continue to create more work or focus on the negative * Focus on the task at hand, small steps will achieve results so enjoy those steps	on everyone's pain * I am depressed Adaptive: * It was not my problem *Choose to be happy
Future Pace One day:	* Bigger stronger	* Feelings of lightness and freedom more often	Maladaptive: * My family is dysfunctional * Life is stressful
One week:	* If old pattern comes up I respond by looking, examining and feeling	* Still easy to fall into old negative thought patterns * I have more tools available i.e. walking, exercise. Breathing, awareness, light, love, space	Adaptive: * Everything is more accepting and respectful * I am able to enjoy the small things
One Month:	* Life is easier	* Continue to remind myself to let go, relax and enjoy	
Six months:	*Everything is more accepting and respectful	* I am more able to enjoy the small things	
One year:	* I am grown up, the depression has lifted	* More aware of how to respond to others problems	
Five Years:	*I have my life back	* To listen acknowledge and respond with an energy that comes through me naturally without effort, life is good, sunny and happy	
Ten years:	*It's gone	_	

Superordinate		Themes
Initial:	1. Self-Sacrificing (Martyr)	
	2. Abandonment	
	3. Victimhood	
Sustained Over time:	1. Self-Responsibility	
	2. I am not alone, I am a part of everything	
	3. Self-Reliance	
Wairua (Spirit):	1. Deserving (Loved):	Holy Will, Holy Freedom
(Table 4.1, p. 45)	2. I am whole:	Holy / Universal Love
	3. I am strong:	Holy Truth
Identity Reframes:	1. From the 'Self Sacrificing' person	to the 'Self Reliant' person
	2. From the 'Alone' person	to the 'Connected' person
	3. From the 'Weak' person	to the 'Strong' person

VERONICA

(NZ European female age 67 years, recently widowed, retired: Grief

Veronica is a naturally warm and bubbly NZ European woman who retired early from her office job to care for her ailing husband. Veronica and her husband suffered a lot of stress with the loss of their home in the Christchurch earthquake. Veronica's husband was also given a diagnosis of lung cancer shortly after, and the couple were told he would be lucky to survive 6 months. They both then decided to move to the North Island to 'get away from all the earthquakes and stress' and to spend the rest of their time together travelling in their RV motor home and enjoying what time they had left together. They joined several clubs in their new city and began to make friends.

Veronica decided to come to therapy because she was struggling to cope with the thought of her husband's death and was very afraid of being alone. Veronica felt she could not cope. She described her husband as 'her rock' and stated she 'did not think she wanted to live without him' (problem narrative). Veronica was also tired and in need of a break as her care for her husband of recent had become a 24-hour responsibility. Veronica also stated that she found it very difficult to ask for help and that she often had to cope with things on her own (problem identity).

Veronica required two sessions. Veronica's husband has passed since the start of this thesis and she is doing very well. Prior to his death Veronica had enlisted the help of hospice and was able to have some respite care, thus she was able to get some rest and down time. Another family member came up to stay with her as her husband grew sicker, and she was able to get little breaks away and have a coffee with a friend or go to the shops etc. Veronica remained very close to her husband right to the end and was more available to him as she began to let others into her life. She has since continued her club memberships and has made a number of close friendships with whom she is planning a trip away. Veronica has returned to her job as an office manager, part time. She states she has days where the grief will come in a wave, but there are good days too. As always, she is full of life.

Table 5.7   DATA FROM THE 'PROBLEM REVIEW SHEETS' (APPENDIX E) VERONICA

Veronica	Response: Initial 04/02/2014 immediately post therapy	Response: 6 months later in response to research	Interpretations *Emergent themes around Beliefs and Identity*
Resources	* Confidence * Self Worth * Self Love * Courage * Ask for help	*Insight * Happiness * Confidence *Capable *Happy to be me	Maladaptive: * I can't cope on my own Adaptive: * I am Capable
New Beliefs	* I am not afraid of being alone * I can be alone * I am not alone * I can ask for help	* I know I am worthy now * I know I am capable of looking after myself * I am not frightened of being alone	Maladaptive: * I am afraid of being alone * Unworthiness Adaptive: * I am not alone *I am worthy
The Mentor **(Wise Self)** The lesson learnt…	* Believe in myself * You know what to do * You need a rest, you are tired	* Not to doubt myself * I accept myself * I can do it	Maladaptive: * Self Doubt Adaptive: * Self belief
Future Pace One day: One week: One Month:	 * I can be alone * I know I can cope with what is ahead * Take one day at a time and make the most of what is ahead	 * Nothing is a problem * I don't dwell on what I can't fix * One day at a time	Maladaptive * I don't want to live without him * I can't ask for help Adaptive: *I don't need to be afraid to ask for help

Six months:	*You need help, you don't need to be afraid to ask for help	* I know I have the strength to deal with it	* I have the strength to deal with it
One year:	*I am feeling okay	* It doesn't matter how I am or where I am I am happy to be me	* Freedom
Five Years:	* Happy is 'one' to me	* I feel free	
Ten years:	* Gone	* I feel free	

Superordinate	Themes	
Initial:	1. Helplessness	
	2. Abandonment	
	3. Grief	
Sustained:	1. Self-Reliance	
	2. Connection	
	3. Acceptance / Fulfilment	
Wairua (Spirit):	1. I am strong:	Holy Truth
(Table 4.1, p. 45)	2. I am whole:	Holy / Universal Love
	3. I am fulfilled	Holy Wisdom, Holy Plan
Identity Reframes:	1. From the 'Helpless' person	to the 'Self Reliant' person
	2. From the 'Alone' person	to the 'Connected' person
	3. From the 'Grieving' person	to the 'Fulfilled' person

WALTER

(NZ European male age 62 years, married, business owner)

Walter is a 62-year-old NZ European male who has run his own business for 25 years. Walter explained he has had a lot to deal with over the years, as his childhood was 'not good'. He explained that he came from a large family and that his parents argued all the time. He stated that his father drank a lot, that he would hit his mother, and that he and his siblings were afraid of him. He said he decided early on he did not 'want a life like that' but was constantly afraid of failure (problem identity), because his mother had told him 'he would never amount to anything' (problem narrative).

Walter described that even though he had been successful in his business there was a part of him that remained afraid of failure and he had a fear of being a 'nobody' (problem identity), and that lately this had made him depressed. Walter stated he was coming to the age where he would like to retire but was also afraid to because without his business he did not know who he was (same 'nobody' identity).

Walter required two sessions. He is still running his business and states it has been a struggle to 'let go', but he has begun to become more open and creative as to how to manage the business so that his responsibilities are reduced with a view to selling it. Walter states he would still like to have something to do but on a lesser scale. Walter states he has also 'begun to look at what he would like to do moving forward, and is planning for what retirement will look like for him'. He does not envisage this as 'sitting on a chair' and would like to 'play more golf'.

Table 5.7   DATA FROM THE 'PROBLEM REVIEW SHEETS' (APPENDIX E) WALTER

Walter	Response: Initial 03/03/2013 immediately post therapy	Response: 18 months later in response to research	Interpretations *Emergent themes around Beliefs and Identity*
Resources	* Self Love * Worthiness * I am not bad * I am a good person * I am loveable * I am successful	*Inner Voice * Mentor * Confidence * Truth *Self Correction *Ability to change my thoughts	Maladaptive: * I am bad Adaptive: * I am a good person
New Beliefs	* I never was bad * I was never 'nothing' * I am someone * I don't have to prove myself to anyone anymore * I listen to myself	* I listen to my inner voice * My inner voice is clearer * I have found my inner soul * I believe in myself *I serve a purpose * I am as good as any other person * I never was bad * I have always been someone	Maladaptive: * Having to prove oneself * I am nothing or a nobody * External reference point for self value Adaptive: * Self belief *Self worth * Internal reference point for self value
The Mentor **(Wise Self)** The lesson learnt…	* I was learning about my own self worth * Learning how to give and receive love and how not to	* I am able to reflect on my improvements over time * There is always a way * I understand the importance of making	Maladaptive: * Self Doubt * Feeling unloved and unsupported by parents

		good decisions * I know when a decision is right for me	 * Self belief * learning about Love * Deciding for self
Future Pace One day: One week: One Month: Six months: One year: Five Years: Ten years:	* Feel shattered * Becoming very aware of how old patterns play out and indoctrinated beliefs * Life doesn't have to be hard, I don't have to win or buy approval from others * I am doing what is right for me instead of what I think others need me to do * I am my own person and I am worthy * There is more balance in my life *It's gone	* I am much happier in myself * My life is constantly improving * I feel wealthy for the love and enjoyment life offers, I feel a different wealth… it's a life wealth *I am gaining life every day, I am encouraged by the light within me * I am prosperous * Playing more golf, enjoying life * -	Maladaptive: * Affected by past history * Self defined by 'doing' * Having to be a success Adaptive: * Letting go of old patterns * Self defined by 'being' * New reframe for wealth
	Superordinate	**Themes**	
Initial :	1. Worthlessness 2. Self-Doubt (Insecurity) 3. Failure 4. Self Sacrifice		
Sustained:	1. Self-Worth 2. Confidence		

	3. Achievement	
	4. Self-Nurturing	
Wairua (Spirit): (Table 4.1, p. 45)	1. I am whole (Self defined by being) :	Holy/ Universal Love
	2. I am reliable:	Holy Faith
	3. Achievement:	Holy Hope, Holy Law
	4. I am whole:	Holy/ Universal Love
Identity Reframes:	1. From the 'Bad' person	to the 'Good' person
	2. From the 'Insecure' person	to the 'Confident' person
	3. From the 'Failing' person	to the 'Fulfilled' person
	4. from the 'Self Sacrificing person'	to the 'Self Nurturing' Person

FRANCIS

(Maori female age 26 years, university student): Self-doubt, self-criticism and relationship issues

Francis is a young Maori woman who is currently studying for her PhD at university. She explained that even though she was doing well she was continually criticising herself and that she was plagued by self-doubt. Francis stated that although she loved both her parents, her father was very abusive towards he mother and she fears this is affecting her own relationships. Francis described trying to use relationships as a way to feel good about her, but this did not seem to be working. She stated, "Everything about relationships sucks, and I am afraid I will get hurt" (problem narrative). She also felt bad for hurting others.

Francis expressed she had begun to think that she was the kind of person who 'didn't need anyone' (problem identity). This was an emotional process for Francis as she recalled her feelings about her own parent's relationship as when they had separated she felt hurt, abandoned by her father who left, and her mother who attempted suicide. Francis no longer understood where it was she fitted in. Francis was able to recognise that her 'loner' identity was protective and that it was trying to lead her towards strength love and happiness. Her reframe was that she embraces love, rather than pushes it away out of fear.

Francis completed one session. Francis is now in her last year of her PhD in Auckland and has a relationship and a new baby. She and her partner are happy and are planning more children in the future. She describes her partner as supportive, understanding and caring. Francis recently requested another session in order to gain some resources for dealing with a new baby and a busy family life, stating she would now like to look at 'balance'.

Table 5.8   DATA FROM THE 'PROBLEM REVIEW SHEETS' (APPENDIX E) FRANCIS

Francis	Response: Initial 01/02/2014 immediately post therapy	Response: 6 months later in response to research	Interpretations *Emergent themes around Beliefs and Identity*
Resources	* Hugs * Mum and Dad	*Self Love * Independence	Maladaptive: * I will get hurt * I will hurt

			others
	* Self Belief	* Self belief	Adaptive:
	* Love	*Confidence	* Relax and chill
	* Relax and chill	* Happiness	*Forgiveness
	*Apology	*Happy to be me	
	* Forgiveness		
New Beliefs	* I am alright	* I am complete with or without a partner	Maladaptive:
	* It's alright not to know sometimes	* I am proud of myself and love who I am	* I better off alone
	* I'll never be alone		* Self criticism- 'I am not good enough'
	* I fit in where I want to	* I am confident in myself and ability, not relying on a partner to instil confidence	Adaptive:
	* I do have a place		* I'll never be alone
	* I am home		*I am as good as my peers
	* I am proud		
	* I am as good as my peers		* I am complete without a partner
	* I love myself		
	* I am whole		
	* I am home		
	* I embrace love		
The Mentor **(Wise Self)** The lesson learnt…	* Love yourself	* To love and accept myself	Maladaptive:
	* I am lucky I still have mum	* To feel safe and confident on my own	* Self Doubt
	* I wasn't abandoned I had people who loved me	* To be open to happiness	* I was abandoned
	*It's okay to feel sad sometimes	* Smile, feel happiness	Adaptive:
	* It's not your fault	* be confident in the things that you pursue	* Self belief
	* I don't have to hold back, I am not limited	* Ditch self doubt	* I do have a place
			* I am home
			* I love and accept my self
Future Pace			Maladaptive
	* Old pattern no longer works	* Lighter	* I need a

			relationship to feel good about me (dependency)
One day:	* Lot happier, not searching	* Calmer	* Relationships suck
One week:	* Not searching or needing to be in a relationship, not a thought or worry	* Happier	Adaptive:
One Month:	*Fulfilled, exciting	* Fulfilled in my life	*Open to relationships, wanting a family, but not 'needing' (Independence)
Six months:	* Relationships? I am open	* In a positive routine of organised chaos	* Fulfilment
One year:	* Old pattern is gone	* On top of studies,	
Five Years:		* personal life: open	
	-	* Open to relationships, wanting a family, but not 'needing'	
Ten years:		* Successful in both professional and personal areas of life, feeling happy and positive about my circumstances	

Superordinate	**Themes**
Initial :	1. Abandonment
	2. Dependency
	3. Self criticism
	4. Worthlessness
Sustained over time:	1. Connection
	2. Independence
	3. Acceptance
	4. Self-Worth
Wairua (Spirit):	1. I am loved: Holy Will, Holy Freedom
(Table 4.1, p. 45)	2. I am strong: Holy Truth

	3. I am loveable: Holy Will, Holy Freedom	
	4. I am whole: Holy/ Universal Love	
Identity Reframes:	1. From the 'Abandoned' person	to the 'Loved' person
	2. From the 'Dependent' person	to the 'Independent' person
	3. From the 'Self criticising' person	to the 'Accepting' person
	4. from the 'Worthless' person	to the 'Worthy' Person

CHAPTER SIX: INTERPRETATION AND FINDINGS

A Note on Reflexivity

Interpretative phenomenological analysis requires first identifying and then suspending one's beliefs (Rodham, Fox, & Doran, 2015). Le Vassuer (Le Vasseur, 2003) suggests that in assuming the position of the 'not knower', the researcher can become curious, and in doing so is better able to also question their own prior experience. Rodham et al. (2015, p. 62) state "the ability to develop a curious stance towards one's data requires a researcher to engage in reflexivity and to become mindful of their role in the creation of knowledge". This requires bringing honesty and integrity to the research in the form of acknowledging that one's own beliefs, experiences and biases inevitably impact on the meaning and context of the experience under investigation' (Horsburgh, 2003, p.209).

I would like especially to acknowledge my interest in spirituality. I have explored philosophy, numerous religions especially Hinduism and Buddhism, and have experienced a number of spiritual pilgrimages to India, Europe and Asia with a focus on mindfulness and meditation. In part, spirituality has contributed to the way the Identity Re-Referencing Narrative map has developed. I note that the exploration of the cultural and philosophical beliefs of many indigenous populations will eventually reveal the 'importance of spiritual connection' at their core as a part of living in harmony with oneself, the environment and the world. Te Whare Tapa Wha has spirituality as a cornerstone of Wellbeing (Durie & Kingi, 1997). I do believe this aspect of being human is fundamental to mental wellness.

In order to explore the spiritual superordinate themes that have emerged from the clients transcripts in a more formal and less biased way, I have used the Enneagram Identity chart combining the concepts of Pinneau (2006), Riso & Hudson (Riso & Hudson, 1999), and Wagner (Wagner, 1996). Themes of maladaptive, adaptive and spiritual identities are defined. When interpreting the emerging themes in order to identify the superordinate themes, the clients' beliefs and identities as they are

expressed, have been aligned with the core concepts of Enneagram Identity chart. I have also referred to Beck's (Steer et al., 1999) subjective subscale from his Depression Inventory (BDI-II) to look for emerging themes that have come from the client's narratives about the problem they were facing when they first came to therapy. Although performance anxiety was present with two of the clients, Becks anxiety scale was not utilised as none of the participants presented with physiological or affective anxiety symptoms.

Naive Reading: First Understandings

Emerging Maladaptive Themes:

The researcher read the client's initial therapy notes outlining the issues they described themselves as struggling with along with the initial completed client Identity Re-Referencing Map. Rereading occurred several times in order to formulate a fresh understanding. The emerging themes around 'maladaptive identities and beliefs' were identified in relation to the client's 'overall life view' as seen from the current problem narrative. For some clients more than one theme emerged at this point. Many of these problem narratives were consistent with the 'feeling experiences' (life as experienced and lived) identified in Becks (Steer et al., 1999) subjective subscale for depression. Emerging maladaptive themes for the nine participants were as follows:

Table 6.1   Emerging Maladaptive Themes

Client	Emerging Themes
Hannah	It was my fault, I can't deal with it, I am bad, It won't go away
Andrew	I am dumb, I am not as good as…, I don't belong, I am a failure, I don't want to be here

Annie	It won't leave me, I don't know who I am, I am guilty, I am afraid of being alone, I have no control, Stuck in time and history, I disregard the feelings of the present
Sarah	I come last, I don't deserve…, I am a martyr, I am in survival mode
Mary	I am guilty, I am not good enough, I can't be free of the past, men cheat on me
Deborah	I am depressed, I can't cope, I am alone, I have to be there for everyone, I take on everyone's pain, My family is dysfunctional, Life is stressful
Veronica	I can't cope, I'm afraid of being alone, Self doubt, Grief, I can't ask for help
Walter	I am bad, I have to prove myself, I am a nobody, Self doubt, I am unloved, I am unsupported, The past affects me, Fear of failure
Francis	I will get hurt, I will hurt others, I am better off alone, I am not good enough, Self Doubt, I am abandoned, Neediness, Relationships 'suck'

Emerging Adaptive Themes

Emerging adaptive themes for the nine participants were as follows:

Table 6.2   Emerging Adaptive Themes

Client	Emerging Themes
Hannah	I am innocent, I can do anything, I feel better about myself, That experience does not have to follow me for the rest of my life, I am a good person, I don't see it as a problem anymore
Andrew	I am intelligent, I am as good as anyone else…, It's okay to make mistakes, I can strive to reach my potential, If you put your mind to something nothing will stop you, you belong if you feel you do, I

am emotionally stronger, I have started to achieve in many areas, The issue is non-existent

Annie	I have time to reflect, I can see myself clearly, I am loveable, I am experiencing a sense of self-empowerment, I have resilience and worldly goodness
Sarah	I don't compromise myself, I am universally deserving, I treat myself better, I have gone from survival mode to nurturing mode, I am fulfilling my own needs much better and listening to my body
Mary	I am accepting, I have courage, I am awesome, I accept the past and make choices that fit with what I want, I would have walked away, I don't need that old story anymore, I am confident and happy, The old patterns are gone my previous problems are not there
Deborah	I accept my feelings, Light love and rest enter my soul, I am not responsible for others pain, I am not alone… I am part of everything, it was not my problem, Choose to be happy, Everything is more accepting and respectful, I am able to enjoy the small things
Veronica	I am capable, I am not alone, I am worthy, I believe in myself, I don't need to be afraid to ask for help, I have the strength to deal with it, I feel free
Walter	I am a good person, I believe in myself, I am worthy, I am learning about love, I decide for myself, I let go of old patterns, I see wealth differently
Francis	Relax and chill, Forgive, I'll never be alone, I am as good as my peers, I am complete without a partner, I do have a place, I am home, I love and accept myself, I am open to relationships, I want a family but not needing, I am fulfilled

Structural Analysis:

The next step was to validate the naive understandings. The critical examination of the naive understanding was performed in several steps. This required interpreting the meanings with regard to both the maladaptive narratives and the initial adaptive narratives, in order to illustrate the adaptive reframes that took place at the time of therapy. These initial adaptive reframes were then compared with the client's current responses to the problem review sheet to assess whether the adaptive reframes had continued to be experienced over time. A further analysis was undertaken to assess whether there was a spiritual aspect to the adaptive reframes that persisted over time.

A: At time of Therapy (6-24 months ago)

Tables 6.3 and 6.4 below summarise a) the maladaptive themes the client presented with at the time of therapy, and b) the adaptive reframe themes recorded immediately at the end of the therapy session. Common maladaptive themes identified were worthlessness, powerlessness, helplessness, self-criticism, abandonment, martyrdom, victimhood and dependency. Common adaptive reframes included resiliency, worthiness, self-acceptance, connectedness, wholeness, deservedness, self-confidence, personal power, self-nurturing, all knowing, openness, self-appreciation, wholeness and freedom.

Table 6.3   Sub-themes and Themes of Maladaptive Narratives

Client	Sub-themes	Themes
Hannah	Guilt	Powerlessness
	Self-Criticism	Worthlessness
	Unable to cope	Helplessness
Andrew	Fear of Failure	Worthlessness
	Stupidity	Helplessness
	Rejection	Self-Criticism
Annie	Guilt	Powerlessness
	Fear of being alone	Abandonment
Sarah	Self-Sacrifice	Martyrdom

	Resentment Burdened	Victimhood
Mary	Self Criticism Guilt	Worthlessness Powerlessness Self-Criticism
Deborah	Self-Sacrifice Can't cope Burdened	Martyrdom Powerlessness Victimhood
Veronica	Grief Fear of being alone	Helplessness Abandonment
Walter	Self Doubt Fear of Failure Self-Criticism	Self-Criticism Worthlessness
Francis	Fear of being alone Self-Criticism Neediness	Abandonment Self-Criticism Dependency

Table 6.4   Sub-themes and Themes of Adaptive Narratives (post therapy taken from initial client Problem Review sheet)

Client	Sub-themes	Themes
Hannah	I can cope I am who I am I am a good person I am loveable	Resiliency Self-Acceptance Worthiness Deservedness
Client's Reframe	I feel a lot better, I am a good person	
Andrew	Everyone has different strengths I am okay I am as good as… I can be who I want to be Belonging I am happy	Self-Acceptance Self-Confidence Worthiness Personal Power Connectedness Resiliency
Client's Reframe	I am where I should be I am doing well	
Annie	I am not alone I see myself clearly The dark and light of me is one I have my mojo back	Connectedness Self-Acceptance Wholeness Personal Power
Client's Reframe	Regardless of what is going on in life I feel whole, a complete person, I can reflect back and see the journey	

Sarah	I can choose…	Personal Power
	I deserve…	Worthiness
	I can ask for help	Resiliency
	I look after myself	Self-Nurturing
	Understanding	All knowing
		Self-Appreciation
Client's Reframe	You do not have to play the martyr, I am looking after myself	

Mary	I am awesome	Worthiness
	I am solid and powerful	Personal Power
	I am a good mother	Self-Appreciation
	I am free	Freedom
	I am loveable	Deservedness
Client's Reframe	I have everything I need, I have a new life	

Deborah	I am not alone	Connectedness
	I listen to myself	Self-Connection
	I am open minded and learning	Openness
	I Fly	Personal Power
	Let it be	Acceptance
	Don't sweat the small stuff	Resiliency
Client's Reframe	I am grown up, the depression has lifted, I have my life back	

Veronica	I am not alone	Connectedness
	I can ask for help	Resiliency
	I believe in myself	Self-Confidence
	I know I can cope	Resiliency
	I am okay	Self-Confidence
Client's Reframe	Take one day at a time and make the most of what is ahead, happy is 'one' to me	

Walter	I never was bad	Self-Acceptance
	I am a good person	Worthiness
	I am successful	Self-Confidence
	I am loveable	Self-Connection
	I listen to myself	
Client's Reframe	Life does not have to be hard, I do not have to win or buy approval from others	

Francis	I am all right	Self-Confidence
	I'll never be alone	Connectedness
	I am whole	Wholeness
	I embrace love	Openness
	I am as good as my peers	Worthiness
	I fit in where I want to	Self-Acceptance

Client's Reframe	I don't have to hold back, I am not limited, I was not abandoned I had people who loved me	

B: Current responses

Common adaptive reframes included resiliency, worthiness, self-acceptance, connectedness, wholeness, deservedness, self-confidence, personal power, self-nurturing, all knowing, openness, self-appreciation, wholeness and freedom.

Table 6.4   Sub-themes and Themes of Adaptive Narratives (Post therapy 6-24 months, taken from research response Problem Review sheet)

Client	Sub-themes	Themes
Hannah	I can do anything	Resiliency
	I feel better about myself	Self-Acceptance
	Do not feel guilty anymore	Personal Power
	The experience does not follow me	Personal Power
	Don't put my attention on it	Freedom
Client's Reframe:	Not a problem anymore	Free from the issue
Andrew	I am allowed to make mistakes	Self-Acceptance
	I am capable	Self-Confidence
	Do not let others dictate who I am	Worthiness
	I can be who I want to be	Personal Power
	I can ask for help	Connectedness
	I am resourceful	Resiliency
	I am emotionally stronger	Personal Power
	I have achieved….	Achievement
	I am at peace	Peace
Client's Reframe	Almost no trace of the problem	Free from the issue
Annie	I am grateful	Gratitude
	I hold onto my old beliefs	Self-Acceptance
	I am loveable	Deservedness
	I have time to reflect	Personal Power
		Resiliency
		Worthiness
Client's Reframe	I have resiliency and worldly goodness	
Sarah	I do not compromise myself	Personal Power
	I am universally deserving	Worthiness

	I am relaxed	Resiliency
	I treat myself better	Self Nurturing
	Understanding	All knowing
	I am more aware of myself	Self-Acceptance
Client's Reframe	I have changed from survival mode to nurture mode	Freedom from the issue

Mary	I am awesome	Worthiness
	I am solid and powerful	Personal Power
	I am a good mother	Self-Appreciation
	I am free	Freedom
	I am loveable	Deservedness
Clientt's Reframe	Old problem gone	Freedom from the issue

Deborah	I am not alone	Connectedness
	I am more content in myself	Self-Acceptance
	Light love and rest enter my soul	Openness
	I am not responsible for others pain	Personal Power
	I do not conform to others expectations	Self-Acceptance
	Happiness is a choice	Resiliency
	I have more tools	Self-Confidence
Client's Reframe	It was not my problem	Freedom from the issue

Veronica	I am not afraid of being alone	Connectedness
	I am worthy	Worthiness
	I accept myself	Self-Acceptance
	I know I am capable	Resiliency
	I do not doubt myself	Self-Confidence
	I am free	Freedom
Client's Reframe	Nothing is a problem	Freedom from the issue

Walter	I never was bad	Self-Acceptance
	I am as good as any other person	Worthiness
	I serve a purpose	Self-Confidence
	There is always a way	Resiliency
	I have found my inner soul	Self-Connection
	I listen to my inner voice	
	I know when a decision is right for me	All knowing
	I am prosperous	Achievement
Client's Reframe	Different view of wealth	Freedom from the issue

Francis	I am proud of myself	Self-Confidence
	I'll never be alone	Connectedness
	I am complete with or without a partner	Wholeness
	I am as good as my peers	Worthiness
	I feel confident on my own	Independence

	I love who I am	Self-Acceptance
	I love and accept myself	
Client's Reframe	I am fulfilled in my life	Freedom from issue

C: Comparison of Initial and Current Adaptive Reframe Themes

The Initial response themes have now been matched alongside the current response themes to assess whether the clients adaptive reframes have been sustained over time. Not only are they consistent but the clients in a number of cases have added to and built upon their adaptive reframes strengthening the new adaptive narrative in the process. Many had no attention directed toward the previous maladaptive framework.

Table 6.5   Initial and Current Adaptive Narrative Themes from Problem Review sheets)

Client	Initial Themes	Current Themes
Hannah	Resiliency	Resiliency
	Self-Acceptance	Self-Acceptance
	Worthiness	Personal Power
	Deservedness	Personal Power
		Freedom
Client's Reframe:	I am a good person	Free from the issue
Andrew	Self Acceptance	Self-Acceptance
	Self Confidence	Self-Confidence
	Worthiness	Worthiness
	Personal Power	Personal Power
	Connectedness	Connectedness
	Resiliency	Resiliency
		Achievement
		Peace
Client's Reframe	I am doing well	Free from the issue
Annie	Connectedness	Gratitude
	Self Acceptance	Self-Acceptance
	Wholeness	Deservedness
	Personal Power	Personal Power
		Resiliency
		Worthiness
Client's Reframe	I am a complete person	I have resiliency and worldly goodness

Sarah	Personal Power	Personal Power
	Worthiness	Worthiness
	Resiliency	Resiliency
	Self-Nurturing	Self-Nurturing
	All Knowing	All knowing
	Self-Appreciation	Self-Acceptance
Client's Reframe	I am looking after myself	Freedom from the issue

Mary	Worthiness	Worthiness
	Personal Power	Personal Power
	Self-Appreciation	Self-Appreciation
	Freedom	Freedom
	Deservedness	Deservedness
Client's Reframe	I have a new life	Freedom from the issue

Deborah	Connectedness	Connectedness
	Self Acceptance	Self Acceptance
	Openness	Openness
	Personal Power	Personal Power
	Acceptance	Self-Acceptance
	Resiliency	Resiliency
		Self-Confidence
Client's Reframe	I have my life back	Freedom from the issue

Veronica	Connectedness	Connectedness
	Resiliency	Worthiness
	Self Confidence	Self-Acceptance
		Resiliency
		Self-Confidence
		Freedom
Client's Reframe	Happy is 'One' to me	Freedom from the issue

Walter	Self-Acceptance	Self-Acceptance
	Worthiness	Worthiness
	Self-Confidence	Self-Confidence
	Self-Connection	Self-Connection
		Resiliency
		All knowing
		Achievement
Client's Reframe	Don't have to buy approval	Freedom from the issue

Francis	Self-Confidence	Self-Confidence
	Connectedness	Connectedness
	Wholeness	Wholeness
	Worthiness	Worthiness

| Client's Reframe | I am not limited | | Freedom from issue |

D: From Maladaptive to Adaptive Identity Reframes

The Initial problem narratives that the clients presented with in relation to their 'being in and experiencing the world' have also shifted alongside the adaptive reframes, with the client now seeing himself or herself in a 'new light'. Often the clients would view their problem from the spiritual self (expressed as a 'light' me, an 'all knowing me', a 'soul me'), and this spiritual self that presented during therapy, was instrumental in redefining the problem identity to an adaptive identity.

Table 6.6   Clients Reframes of Initial Maladaptive Identities

Client	Maladaptive Identity	Adaptive identity
Hannah	1. From the 'Guilty' person 2. From the 'Unloved' person 3. From the 'Weak' person 4. From the 'Bad' person	To the 'Virtuous' person To the 'Loved' person To the 'Strong' person To the 'Good' person
Andrew	1. From the 'Worthless' person 2. From the 'Failing' person 3. From the 'Dumb' person 4. From the 'Rejected' person	To the 'Worthy' person To the 'Achieving' person To the 'Intelligent' person To the 'Accepted' person
Annie	1. From the 'weak' person 2. From the 'Helpless' person 3. From the 'Guilty' person	To the 'Strong' person To the 'Resilient' person To the 'Good' person
Sarah	1. From the 'Self Sacrificing' person 2. From the 'Burdened' person 3. From the 'Resentful' person	To the 'Self-Nurturing' person To the 'Resilient' person To the 'Accepting' person
Mary	1. From the 'Guilty' person 2. From the 'Worthless' person	To the 'Virtuous' person To the 'Loved' person

	3. From the 'Weak' person	To the 'Strong' person
Deborah	1. From the 'Self Sacrificing' person	To the 'Self Reliant' person
	2. From the 'Alone' person	To the 'Connected' person
	3. From the 'Weak' person	To the 'Strong' person
Veronica	1. From the 'Helpless' person	To the 'Self Reliant' person
	2. From the 'Alone' person	To the 'Connected' person
	3. From the 'Grieving' person	To the 'Fulfilled' person
Walter	1. From the 'Bad' person	To the 'Good' person
	2. From the 'Insecure' person	To the 'Confident' person
	3. From the 'Failing' person	To the 'Fulfilled' person
	4. From the 'Self Sacrificing person'	To the 'Self Nurturing' person
Francis	1. From the 'Abandoned' person	To the 'Loved' person
	2. From the 'Dependent' person	To the 'Independent' person
	3. From the 'Self criticising' person	To the 'Accepting' person
	4. From the 'Worthless' person	To the 'Worthy' Person

E: Spiritual (Wairua) Themes that emerged

The spiritual themes (with reference to Table 4.1, p.46) that emerged correlated both with the client's new adaptive narrative and with the identity shifts that took place. Please note this is only one exploration of the spiritual themes that has been explored because they have been correlated with the identities of the Enneagram. The Buddhists talk of the Noble Eight Fold Path (Radhakrishnan, 1996); 1) right view, 2) right intention, 3) right speech, 4) right action, 5) right livelihood, 6) right effort, 7) right mindfulness and 8) right concentration, and Christian doctrine with the ten commandments offer a similar view. It is not the intention of the researcher to adopt one doctrine over another and thus the Enneagram reference is a generic view for exploring themes of spirituality, as opposed to one religion or another. Common themes of truth, love, perfection, freedom, law, hope, omniscience, wisdom and faith were apparent, opposing feelings and discourse to Becks maladaptive subjective subscales for depression. It would be useful however to

create a similar table alongside Te Whare Tapa Wha for a NZ cultural indigenous spiritual theme reference.

Table 6.7   Spiritual (Wairua) Themes that Emerged from Adaptive Themes

Client	Adaptive themes	Related Spiritual Themes
Hannah	1. I am virtuous	Holy Perfection
	2. I am loveable	Holy Will, Holy Freedom
	3. I am strong	Holy Truth
	4. I am good	Holy Perfection
Andrew	1. Self Worth	Holy Hope, Holy Law
	2. Achievement	Holy Hope, Holy Law
	3. All Knowing	Omniscience, Holy Transparency
	4. Belonging	Holy/ Universal Love
Annie	1. Strength:	Holy Truth
	2. Resilience:	Holy Truth
	3. Worldly Goodness	Holy Perfection
Sarah	1. Deserving (Loved)	Holy Will, Holy Freedom
	2. Strength (Resilience)	Holy Truth
	3. Virtuosity	Holy Perfection
Mary	1. I am loveable	Holy Will, Holy Freedom
	2. I am worthy	Holy Law, Holy Hope
	3. I am strong	Holy Truth
Deborah	1. Deserving (Loved)	Holy Will, Holy Freedom
	2. I am whole	Holy / Universal Love
	3. I am strong	Holy Truth
Veronica	1. I am strong	Holy Truth
	2. I am whole	Holy / Universal Love
	3. I am fulfilled	Holy Wisdom, Holy Plan
Walter	1. I am whole (Self defined by being)	Holy/ Universal Love
	2. I am reliable:	Holy Faith
	3. Achievement:	Holy Hope, Holy Law
	4. I am whole:	Holy/ Universal Love

Francis	1. I am loved	Holy Will, Holy Freedom
	2. I am strong	Holy Truth
	3. I am loveable	Holy Will, Holy Freedom
	4. I am whole	Holy/ Universal Love

CHAPTER SEVEN: DISCUSSION AND CONCLUSION
Critical Interpretation and Reflections

"Critical interpretation is based on the naive understanding, the themes and sub-themes, the authors' pre-understanding and reflections in relation to the context of the study, the research question and relevant literature and is expressed as following comprehensive understanding" (Gustafsson & Strandberg, 2009, p. 461) . The participants own words have been recorded in order to retain the voice of the clients personal experience, whilst enabling the presentation of the emic perspective with regard to the clients own experience of the therapy, resulting from the utilisation of the identity Rereferencing Narrative Map. All of the client's responses indicated the following:

a) A shift from a maladaptive (problem) narrative to an adaptive narrative

b) A shift from a maladaptive (problem) identity to an adaptive identity

c) An underlying spiritual theme that opposes the subjective maladaptive affective themes on Becks (BDI-II) subscale of depression

d) The changes have been sustained over time (6-24 months)

e) There are some indicators suggesting that the clients have continued to strengthen and build upon their new adaptive narratives.

Over all the clients indicated themes of truth, love, perfection, freedom, law, hope, omniscience, wisdom and faith on the spiritual spectrum. They also describe resiliency, worthiness, self-acceptance, connectedness, wholeness, deservedness, self-confidence, personal power, self-nurturing, all knowing, openness, self-appreciation, wholeness and freedom in their adaptive personal narratives. Gustafsson and Strandberg (2009, p. 459) in their research on 'Staying healthy in a context where others developed burnout' wrote:

> *"Living life with a tone of contentment means that there is an underlying feeling of satisfaction with one's life as a whole. In spite of*

difficulties, being dissatisfied with how some things have turned out and/or wanting change, feelings of security, consolation and joy in life protrude. This is described as e.g. gratitude for being alive, being loved by others and God, appreciating nature, family and children, friends and co-workers. Finally, one is content with what one is. In spite of this tone of contentment with life, it is not always easy to live. Staying healthy means realizing one's co-dependency on people and circumstances and includes: being cooperative; searching for and finding support when needed; and adapting to or changing circumstances".

Becks (BDI-II) affective subscales include pessimism, failure, guilt, punishment, self-dislike, self-criticalness, suicidality, worthlessness. All clients described one or more of these affective problems being present at the time of therapy, and all moved into a more resourceful (opposite to the above) personal adaptive narrative, combined with a sense of human and spiritual connection (for example not being alone and being able to reach out to others).

One client (Annie) described still holding onto her old beliefs. This however was alongside her new beliefs of wholeness, goodness and resiliency, and thus it is difficult to determine if this has been an adaptive or maladaptive resource for her. There may also be a cultural element to this statement as being of Maori origin, this may also relate to the need to remain close to the wisdom and beliefs of past knowledge. Further clarification would need to be sought in order to understand the personal framework that Annie is 'being' in relation to that statement. Overall, however Annie still described herself as being in a more resourceful personal narrative compared to when she presented for therapy.

Twenty three clients were contacted who received therapy from 6-24 months ago. Three envelopes were returned 'gone no address'. Nine of the twenty that were received responded, so the response rate was 45%. Of the nine clients that did respond, 100% experienced sustained change over time. The results would indicate

that the therapeutic Identity Re- Referencing Map could prove effective as a tool for assisting clients to change problem narratives and identities into more adaptive frameworks and discourse. What has not been explored, is the extent and depth of the changes depending on the number of sessions the client has had, the number of innovative moments and or whether 'forgiveness' has an impact on the client's ability to re-author their own stories. It does indicate that further research could be undertaken to explore these issues in more depth alongside the Identity Re-Referencing Map process with a larger sample to further assess its clinical effectiveness. It is not known if the clients that did not respond achieved similar results , or if they did not respond because changes were not sustained over time, this too needs to be further explored.

Methodological Considerations

Ricoeur (Gustafsson & Strandberg, 2009; Ricoeur, 1976) argues that 'there is always more than one way of understanding a text but this does not mean that all interpretations are equally valid'. I have attempted to remain as open as possible to the interpretations, and have used documented research to identify the themes as they have emerged. The information available around the clients problem narrative at the time of therapy was fully explored in the interpretation before assessing the clients adaptive narratives. Credibility in a qualitative study such as this also dependent on the clients own voices being fully heard. This richness of information was gleaned by completing the Problem narrative Sheets both immediately post therapy and 6-12 months later. The narrations seemed genuine, fluent and appeared to be delivered with commitment.

Conclusions

The sample is reflective of the 2012/13 New Zealand Health Survey (Mental Health Foundation, 2014; Ministry of Health, 2013) given that women were around 1.6 times more likely to have been diagnosed with a common mental disorder than men, with female rates being higher in all age groups. The highest rates for women were from 35 – 44 years of age. People experiencing psychological distress are highly likely to have an anxiety or depressive disorder, and both these elements were present in some form for all the clients who responded to the research. Given that one in six New Zealand adults (16%, or an estimated 582,000 adults) have been diagnosed with a common mental disorder at some time in their lives, the results from this research may contribute to a more effective way of dealing with the issue without the need for medical intervention. The client, as their own expert, discovering the ability to re-author their own problem narrative, in the process of connecting with their own inner spiritual (Wairua) self, is more easily able to overcome the psychological distress they are at the effect of, and it would appear that this is sustained over time.

Strandmark (Gustafsson & Strandberg, 2009; Strandmark, 2006) also showed that 'the meaning of health is related to resilience and feelings of zest for life'. These meanings of staying healthy are in line with Antonovsky's (1985, 1987) meanings of staying well with reference to a 'Stress of Consciousness' (SOC) which entails focusing on people's view of life, their way of seeing the world and life with both chaos and stress as natural (Gustafsson & Strandberg, 2009). His concepts include a kind of acceptance and a balanced perspective on life and reality, with both ups and downs (Couto, 2002) and includes a belief that life is meaningful (Frankl, 1963; Gustafsson & Strandberg, 2009). The connection with spirit or wairua appears to offer that connectedness and meaning, as reported by the client's. In a study among the 'oldest old', Nygren, Norberg, & Lundman (Nygren, Norberg, & Lundman, 2007) found that inner strength was revealed as looking for the bright side of life while being aware that life also has its dark sides (Gustafsson & Strandberg, 2009). The clients narrative responses in this study indicate that they

were able to reach a similar understanding and this coincided with a greater sense of resiliency. The importance of resiliency is in line with both Antonovsky's theory of 'Stress of Consciousness (1985, 1987), Bandura's 'self-efficacy' (Bandura, 1992), and Rotter's 'locus of control' (Ogden, 2004), all of which are strongly related to perceived mental health (Gustafsson & Strandberg, 2009). It would appear that the Identity re-Referencing Map could be a useful tool in building client resiliency also as all clients reported this in some form. Thus would be interesting to explore how this therapeutic process may be able to assist in complex trauma due to its mindfulness components and possible potential to facilitate personal empowerment and thus affect regulation skills (Briere, 2002).

References

Alksnis, C., Desmarais, S., & Curtis, J. (2008). Workforce Segregation and the Gender Wage Gap: Is "Women"s' Work Valued as Highly as "Men"s'? *Journal of Applied Social Psychology*, *38*(6), 1416–1441.

Anderson, H. (1997). *Conversation, Language and Possibilities: A Postmodern Approach to Therapy.* New York, USA: Basic Books.

Antonovsky, A. (1985). *Health, Stress and Coping. New Perspectives on Mental and Physical Well-Being* (2nd ed.). San Francisco: Jossey-Bass Publishers.

Antonovsky, A. (1987). *Unraveling the Mystery of Health. How People Manage Stress and Stay Well*. San Francisco: Jossey-Bass Publishers.

Atkinson, P., Coffey, A., Delamont, S., Lofland, J., Lofland, L., & (eds). (2001). *Handbook of Ethnography*. London: Sage Publications.

Averill, J. R. (1980). A constructivist view of emotion. *Theories of Emotion*, *1*, 305–339.

Bakhtin, M. M. (1981). *The Dialogic Imagination.* Austin, Texus, USA: (M Holoquist.Ed;: C. Emerson & M.Holquist.Trans). University of Texas Press.

Bakhtin, M. M. (1984). Problems of Dostoevsky's poetics. *Poetics*, *8*, xliii,.333p.

Bale, L. . (1995). Gregory Bateson, Cybernetics and the Social/Behavioural Sciences. *Cybernetics & Human Knowing*, *3*(3), 27–45.

Bandura, A. (1992). Exercise of personal agency through the selfefficacy mechanism. In *Self-Efficacy: Thought Control of Action (Schwarzer, R. ed)* (pp. 3–38). Washington DC: Hemisphere Publishing.

Bartky, S. L. (1988). Foucault, Femininity and the Modernization of Patriarchal Power. In *I. Diamond and L. Quinby (eds) Feminism and Foucault: Reflections on Resistance* (pp. 61–86). Boston, MA: Northeastern University Press. Green Remembering Foucault 3.

Bassman, R. (2005). Mental Illness and the Freedom to Refuse Treatment: Privilege or Right. *Professional Psychology: Research and Practice*, *36*(5), 488–497.

Bateson, G. (1980). *Mind and nature: A necessary unity*. New York, USA: Bantam Books.

Becvar, D. S., & Becvar, R. . J. (1996). *Family Therapy: A systemic integration* (3rd ed.). Boston, MA: Allyn and Bacon.

Bhaskar, R. (1998). *The possibility of naturalism: A philosophical critique of the contemporary human sciences* (3rd ed.). London: Routledge.

Boden, Z., & Eatough, V. (2014). Understanding more fully: A multimodal hermeneutic-phenomenological approach. *Qualitative Research In Psychology*, *11*(2), 160–177.

Bradley, L. (2011). *Narrative psychiatry: How stories can shape clinical practice.* Baltimore: The John Hopkins University Press.

Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In *J.E.B. Myers, L. Berliner, J. Briere, C.T. Hendrix, T. Reid, & C. Jenny (Eds.) (2002). The APSAC handbook on child maltreatment*. Newbury Park, CA: Sage Publications.

Brown, C. (1993). Feminist therapy: Power, ethics,and control. In *C.Brown & K.Jaspar (Eds.), Consuming passions: Feminist approaches toweight preoccupation and eating disorders.* (pp. 176–194). Toronto, Canada: Second Story Press.

Brown, C., & Augusta Scott, T. (2007). *Movement of Identities: A Map for Therapeutic Conversations about Trauma*. *Book*. Sage Publications.

Brown, C., & Augusta-Scott, T. (2007). *Narrative therapy: Making meaning, making Lives.* Thousand Oaks, CA, USA: SAGE Publications, Inc.

Brown, J. (1999). Bowen family systems theory and practice: Illustration and critique. *Australian and New Zealand Journal of Family Therapy*, *20*(2), 94–103.

Brown, L. S. (2014). Feminist therapy Psychotherapy theories and techniques: A reader. VandenBos, Gary R. (Ed); Meidenbauer, Edward (Ed); Frank-McNeil, Julia (Ed). In *Psychotherapy theories and techniques: A reader. VandenBos, Gary R. (Ed); Meidenbauer, Edward (Ed); Frank-McNeil, Julia (Ed)* (pp. 173–180). American Psychological Association.

Bruner, J. (1986). *Actual minds/Possible worlds*. Cambridge, MA: Harvard University Press.

Bruner, J. (1990). *Acts of meaning.* Cambridge, MA: Harvard University Press.

Burr, V. (1995). *An introduction to social constructionism*. New York, N.Y. and London: Routledge.

Chomsky, N., & Foucault, M. (2011). *Human Nature: Justice vs Power. The Chomsky-Foucault Debate.* (London: Souvenir Press).

Cilliers, P. (1998). *Attitudes in psychoanalytic complexity: An alternative to postmodernism in psychoanalysis*. London: Routledge.

Clay, D., Vignoles, V. L., & Dittmar, H. (2005). Body Image and Self-Esteem Among Adolescent Girls: Testing the Influence of Sociocultural Factors. *Journal of Research on Adolescence*, *15*(4), 451–477.

Cochran, L. R. (1990). Narrative as a paradigm for career research. In *R. A. Young, & W. A. Borgen (Eds.), Methodological approaches to the study of career* (pp. 71–86). New York: Praeger.

Cohen, D., & Crabtree, B. (2006). RWJF - Qualitative Research Guidelines Project | Grounded Theory | Grounded Theory. *Qualitative Research Guidelines Project*. Retrieved July 28, 2015, from http://www.qualres.org/HomeGrou-3589.html

Cohen, M. (1987). A historical overview of the phenomenologic movement. *Journal of Nursing Scholarship*, *19*(1), 31–34.

Cohen, M. C. (2007). Applications of the Enneagram to Psychological Assessment. *Enneagram.com*. Retrieved May 1, 2015, from http://www.enneagram.com/PDF_EnneagraminPsychologicalAssessment.pdf

Collin, A. (2007). Contributions and challenges to vocational psychology from other disciplines: examples from narrative and narratology. *International Journal of Educational and Vocational Guidance*, *7*, 159–167.

Combs, G., & Freedman, J. (2012). Narrative, Poststructuralism, and Social Justice: Current Practices in Narrative Therapy. *The Counseling Psychologist*, *40*(7), 1033–1060.

Comella, P. A. (2011). Observing emotional functioning in human relationship systems: Lessons from Murray Bowen's writings. In *O. C. Bregman, C. M. White, O. C. Bregman, C. M. White (Eds.) , Bringing systems thinking to life: Expanding the horizons for Bowen family systems theory (pp. 3-30).* New York, USA: Routledge/Taylor & Francis Group.

Copeland, M. . (1997). Wellness Recovery Action Plan. *The Copeland Center*. Retrieved July 11, 2015, from http://www.mentalhealthrecovery.com/recovery-resources/articles.php?id=109

Couto, D. (2002). How resilience works. *Harv Bus Rev 2002*, *80*, 1–18.

Cruickshank, J. (2012). Positioning positivism, critical realism and social constructionism in the health sciences. *Nursing Enquiry*, *19*(1), 71–82.

Culler, J. (1981). *The pursuit of signs: Semiotics, literature, deconstruction*. London: Routledge.

Das, R. (2011). *Be Love Now: The path of the heart*. London: Rider, The Random House Group.

De Chesnay, M. (2015). *Nursing research using ethnography: Qualitative designs and methods in nursing.* New York, USA: Springer Publishing Co.

Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA, USA: Sage Publications.

Derrida, J. (1978). *Of Grammatology, trans. by Gayatri Chakravorty Spivak*. Baltimore and London: Johns Hopkins University Press.

Derrida, J. (1978). *Writing and difference*. Chicago, IL.: University of Chicago Press.

Derrida, J., & Attridge, D. (1992). *Acts of literature*. London: Routledge.

Durie, M. (2014). Transcript - He Korowai Oranga: Māori Health Strategy launch - Sir Mason Durie. *Ministry of Health*. Retrieved July 11, 2015, from http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures/transcript-he-korowai-oranga-maori-health-strategy-launch-sir-mason-durie

Durie, M., & Kingi, K. (1997). *A framework for measuring Maori mental health outcomes. A Report Prepared for the Ministry of Health.*

Epston, D., & Bowen, B. (2008). *Down under and up over: Travels with narrative therapy*. Adelaide, Australia. Retrieved from http://www.narrativetherapylibrary.com/media/downloadable/files/links/d/o/down-under-and-up-over-epston_2.pdf

Erickson, M., & Rossi, E. . (1989). *The February Man: Evolving Consciousness and Identity in Hypnotherapy*. New York, USA: Routledge.

Eskin, M., Palova, E., & Krokavcova, M. (2014). Suicidal Behavior and Attitudes in Slovak and Turkish High School Students: A Cross-Cultural Investigation. *Archives of Suicide Research*, *18*(1), 58–73.

Fassinger, R. E. (2005). Paradigms, praxis, problems and promise: grounded theory in counseling psychology research. *Journal of Counseling Psychology*, *52*, 156–166.

Fine, G. A., & Deegan, J. (1996). Three principles of Serendip: insight, chance, and discovery in qualitative research. *Qualitative Studies in Education*, *9*(4), 434–447.

Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology and Practice*, *3*, 6–25.

Floersch, J. (2014). The use of ethnography in social work research. *Qualitative Social Work: Research And Practice*, *13*(1), 3–7.

Foucault, M. (1971). *The order of things: An archaeology of the human sciences*. New York: Pantheon Books.

Foucault, M. (1980). *Power/Knowledge: Selected interviews and other writings*. New York: Pantheon Books.

Foucault, M. (1991). *Discipline and Punish: the birth of a prison*. London: Penguin.

Foucault, M. (1998). *The History of Sexuality: The Will to Knowledge*. London: Penguin.

Frank, J. D., & Frank, J. (1991). *Persuasion and healing: A comparative study of psychotherapy*. (3rd, Ed.). Baltimore, MD, USA: Johns Hopkins University Press.

Frankl, V. (1963). *Man's Search for Meaning: An Introduction to Logotherapy*. New York: Washington Square Press.

Freeman, E. M. (2011). *Narrative Approaches in Social Work Practice: A Life Span, Culturally Centered, Strengths Perspective*. Illinois,USA: Charles C Thomas Publishers Ltd.

Gelfand, L. A., & Engelhart, S. (2012). Dynamical Systems Theory in Psychology: Assistance for the Lay Reader is Required. *Frontiers in Psychology*, *3*, 382.

Gelso, C. (1985). Rigor, relevance, and counseling research: On the need to maintain our course between Scylla and Charybdis. *Journal of Counseling and Development*, *63*, 551–553.

Genette, G. (1980). *Narrative discourse: An essay in method. (J. E. Lewin, Trans.). Ithaca, NY: Cornell University Press. (Trans. of Discours dure´cit, a portion of Genette, G. (1972)) Figures III. Paris: Seuil.* Paris: Seuil.

Gergen, K. (1990). Therapeutic professions and the diffusion of deficit. *The Journal of Mind and Behaviour*, *11*(3 & 4), 107–122.

Gergen, K. J. (1985). The social constructionist movement in modern psychology, *American P*(40), 266–275.

Gergen, K. J., & Gergen, M. M. (1998). Narrative and the self as relationship. In *L. Berkowitz (Ed.), Advances in Experimental Social Psychology 21* (pp. 17–56). New York: Academic Press.

Gergen, K. J., Gulerce, A., Lock, A., & Misra, G. (1996). Psychological science in cultural context. *American Psychologist*, *51*(5), 496–503.

Gergen, M. (1988). Narrative structures and social explanation C. Antaki (Ed.), Analysing everyday explanation: A casebook of methods. In *C. Antaki (Ed.), Analysing everyday explanation: A casebook of methods*. London: Sage Publications.

Giorgi, A. (1970). Toward phenomenologically based research in psychology. *Journal of Phenomenological Psychology*, *1*, 75–98.

Glaser, B. G., & Strauss, A. (1967). Discovery of Grounded Theory. Strategies for Qualitative Research. *Sociology Press*.

Goldfried, M. R. (2012). On entering and remaining in psychotherapy. *Clinical Psychology: Science and Practice*, *19*(2), 125–128.

Goncalves, M., Ribeiro, A., Mendes, I., Silva, J., & Sousa, I. (2015). Narrative innovations predict symptom improvement: Studying innovative moments in narrative therapy of depression. *Psychotherapy Research*.

Green, A. (2010). Remembering Foucault: Queer theory and disciplinary power. *Sexualities*, *13*(3), 316–337.

Gustafsson, G., & Strandberg, G. (2009). Meanings of staying healthy in a context where others developed burnout – phenomenological-hermeneutic interpretation of healthcare personnel's narratives. *Scandinavian Journal of Caring Sciences*, *23*, 456–464.

Hale-Haniff, M. (2013). Virginia Satir's growth model: Therapy as intra- and interpersonal communication. In *A. Rambo, C. West, A. Schooley, T. V. Boyd, A. Rambo, C. West, … T. V. Boyd (Eds.) , Family therapy review: Contrasting contemporary models* (pp. 54–57). New York, USA: Routledge/Taylor & Francis Group.

Halling, S. (2008). *Intimacy, Transcendence and Psychology. Intimacy, Transcendence and Psychology.* Basingstoke: Palgrave Macmillan.

Hammersley, M. (2005). *Ethnography: potential, practice, and problems. Qualitative Research Methodology Seminar Series*.

Hare-Mustin, R., & Marecek, J. (1988). The meaning of difference: Gender theory, postmodernism, and psychology. *American Psychologist*, *43*, 455–464.

Hecker, L. L., Mims, G. A., & Boughner, S. R. (2015). General systems theory, cybernetics, and family therapy. In *J. L. Wetchler, L. L. Hecker, J. L. Wetchler, L.*

L. Hecker (Eds.) , An introduction to marriage and family therapy (2nd ed.) (pp. 43–64). New York, NY, US: Routledge/Taylor & Francis Group.

Heidegger, M. (1962). *Being and time.* New York, USA: Harper. (Original work published 1927).

Hiles, D., & Cermák, I. (2008). Narrative Psychology. In *The SAGE Handbook of Qualitative Research in Psychology* (pp. 147–165). London: SAGE Publications Ltd.

Holmes, J. (2014). *John Bowlby and attachment theory* (2nd ed.). New York, USA: Routledge/Taylor & Francis Group.

Horsburgh, D. (2003). Evaluation of qualitative research. *Journal of Clinical Nursing*, *12*, 307–312.

Hoshmand, L. T. (2000). Narrative psychology A. E. Kazdin (Ed.), Encyclopedia of psychology. In *A. E. Kazdin (Ed.), Encyclopedia of psychology* (pp. 382–387). Washington, DC: American Psychological Association and New York: Oxford University Press.

Hoshmand, L. T. (2005). Narratology, Cultural Psychology, and Counseling Research. *Journal of Counseling Psychology*, *52*(2), 178–186.

Hoshmand, L. T., & Polkinghorne, D. E. (1992). Redefining the science-practice relationship and professional training. *The American Psychologist*, *47*(1), 55–66.

Howard, G. (1986). The scientist-practitioner in counseling psy- chology: Toward a deeper integration of theory, research, and practice. *The Counseling Psychologist*, (12), 101–109.

Hursserl, E. (1970). *The idea of phenemenology*. The Hague, The Netherlands: Nijhoff.

Jones, W. T. (1975). *The Twentieth Century to Wittgenstein and Sarte* (2nd Revise.). San Francisco: Harcourt Brace Jovanovich.

Kadum, U. ., Croft, P., McLeod, J., & Hutchison, M. (2001). A qualitative study of patients' views on anxiety and depression. *British Journal of General Practice*, *51*(466), 375–380.

Kessler, R. C., Gruber, M., Hettema, J. M., Hwang, I., Sampson, N., & Yonkers, K. A. (2008). Comorbid depresson and generalised anxiety disorders in the national comobidity survey follow-up. *Psychological Medicine Electronic Resource*, *38*(3), 365–374.

Kübler-Ross, E. (2014). *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families* (40th ed.). New York, USA: Scribner.

Kurtzman, H. (1987). Deconstruction and psychology: An introduction. *New Ideas in Psychology*, *5*(1), 33–71.

Landau, M. (Ed), Lawrence, K. (Ed), Robinson, M. D. (Ed), & Meier, B. P. (Ed). (2014). *The power of metaphor: Examining its influence on social life*. Washington, DC: American Psychological Association.

Langdridge, D. (2007). *Phenomenological psychology: theory, research and method. Pearson Education.* Harlow.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3, 102-120.*, *3*(102-120).

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, *2*(2), Article 3.

Le Vasseur, J. J. (2003). The problem of bracketing in phenomenology. *Qualitative Health Research*, *13*, 408–420.

Levitt, H. (2013). Teaching qualitative methods using a research team approach: Publishing grounded theory projects with your class. *Qualitative Research In Psychology*, *10*(2), 119–139.

Lock, A., & Strong, T. (2012). *Discursive perspectives in therapeutic practice*. Oxford, United Kingdom: Oxford University Press.

Lock.A. (1981). Universals in human conception. In *P. Heelas and A. Lock (Eds.), Indigenous psychologies: The anthropology of the self*. London: Academic Press.

MacIntyre, A. (1981). *After virtue: A study in moral theory*. Notre Dame: Notre Dame University of Notre Dame Press.

Mackey, H. (2007). "Do not ask me to remain the same": Foucault and the professional identitientities of occupational therapists. *Australian Occupational Therapy Journal*, *54*(2), 95–102.

Mannay, D., & Morgan, M. (2014). Doing ethnography or applying a qualitative technique? Reflections from the "waiting field." *Qualitative Research*, *15*(2), 166–182.

Mcnamara, J. (2010). Never let the truth get in the way of a good story. In *S.Benemer (ED),Telling stories? Attachment-based approaches to the treatment of psychosis.* (pp. 11–21). London: Karnac Books.

McNamee, S., & Gergen, K. J. (1992). *Therapy as social construction*. London ; Newbury Park: Sage Publications.

Mental Health Foundation. (2014). Mental Health Foundation: Quick Facts and Stats 2014. Retrieved June 1, 2015, from http://www.mentalhealth.org.nz/assets/Uploads/MHF-Quick-facts-and-stats-FINAL.pdf

Ministry of Health. (2013). New Zealand Health Survey: Annual update of key findings 2012/13. Retrieved June 1, 2015, from about:blank

Ministry of Health. (2014). Māori health models; Te Whare Tapa Whā: Mason Durie. Retrieved July 11, 2015, from http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha

Misra, G., & Prakash, A. (2012). Kenneth J. Gergen and Social Constructionism. *Psychological Studies*, *57*(2), 121–125.

Nelles, W. (1997). *Frameworks: Narrative levels and embedded narrative*. New York: Peter Lang Publishing.

Nelson, J., Ryan, K., Rotumah, D., Bennett-Levy, J., Budden, W., Stirling, J., … Beale, D. (2014). Aboriginal Practitioners Offer Culturally Safe and Responsive CBT: Response to Commentaries. *Australian Psychology*, *49*, 22–27.

Nicholl, P. M. (1999). *Deconstructing narrative therapy in practice : a thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at Massey University*. *Book*. Massey University.

Nygren, B., Norberg, A., & Lundman, B. (2007). Inner strength as disclosed in narratives of the oldest old. *Qualitative Health Research*, *17*, 1060–1073.

O'Connor, T., Meakes, E., Pickering, R., & Schuman, M. (1997). On the right track: Client's experience of narrative therapy. *Contemporary Family Therapy*, *19*, 470–496.

Oakley Browne, M. A., Wells, J. E., & Scott, K. M. (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Retrieved from http://www.health.govt.nz/publication/te-rau-hinengaro-new-zealand-mental-health-survey

Ogden, J. (2004). *Health Psychology. A Textbook* (3rd ed.). Berkshire.: Open
    University Press.

Onega, S., & Landa, J. A. G. (Eds.). (1996). *Narratology: An introduction*. Harlow:
    Addison Wesley Longman Group Ltd.

Osborne, J. (1994). Some similarities and differences among phenomenological and
    other methods. *Canadian Psychology*, *35*(2), 167–189.

Osborne, J. W. (1990). Some basic existential phenomenological research
    methodology for counsellors. *Canadian Journal of Counselling*, *24*, 79=91.

Packer, M. J. (1995). Hermeneutic inquiry in the study of human conduct. *American
    Psychologist*, *50*, 1081–1093.

Paora, J., & Preston, G. (2012). About - Tatarikihi - The Children of Parihaka - New
    Zealand Film. Retrieved May 3, 2015, from
    http://www.parihakafilm.com/about.html

Phillion, J. (2002). *Narrative Inquiry in a Multicultural Landscape : Multicultural
    Teaching and Learning*. London: Ablex Publishing.

Pinneau, R. (2006). Understanding personal & interpersonal dynamics through the
    Enneagram. *Wellpath resources*. Retrieved May 30, 2015, from
    http://www.wellpathresources.com/enn/ennchart.php

Polkinghorne, D. (1983). *Methodology for the human sciences*. Albany, NY: SUNY
    Press.

Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences.* Albany, NY:
    SUNY Press.

Polkinghorne, D. E. (1991). Narrative and Self-concept. *Journal of Narrative and LIife
    History*, *1*(2 & 3), 135–153.

Ponterotto, J. G. (2013). Qualitative research in multicultural psychology:
    philosophical underpinnings, popular approaches, and ethical considerations.
    Qualitative Psychology, *1*(S), 19–32.

Radhakrishnan, S. (1996). *The Dhammapada: With Introductory Essays, Pali Text,
    English Translation and Notes*. Delhi: Oxford India paperbacks.

Rapp, C. A., & Goscha, R. J. (2006). *The strengths model: Case management with
    people with psychiatric disabilities*. Oxford: Oxford University Press, 2006.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience: An introduction to Interpretative Phenomenological Analysis. *The Psychologist*, *18*(1), 20–23.

Rennie, D. L. (2000). Grounded theory methodology as methodological hermeneutics: reconciling realism and relativism. *Theory and Psychology*, *10*(4), 481–502.

Ricoeur, P. (1976). *Interpretation Theory: Discourse and the Surplus of Meaning* (1st ed.). Fort Worth, Texus: Christian University Press.

Riso, D., & Hudson, R. (1999). *The wisdom of the Enneagram: The complete guide to psychological and spiritual growth for the nine personality types*. United States: Bantam Dell Publishing Group, Div of Random House, Inc.

Rist, R. C. (1980). Blizkrieg ethnography: On the transformation of a method into a movement. *Educational Researcher*, *9*, 8–10.

Robins, S. (1197). The metaphor framing effect: The influence of metaphorical reasoning on everyday decision-making. *Dissertation Abstracts International: Section B: The Sciences And Engineering*, *58*(3-b), 1557.

Rodham, K., Fox, F., & Doran, N. (2015). Exploring analytical trustworthiness and the process of reaching consensus in interpretative phenomenological analysis: lost in transcription. *International Journal of Social Research Methodology*, *18*(1), 18–79.

Rosen, S. (1982). *My Voice Will Go with You: The Teaching Tales of Milton H. Erickson*. New York, USA: W W Norton & Co.

Roth, S., & Epston, D. (1994). Framework for a White/Epston type interview. *Unpublished Paper*.

Ruppel, P. S. (2015). Grounded Theory Methodology:Narrativity revisited. *Integrative Psychology*, *49*(2), 174–186.

Scott, V. (2008). Identity Rereferencing. Unpublished work.

Shneidman, E. S. (1998). Further reflections on sui- cide and psychache. *Suicide and Life-Threatening Behavior*, *28*, 245–250.

Singer, M. (2007). *The untethered soul: The journey beyond yourself*. Oakland, CA: New harbinger Publications.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage Publications.

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In *J. A. Smith (Ed.), Qualitative psychology (pp. 51–80)*. London, England: Sage Publications.

Smith, J. A., & Shinebourne, P. (2012). Interpretative phenomenological analysis. In *H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, K. J. Sher, ... K. J. Sher (Eds.) , APA handbook of research methods in psychology,Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological (pp. 73-82)*. Washington, DC, US: American Psychological Association.

Sori, C. F. (2006). Reflections on Children in Family Therapy: An Interview with Salvador Minuchin. In *C. F. Sori, C. F. Sori (Eds.) , Engaging children in family therapy: Creative approaches to integrating theory and research in clinical practice* (pp. 21–35). New York, USA: Routledge/Taylor & Francis Group.

Steer, R. A., Ball, R., Ranieri, W. F., & Beck, A. T. (1999). Dimensions of the Beck Depression Inventory-II in clinically depressed outpatients. *Journal of Clinical Psychology*, *55*(5), 117–128.

Strandmark, M. (2006). Health means vital force – a phenomenological study on self-image, ability and zest for life. *Vard Nord Utveckl Forsk*, *79*, 42–47.

Strauss, A., & Corbin, J. (1994). Grounded Theory Methodology. In *NK Denzin & YS Lincoln (Eds.) Handbook of Qualitative Research* (pp. 217–285). Thousand Oaks, CA, USA: Sage Publications.

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J. ., & Walsh, S. (1997). Standards for research projects and theses involving qualitative methods: suggested guide-lines for trainees and courses. *Clinical Psychology Forum*, *108*, 3–7.

Van Loon, B. T. I. B. L. (2001). *Introducing critical theory*. Thriplow: Icon Books Ltd.

Van Maanen, J. (2009). Ethnography then and now. *Qualitative Research in Organizations and Management: An International Journal*, *1*(1), 13–21.

Wagner, J. (1996). *Enneagram spectrum of personality styles*. Portland, USA: Metamorphous Press.

Wallis, J., Burns, J., & Capdevila, R. (2011). What Is Narrative Therapy and What Is It Not? The Usefulness of Q Methodology to Explore Accounts of White and Epston's (1990) Approach to Narrative Therapy. *Clinical Psychology and Psychotherapy*, *18*, 486–497.

White, M. (2000). *Reflections on narrative practice: Essays and interviews*. Adelaide, Australia: Dulwich Center.

White, M. (2003). Narrative practice and community assignments. *International Journal of Narrative Therapy and Community Work*, *2*, 17–55.

White, M. (2007). *Maps of narrative practice*. New York, N.Y.: W W Norton & Co.

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

Wilson, H., & Hutchinson, S. (1991). Triangulation of qualitative methods: Heideggerian hermeneutics and grounded theory. *Qualitative Health Research*, *1*, 263–276.

APPENDIX A

Declaration confirming content of digital version of thesis

I confirm that the content of the digital version of this thesis

IDENTITY REREFERENCING:
THE EVALUATION OF A NARRATIVE MAP FOR THERAPEUTIC PRACTICE

is the final amended version following the examination process and

 is identical to this hardbound paper copy.

Have you published articles/material from your thesis?   No

If yes, have you received copyright
permission from the copyright holder,
(usually the publisher), to include this
material with your thesis?

Vicky Scott

29/08/2015

APPENDIX B

Massey University Manawatu (Turitea)

Tennent Drive

Palmerston North

4474

New Zealand

Identity Re-referencing

INFORMATION SHEET

My name is **Vicky Scott** and I am currently completing my thesis for my Masters of Arts Degree in Psychology. I have been working with clients for over 15 years in narrative therapy processes as a Registered Nurse, Journey Facilitator and Neuro-linguistic (NLP) Practitioner. I am interested in how we make resourceful internal changes when the 'story we are identified with' changes or is assigned a new meaning. My thesis being supervised by **Professor Andy Lock** from Massey University's School of Psychology in Palmerston North.

Project description and Invitation

<u>Summary of Project:</u> I will assess the effectiveness of a brief narrative therapy I have developed that utilises the persons own expertise on their problem as a means of solving it, and enables them to have a different viewpoint of both themselves and the problem. Clients who have previously experienced this approach have described it as extremely helpful.

<u>Invitation:</u> I would like to offer you the opportunity to be a part of this research as one of my clients and welcome your feedback in terms of how effective it was for you. Information about how you felt both in yourself, and in relation to the issues that were a problem for you, was collected during your treatment. You also received a copy of this information immediately following your sessions with me (Vicky Scott from The Life Coaching Company). We would like to assess how you are feeling six or more months later in relation

to that same issue so as to evaluate the effectiveness of the narrative process, with the view to utilize it helping others. Your participation would involve signing a participation form, a confidentiality form and a response sheet about your initial problem which would then be posted or emailed to Professor Andy Lock, and then collated by Vicky ensuring your confidentiality.

Participant Identification and Recruitment

- Clients who have sought my services for coaching or were referred to me will be offered the opportunity to participate.

Project Procedures

- You will have had a Debrief at the end of your therapy session that summarized your realizations, and gave you the opportunity to provide feedback and/or clarify any concerns that arose during your process. This ensured you completed your session in a resourceful state, prepared to go about your usual business.
- You will be simply required to reflect on the difference that has made in your life over the last 6 months or more and complete the same questions upon reflection that you answered after your session, then post these back in the reply paid envelope.

Data Management

- The information will be stored for ten years or transferred to an archive if appropriate.
- Clients will be forwarded a copy of the thesis if they so desire.
- Clients will not be named and a pseudonym will be used in the thesis.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question.
- Withdraw from the study at any time.
- Ask any questions about the study at any time during participation.
- Provide information on the understanding that your name will not be used unless you give permission to the researcher.
- Be given access to a summary of the project findings when it is concluded.

Project Contacts

Vicky Scott:

142 Springvale Road

Wanganui, 4501.   Mob: 021422756

Professor Andrew Lock:
   School of Psychology
   Turitea, Palmerston North
   Room P2.11.
   Phone: 64 6 3569-099,

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee:

Southern A, Application 14/35. If you have any concerns about the conduct of this research, please contact:

Dr. Brian Finch, Chair, Massey University Human Ethics Committee: Southern A

Telephone 06 3505799 extension 84459

Email humanethicsoutha@massey.ac.nz.

Identity Re-referencing

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand I complete a brief written summary of my realizations following my therapy on a response form.

I wish / do not wish to have data placed in an official archive (please circle one).

I agree to participate in this study under the conditions set out in the Information Sheet.

Date:

Signature:

Full Name - printed

APPENDIX C

Identity Re-referencing

CONFIDENTIALITY AGREEMENT

I Vicky Scott agree to keep confidential all information concerning the project:

Identity Rereferencing

All information will be stored under lock and key.

The information will be transferred to an official archive if appropriate; otherwise, Vicky

Scott will destroy the information in 10 years.

Signature: .... **Date:** ....

APPENDIX E

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

School of **PSYCHOLOGY**

Identity Re-referencing

PROBLEM REVIEW SHEET

Date: _____

Resources (Gained)	**New Beliefs** (Chosen)
i.e. acceptance…	i.e. I am loveable…
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mentor (Wise Self)

What was the lesson learnt?

_____

_____

Further advice from your Mentor.

_____

_____

_____

(Next page)

Future Pace (When thinking about the problem… please refer to attached sheet for guidance)

One
Day:_____

One
Week:_____

One

Months:_____

Six
Months:_____

One

Year:_____

Five

Years:_____

Ten

Years:_____

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School of **PSYCHOLOGY**

Future Pacing (with Attention on the problem you sought help for)

One Day: Having learned what you have learned and experiencing what you have experienced see yourself a day from now… What are your feeling, seeing, hearing. Experiencing? How do you feel about you?

One Week: Now see yourself a week from now… what do you see feel hear, think? What actions are you taking? Knowing yourself as ………………. (Highest Viewpoint of Self) imagine a situation arising that in the past would have triggered that old behaviour… notice how you are handling it now and what does …………... (Highest Viewpoint of Self) say to it?

One Month: Now imagine yourself one month from now… how are you feeling in your body? What do you say to yourself? What are your seeing, feeling, hearing, doing? Imagine that old issue trying to give rise to it 'self and notice how resourcefully you are responding to that now… how has it changed?

Six Months: Now notice yourself 6 months from now… how have your thoughts, images speech and feelings changed in relation to that old issue? At this point already 70% of your cells are all new… about 75% of your body is water and every month or so almost all the water in your body is replaced, about 7% of your body weight is blood fluid and blood cells, most of which are replaced in three months… (Andrew Skipor, Ph.D., Newton Educational programmes for Science, USA)…

One Year: Studies at the Oak Ridge Atomic Research Center have revealed that about 98 percent of all the atoms in a human body are replaced every year. Knowing that most of your molecules have been replaced and you are literally all new, without that old issue being passed on do you notice how handling it is a breeze now? What has changed? What are you doing differently? What are you saying to yourself?

Five Years: Imagine yourself five years from now… Does that old behaviour even arise? How are you feeling about it? How are you responding to life? How are others responding to you without it?

Ten Years: Are you now feeling so free of this old pattern that it doesn't seem possible or real anymore? What do you see, hear, and say to yourself? Think? Feel? How are you're feeling about yourself? About life?

Now staying connected to that future …………. (Highest Viewpoint of Self) you ten years in the future… what advice would you give to the you today? What beliefs would help you now? What actions do you need to take? What are the daily things you need to do and say? What is the first step you need to take?