

**Process Research and Meaning Reconstruction in Psychotherapy:
Development of a System of Categories of psychotherapeutic interventions
and application to a case of grief**

Adriana Aulet Ruiz

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DOCTORAL THESIS

***PROCESS RESEARCH AND MEANING RECONSTRUCTION
IN PSYCHOTHERAPY:
Development of a system of categories of psychotherapeutic
interventions and application to a case of grief***

Adriana Aulet Ruiz

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Facultat de Psicologia, Ciències de l'Educació i de l'Esport Blanquerna
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DOCTORAL THESIS

Title	Process Research and Meaning Reconstruction in Psychotherapy: Development of a System of Categories of psychotherapeutic interventions and application to a case of grief
Presented by	Adriana Aulet Ruiz
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Título	Investigación de Procesos y Reconstrucción de Significado en Psicoterapia: Desarrollo de un Sistema de Categorías sobre intervenciones psicoterapéuticas y aplicación a un caso de duelo
Realizada por	Adriana Aulet Ruiz
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Dirigida por	Dr. Olga Herrero Esquerdo
Co-Dirigida por	Dr. Daniela Rodrigues Alves

A mis padres, a Alejandra y a Jordi,
Gracias por vuestro apoyo incondicional.

*The meaning of things lies not in the things themselves,
but in our attitude towards them.*

(Antonie de Saint-Exuperie)

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INTRODUCTION

Psychotherapy processes are the result of an intertwined dialog co-constructed and developed by the client and the psychotherapist. Many research projects have aimed to try to better understand how this process is built and what are the key elements to successful outcomes; from the therapeutic style and alliance (Beutler et al., 1994; Corbella and Botella, 2004; Corbella, Fernández, Saúl, García and Botella, 2008; Soares, Botella and Corbella, 2010), to client's narrative change processes (Gonçalves, Matos and Santos, 2008; Gonçalves, Matos and Santos, 2009; Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011), or the psychotherapist interventions (Hill, 2002, 2014; Lent, Hill and Hoffman, 2003).

The present project seeks to further this matter and shed light on the detailed aspects of the therapist interventions that may be contributing to the development of this psychotherapeutic dynamic process. To do so, this work has been framed within a constructivism, and more specifically, the relational constructivist approach (Botella, 2001; Botella and Herrero, 2000). From this epistemology, among other aspects, we understand that being human implies *constructing meanings*, that the meaning is an interpretive and linguistic achievement, and that human relationships are articulated in conversations. Therefore, the problems subject to psychotherapy process are a consequence of the processes of construction of identity narratives, and this process is rooted in a collaborative dialogue aimed at transforming the client's identity narratives.

Grieving is a specific life process which requires the reconstruction of a personal world of meanings that has been challenged by loss (Neimeyer, 1998, p.92; Neimeyer, Burke, Mackay and van Dyke Stringer, 2009). From our relational constructivist position (Botella, 2001, Botella and Herrero, 2000), identity is developed and conceived from and within the relationships and conversations and, due to this fact, the loss of a meaningful relationship implies the loss of a significant part of who we are. From a relational constructivist approach, this reconstructive process of grief, cannot be understood as something isolated from the context and the social world of the individual, and requires work not only at a cognitive and emotional level, but also aimed at capturing social validation with respect to the process of change at the level of identity (Neimeyer, 1997). Therefore, it seems reasonable to consider the bond established between psychotherapist

and client as a central element in the processes and outcome of a psychotherapeutic process (Horvath, 2001, 2011; Horvath, Del Re, Flückiger and Symonds, 2011; Martin, Garske and Davis, 2000; Shirk, Karver and Brown, 2011). This makes the therapeutic relationship and the interventions made by the psychotherapist during the process a very determinant element in the evolution and outcome of this process.

However, the way the psychotherapist's interventions and strategies are helping and promoting the change in the client within the processes of grief psychotherapy is still a field that requires more zooming and in-depth analysis. This research intends to narrow the scope and get a closer look to better understand and acknowledge how specific factors are influencing and/or contributing to the elaboration processes of the clients.

The present PhD thesis addresses the development of this main objective through the six year process, along which our research team has reformulated and developed a psychotherapist's intervention category system, and we have tested and improved its application through the coding of a real psychotherapy case.

This work has three main parts; the first one, the *theoretical framework*, which addresses the current state of the question and the theoretical foundation from which the coding system has been based and elaborated, its application and the interpretation of the outcome. The second part, the *development of the research*, that describes the two main studies we carried out: Study 1, which portrays the process of reformulation and development of our coding system - the *Psychotherapist Interventions Coding System* (PICS), which has already been published (Herrero, Aulet, Alves, Rosa and Botella, 2019) -; and Study 2, that gives a detailed account on how we tested its applicability with a real psychotherapeutic case with good outcome. Finally, the third part, *results, discussion and conclusions*, describes and addresses the analysis performed to both of the studies, and how the psychotherapeutic interventions were identified and analyzed, the narrative techniques used and its implication in the case development – this last point has also been published (Aulet, Herrero and Niemeyer, 2019). In the following paragraphs a more detailed account is given on how each of these parts are structured to assist the reader move through the thesis.

PART I

The **first part**, the *theoretical framework*, consists of **four sections or chapters** which review the current state of our epistemological perspective on the following topics: **1.** Constructivism and relational constructivism epistemology; **2.** Grief and narrative perspective; **3.** Therapeutic alliance and therapist variables; and **4.** The Innovative Moments Coding System (IMCS).

This theoretical foundation accounts on how our research team built and gave meaning to our project from a relational constructivist epistemology or approach and a narrative perspective, and as we focus on grief therapy, it is addressed how we understand this process from our epistemological lenses. Since our project has been focused on the psychotherapeutic interventions, a detailed account is given on how the therapeutic variables and the therapeutic alliance relate and help explain this framework and it also describes the extent to which the psychotherapeutic interventions have been studied and how our project will contribute to further and zoom on this matter.

The last chapter of this first part is focused on briefly describing the work done by our Portuguese collaborators on the client's changing process, so the reader can better understand the scope of our project and how we aim to create a system that may help to better track the overall psychotherapeutic process. Specifically the research developed by the University of Minho psychology team in Braga, Portugal (Gonçalves, Matos, and Santos, 2008; Gonçalves, Matos and Santos, 2009; Gonçalves, Ribeiro, Mendes, Matos and Santos, 2011) on the *Innovative Moments Coding System* (IMCS), which tracks the client's changing process throughout the therapy. Our coding system was applied to a case that had already been coded with this client centered system (IMCS), and we specifically coded the therapists interventions with our coding system (PICS), and overlapped the two resulting profiles, in order to better understand the patterns and get a more holistic idea on how this intertwined dialog, built and developed by the client and the psychotherapist, resulted in a good outcome therapy process.

PART II

Before explaining how parts I and III are structured, next it's highlighted how this thesis is organized, so the reader can better understand its structure. Our research had 4 phases that follow this chronological order:

- *Phase 1*: PICS initial results
- *Phase 2*: PICS analysis and application to the psychotherapy case
- *Phase 3*: PICS revision after case application
- *Phase 4.a*: Qualitative analysis: use of narrative techniques in psychotherapy
- *Phase 4.b*: Qualitative analysis: Content analysis and comparison on the client's grieving positioning at the beginning vs the end of the therapy process – Thematic analysis

Nevertheless, when organizing the chapters and sections within this thesis, it was decided it made more sense, and facilitated the reader's understanding of the whole process, to structure and present our analysis under the two main studies we performed:

- **Study 1: PICS development**, which gathers Phase 1 and Phase 3; and
- **Study 2: Application of the PICS to a grief psychotherapy case**, which includes Phase 2 and Phase 4

We invite the reader to follow this structure, but please take into consideration this was not the chronological order we followed when developing the research, so this thesis can be read in a flexible way.

On the **second part** of this work, the *development of the research*, the focus is placed on describing the *two studies* we developed and how we structured our action plan on the development of the coding system PICS, and its application to a real grief therapy process. This part is divided in **two main sections or chapters**: **5**. Objectives, and **6**. Method and methodological basis, design, participants and procedure.

Our **five objectives**, gathered within the 2 studies we performed, are the following:

Study 1: PICS development

1. To reformulate a previous descriptive typology developed with grounded theory in a case study (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006), and develop from it an integrative therapist interventions coding system: the Psychotherapist Interventions Coding System - PICS (Herrero, Aulet, Alves, Rosa and Botella, 2019)
2. To revise the Psychotherapist Interventions Coding System (PICS) once applied to the psychotherapy case

Study 2: Application of the PICS to a grief psychotherapy case

3. Using a good outcome psychotherapy case study, we aim to validate and improve the coding system (PICS) with the collaboration of other professionals from the field of psychology
4. To contribute to the knowledge on the psychotherapist's interventions and how they contribute to the psychotherapy process
5. To enlarge the knowledge base on psychotherapy change processes and content knowledge on grieving and mourning.

In the second section of this part the following is described: **(6.1)** the methodological basis and the design; **(6.2)** the psychotherapy case participants; **(6.3)** the PICS as our study 2 instrument; and **(6.4)** the Study 1 procedure – steps taken to reformulate and develop the PICS - and Study 2 procedure - how we applied the PICS to the psychotherapy case and coded the psychotherapeutic process.

PART III

The **third part** of this work, *results, discussion and conclusions*, has 4 main chapters: **7.** Results for study 1 and study 2; **8.** Discussion derived from study 1 and study 2; **9.** Conclusions; and **10.** Research limitations and future research.

The *(7) Results* chapter is subdivided into two main sections based on the 2 studies:

(7.1) Study 1 Results: PICS, which compiles the resultant coding system and its revision after the case application. This includes: *(7.1.1) Phase 1:* PICS initial results (Herrero, Aulet, Alves, Rosa and Botella, 2019), and *(7.1.2) Phase 3:* PICS revision after case application.

(7.2) Study 2 Results: case analysis, which focuses on the qualitative approach to the data, and it includes *(7.2.1) Phase 2:* PICS analysis and application to the psychotherapy case; *(7.2.2) Phase 4.a:* Qualitative analysis: use of narrative techniques in psychotherapy; and *(7.2.2 b) Phase 4.b:* Qualitative analysis: Content analysis and comparison on the client's grieving positioning at the beginning vs the end of the therapy process – Thematic analysis

The *(8) Discussion* chapter also follows the structures described before, based on the two studies, and its also subdivided into two main sections based:

(8.1) Study 1 Discussion: PICS, which addresses the resultant coding system, and suggests on how to use it in further research or psychotherapeutic practices (Herrero, Aulet, Alves, Rosa and Botella, 2019).

(8.2) Study 2 Discussion: case analysis, which focuses on interpreting and discussing the results obtained through the Application of the PICS to the psychotherapeutic case as well as the contributions these findings have in regards grief and narrative literature and clinical practices. This section includes: *(8.2.1) Phase 2:* Application of the PICS to the psychotherapy case; *(8.2.2) Phase 4.a:* Qualitative analysis of the psychotherapeutic process and contributions to grief and narrative psychotherapy.

PART I. THEORETICAL FRAMEWORK

PART I. THEORETICAL FRAMEWORK

The present research aims to study the psychotherapist interventions, the patterns that are established throughout the process and the impact these have on the client's processes. We also seek to study and describe the semantic-narrative mechanisms and techniques involved in psychotherapy process from the psychotherapist's perspective. This approach is framed within qualitative hermeneutical research understood from the relational constructivist perspective (Botella, 2001, Botella and Herrero 2000).

1. Epistemology: Constructivism and Relational Constructivism

Constructivism is based on the idea that "reality is not one and uniform, but multiple and diverse and requires to be constructed and interpreted" (Villegas, 1992, p.6). As stated by renowned authors (Guba and Lincoln, 1994), it assumes multiple realities as products of human psychological processes, which are subjected to change as those who build them evolve towards a higher level of sophistication and information. This epistemological-ontological position of constructivism - *Guba and Lincoln refer to constructivism as a research paradigm, understanding it as a basic set of beliefs that guide action and it's composed (like any paradigm) by ontological, epistemological and methodological elements. However, in this thesis, we refer to constructivism as an epistemological position* - accepts the idea of reality as "multiple" and rejects the conception of reality only being the mirror of truth or what is correct. Therefore, the constructivist paradigm in research is based on the postulation that the meaning of reality may only be accessible through the construction of the dimensional interpretations of the observer (Botella and Feixas, 1998, Feixas and Villegas, 2000; Feixas and Besora, 2004; Menchaca and Gutiérrez, 2005). This reverts on the idea that knowledge may then be achieved through a more complex and sophisticated hermeneutic process, which may never be independent from the observer (Botella, 1995), and how, in the end, our knowledge is a construction of a reality, which is, at the same time, constructed (Feixas and Villegas, 1990; Feixas and Besora, 2004; Menchaca and Gutiérrez, 2005; Menchada and Gutiérrez, 2014). Raskin (2017) pinpoints four main premises for capturing what is meant by "constructivism" (Raskin, Bridges and Kahn, 2017): (a) people are informationally closed systems; (b) people are active meaning makers; (c) people are social beings; and (d) people construe ontological and epistemologically. Since narrative

and dialogical/relational approaches are rooted in constructivist principles, it's worth addressing our Relational Constructivist and narrative approach in our research.

Derived from this perspective, the relational constructivism approach from which this research is developed, arises from the attempt to integrate the most significant aspects of constructivism and constructionism (Botella, 2001, Botella and Herrero, 2000) and its particularities are widely described in works such as Herrero (2004) and Botella and Herrero (2000). Some aspects that characterize this orientation and as explained by Botella and Herrero (2000) are: 1) Being human implies constructing meanings; 2) The meaning is an interpretive and linguistic achievement; 3) Language and interpretations are relational achievements; 4) Human relationships are articulated in conversations; 5) Conversations constitute subjective positions; 6) Subjective positions are expressed as voices; 7) Voices expressed along a temporal dimension constitute narratives; 8) Identity is both the product and the process of constructing self-narratives; 9) The problems subject to psychotherapy are a consequence of the processes of construction of identity narratives; 10) Psychotherapy can be equated to a collaborative dialogue aimed at transforming the client's identity narratives. In the following section this approach is linked to grief and narrative processes.

2. Grief and Narrative

Several authors (McAdams, 1993; Sarbin, 1986) argue that most psychological processes are organized in a narrative way. Thus, we attribute meaning to experiences through the construction of narratives (White and Epston, 1993). Self-narrative creates continuity in the way the person understands the world, inducing repetition (order and coherence) and the aim of achieving stability and some predictability in dealing with the uncertainty of the future (Botella and Herrero, 2000; Herrero and Neimeyer, 2006). The psychological suffering introduces into one's self-narratives a subjective experience of intelligibility and loss of personal agency (Botella and Herrero, 2000). Clients in psychotherapy tell stories about themselves and their problems, trying to find meaning to the events they are living or have lived. This necessarily implies a meaning reconstruction and a narrative update, which in psychotherapy has been proven useful through the use of narrative techniques such as *writing a letter* (Aulet, Herrero and Neimeyer, 2019).

The concept of *Narrative* is defined as the act of telling a story or the description of a series of events; it assumes the construction of a particular way of explaining or understanding events. When constructing narratives we may adopt different perspectives in front of what is being narrated, which will be associated to different levels of narrative awareness. Angus and his collaborators (Angus and Hardke, 1994; Angus, Hasrdke and Levitt, 1996), divide narrative processes into: a) external, which are basic descriptions of observable events; b) internal, that include references to processes or mental states that only the narrator can know; and reflective, which include deeper references to a meta-narrative level. As *homo-narrans* we seek to make meaning of our lives in storied terms (Alves, Neimeyer, Batista and Gonçalves, 2018; Bruner, 2004; White and Epston, 1990), we are in constant search of coherent narratives that capture our sense of identity and purpose. We aim to create a sense of continuity and predictability in a world that often challenges our beliefs and anticipations (Alves et al., 2018; Kelly, 1955; McAdams, 1993; White and Epston, 1990). In this sense, people is not only attending to the “what” or plot of the story, but is also attending the “why” or theme of the experience (Neimeyer, 2014), which results in a considerable effort to organize life as a tellable story we can narrate. When confronted with loss within this story, it’s reasonable to think we may find ourselves in a situation where grief undermines our ability to “make sense” of what we’re suffering. Using the narrative lenses we may say that the basic storyline of our lives has been invalidated (Neimeyer, 2014), and as Angus (2017) states “recovery is consistently associated with client storytelling that is emotionally engaged, reflective, and evidencing new story outcomes and self-narrative change”.

In this research the process of grieving is conceptualize; and moving away from the more traditional grief theories (Bowlby, 1973, 1980; Engel, 1964; Freud, 1917; Kübler-Ross, 1969; Lindemann, 1944; Parkes, 1972, among others); from a narrative and constructivist perspective. Our research conceive grief as a process of reconstruction of a personal world of meanings that has been questioned by loss (Neimeyer, 1998, p.92, Neimeyer, Burke, Mackay and van Dyke Stringer, 2009) and we have identified the specific elements in some narrative techniques that help in doing so (Aulet, Herrero and Neimeyer, 2019). Although many people are able to maintain or return to the levels of functioning prior to the loss, there is a proportion of people who have difficulty finding meaning, experiencing a complicated grief (Bonanno and Kaltman 2001; Shear, 2015); characterized by severe and disabling responses to loss. In this line, constructivism is

positioned as a perspective that emphasizes the need of individuals to impose meaning to their life experiences (Neimeyer, 2009). From our relational constructivism position (Botella, 2001, Botella and Herrero, 2000), identity is developed and conceived from and within the relationships and conversations and, due to this fact, the loss of a meaningful relationship implies the loss of a significant part of who we are. Therefore, when we undergo a grieving process we don't only cry for the loss of the one we lost, but we also mourn for the part of ourselves lost in the relationship (Herrero and Botella, 2002). This implies that within the grieving process we may not only have to "make sense of death", but we may also have to give meaning to oneself in a world in which the deceased person is not physically present anymore (Herrero, 1999).

The ability to construct meaning after loss has been associated with positive outcomes, such as less intense bereavement reactions (Schwartzberg and Janoff-Bulman 1991), greater subjective sense of well-being (Stein, Trabasso, Folkman and Richards, 1997), a more adequate functioning of the immune system (Bower, Kemeny, Taylor and Fahey, 2003), a lower mental dissonance (Murphy, Johnson, Chung and Beaton, 2003) or a better adjustment in adults who have lost a loved one in a situation traumatic (Davis, Wohl and Verberg, 2007).

It is important to note, in relation to the grieving process, that each person experiences a particular pain, different from other people (Gilbert, 1996). This perspective, which differs from the more traditional theories, is the one that highlights the need to work with the particular experiences and, therefore, the narratives and/or discourses of the people who suffer it. Previous works that have followed this line (Botella et al., 1998, Herrero, 1999, Herrero and Botella, 1999, Herrero and Botella, 2003, Neimeyer et al., 2002) reflect the communalities that occur in the process but not in the contents in particular and this exposes the importance of continuing to study the case studies to better understand and explain these processes.

From the constructivist perspective, grief is considered as an active and moving process (Poch and Herrero, 2003), even though the grief itself was presented without being desired or chosen (Attig, 1991). Despite this last point, perspectives such as that of Neimeyer (1999), point out the importance of the fact that people are immersed in constant decision making, confronting, for example, to choose whether to focus their attention on the loss or restoration of their lives, which positions people as active agents

of change in grieving processes. Likewise, from this constructivist perspective, and more specifically from the relational constructivism, this reconstructive process of grieving , cannot be understood as something isolated from the context and the social world of the individual, and requires work not only at a cognitive and emotional level, but also aimed at capturing social validation with respect to the process of change at the level of identity (Neimeyer, 1997).

In recent years, there has been an interest in studying and understanding, from different perspectives, psychotherapeutic styles and methods, bereavement processes, the effectiveness of different therapeutic approaches and the tools available for diagnosis, prevention and treatment. (Currier, Neimeyer and Berman, 2008; Maercker and Lalor, 2012; Mancini, Griffin, Bonanno, 2012; Neimeyer, 2011; Neimeyer and Currier, 2009). Several of these studies reflect conclusions that defend the effectiveness of different interventions from their theoretical orientation and argue concepts and processes characteristic of their therapeutic style.

Likewise, it can be seen that the bond established between psychotherapist and client is identified as a central element in the processes and results of psychotherapy with different types of clients and different treatment modalities (Gelso and Hayes, 1998; Horvath, 2001, 2011; Horvath and Greenberg, 1994; Horvath, Del Re, Flückiger and Symonds, 2011; Martin, Garske, and Davis, 2000; Safran and Muran, 2000b; Shirk and Karver, 2003; Shirk, Karver, and Brown, 2011). This makes the therapeutic relationship and the interventions made by the psychotherapist during the process, a very determinant element in the evolution this process; and more specifically in a grieving process, where the loss provokes the questioning of the person's *world of meanings* and his/her way of relating with it.

There have been several studies that, over the last few years, seek to assess the effect of this aspect in the therapy processes of different disorders and therapeutic situations (Joyce, Piper and Ogrodniczuk, 2007; Kalogerakos, 2009; Levin, Henderson and Ehrenreich-May, 2012; Lorentzen, et al., 2012; Piper, Ogrodniczuk, Lamarche, Hilscher and Joyce, 2005; Zorzella, Muller and Classen, 2014). In the present study we didn't only seek to know the different therapeutic intervention strategies, but also, their way of promoting the change in the client within the processes of grief psychotherapy.

The aim was to get closer look to know better how these factors influence the elaboration processes of the clients.

One of the common factors in psychotherapy is fostering a transformation in the client's self-narrative (Botella, Herrero, Pacheco and Corbella, 2004). In order to do this, client and psychotherapist work together in a collaborative dialogue to reconstruct problematic narratives, especially after for instance, the loss of coherence introduced by traumatic events (Alves, Mendes, Gonçalves and Neimeyer, 2012; Alves et al., 2014; Neimeyer, Botella, Herrero, Pacheco, Figueres and Werner-Wildner, 2002; Neimeyer, Herrero and Botella, 2006). Paying a "careful attention to what our clients tell us (and how they tell it) in psychotherapy can help psychotherapists '*draw a map*' of their construing processes and how they can be better mobilized" (Botella, Herrero, Pacheco and Corbella, 2004, pg 125). The linguistic variables implied in narratives, their influence on the problem, as well as in the process to elaborate/solve it, become relevant for achieving a new sense of continuity, order and coherence. The purpose of the therapy will be to deconstruct these problematic self-narratives of the clients and with them to elaborate others, more adaptive and flexible.

The role of different psychotherapy interventions in clients' change has been a topic of interest in psychotherapy process research for several years now (Angus, Levitt and Hardtke, 1999; Angus et al., 2017; Banham and Schewitzer, 2016; Couto et al., 2016; Hermans and Diamagio, 2004; Hermans and Konopa, 2010; Hill, 2004; Hill et al., 1988; Ribeiro et al., 2013). The quality of the therapeutic relationship has been also identified as an important prompt (catalyst) of psychotherapeutic change (Banham and Schewitzer, 2016; Beutler, Machado, and Neufeldt, 1994; Couto et al., 2016; Gelso and Hayes, 1998; Hill et al., 1998; Hill, 2005; Hill, 2014; Lambert and Barley, 2001; Nuovo, 2011; Shirk and Karver, 2003).

Different research approaches assume that psychotherapeutic change is co-constructed between client and psychotherapist (Cunha et al. 2012; Gonçalves and Ribeiro, 2012; Hill, 2014). This dyadic dynamics makes the client aware of the exceptions to the problematic narrative that has brought him/her to therapy. It has been suggested that, in good outcome cases, this interplay promotes insight about the transformation process as the client elaborates and expands alternative experiences from the ones imposed by the problematic self-narrative (Angus, Levitt, and Hardtke, 1999; Gonçalves

and Ribeiro, 2012; Gonçalves et al., 2013; Matos, Santos, Gonçalves and Martins, 2009). These studies, however, are mainly focused on the processes of change created by the client as therapy progresses. It is our aim now to focus our attention in the psychotherapist's role as an active agent of change as well.

3. Therapeutic Alliance and Psychotherapist Variables

According to Hill (2002; 2005; 2014) the psychotherapist techniques are intertwined with the client's engagement with the process and the quality of the therapeutic relationship needs to be considered as an important element of the therapeutic change. Because of the importance given to the psychotherapist's variables, its role on the process and the relation established between therapeutic process and clinical outcome this topic has been gaining emphasis and special attention in research (Couto et al., 2016; Nuovo, 2011).

The bond established between psychotherapist and patient, known as a *therapeutic alliance* since 1967 by Greenson and defined by Bordin (1979), is identified as a central element in the processes and results from the psychotherapy interaction with the clients, no matter the different treatment modalities (Gelso and Hayes, 1998; Horvath, 2001, 2011; Horvath and Greenberg, 1994; Horvath, Del Re, Flückiger and Symonds, 2011; Martin, Garske, and Davis, 2000; Safran and Muran, 2000b; Shirk and Karver, 2003; Shirk, Karver, and Brown, 2011). This makes the therapeutic relationship a very determining element in the evolution of the psychotherapy process and specifically in a grieving process, where the loss causes the questioning of the person's world of meanings and their way of relating to others and the fear of losing again. There have been several studies that, over the past few years, seek to assess the effect of this aspect on the therapy processes of different disorders and therapeutic situations (Joyce, Piper and Ogrodniczuk, 2007; Kalogerakos, 2009; Levin, Henderson and Ehrenreich-May, 2012; Lorentzen, et al., 2012; Piper, Ogrodniczuk, Lamarche, Hilscher and Joyce, 2005; Zorzella, Muller and Classen, 2014). The present study sought to find a way of identifying the psychotherapists' ways of interventions in order to understand how the relationship with the client is established in grieving psychotherapy processes, and with this, to better understand how these factors influence the elaboration processes of the client.

Linked to the concept of therapeutic alliance, there is the *therapeutic style*, variables of the psychotherapist that influence the establishment of the alliance and the development of the therapeutic process (Corbella and Botella, 2004). Authors such as Beutler et al. (1994) have studied personality, coping style, emotional well-being, beliefs and values as factors that can drive the style. However, the functions Instructional (rigid-flexible), Attention (receptive-active), Expressive (near-distant), Operational (patterned-spontaneous), Evaluative (stimulators-critical) and Involucrative (very committed-few committed) (Fernandez -Alvarez, 1998), have been identified as the most significant functions and are most widely developed in the work of Corbella and Botella (2004). Several research projects have aimed to study and understand this concept considering the psychotherapist's processes, results and functions from different perspectives (Corbella, Fernández, Saúl, García and Botella, 2008; Soares, Botella and Corbella, 2010); as well as considering its influence in regards grieving processes and from different perspectives and orientations (Currier, Neimeyer and Berman, 2008; Maercker and Lalor, 2012; Mancini, Griffin, Bonanno, 2012; Neimeyer, 2011; Neimeyer and Currier, 2009).

Within the therapeutic process, and understood from a Relational Constructivist approach, there are several *variables* within the therapeutic relationship that may be transcendent to better understand the overall process. As described by Botella, Pacheco, Herrero and Corbella (2000) one of the elements that may contribute in the therapeutic good outcome are the psychotherapist's variables. These authors state that the variables that may influence the psychotherapy outcome are the following: (a) Emotional well-being; (b) Own a system of values and constructs similar to that of their patients (Beutler et al., 1983; Landfield, 1971); (c) Have ability to influence socially and apply the techniques used with competence (Beutler et al., 1983); (d) Capacity, evaluated by the patient, to help the patient to understand their problems (Sloane et al., 1975); (e) Capacity, evaluated by the patient, to encourage the latter to gradually practice confrontation with the problematic situations (Sloane et al., 1975); (f) Ability to understand, evaluated by the patient (Sloane et al., 1975); (g) Capacity, assessed by the patient, to encourage self-understanding (Sloane et al., 1975).

These authors (Botella, Pacheco, Herrero and Corbella, 2000) also refer to another relevant variable that may influence the outcome of the process, the therapeutic relationship. This variable seems not only to be important for the therapeutic process, but

also for the result of it. In fact, some studies (Orlinsky and Howard, 1986), highlight that this relationship may be more related to the client's improvement than the techniques used by the psychotherapist. In research, mainly five factors seem to be key in regards the therapeutic relationship: a) the therapeutic alliance, b) the impact on the patient of the self-revelations of the psychotherapist, c) the handling of misunderstandings between psychotherapist and patient, d) the impact on the therapeutic relationship of the intervals without therapeutic improvement and e) the ways to enhance the therapeutic relationship. We were especially interested on the impact that the self-disclosures of the psychotherapist and the ways to enhance the therapeutic relationship seem to have on the client's process. Some studies (Knox, Hess, Petersen and Hill, 1997) on the self-revelations of the psychotherapist indicate that they had been useful and resulted in positive consequences for the client, particularly when they: (a) talked about nuclear issues, (b) were perceived as an attempt to normalize the client's situation and (c) were not current information revelations of the psychotherapist. Research regarding the ways to enhance the therapeutic relationship (Lambert, 1992; Maione and Chenail, 1999) suggest that it is a factors that significantly explains a high proportion of the client's change and it greatly influence the ongoing therapy, regardless the theoretical orientation.

In this sense, there are several studies that study the relevance of this variable as a predictor of therapeutic success (Sexton and Whiston, 1994; Dunkle and Friedlander, 1996), but more research on the specific interventions the psychotherapist does in order to establish and maintain this relationship is needed.

Coding systems developed previously to Hill's studies (Angus, Levitt, Hardtke, 1999; Angus et al., 2012; Angus et al., 2017; Banham and Scheweitzer, 2016; Corbella, et al., 2008; Fernandez-Alvarez, 1998; Gonçalves et at., 2017; McLeod, Smith, Southam-Gerow, Weisz and Kendall, 2015; Soares, Botella and Corbella, 2010) make it possible to assess the outcome of the interventions and to establish patterns regarding the responses and therapeutic processes of the client. There is empirical evidence on the usefulness of coding systems that track changing processes of either the client or both client and psychotherapist turn-taking; however, these systems are usually more focused on the perspective of the client's speech (Angus et al., 2017; Angus, Levitt, Hardtke, 1999; Gonçalves and Ribeiro, 2012; Gonçalves et al., 2013; Montesano, Feixas and Varlotta, 2009).

On the other hand, even though there is research focused on the psychotherapist interventions (Hill, 2002, 2014; Lent, Hill, and Hoffman, 2003) this is mainly focused on suggestions for improving therapeutic practice or evaluating it afterwards: there is a lack on the literature regarding the detailed analysis from the psychotherapist perspective, for example, on tracking therapeutic mechanisms in the psychotherapist's interventions. As stated in more detail in our objectives, our research aims to focus on the pragmatic rhetoric mechanisms used specifically by psychotherapists to promote change in the client's problematic narratives. This research is focused on the psychotherapist interventions, aiming to widen the understanding about the psychotherapist's contribution to the development of the therapeutic process regardless of the outcome.

The challenge of applying long and complex instruments to psychotherapy transcriptions makes it necessary to develop tools for text analysis that can facilitate and systematize this process, allowing its replication. In this sense, more studies are needed to develop new flexible and integrative tools in the analysis of therapeutic skills and interventions, which is what we aim to accomplish with the development of this coding system. Basically, the difference in our coding system is that the focus is placed on the relevance of linguistic variables used by the psychotherapist in order to better understand the psychotherapeutic process.

This is also an area of interest in the training of undergraduate students (Chui et al., 2014; Hess, Knox, and Hill, 2006; Hill, Spangler, Chui, and Jackson, 2014; Hill, Spangler, Jackson, and Chui, 2014; Hill et al., 2015; Jackson et al., 2014). Psychotherapist training is becoming a topic of interest over the last few years due to its implications in the clinic practice (Chui et al., 2014; Hess, Knox and Hill, 2006; Hill, Spangler, Chui, and Jackson, 2014; Hill, Spangler, Jackson, and Chui, 2014; Hill et al., 2015; Jackson et al., 2014). More research on individual patterns of change and wider investment in the systematization on training programs for trainee psychotherapists are needed.

4. The Innovative Moments Coding System (IMCS)

Our research is working in close collaboration with the research developed by the University of Minho psychology team in Braga, Portugal (Gonçalves, Matos, and Santos, 2008; Gonçalves, Matos and Santos, 2009; Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011) on the Innovative Moments Coding System. Innovative Moments (IMs)

are described by their authors as the “exceptions to the problematic rules that organize a client’s life” (Ribeiro, Bento, Salgado, Stiles and Gonçalves, 2011). This system has been developed within the narrative therapy framework (White and Epston, 1990), as well as other discursive therapies (Angus and McLeod, 2004; Neimeyer and Raskin, 2000; Omer and Alon, 1997), where clients correct dysfunctional psychological processes by the construction of new narratives of life (Matos, Santos, Gonçalves and Martins, 2009). This system - briefly described in the following paragraphs - explore the changes the *client’s narrative* experiences throughout the psychotherapy process, and the aim is that our coding system complements the IMCS, that offers a picture of the changing processes from the *psychotherapist’s interventions* perspective.

The Innovative Moments Coding System (IMCS; Gonçalves, Ribeiro, Mendes, Matos, Santos, and Mendes, 2010; Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011) is a qualitative analysis procedure developed to track the evolution of these *innovative moments* throughout the psychotherapy process. Before performing the coding, the client problems are listed aligned with the client’s discourse (Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011). The researchers developed the IMCS with the theoretical frame that meaning in psychotherapy is co-constructed (Angus, Levitt, and Hardtke, 1999). The IMs may appear independently of the psychotherapist’s influence, yet they might also be the result from the interaction of psychotherapist and client.

The coding system has evolved since its first version (Matos, Santos, Gonçalves, and Martins, 2009), yet, five types of IMs have remained, with several subtypes within some of them, resulting in 7 possible categories to be coded (Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011): action I, reflection (I and II), protest (I and II), reconceptualization, and action II or performing change. Because in this research, we relate our coding (PICS) to these IMs, a brief description of each IM is shown in the following paragraphs (Piazza-Bonin, 2015) so the reader may have a more clear understanding of our *Results* section:

1. Action I IMs: are specific behaviors demonstrated by the client that are incongruent with the problematic self-narrative. These can include new coping behaviors, searching for new solutions, or seeking information about the presenting problem.

2. Reflection IMs: are divided into two subtypes, and occur when the client forms new understandings that challenge the problematic narrative.

- **Reflection subtype I:** when the client develops new conceptualizations that help create distance from the problem. This can include the client reconsidering what caused the problem and the ways the problem impacts the client's life. It can also include self-instructions by the client that promote more adaptive responses, or an intention to defy the problem in the future. These are sometimes accompanied by feelings of well-being.
- **Reflection subtype II:** the client's reflection on the change process itself. Such moments include the client reflecting about the process of therapy or considering ways to overcome a presenting problem, sometimes with a new position emerging when faced with the problem.

3. Protest IMs: similar to Action and Reflection IMs in that they involve new behaviors and/or thoughts that are incongruent with the problematic self-narrative. They differ, however, in that in addition to these components, the client also criticizes the problem and/or those who support the problem. As with reflection IMs, protest IMs are divided into two subtypes.

- **Subtype I:** the client's critique of the problem or those supporting it (which can include the client).
- **Subtype II:** the emergence of new, self-empowering positions, repositioning oneself in a different way towards the problem.

4. Reconceptualization IMs: Reconceptualization IMs are a form of "meta-reflection" (Gonçalves, et al., 2011, p. 500) which include 2 parts. In one hand, there is a shift between the client's past and present position toward the problem, and the client recognizes this change. On the other hand, the client describes the process that enabled this change.

5. Action II or Performing Change IMs: times when the client has made changes that allow for the enactment or anticipation of engagement in new activities, projects, relationships, or experiences. The client might describe versions of self that were neglected while immersed in the problematic self-narrative.

PART II. DEVELOPMENT OF THE RESEARCH

PART II. DEVELOPMENT OF THE RESEARCH

5. OBJECTIVES

The present research has *5 main objectives*. These objectives are gathered underneath the two studies developed:

5.1 Study 1 Objectives: PICS development

1. To reformulate a previous descriptive typology developed with grounded theory in a case study (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006), and develop from it an integrative psychotherapist interventions coding system: the Psychotherapist Interventions Coding System - PICS (Herrero, Aulet, Alves, Rosa and Botella, 2019).

2. To revise the Psychotherapist Interventions Coding System (PICS) once applied to the psychotherapy case.

5.2 Study 2 Objectives: Application of the PICS to a grief psychotherapy case

3. Using a good outcome psychotherapy case study, the aim is to validate and improve the coding system (PICS) with the collaboration of other professionals from the field of psychology.

4. To contribute to the knowledge on the psychotherapist's interventions and how they contribute to the psychotherapy process.

5. To enlarge the knowledge base on psychotherapy change processes and content knowledge on grieving and mourning.

In this research, we have developed a transtheoretical and easily usable coding system, contributing to both process research, and clinical training. This document, describes this new coding system, which is focused on the use of language by the

psychotherapist, and detail its developing process. It is also explained the validation process of this coding system, by applying it to a real, good outcome case study, and using triangulation with other psychotherapist researchers.

In the following paragraphs, each objective for each study is briefly described:

5.1 Study 1 Objectives: PICS development

1. To reformulate and develop an integrative psychotherapist interventions coding system: the Psychotherapist Interventions Coding System (PICS)

The present study aimed to describe the development of an integrative psychotherapist interventions coding system (Herrero, Aulet, Alves, Rosa and Botella, 2019). This is an updated and simplified version of the one previously developed by Herrero and Botella (2002) and Neimeyer, Herrero and Botella (2006). In this paper, the previously mentioned authors carried out a pragmatic-rhetorical analysis of a case study that resulted in a category system. The paper presented the case of Sandra, who requested psychotherapy twenty-six years after her mother's suicide. A pragmatic-rhetorical analysis of Sandra's psychotherapy sessions was conducted so as to approach her grieving process. In this case, the client shifts from suffering the effects of her mother's suicide as something beyond her control to position herself as someone who controls, understands and elaborates them, closing a chapter in her life and initiating a new one. The pragmatic-rhetorical analysis resulted in a category system with four core groups, which contained categories that represented the psychotherapist's interventions for the specific case (see left column in appendix 1 and appendix 2). Our current project is framed in this line, which has been carried out in recent years and consists of the qualitative analysis of clients processes: the system is built based on a client-centered therapy.

2. To revise the Psychotherapist Interventions Coding System (PICS) once applied to the psychotherapy case

We aimed to improve our coding system and once the application process of the PICS to the psychotherapy case was performed and the discussion between coders acknowledge some issues regarding the first version of the coding system, we wanted to consider some minor modifications in order to refine and improve the quality and validity of our coding system.

5.2 Study 2 Objectives: Application of the PICS to a grief psychotherapy case

3. Apply to a psychotherapy case study in order to contrast and improve this coding system (PICS) and enhance the knowledge about the psychotherapist intervention a good outcome therapy process

Once our coding system was developed, we aimed to test and improve it by applying it to the transcripts of a real grief psychotherapy case with good outcome. This case of psychotherapy describes the bereavement intervention of a woman who has suffered a significant loss and who has performed an effective psychotherapy process to improve symptoms and reconstruct herself. The psychotherapist is an active expert in bereavement psychotherapy from an integrative perspective, with a strong foundation in constructivism and narrative, recognized internationally for his contribution to research in grieving processes, for the numerous training provided and for his interventions as an expert psychotherapist. The material used and analyzed are the transcripts of the 6 psychotherapy sessions conducted with this client. In order to carry out this application/validation process, we triangulated the coding of the session between three different coders in order to determined where the gaps or misunderstandings of our coding system could be.

4. To contribute to the knowledge on the psychotherapist's interventions and how they contribute to the psychotherapy process

With the development of the coding system, in addition to its application to the real psychotherapy case we seek to enlarge the knowledge base on how the psychotherapist's own process and interventions operate. Since this project was launched, one of the main goals has been to better understand the processes behind how the psychotherapist adds up to the change process and be able to track and better depict the little details that affect and influence the course of the psychotherapy process. In doing so, we may be able to develop and enlarge the literature on these processes, in line with researches such as the one carried by Hill (2002; 2005; 2014). In addition and in line with this, we seek to promote the use of our system as a tool to develop new flexible and integrative analysis of therapeutic skills and interventions, which may serve as a guidance in novel psychotherapist training and its implications in the clinic practice (Chui et al., 2014; Hill, Spangler, Chui, and Jackson, 2014; Hill et al., 2015). As it has been stated before, in this project it is considered that research on individual patterns of change and a wider investment in the systematization on training programs for trainee therapists are needed and we seek to also contribute on this matter.

5. Enlarge the knowledge base on psychotherapy change processes and contribute to content knowledge on grieving and mourning

The present study seeks to know and understand phenomenologically and more in depth the processes that are involved in the course and development of the elaboration of a grieving process in a psychotherapeutic context. Starting from the basis that the loss is inevitable in the human being and that has been found in some studies that 10-15% of people suffer from a complicated grief process in periods of months or years (Neimeyer and Currier, 2009). These complicated griefs can manifest themselves in the form of intense and persistent reactions of longing, intrusive and anguished thoughts about death, a sense of inner emptiness and hopelessness and difficulties in accepting the reality of loss, among other difficulties (Lichtenthal, Cruess and Prigerson, 2004). Therefore, we consider important the need to expand the knowledge in grief psychotherapy and this research intends to expand and complement the research on how the therapeutic factor

interacts with the psychotherapeutic process of grief. Likewise, this research can provide relevant information to clinical practice, as well as to the processes involved in a successful grief psychotherapy.

6. METHOD AND METHODOLOGICAL BASIS, DESIGN, PARTICIPANTS AND PROCEDURE

6.1 Methodological basis and Design

The present research is framed in a hermeneutic methodology, given that from our relational constructivist position, it's a coherent approach to answer the questions that guided our study. Our research team understands this term in the Gadamerian and Wittgensteinian sense, for whom language assumes a leading role and we position ourselves in the discourse of Guba and Lincoln (1994), who conceptualize hermeneutics as a way of describing a method coherent with a constructivist epistemology of interpretation and understanding of a text, in which the interpreter is part of the research.

The methodological principles dictated by hermeneutics, understood in this way, are the following ones (more broadly described in Herrero, 2003): 1) the hermeneutical methodology requires the existence of accessible data, whose objective is to open the dialogue with alternative views and allow the reader develop their own interpretation of the text; 2) hermeneutic circle, the task of hermeneutics involves understanding and interpreting from the situation that the interpreter occupies and applying it historically; 3) the understanding and interpretation are culturally and historically contingent processes, so both the analyst and the text are members of a community and a tradition and therefore, in hermeneutical research, the researcher makes explicit reference to the theoretical position he occupies (from the one who understands and interprets); 4) the contingency of understanding and interpretation invite the researcher to conceive as a bricoleur, understood as someone flexible, capable of improvising and creating their own ways of proceeding, conceptualizing the method or procedure as tools at the service of research and the analyst and not the other way around; 5) the task of bricoleur in collaboration with other researchers, with the aim of introducing different voices that contribute to alternative interpretations and, therefore, to the richness of visions of the same text; 6) hermeneutics is given in language and, as such, is based on rhetoric, being able to define hermeneutics as the art of commenting on the written or said.

The overall research used a mixed method design, where even though the primary component is mostly qualitative - based on processes and our relational constructivist

epistemology (previously described) -, we also used a quantitative component, focused on the validation and systematization process of the instrument, in order to facilitate its application for future use within psychotherapeutic training environments and psychotherapy research. Therefore, the specific research design used is the *Sequential Exploratory Design* (Creswell, Plano Clark, Gutmann and Hanson, 2003), as our primary focus was to explore a specific phenomenon, as well as, use it as the procedural strategy to develop and tests our category system (Creswell, 1999). To do so, we conducted two phases or studies, with the priority given to the phase of qualitative data collection and analysis, and complemented with the phase or study of quantitative data collection and analysis. In the end, the findings of these two phases were integrated at the interpretation section seeking to use the quantitative data and results to assist our interpretation of the qualitative findings.

This project's qualitative phase/study design is mainly framed in a Narrative and Phenomenological approach, as the focus and nature of our study was to in depth explore and better understand the essence and development of the grieving process in psychotherapy (Creswell, 2013). The main reason these two approaches fit our research purposes was that we aimed to better describe and acknowledge about the psychotherapeutic intertwined processes that occurs throughout a psychotherapeutic relationship. In first place, we revised the previous categories with three other psychotherapists and researchers in order to simplify and regroup categories, as in grounded theory. Using triangulation within a narrative and phenomenological analysis, we refined and develop the PICS. In second place, with the objective of applying and testing our system and in order to better access the psychotherapeutic process information within the case we used the written narrative analysis, which aimed to interpret and analyze both the client's and the psychotherapist's discourse throughout the psychotherapy process – still emphasizing the psychotherapist perspective - (Creswell, 2013; Martínez, Castellanos and Chacón, 2014). We focused the development of this knowledge in using a *case study design* (Creswell, 2013), as we applied our category analysis system (PICS) and developed a detail analysis of the studied phenomenon using a single psychotherapy case. Our design also included triangulation of both data and researchers. We coded and collected our data in a process, where quantitative data was coded, and a narrative analysis was performed afterwards, while different coders discussed consensus for this data coding and collection (Martínez, Castellanos and

Chacón, 2014). The quantitative approach aimed to help establish patterns in the psychotherapeutic interventions, which helped afterwards to guide the qualitative interpretation of the data and its trends throughout the psychotherapeutic process.

This thesis exposes a descriptive, exploratory study and an intensive qualitative analysis of the transcriptions, session by session, where we performed a semantic and thematic analysis study (Aulet, Herrero and Neimeyer, 2019); as well as a qualitative and comparative study of the evolution of the therapeutic interventions and the client's change process and IMs. Although in this research, the subjectivity of the researcher (coherently with constructivist positions and authors who describe qualitative research as Denzin and Lincoln (1994), Guba and Lincoln (1994) and Rennie (1992, 1999)) is accepted as something that enriches the study; the researcher's triangulation was used to give the analysis greater validity. Periodic meetings were held with the three other researcher members of the study: *Olga Herrero* - PSICOPERSONA research group from Ramon Llull University, Faculty of Psychology, Education Sciences and Sport Blanquerna, Barcelona, Spain - *Catarina Rosas* - Department of Education and Psychology, University of Aveiro, Aveiro, Portugal - and *Daniela Alves* - School of Psychology, University of Minho, Braga, Portugal - to get closer to the consensus of meanings attributed to the different units of analysis (UAs) so that we could ensure and guarantee the reliability and validity of the results obtained at the end of the analysis carried out.

6.2 Participants and the Psychotherapy Case Study summary

The participants consist of a therapeutic dyad (psychotherapist-client) from a real grief psychotherapeutic process. We used a *convenience sampling technique* (Martinez, Castellanos and Chacón, 2014) as we had access to the sessions' transcripts (and its participants) through the collaboration with the psychotherapist involved in the therapeutic process, who shared them with us with the client's consent.

The transcriptions of these sessions were used in the second study of our project - the application/validation process of the PICS - and the outcome has also been used to contribute to research literature on grief-narrative therapy. The client is a person who has suffered a significant loss and has undergone a psychotherapeutic treatment with good-outcome results; the psychotherapist is an active expert psychotherapist. The material

used and analyzed in the second part of the project are the 6 psychotherapy transcriptions of the sessions (Appendix 3). Below, it is provided a more detailed information on the participants and a summary for each psychotherapeutic session.

Participant 1. Psychotherapist

Robert A. Neimeyer, PhD, clinical psychologist and professor at the University of Memphis. He is an active psychotherapist and supervises the practice of psychotherapists in various humanistic approaches, including constructivist therapy. He is a member of the Division of Clinical Psychology of the American Psychological Association and has contributed greatly to theoretical and empirical literature on topics such as constructivist psychotherapy and grieving psychotherapy processes. He is editor of *Death Studies* and *Journal of Constructivist Psychology*. Dr. Neimeyer participates in national and international conferences and workshops and has received, among others, several awards for his contributions to research on death and pain. Dr. Neimeyer used a narrative constructivist approach in his psychotherapeutic intervention with the client Deborah.

Participant 2. Psychotherapy client, in a grieving process

Deborah is a 40-year-old woman who, 2 years before psychotherapy, lost her mother, whom she had taken care of during her illness. Deborah continues with an intense yearning for her mother's absence and lack of support. In therapy she describes her difficulties in being able to perform daily tasks and a feeling of diminishing purpose and meaning as well as the need to reconstruct a part of her own identity. She also manifests problems and tensions with her adult brothers and sisters in the house they shared with her sick father at the time she decided to ask for psychotherapeutic help.

On the following section, a summary of the 6 sessions from the psychotherapeutic grief case we applied the PICS to are described, as well as this case being the one we used to perform a semantic-thematic and narrative analysis of the client's therapy process and two narrative techniques (Aulet, Herrero and Neimeyer, 2019). To consult the complete transcripts for each session, with the PICS coding included, please see Appendix 3. In the Results section 7.2, the reader may find the in-depth description of the qualitative analysis performed on each session (Study 2), as well as the two grief narrative techniques

analyzed and their implications on the case development (Aulet, Herrero and Neimeyer, 2019).

Psychotherapy Case Study summary

In the psychotherapy case presented in the results it can be seen how Dr. Neimeyer used a constructivist approach in his work with Deborah. She lost her elderly mother over 2 years prior to the therapy, and had served as her mother's caretaker as her illness progressed until her death. Years after her mother's death, Deborah continued to have intense yearning for her mother's presence and support. She also described feeling impaired in her ability to complete daily tasks, and a dwindling sense of purpose and meaning, as she also struggled with tensions with her adult siblings in the home they shared with their frail father. At the beginning the process Deborah describes what her relationship with her mother was like before her death. She tells how she became a primary caregiver as her mother's health deteriorated and how caring for her became an important element since it made her feel that she could "be there for her." Since her mother's death, Deborah continues to feel a strong yearning to be with her physically and is having a hard time running day to day. When she goes to psychotherapy, she feels lonely and misunderstood by family and friends.

As the psychotherapy process evolves, Deborah comments on how she is trying to reestablish the relationship with some of her family members, as well as everyday aspects of her daily life and she tries to give a new meaning to her relationship with her mother. She progressively start to experience certain changes: more sleep, reencounter with things she enjoys doing, learning from the past mistakes, or starting to take care of herself physically again. Still, specific dates, such as her mother's death anniversary, or her mother's birthday make her feel sadder than usual, nevertheless, on her own initiative, Deborah starts to use some psychotherapeutic techniques she's learning in the sessions to cope with her grief. These strategies help her to be more aware of the elements she is changing, especially in regard to her excessive concern for others, and she begins to revolve around the more spiritual and emotional element of what remains of her relationship with her mother.

Little by little, Deborah starts to repositioning herself in her relationship with friends and family and begins to stand up for herself. The therapeutic process spins from symptoms-focus into talking about something more spiritual centered on Deborah's beliefs and how they are helping her to elaborate her grieving process and her relationship with others. By the end of the process, Deborah expresses how she feels better now, without those blockages or blank moments, and now, she can accept that her mother is gone and that what stays with her is her spirit. Deborah refers to how she's now aware that she has gone from looking only at what "is no longer here", to look at what remains and that this change has had a positive impact on her relationship with family and friends. She is now able to verbalize that her mother has died without crying inconsolably and argues that she wants to cling to the good in order to continue building on it. In this way, past, present and future are restored in a narrative continuity that at the beginning was fragmented with loss, and couldn't be integrated by the client into her life story.

6.3 Instrument in Study 2

In the Study 2 procedure we applied our category system – PICS (Herrero, Aulet, Alves, Rosa and Botella, 2019) – as the instrument to code the psychotherapeutic interventions and narrative techniques used within the psychotherapy case study. We used our system to test its applicability in tracking the psychotherapeutic interventions throughout the psychotherapy process by using an intercoder triangulation process. Through its application to the psychotherapeutic case, it was also performed a qualitative analysis in regards the use of narrative techniques in grief and their contribution to the psychotherapy outcome (Aulet, Herrero and Neimeyer, 2019).

6.4 Procedure and analysis

The procedure has two main sections as described in the Introduction: **Study 1** – which describes the reformulation of the previous system developed by Herrero and Botella (2002) in order to define the present coding system – PICS (Herrero, Aulet, Alves, Rosa and Botella, 2019), and its revision after the application to the psychotherapeutic case study; and **Study 2** – the application and validation process of the PICS to the psychotherapy grief case - with the collaboration of two psychology researchers - as well

as the semantic and thematic analysis performed to this case study (Aulet, Herrero and Neimeyer, 2019).

6.4.1 Procedure Study 1

i) Reformulation and development of the coding system (PICS) – Phase 1

This section describes the steps implied in the reformulation of the previous system developed by Herrero and Botella (2002) and Neimeyer, Herrero and Botella (2006) in order to define the present coding system (see Appendix 1 for a complete comparison). It also explains the process we followed in order to apply the PICS to a real psychotherapeutic case (transcribed) and how triangulation and consensus was used to analyze each therapeutic session and specific therapeutic techniques throughout the psychotherapeutic process.

In first place, the process of reformulation of the category system was carried out along 5 stages, starting first with the analysis of the second order categories and ending with the formulation of core categories: 1) Category analysis; 2) Unification of concordant/overlapping categories into prototypes; 3) Definition of the final categories; 4) Inclusion of clinical vignettes illustrating each category; and 5) Defining core categories' label. It is worth mentioning that along the whole process three researchers and one of the authors of the original system were discussing every stage and basing the final decisions on consensus. At the end of the process, an external researcher verified the validity of the final system.

Stage 1: Category analysis

A group of 3 researchers analyzed the original system to explore which second order categories of (or subcategories) were highly similar concerning their labels and definition; and which subcategories were differentiated enough to guarantee their autonomy. Each researcher carried on this review process independently, and then there was discussion and final definition by consensus. For example, the “asymmetry”, “disparity” and “authority” categories of the original system resulted from the hermeneutic analysis of the case study. Even though they made sense for that particular

case, we considered that these categories have enough commonalities to be joined in a single category named: “differentiation of roles”. In this “regrouping” processes, we made sure that we could simplify the future coding procedure (decreasing the number of subcategories) without losing accuracy of information.

Stage 2: Unification of concordant/overlapping categories into prototypes

Our aim in this stage was to unify those categories with similar content. As analysts, we had several meetings in order to negotiate and reach a consensus in terms of the meaning of the categories. As a team we worked on the clarification of the characteristics or common points that make them remain under the same “umbrella”. These characteristic or commonalities emerged from the definitions and the “clinical vignettes” included on the original study (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006). This process generated the first prototypes of the current categories (see Table 1 and Appendix 1). Researchers discussed consensus on each category prototype until the final typology was defined.

Table 1 illustrates some examples for each group about which and how some of the categories were restructured in the new category system.

Table 1. Illustration of some examples on the category restructuration.

Original Category System (Herrero and Botella, 2002)	Resultant Category System	Comments on why the restructuration was done
A) Discursive contract	Group 1: Discursive contract	
Use of authority	Differentiation of roles	

<p>Positions’ clarification or disparity</p>		<p>In the three original categories is implied the differentiation of the role of the client and the role of the psychotherapist in the specific kind of relationship that psychotherapy implies.</p>
<p>Asymmetry marker in the relationship</p>		
<p>B) Facilitators of the therapeutic relationship</p>	<p>Group 2: Facilitators of the therapeutic relationship</p>	
<p>Summary and confirmation that the client was understood</p>	<p>Resume and clarification - confirmation that the client was understood</p>	<p>The two original categories imply confirmation that the client was understood and that there were not any misunderstandings.</p>
<p>Clarification of possible misunderstandings</p>		

C) Facilitators of the client's speech	Group 3: Facilitators of the client's speech	
Give the turn / word	Active listening by giving the turn	In this case the category wasn't regrouped with others, but the concept was modified in order to cover a more comprehensive meaning.
Awareness	Moved into Group 4	These category wasn't regrouped either, but changed into another group, as it seemed to coincide more with another category from Group 4.
D) Liberation of constraining speeches	Group 4: Liberation of constraining speeches	
Validation of the positive narratives	Validation of the positive narrative	In both original categories, the therapist validates and encourages the development of narratives in which the

Use of deference for the therapist		client feels more comfortable. Likewise, the psychotherapist reinforces the emergence of elements of change in the client, acting as an authorized and recognized validator
Formulation of theories that give meaning to what happens to the client in a process of co-construction	Theory awareness	In this case, the category “awareness” was taken from group C) as it had commonalities with “formulation of theories” category. They were joint in one category named “Theory awareness”.
Awareness* (from group C)		

Stage 3: Definition of the final categories

Once we had a solid proposal of categories emerged from stage 2, the next step was to define each category of this new system, in order to make all of them intelligible enough to be applied by other researchers. These definitions derived from the original proposed by Herrero and Botella (2002) and Neimeyer, Herrero and Botella (2006), but were also reformulated according to the new labels and components. Once again, the definitions were the result of consensus between analysts.

Stage 4: Inclusion of clinical vignettes illustrating each category

In this stage, along with the objective of being intelligible and applicable we considered the need to find suitable “clinical vignettes” for all the categories, to ensure they clearly exemplify each of them. These examples also emerged from the original ones in Herrero and Botella (2002) and Neimeyer, Herrero and Botella (2006), but were adapted according to the new resultant categories and their current characteristics (see Appendix 1 and clinical vignettes in Results).

Stage 5: Defining core categories’ label

Based on both the final definitions and clinical vignettes, researchers discussed and consensually defined the new labels for the core categories. At this final stage, the category system was shared with an external researcher expert in psychotherapy, narrative and qualitative analysis, who had not contributed to the analysis itself, in order to receive feedback on the system. It must be mentioned that this external researcher is an expert in psychotherapeutic processes. Based on his feedback, some elements and labels of the categories were reconsidered.

ii) PICS revision after case application – Phase 3

After the category system was applied to the psychotherapy case study, we reviewed and included the changes and/or modifications to the PICS (Phase 3). These changes were considered when coding the sessions, and introduced the pertinent modifications in our first coding after the discussion and agreements were made.

6.4.2 Procedure Study 2

This section explains and describes the first stage of the application and validation process of our coding system. The aim was to start this process with the application of the system to a real case study, with good outcome and ran by an expert psychotherapist,

but having the future objective of furthering this validation process with further applications to other psychotherapy processes, with different orientations and outcome.

i) PICS analysis and application to the psychotherapy case - Phase 2

The application process of the category system was carried out along 7 stages, with the participation of 3 researchers in order to triangulate the process: *coder one (PhD student)* - coded all 6 sessions -, *coder two (external researcher)* - coded sessions 2, 4 and 6 -, and *coder 3 (director and/or co-director)* - monitored the process and added external perspective to the coding process. Note that the 6 transcript sessions had already the IMs coded, so this information was used in addition to our coding to enrich the overall outcome.

- 1) First, we considered each speech intervention as a unit of analysis (UA) and gave each a numeric code, as can be seen in the following example:

UA 1 - T: Well D, in this week that has passed since we had last conversed, I, I found myself wondering from time to time what the aftermath of the conversation might have been like for you, whether you had thoughts or feelings that kind of rippled out from that, our conversation through the week.

UA 2 - C: um, I did, um about like I had gotten to some of the um yuck that I was feeling. (T: huh) And I like the idea of writing a letter back MIR, that's like I wrote it about 3 or 4 times. (T: Really?) But I did have a lot more anxiety than I normally would have but it's a good time for me because I'm on summer break for the next couple of weeks.

Coder *one* coded all the 6 sessions and it was decided that sessions 2, 4 and 6 would be also coded by coder *two*.

Coders *one* and *two* coded individually each UA in session 2 using the PICS (Table 7) and identified the categories represented in each unit.

** Note that each UA can be coded with **more than one category**; as can be seen in the following example:*

UA 9	<i>T: So you're really wanting to restore relationships. Now remember last time you talked with me last time about how your mom had been kind of the center of the family</i>	PICS categories: <i>4.1 Validation of the narrative</i> <i>2.3 Resume & clarification</i> <i>1.4 Thematic focus</i>
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- 2) Second, coders *one* and *two* started the first triangulation process by comparing the coding on session 2 and discussing major disagreements. All the agreements and considerations discussed were recorded in order to consider changes/improvements/clarifications to the coding system;
- 3) Once discussion on session 2 was finalized, the inter-coders agreement was calculated through Cohen's Kappa. If the result fell between 0.60-0.80 in the Kappa statistic, the coding might be considered reliable. If the result was lower, discussion was continued until there was a better agreement level;
- 4) In order to achieve a final unique profile of the psychotherapist intervention throughout the therapy process, the UAs left with no agreement between coder *one* and *two* were discussed with the *third* coder in order to achieve a final, unique profile for the therapist's intervention;
- 5) Steps 1, 2, 3 and 4 were applied also in the coding of sessions 4 and 6. Sessions 1, 3 and 5 were only coded by coder *one* and reviewed by coder *three* when there were concerns;
- 6) At the end of the whole coding process, the *third* coder read and considered the coding, discussion and agreements from a more external position. This helped to identify elements that were missed or taken for granted by the other coders who were more immersed in the coding process;
- 7) Once the previous qualitative coding steps reach a saturation point (Rennie et al., 1988), a more quantitative analysis of the data was performed. The final unique

coding of the psychotherapeutic process (the coding with the highest consensus) was introduced to a data matrix and a descriptive statistical analysis was performed in order to produce descriptive graphs of the data. The following graphs were produced:

- a) Each PICS' group progress along the whole therapeutic process (the 6 sessions)
- b) The frequency of use for each PICS group within each therapeutic session
- c) The frequency of use for each PICS category within each therapeutic session
- d) The frequency of appearance in time of each PICS group within each therapeutic session
- e) PICS' Category 3.1 progress throughout the 6 therapeutic sessions
- f) PICS' Groups and Category progress within two psychotherapeutic techniques.

The grouping of the results b), c) and d) was mainly organized per session to make the subsequent analysis easier to follow.

ii) Qualitative analysis: use of narrative techniques in psychotherapy and thematic analysis (client's grieving positioning at the beginning vs the end of the therapy process) – Phase 4

A final qualitative analysis was performed in regards two psychotherapeutic techniques used throughout the process. To do so our research team reviewed and performed a *semantic analysis* of the use of two narrative techniques: *writing a letter* in Session 1 and *the empty chair* in Session 3 (Aulet, Herrero and Neimeyer, 2019).

It was also performed a *thematic analysis* of the client's different positions - in regards grief topics - at the beginning of the process (session 1) and at the end (Session 6). This qualitative contribution to the results was added in order to reflect on the therapeutic process in regards the PICS analysis performed to the psychotherapist interventions and obtain a more complete and holistic picture of the whole analysis and psychotherapeutic process.

PART III. RESULTS, DISCUSSION AND CONCLUSIONS

PART III. RESULTS, DISCUSSION AND CONCLUSIONS

7. RESULTS

As discussed in the Introduction section, Results are organized and described within each of the 2 studies. The reader may note that Study 1 compiles *phase 1* and 3, and Study 2 gathers *phase 2* and 4. Even though, temporally this was not the order, the information has been structured this way to help the reader better follow the key results obtained within each study.

7.1 Study 1 Results: PICS

7.1.1 Phase 1: PICS initial results

This section explains the resultant coding system and its categories, developed in the previous section. As a result, we have developed the **Psychotherapist Interventions Coding System – PICS** (Herrero, Aulet, Alves, Rosa and Botella, 2019). One of the main results of this process is the reduction of the number of subcategories: from 35 in the original system (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006) to 23 in the current one; while the four main groups remained the same as in the original system. The final result is the coding system presented on the right column of Appendix 1, which shows all the categories and subcategories reorganized in a new and more simplified system of analysis.

The resultant coding system is described and exemplified within the next 4 groups: *1. Discursive contract; 2. Facilitators of the therapeutic relationship 3. Facilitators of the client's' speech; and 4. Liberation of constraining speeches*. The two first groups are more focused, in general, on the therapeutic context, while the two last groups are more focused on therapeutic processes. It is important to highlight that these 4 groups are not meant to be coded in a linear or sequential way; one intervention may be coded in more than one category, therefore they are not mutually exclusive.

Group 1. Discursive Contract

As mentioned in Herrero and Botella (pg.52, 2002) “*therapeutic conversation is different from other conversation types*” and that makes it necessary to establish a discursive contract through what it is known as “contextualizing keys” (Maingueneau, 1996). The pragmatic-rhetoric mechanisms through which these “contextualizing keys” can be negotiated are described below.

This group that had 11 categories in the original system (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006) is now composed by 6 categories (Table 2):

Table 2. Category, definition and clinical vignette for each category in Group 1.

Category	Definition	Clinical Vignette
<p>1.1. Differentiation of roles</p>	<p>The psychotherapist makes the differentiation of roles obvious in the therapeutic relationship. The psychotherapist is positioned as the person who holds the knowledge about therapeutic strategies suitable for different problems, and distinguishes his/her role from the role of the client, who is the person who knows best about their own history and problem.</p>	<p><i>T: My job is to try and keep us on track as much as possible, to help you uh, explore those kinds of feelings and to get to know which are your needs – in this last aspect your contribution is preponderant.</i></p>
<p>1.2. Socializing the client in the psychotherapeutic perspective</p>	<p>The psychotherapist shares with the client his/her expertise vision/conceptualization of the problem and of the mechanisms implied in</p>	<p><i>T: Grief is indeed a path we all cross sooner or later, that challenges our story of life, our reality, our sense of connection to this world. It puts us in a moment of</i></p>

	<p>change, from his/her own theoretical position. This movement of orientation towards his/her own therapeutic perspective is done by the psychotherapist both explicitly (with an explanation) or implicitly (by using vocabulary or technical terms).</p>	<p><i>meaning reconstruction and active reorganization of life, so that we can live our loss in a less painful way, with the tranquility we want to achieve.</i></p>
<p>1.3. Use of consensus</p>	<p>Change appears as a common goal in the psychotherapists speech. In the therapeutic dialogue, the psychotherapist guides the process towards a co-construction of a joint definition of change, including elements of both psychotherapist and client conceptions; sometimes the psychotherapist uses the pronoun “we/us” to highlight the co-constructed nature of the change process.</p>	<p><i>T: So it seems that one of the things that we sort of implicitly agreed upon was that it would be valuable to look at some of those painful feelings, to explore them, to fully articulate them.</i></p>
<p>1.4. Thematic focus</p>	<p>The psychotherapist invites the client to address a particular issue. The psychotherapist states which will be the central topics selected to work</p>	<p>1 Invitation: <i>T: So to get started why don't you just tell me more about the kind of things you want to deal with or what's on your mind, what you see</i></p>

	<p>throughout the session, and which topics may be addressed later. This can be done in a more explicit or implicit way.</p>	<p><i>happening in this process, what you would find useful, whatever...</i></p> <p>2 Thematic restriction:</p> <p><i>T: So do you want to talk a little bit about your nervousness or what your concerns are?</i></p>
<p>1.5. Authorization/give permission</p>	<p>The psychotherapist clarifies what is expected and/or allowed to happen within the therapeutic context.</p>	<p>Clinical Vignette 1:</p> <p><i>T: It's ok to cry here. I expect that you're going to cry and there's lots of Kleenex.</i></p> <p>Clinical Vignette 2:</p> <p><i>T: Even if you feel that there is something you can't share with others, this is your space and it will be ok to express it here.</i></p>
<p>1.6. Negotiation of demand /expectations and therapeutic objectives</p>	<p>The psychotherapist invites and/or helps the client to specify what is he/she expecting to achieve with the therapeutic work, while offering his/her own theoretical agenda for achieving the change. The psychotherapist helps the client to formulate the reason(s) that brought</p>	<p><i>T: So it seems that one of the things that you need us to explore are those painful feelings...</i></p> <p><i>C: Yes, I guess so... because I feel that a lot of what upsets me is tied up with my mother's suicide, and since then, it's also connected with me not</i></p>

	him/her to therapy as well as his/her goals, as a way to promote good therapeutic alliance.	<i>being able to accept myself as a worthy person.</i>
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Group 2. Facilitators of the therapeutic relationship

All the interactions need to happen within a climate where the therapeutic relationship offers support and the client feels understood and accepted (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006).

This group had 7 categories (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006) and is now composed by 4 categories (Table 3):

Table 3. Category, definition and clinical vignette for each category in Group 2.

Category	Definition	Clinical Vignette
2.1. Provide comfort and security in the therapeutic relationship	The psychotherapist tries/seeks to make the client feel comfortable in the relationship. This process involves an effort to create a secure context, where the difficulty of starting a therapeutic process is recognized, the client's pain and suffering are validated and confidence in the client's change is revealed.	<i>C: I feel bad to get so emotional here (crying) ... T: okay. It's okay, you have the right to feel like this.</i>
2.2. Use of empathy	The psychotherapist understands the client's situation or feelings and	<i>C: it was very stressful T: Oh I bet, I bet</i>

	expresses something related to it.	<p><i>C: I was really upset after that</i></p> <p><i>T: I imagine you were... I can imagine that has created many problems for you and how that made you feel.</i></p>
<p>2.3. Resume and clarification - confirmation that the client was understood</p>	<p>The psychotherapist tries to make sure that he/she has understood the client and clarifies possible misunderstandings. The psychotherapist can either expose a brief summary of what the client just said or ask about a specific element that he/she does not understand.</p>	<p>Clinical Vignette 1</p> <p>Clarification:</p> <p><i>T: okay, so being fair and being a woman of integrity it sounds like in that respect, is very important for you, so this is a must for you, right?</i></p> <p>Clinical Vignette 2</p> <p>Resume:</p> <p><i>T: Oh I see, so you push people to the point, are you thinking what of your husband or whatever, when he does something that proves that he doesn't love you in your mind, is that kind what you mean?</i></p>
<p>2.4. Validate/recognize the client's speech</p>	<p>The psychotherapist reinforces the client's current vision of the problems and recognizes</p>	<p>Clinical Vignette 1:</p> <p><i>T: Right, so it's very important</i></p> <p>Clinical Vignette 2:</p>

	what is important for him/her.	<i>T: Yeah, that would be very scary. It sounds like there's been good reason not to look at those emotions... they hurt... Right, so it's very important to do it softly.</i>
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Group 3. Facilitators of the client's speech

This group analyses the mechanisms that facilitate the client's conscious awareness and comprehension of the conflicts he/she's expressing and help him/her accomplish some intelligibility (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006).

This group maintains the same number of categories (8), still some reorganization was carried out (Table 4):

Table 4. Category, definition and clinical vignette for each category in Group 3.

Category	Definition	Clinical Vignette
3.1. Active listening by giving the turn	The psychotherapist engages in/ an active listening. The psychotherapist follows the story by assenting or repeating central words that the client just said, but not adding any process or content.	Clinical Vignette 1: <i>T: Hum hum.../ Right, right.../ Yeah, right...</i> Clinical Vignette 2: <i>C: I never thought it could be so difficult.</i> <i>T: yeah, so difficult...</i>
	Psychotherapist and client tangle expressions. One	<i>C: I've done that for twenty years and it's not</i>

<p>3.2. Joint production/co-construction</p>	<p>element of the dyad starts a sentence and the other completes or extends it, in such a way that several speech turns could be seen as a single one.</p>	<p><i>T: it's not working, these feelings are not going to stay buried and cannot be denied</i> <i>C: they are not going away.</i></p>
<p>3.3. Validation and extension of metaphors</p>	<p>The psychotherapist emphasizes and/or develops a metaphor previously used by the client.</p> <p>The psychotherapist can repeat it, use synonyms or related terms, or contribute to its extension.</p> <p>Besides emphasizing, both can add elements to a previous developed metaphor.</p>	<p><i>C: I find myself in a high expectation level of everything and even of myself, spinning around like a cat chasing its own tail all the time in search of happiness... It's destructive, because there's nothing stopping me, I just want to go...</i></p> <p><i>T: So like a cat chasing it's tail, in a non stop movement that consumes all of your energy.</i></p>
<p>3.4. Internalizing the client's voice: Ventriloquism/Paraphrasing</p>	<p>The psychotherapist takes and uses the client's discourse for different purposes:</p> <p>3.4.1 Paraphrasing: the psychotherapist performs an explanatory or interpretative expansion of the client's discourse</p>	<p>Clinical Vignette</p> <p>Paraphrasing:</p> <p><i>C: At that time I... it was like... I had to accept it, I had to accept the reality of his disease, I had to accept it.</i></p> <p><i>T: so it looks like that meeting was really important to you, it</i></p>

	<p>aiming to make it more intelligible.</p> <p>3.4.2 Ventriloquism: Passages where the psychotherapist appropriates the client's voice and uses the 1st person singular, allowing the client to listen to his/her own needs by the therapist's voice.</p>	<p><i>provided a lot of important information</i></p> <p><i>C: yes it was</i></p> <p><i>T: it helped you to organize some of the questions you've had, if I'm understanding correctly</i></p> <p><i>C: yes</i></p> <p>Clinical Vignette</p> <p>Ventriloquism:</p> <p><i>C: I'm kind of trapped in a vicious cycle... I know when I'm doing it (crying)</i></p> <p><i>T: So I know that I'm doing it and I just can't seem to stop</i></p>
<p>3.5. Mirroring (emotions)</p>	<p>The psychotherapist repeats emotions used by the client, allowing the client to see it reflected in the therapist's.</p>	<p><i>C: It was quite upsetting. I thought it was rather cruel actually.</i></p> <p><i>T: so upsetting for you to know that that's how he kind of spent his last days.</i></p>
<p>3.6. Questions</p>	<p>Mechanism by which the psychotherapist asks the client for some information:</p>	<p>Clinical Vignette Open:</p> <p><i>T: How was the session for you?/ How do you feel about that?</i></p> <p>Clinical Vignette Close:</p> <p><i>T: Are you feeling scared right now?</i></p>

	<p><i>*Always linked to a category that gives meaning/content.</i></p> <p><i>Exemplified by one of the following examples (Ex. 2.6.2/3.4).</i></p> <p>3.6.1 Open: The psychotherapist asks the client a non-delimited question such as a clarification or a more in depth/detailed exploration.</p> <p>3.6.2 Close: The psychotherapist asks the client for specific information or details.</p> <p>3.6.3 Indirect: The psychotherapist asks the client for some information or specific data without directly formulating a question.</p>	<p><i>T: How old were you when you lost you mother?</i></p> <p>Clinical Vignette Indirect:</p> <p><i>T: I wonder if it was hard for you to really feel legitimately angry towards your mother when she committed suicide</i></p>
<p>3.7. Interruption</p>	<p>The psychotherapist interrupts the client's speech turn.</p>	<p><i>C: And I make people around me crazy...</i></p> <p><i>T: okay, so there's...</i></p> <p><i>C: I make my husband crazy with that...</i></p> <p><i>T: Oh alright...</i></p>

<p>3.8. Externalization</p>	<p>The psychotherapist invites the client to "objectify" or personify the problem(s) that oppress him/her. The problem becomes a separate entity external to the person. There's a rift between the client and his problem.</p>	<p><i>C: I feel so sad all day...</i> <i>T: Sadness overtook your life... If sadness could talk, what would it say?</i></p>
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Group 4. Liberation of constraining discourses

This group gathers the mechanisms that help the client to take a distance from the problem, and to be able to think, look for and find alternatives; to aid the client to set free those internalized discourses and voices which constrain and block him/her from moving on (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006).

This group had initially 8 categories (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006) and is now composed by 5 categories (Table 5):

Table 5. Category, definition and clinical vignette for each category in Group 4.

Category	Definition	Clinical Vignette
<p>4.1. Validation of the positive narrative</p>	<p>The psychotherapist validates and encourages the development of narratives in which the client feels more comfortable. Likewise, the psychotherapist reinforces the emergence of elements of change in the client,</p>	<p><i>C: I feel a wonderful way of dealing with me because I was a bad temper little brat, yeah</i> <i>T: Yeah, it sounds like you're really appreciative and grateful that your mother appreciated you, sounds like nurtured you and gave you a lot.</i></p>

	acting as an authorized and recognized validator.	
<p>4.2. Use of the double voice or 3rd speaker</p>	<p>The psychotherapist places a statement in the context of a polyphony of multiple voices that the client has internalized or anticipates from his/her social context.</p>	<p>Clinical Vignette 1:</p> <p><i>C: all sorts of messages have been fed to me about how I should feel about this like for instance, “this is obviously a very sick individual that would do something like this...”</i></p> <p><i>T: So you should understand, you should be compassionate.</i></p> <p><i>C: Right, I’m an “intelligent person” and I should be able to understand that devastation and how, I should be able to accept that she had to have been crazy herself to do something like that</i></p> <p><i>T: right, so somehow that understanding kind of cancels out your feelings?</i></p> <p>Clinical Vignette 2:</p> <p><i>C: everybody tells me that I need to move on, that a lot of time had already passed since his death so it’s time to accept it, to reconstruct my life as other widows are able to do.</i></p>

<p>4.3. Recognition of needs and desires</p>	<p>The psychotherapist recognizes the client as someone who has the right to express his/her needs and wishes.</p> <p>The psychotherapist validates the client's needs and desires, whether the client expresses them in more explicit or implicit way.</p>	<p>Clinical Vignette 1:</p> <p><i>T: So that must leave you feeling very much on guard. It's really hard for you to talk thought, I can see that you're teary.</i></p> <p>Clinical Vignette 2:</p> <p><i>T: Yeah, very painful stuff stuff... So it's kind like if only you could shed this belief or this dark cloud.</i></p> <p>Clinical Vignette 3:</p> <p><i>T: So you want to be able to accept, I mean there's something about accepting yourself as well as accepting others.</i></p> <p>Clinical Vignette 4:</p> <p><i>T: It seems pretty important to be able to express how it is that you legitimately feel.</i></p>
<p>4.4. Dialogical representation or temporal transformation</p>	<p>The psychotherapist invites the client to explore what's going on in the "here and now" moment in the session when talking about or regarding a past experience/situation.</p>	<p>Clinical Vignette 1:</p> <p><i>C: (weeping while explaining a situation from the past)</i></p> <p><i>T: I'm wondering what's going on for you now?</i></p> <p>Clinical Vignette 2:</p>

		<i>T: and you said “I’m not leaving her there by herself”, how do you feel about that now?</i>
4.5. Theory awareness	<p>The psychotherapist puts the client in contact with a core belief and the client recognizes it as such; i.e., the psychotherapist formulates an explanation regarding the psychological processes (involved in the maintenance of problems and required to produce change) regarding the client’s problems and processes of change.</p> <p>In other occasions the psychotherapist and the client co-formulate a theory that gives meaning to what is happening to the client in a process of co-construction.</p>	<i>T: So based on what we’ve been discussing since the suicide of your mother you have been having this sense of shame and feeling unworthy and wanting to be more comfortable with yourself and seems it seems hard to do, without first making peace with some of this shame you experience about what your mother did.</i>

As mentioned in the Introduction section, after this Phase 1, chronologically our research team proceeded with the application of the coding system (PICS) to the psychotherapy case (Phase 2 – 7.2.1). Nevertheless, it was decided to include Phase 3 before, in the following section (7.1.2), which includes the revision we applied to the coding system to structure this thesis information in regards Study 1 separated from Study 2.

The reader is invited to decide in which order he/she prefers to read the different chapters – either by Study 1 and 2 (as suggested) or chronologically (Phase 1, Phase 2, Phase 3 and Phase 4).

7.1.2 Phase 3: PICS revision after case application

Along the application process of the PICS to the psychotherapy case, the discussion between coders acknowledge some issues regarding the first version of the coding system that needed some modification in order to more clearly fit the purpose of our system. This section describes the minor modifications introduced in order to refine the PICS.

In Group 1, only one clarification has been made within *1.4 Thematic Focus, 1.4.1* labeled as “*Invitation*” may also be coded and considered when the psychotherapist is inviting the client to be part of a technique or an activity within the psychotherapy frame, as can be seen in the following fragment:

“T: I’m wondering now, if that might be a bridge that we could cross, where rather than her writing or you’re writing on her behalf, if you were to write a letter to her about how your life is now and about what you need now. Almost like trying to reopen the conversation with her that was closed by her death. I wonder how that would be for you? How does that idea sound to you?”

In regards Group 2, the following clarifications have been included:

- ii) Category *2.2 Use of Empathy* is referred to the “validation of the relationship” throughout the use of empathy. Using this techniques is not only aimed to show empathy, but also to consolidate and reinforce the therapeutic alliance and bond.
- iii) Category *2.3 Resume and Clarification* is a category that quite often is linked to a question, after the coder’s discussion, we decided that it makes more sense not to code *3.6 Questions* when linked to this category. The reason for this decision is that while *3.6 Questions* is expecting an elaborated answer from the client, *2.3 Resume and Clarification* it’s mainly formulated to clarify the therapist’s understanding of the client’s speech. *3.6* categories aim to

facilitated the client's speech, while 2.3 is more focused on the correct relationship understanding.

- iv) Another category that coders considered that required a clarification was 2.4 *Validate/recognize the client's speech*. It was quite often that while coding, coders had some confusion with the Group 4 category 4.1 *Validation of the positive narrative*. So we decided to specify that 2.4 will be coded when the validation is more focused on a specific problem, issue or topic, that through the validation process is also feeding the therapeutic relationship. While 4.1 will be coded when the psychotherapist is validating an alternative narrative or a consistent change, regarding the therapeutic process, in the client's narrative or meaningful experience.

Within Group 3 some categories also required some clarifications:

- The category 3.4.1 *Paraphrasing* could sometimes be confound with 2.3 *Resume and Clarification* when it's formulated within a question. In order to address this issue, the coders decided to specify that 3.4.1 *Paraphrasing* will be coded when the psychotherapist is not only clarifying understanding but also adding depth and interpretation to the client's speech, to help it become more intelligible and coherent.
- The category 3.5 *Mirroring* also lead to some confusion in regards the previous group, 3.4.1 *Paraphrasing*. So coders decided that this category would only be coded when it refers to a specific emotion that the client has literally expressed and the psychotherapist repeats it, not when it's an interpretation or a reformulation made by the psychotherapist to make the client's discourse more intelligible, which is 3.4.1 *Paraphrasing*.
- The category 3.7 *Interruption*, doesn't only imply cutting the client, but also re-directing the client's discourse when he/she might be sidetracking too much. We noted that coders often avoided this category because it was considered "negative", but interruption may also be necessary when the client is straying a bit too much from the core therapeutic issue.

In regards Group 4 categories, there was only two clarifications in regards the category 2.4 *Validation of the positive narrative*. One of them has been already address in the Group 2 section - in regards 2.4 *Validate/recognize the client's discourse*

differentiation. The second consisted in re-formulate the category's name by changing the word "positive" by "alternative": *2.4 Validation of the ~~positive~~ narrative* → *2.4 Validation of the **alternative** narrative*. We considered that "change" is not necessarily either positive or negative, because it will depend on the client's personal process. Moreover, psychotherapy is not focused on judging if change is positive or negative, it's based on the client's change process without the psychotherapist's judgment.

Our research team considered these changes when coding the session, and introduced the pertinent modifications in our first coding after the discussion and agreements were made.

7.2 Study 2 Results: case analysis

7.2.1 Phase 2: PICS analysis and application to the psychotherapy case

This section gives a detailed description of the results derived from the application of the PICS to the pilot case study. It looks at the researchers' triangulation - Cohen's Kappa results - between the different coders and describes the final profile and trends shown by the psychotherapist in each session in regards the different groups and categories from the PICS. The relationship and correlation between the therapeutic interventions (PICS' categories) and the IMCS coding is also established and described. Finally, it describes and addresses the changes our team has included to the PICS in order to improve the issues and conflicts endured through this first coding validation process.

a) Triangulation - Cohen's Kappa in PICS coding process

Table 6 shows the Cohen's Kappa calculated between coders 1 and 2 for sessions 2, 4 and 6 after separate coding and after coding discussion. Column 2 shows a high Kappa for the individual coding, especially in session 6. Column 3, shows how consensus is higher after discussion. Once more, session 6 seems to show the higher level of consensus.

In between the two Cohen Kappa results, discussion was held between the coders one and two in order to enhance consensus. For those UAs in which Coders 1 and 2 could not achieve consensus after discussion, the external coder was consulted to determine final consensus and unique profile.

Table 6. Cohen Kappa for intercoders in PICS analysis

Session	Cohen's Kappa after separate coding	Cohen's Kappa after coding discussion
2	$2*77 / 202 = 0,76$	$2*94 / 202 = 0,93$
4	$2*71 / 196 = 0,72$	$2*91 / 196 = 0,93$
6	$2*80 / 200 = 0,8$	$2*97 / 200 = 0,97$

b) Descriptive Analysis – Psychotherapist profile regarding the PICS Groups and Categories and the client’s IM profile.

In this section a descriptive analysis is performed for each PICS group and for each psychotherapy session. Different graphs and elements from the coding are described to illustrate a full picture of the psychotherapist’s interventions and the psychotherapy process. Note that the frequency for each category and/or group is shown in brackets () next to the category name, e.g. *thematic focus (41)*. In regards the categories, we decided not to include the code (e.g. 1.4 *thematic focus*) so it’s easier for the reader to interpret the frequencies and follow the analysis.

In order to assist the reader with the coding of the psychotherapeutic sessions, the following summary table (**Table 7**) of the *PICS groups and its categories* has been included. The reader is also invited to use the summary described in regards the *Innovative Moments Coding System (IMCS)* in **Part I – Chapter 4**, to better follow the analysis described in the following sections.

Table 7. PICS scheme of groups and categories

PICS	
Group 1: Discursive contract	Group 3: Facilitators of the client's speech
<p><i>1.1</i> Differentiation of roles</p> <p><i>1.2</i> Socializing the client in the psychotherapeutic perspective</p> <p><i>1.3</i> Use of consensus</p> <p><i>1.4</i> Thematic focus</p> <p><i>1.5</i> Authorization/give permission</p> <p><i>1.6</i> Negotiation of demand and therapeutic objectives</p>	<p><i>3.1</i> Active listening by giving the turn</p> <p><i>3.2</i> Joint production/co-construction</p> <p><i>3.3</i> Validation and extension of metaphors</p> <p><i>3.4</i> Internalizing the client's voice: <i>3.4.1</i> Paraphrasing / <i>3.4.2</i> Ventriloquacy</p> <p><i>3.5</i> Mirroring (emotions)</p> <p><i>3.6</i> Questions: <i>3.6.1</i> Open / <i>3.6.2</i> Close / <i>3.6.3</i> Indirect</p> <p><i>3.7</i> Interruption</p> <p><i>3.8</i> Externalization</p>
Group 2: Facilitators of the therapeutic relationship	Group 4: Liberation of constraining discourses
<p><i>2.1</i> Provide comfort & security in the therapeutic relationship</p> <p><i>2.2</i> Use of empathy</p> <p><i>2.3</i> Resume & clarification - confirmation that the client was understood</p> <p><i>2.4</i> Validate/recognize the client's speech</p>	<p><i>4.1</i> Validation of the positive narrative</p> <p><i>4.2</i> Use of the double voice or 3rd speaker</p> <p><i>4.3</i> Recognition of needs and desires</p> <p><i>4.4</i> Dialogical representation or temporal transformation</p> <p><i>4.5</i> Theory awareness</p>

These results section will be divided in 3 parts:

b.1) Psychotherapist and Client profile for each Group (PICS and IMs), throughout the 6 therapy sessions.

b.2) Describe the psychotherapist's and client's trend throughout each session, divided in 3 main sections:

I. Description of each PICS' categories and groups and IMs' group total frequency for each session.

II. Analysis of the relationship in frequency of appearance in time between PICS's groups and IMCS' groups, within each session.

III. Description of each PICS' categories and groups and IMs' groups total frequency for the overall therapeutic process.

b.3) Explain category 3.1 pattern → Reasons for exclusion from the overall groups and it's "behavior" throughout the therapy. It must be noted that category 3.1 has not been included in the previous analysis as it will be analyzed on its own, further explanation for its separation is explained in that section.

b.1) Psychotherapist and Client profile for each Group (PICS and IMs), throughout the 6 therapy sessions

This section describes, individually, the Therapist's and the Client's profile. To do so, it looks at the linear evolution and trend of usage of each PICS' and IM's groups throughout the 6 sessions, so it can be drawn an overall picture of the evolution along the whole therapeutic process.

- **Psychotherapist:**

In regards the psychotherapist's profile, please look at the first 5 figures listed below. In first place, in Figure 1, it can be visually summarized what's mentioned and described in the following sections, that is, that Group 3 was the most frequently used throughout the whole therapy process in comparison to the rest of the groups. Groups 1,

2 and 4 seems to follow a more intertwined trend in frequency and usage, even though there seems to be some clear and remarkable differences both at the beginning and towards the end of the therapeutic process. In the first sessions, Groups 1 (50), 2 (71) and 3 (92) seem to be quite higher in trend, whereas in the final sessions Group 4 shows a steep increase peak (43), while Groups 1 (16), 2 (14) and 3 (58) clearly decrease.

In Figure 2 it may be observe that Group 1 follows a decreasing trend throughout the overall therapeutic process. It showed its highest score in session 1 (50), and then followed with a quite plain frequency of usage in the middle of the process (20, 25 and 22), with the exception of a slightly increasing peak (29) right before the last session (16).

In a similar manner, Group 2 (Figure 3) showed a decreasing trend throughout the whole therapeutic process, but these decrease revealed to be even more steep and in a more consistent way than the previous group, showing its highest score in session 1 (71) and the lowest in session 6 (14) - score which notes the significant decrease in usage.

If we look at Figure 4, it may be observed that Group 3 shows an overall high frequency of appearance throughout the six sessions in contrast to the other 4 groups. It has its heights peak in the first session (92), with a considerable decrease peak in session 2 (63). After session 4 (87), it follows a decreasing trend until session 6 (58), where it shows its lowest score.

Looking at Group 4 graph (Figure 5), it's worth noting that this is the only group that follows an increasing trend of usage by the therapist, starting with a noticeable low score (2) and finishing the therapeutic process with its highest peak (43). In between this starting and ending point, it can be observed a significant rise in its use in sessions 2 (24) and 3 (28), followed by slight decrease in sessions 4 (19) and 5 (21) before finishing with its double in frequency.

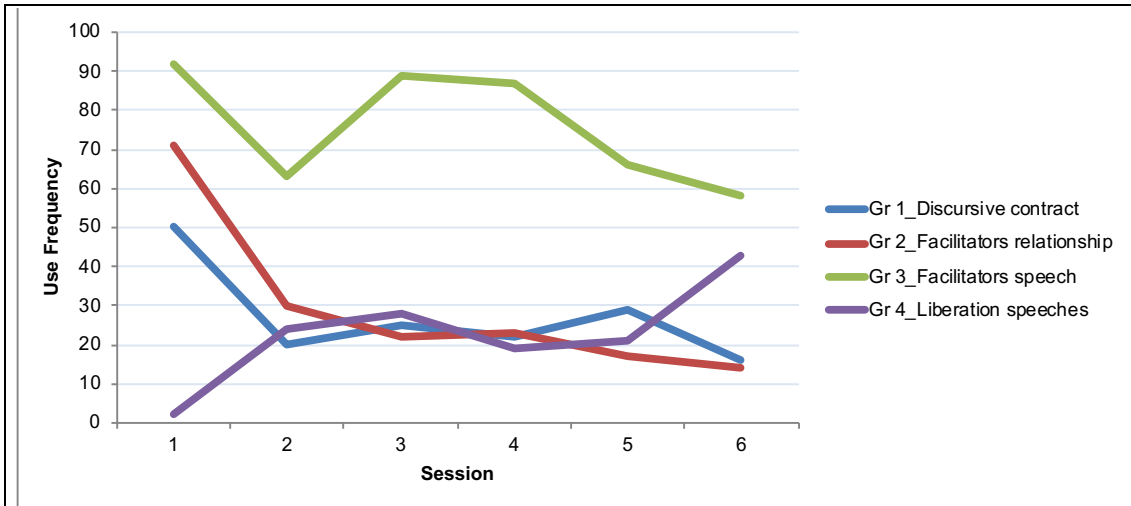


Figure 1. PICS Groups frequency evolution throughout the 6 sessions
Source: Own elaboration

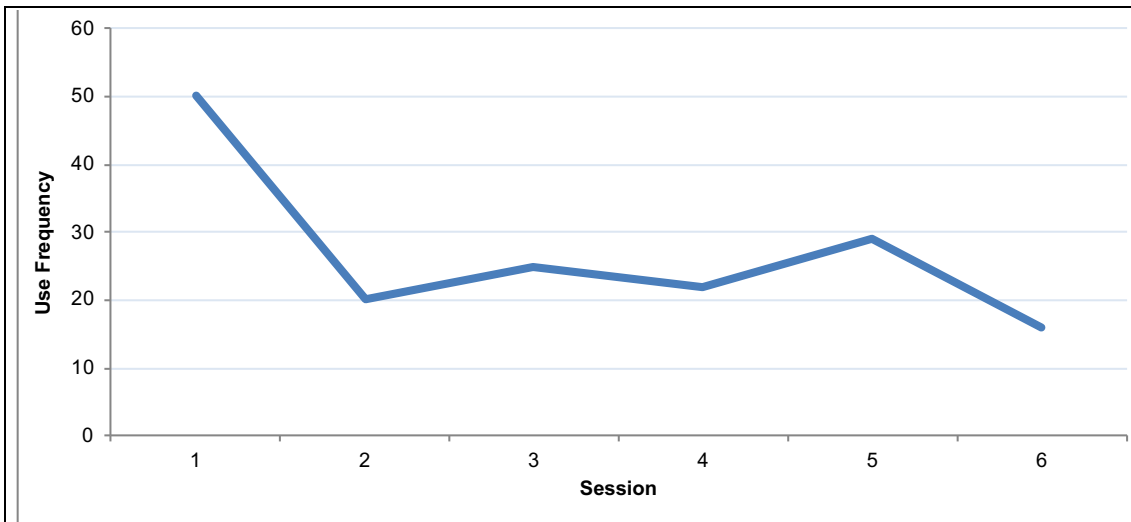


Figure 2. PICS Group 1 frequency evolution throughout the 6 sessions
Source: Own elaboration

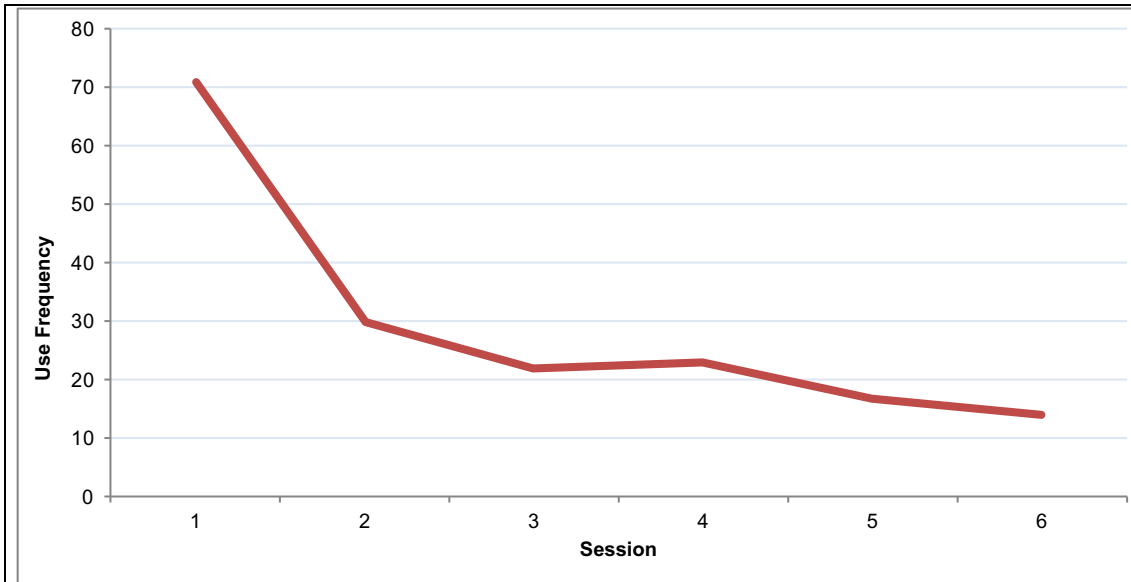


Figure 3. PICS Group 2 frequency evolution throughout the 6 sessions

Source: Own elaboration

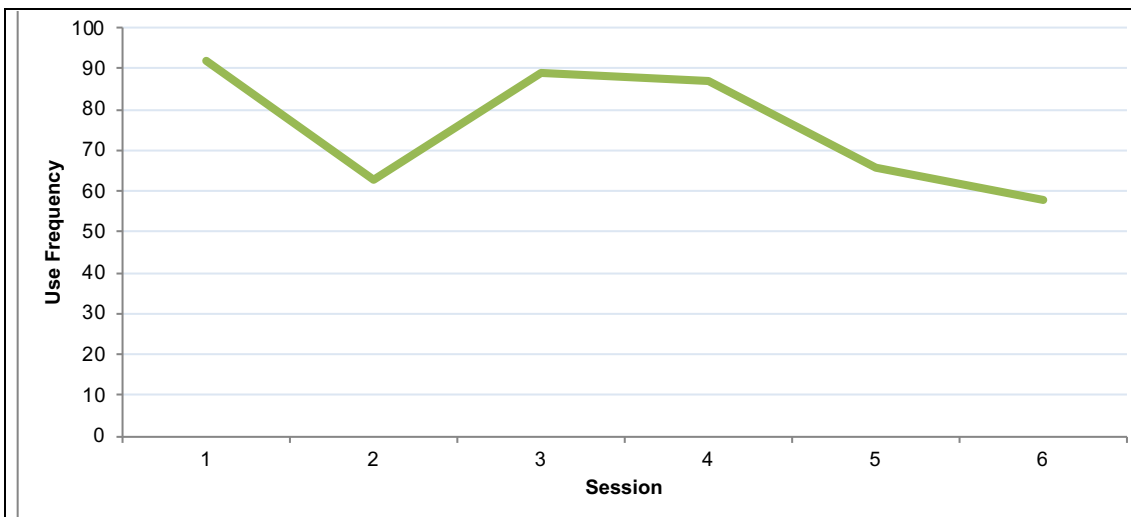


Figure 4. PICS Group 3 frequency evolution throughout the 6 sessions

Source: Own elaboration

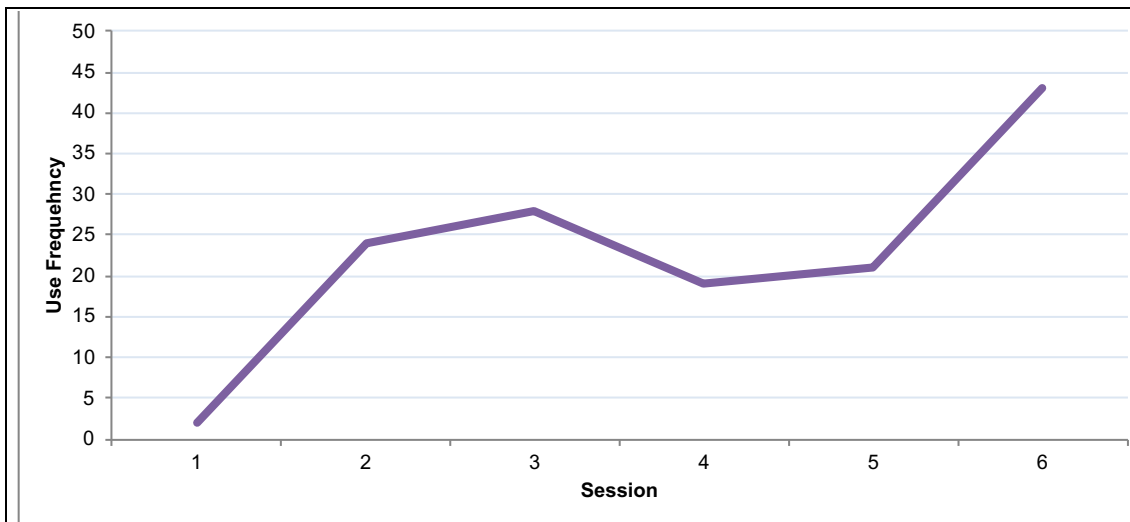


Figure 5. PICS Group 4 frequency evolution throughout the 6 sessions

Source: Own elaboration

- **Client:**

In regards the client’s profile, please look at the following 8 figures listed below. To begin with, in Figure 6 it can be seen that in the overall of the therapeutic process, the frequency of IMs appearance decreases as the sessions move on; starting with two high peaks in sessions 1 (24) and 2 (50), and finishing with the lowest frequency in session 6 (10). Nevertheless, and as it has been mentioned previously, it can be seen that, in these last sessions, higher hierarchy categories, such as MRC (5) and MR2 (2), are the most frequent ones, and if we look at their durability within the session (Appendix 3 – Session 6) it’s significantly higher. That is for example, even though they are counted only once when they start in UA2 (in session 6) this IM may last until UA8 - instead of just 1 UA as in the first sessions.

In Figure 7 it can be seen that the IM *MAI* follows a steep decreasing trend throughout the overall therapeutic process. It showed its highest scores in sessions 1 (7) and 2 (12), and then followed with a quite steep decrease in frequency of usage throughout the middle of the process (4, 2 and 3), ending in session 6 with no presence at all. The IM *MRI* follows a similar trend as *MAI*, but with a higher overall frequency of use (Figure 6). If we look at Figure 8, it can be observed that this IM also decreases as the therapy process moves on. It shows the highest frequency in session 2 (36), followed by session 1 (16), and after that it draws a decreasing line (10, 12 and 8) until session 6 (2), where its lowest frequency is recorded. It’s worth mentioning, this was the most frequent IM

throughout the therapeutic process, but also one of the least durable throughout the UAs within the sessions.

Regarding the IM *MP1* (Figure 9), it's worth mentioning that is the second to last IM less frequently used throughout the therapeutic process (3). The IM with the lowest score was *MA2* (Figure 10), with 0 frequency of use. This IM only appears in sessions 2 (2) and 5 (1). Regarding the IM *MR2* (Figure 11), it can be observed that it shows the higher frequency of appearance at the middle of the therapeutic process (4 and 8), and draws a significant decrease towards the end (1 and 2). It may be worth noting that it's the third most used IM throughout the overall process (15). The *MP2* IM (Figure 12), shows a similar trend as *MP1*, but with a slightly higher frequency in the overall process (7). This IM show a very irregular appearance, having its highest peak in session 3 (5).

Regarding *MRC* (Figure 13) it can be seen a more regular appearance, with an increasing trend towards the end of the therapeutic process. It first appears in session 3 (3), decreases in use throughout sessions 4 (1) and 5 (0) and has a significant increase peak in session 6 (5). As mentioned before, this IM has the particularity that its frequency tends to be lower than its durability in time (Appendix 3 – Session 6).

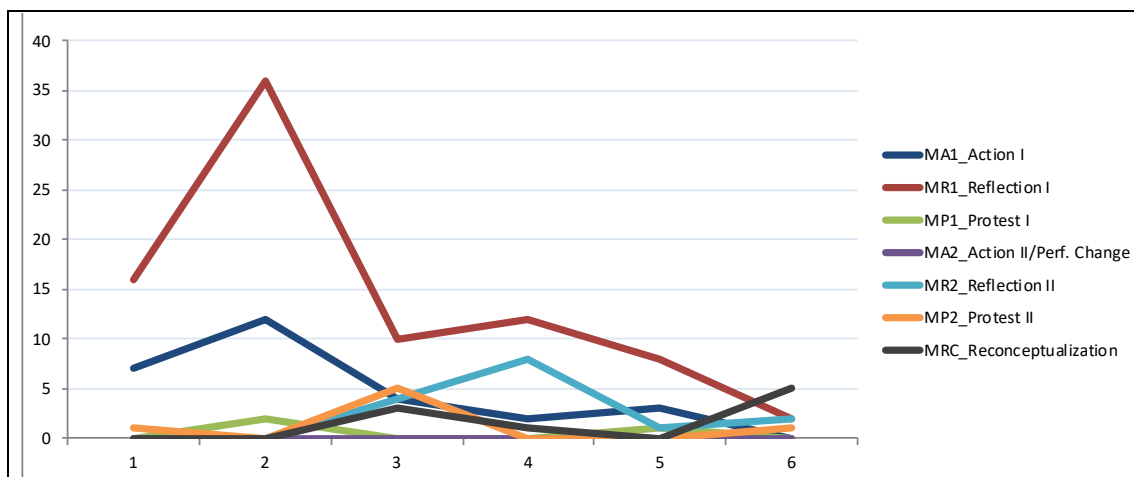


Figure 6. Innovative Moments (IM) Categories frequency evolution throughout the 6 sessions

Source: Own elaboration

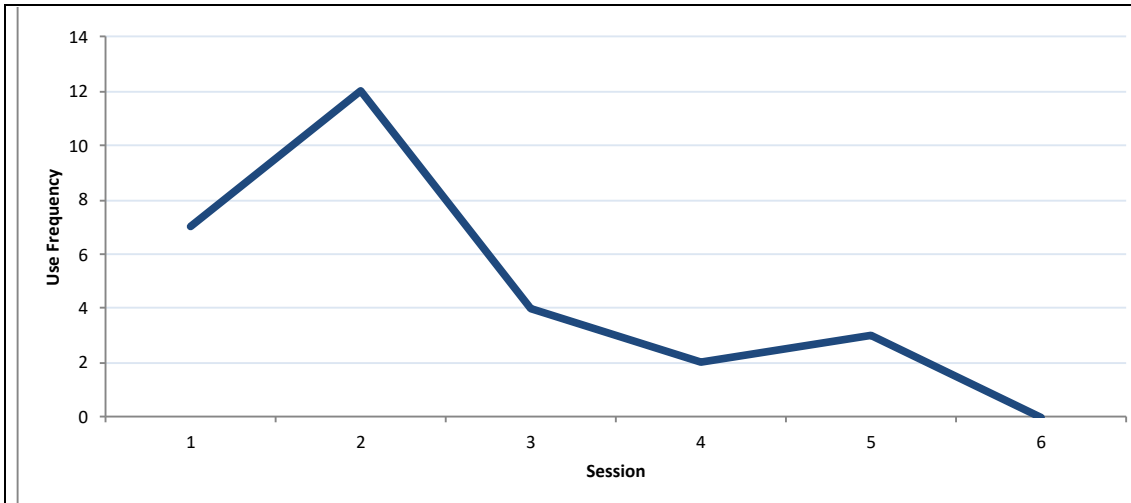


Figure 7. IM Action 1 frequency evolution throughout the 6 sessions
Source: Own elaboration

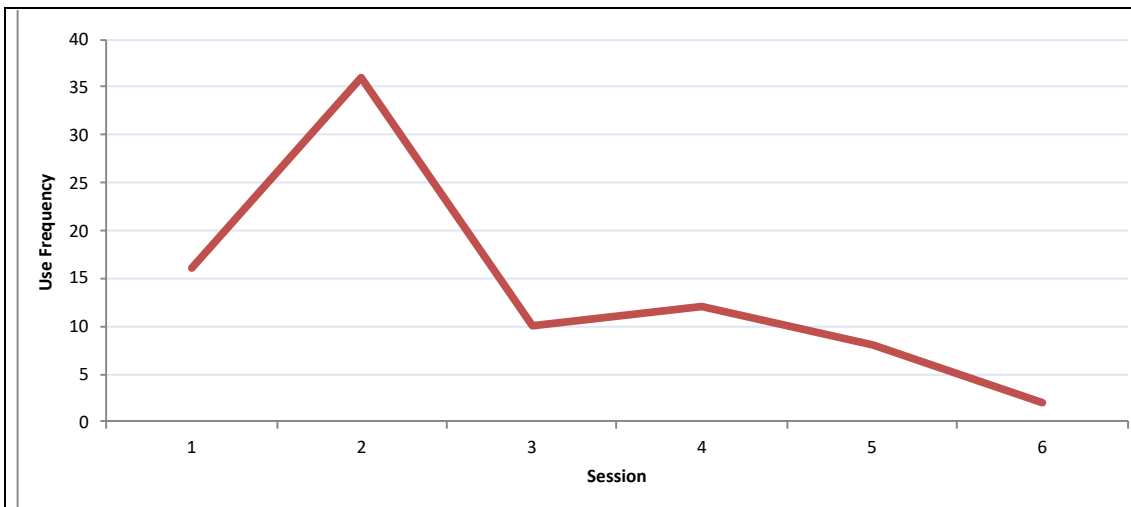


Figure 8. IM Reflection 1 frequency evolution throughout the 6 sessions
Source: Own elaboration

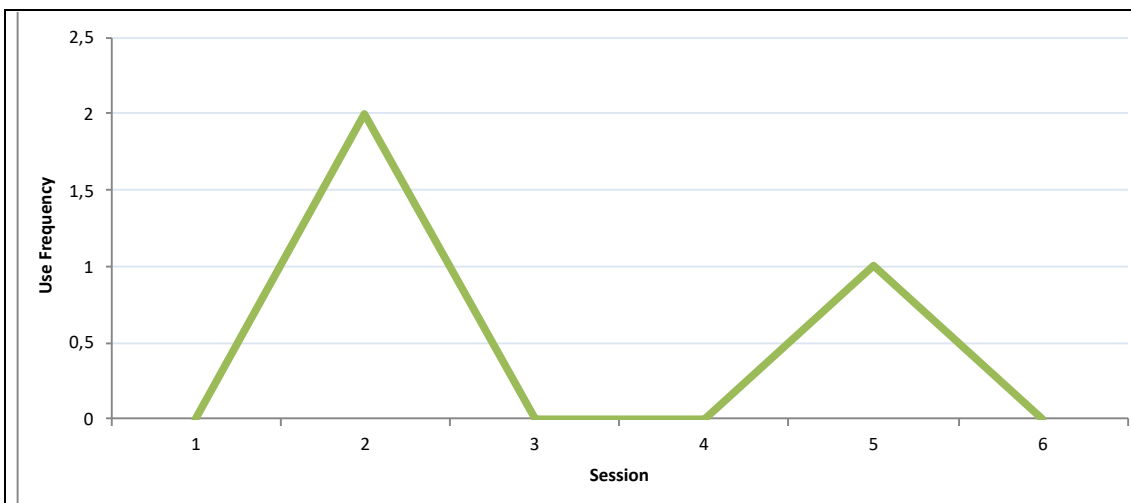


Figure 9. IM Protest 1 frequency evolution throughout the 6 sessions
Source: Own elaboration

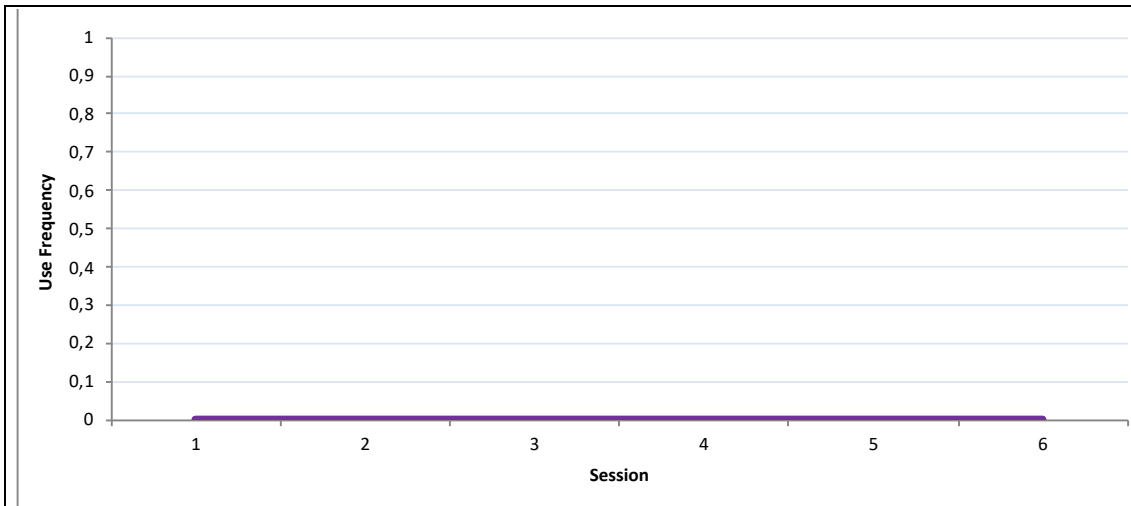


Figure 10. IM Action 2 frequency evolution throughout the 6 sessions
Source: Own elaboration

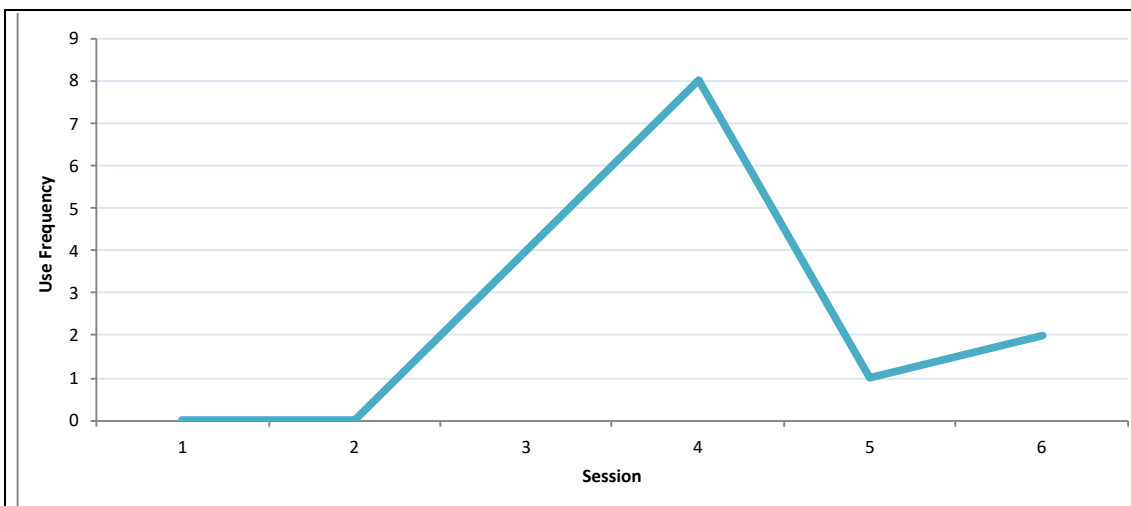


Figure 11. IM Reflection 2 frequency evolution throughout the 6 sessions
Source: Own elaboration

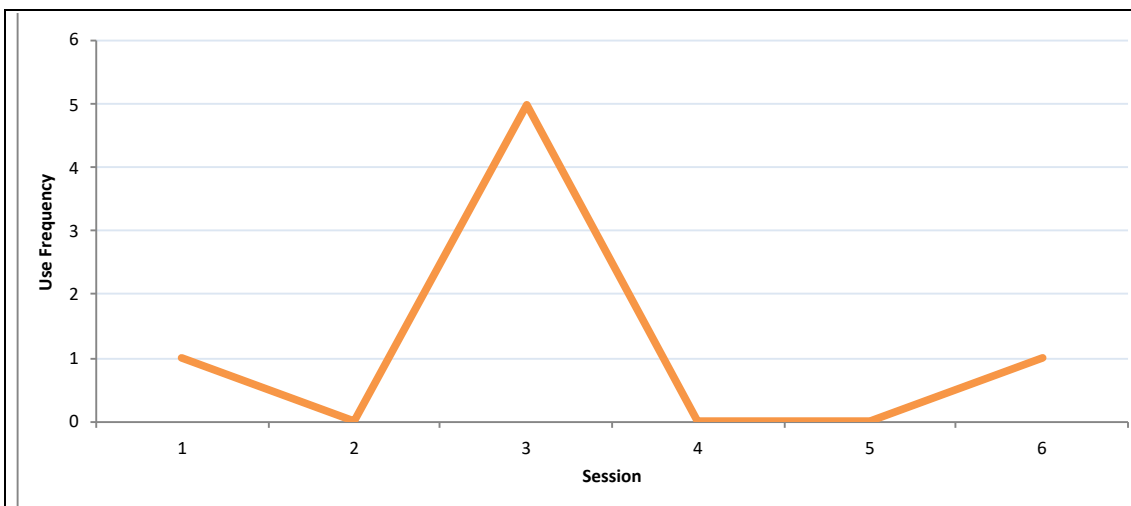


Figure 12. IM Protest 2 frequency evolution throughout the 6 sessions
Source: Own elaboration

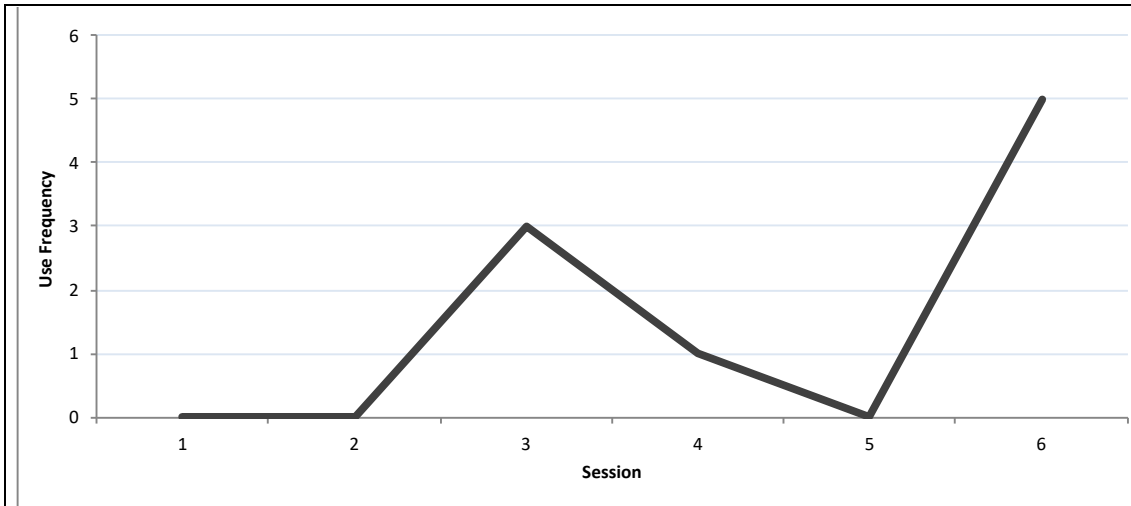


Figure 13. IM Reconceptualization frequency evolution throughout the 6 sessions
Source: Own elaboration

The psychotherapist profile in contrast with the IMCS - lineal evolution for both systems throughout the 6 sessions.

In the following figure (Figure 14) the 13 figures from above have been overlapped, which include both psychotherapist and client line evolution in order for the reader to see both trends concurrent development over the 6 sessions, and get a better understanding of the overall trend and process.

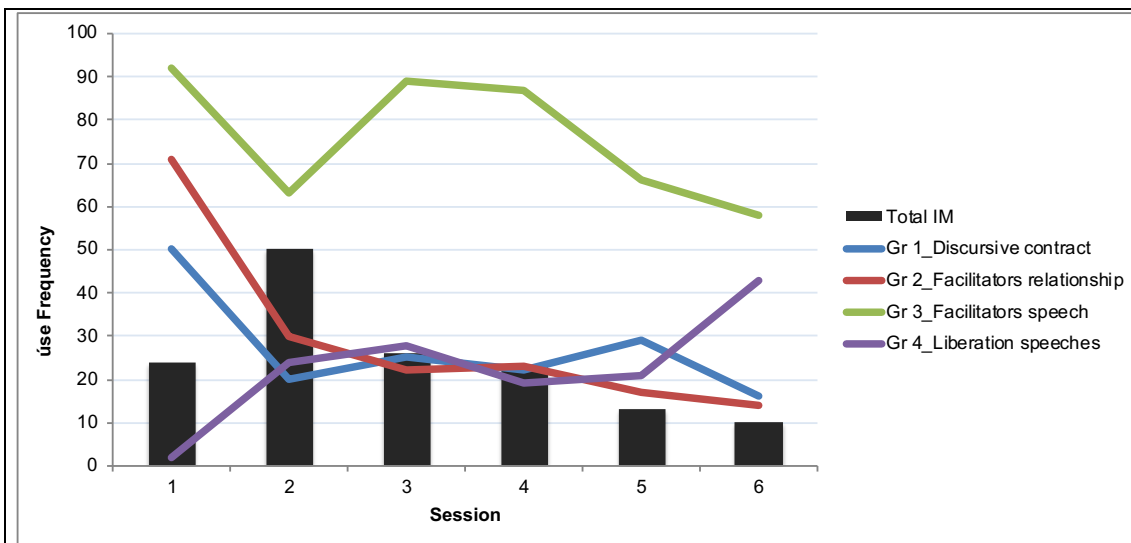


Figure 14. PICS and IM Groups frequency evolution throughout the 6 sessions
Source: Own elaboration

b.2) Describe PICS and IMs frequency for each session, and analyze the relationship in frequency of appearance between PICS and IMCS throughout each session.

This section is described by session, and within each session it is described the Psychotherapist's trend and the Client's trend. This section is divided in 3 main parts:

I. Description of each PICS' categories and groups and IMs' group total frequency for each session:

The figures from this section will look at the frequency of appearance for each Group and Category from the PICS (Table 7), as well as the IMs' categories. This will allow us to picture the evolution and the in depth progression performed by both the psychotherapist and the client within *each session*. As previously mentioned, the frequency rate is indicated in brackets next to the category name, e.g. *thematic focus (41)*.

II. Analysis of the relationship in frequency of appearance in time between PICS's groups and IMCS' groups, within each session:

This results section describes the frequency dispersion of both the psychotherapist interventions and the client's IMs *throughout each session*. The figures show each PICS' group *dispersion* in regards the overall IMs within each session. Specifically, this section looks at the distribution each psychotherapist intervention has throughout the each session, and draws when and in which moments within the session the psychotherapist intervenes for each group. In the same graph, it may also be seen when and in which moments the client's IMs have been identified.

III. Description of each PICS' categories and groups and IMs' groups total frequency for the overall therapeutic process:

This section has the same format as section *I.*, but describes the frequency of appearance for each Group and Category from the PICS (Table 7), as well as the IMs' categories for the *overall therapeutic process*. This will allow us to picture the evolution

and the in depth progression performed by both the psychotherapist and the client throughout the whole process.

In first place, sections *I.* and *II.* are described together within each session, and after that, section *III.* Is described on its own.

Session 1

I. Description of each PICS' categories and groups and IMs' groups total frequency for session 1

- **Psychotherapist:**

As observed in Figures 15 and 16, establishing *thematic focus* (41) and *clarifying/confirming that the client was understood* (49) - in conjunction with *questions* (3.6.2 and 3.6.3) - seem to be the most used resources by the therapist. In Group 1, and with a lower frequency, the categories of *socializing the client in the psychotherapeutic perspective* (5) and *negotiation of objectives* (4) seem to also appear throughout the session. Other categories from Group 2 that seem to be present are: *provide comfort* (5), *use of empathy* (6) and *validation of the client's discourse* (11). There also seems to be an outstanding use of *Paraphrasing* (22), and even though with a lower rate, it can also be seen some *ventriloquicity* (3) and *mirroring* (3). If *questions* are omitted (3.6.1, 3.6.2 and 3.6.3), Group 3 (31) seems to still have a high rate of frequency, nevertheless, Groups 1 (50) and 2 (71) seem to be the most prevalent throughout this first session (Figure 2). Group 4 is almost absent.

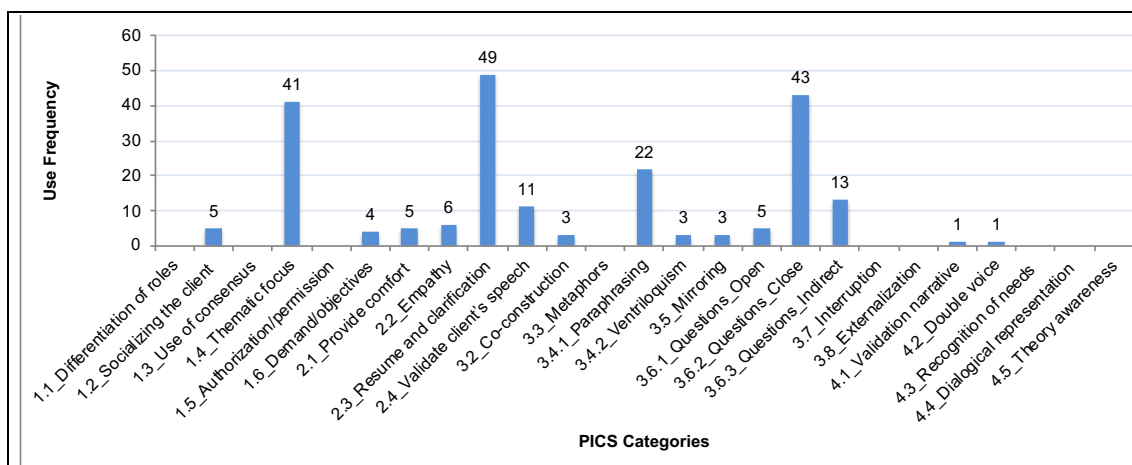


Figure 15. PICS Categories frequency evolution throughout session 1

Source: Own elaboration

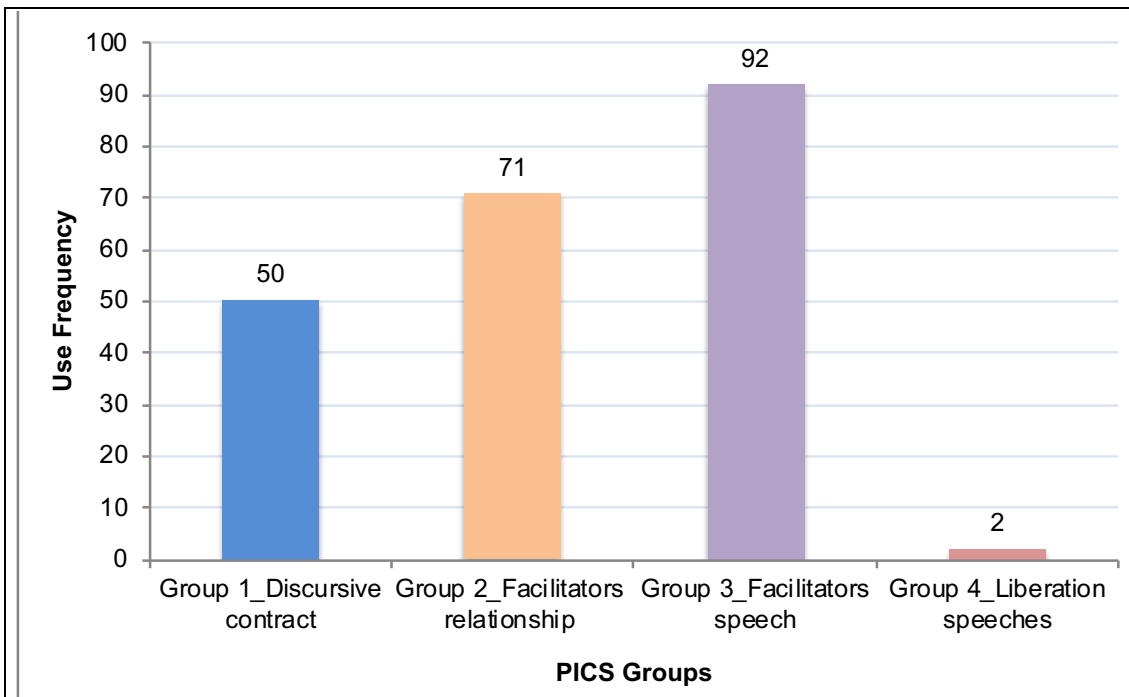


Figure 16. PICS Groups frequency evolution throughout session 1
Source: Own elaboration

- **Client:**

In the client's process IM (Figure 17) seem to be in their first stage, with a moderate proportion (24 in total) and a clear predominance of *MA1* (7) and *MR1* (16).

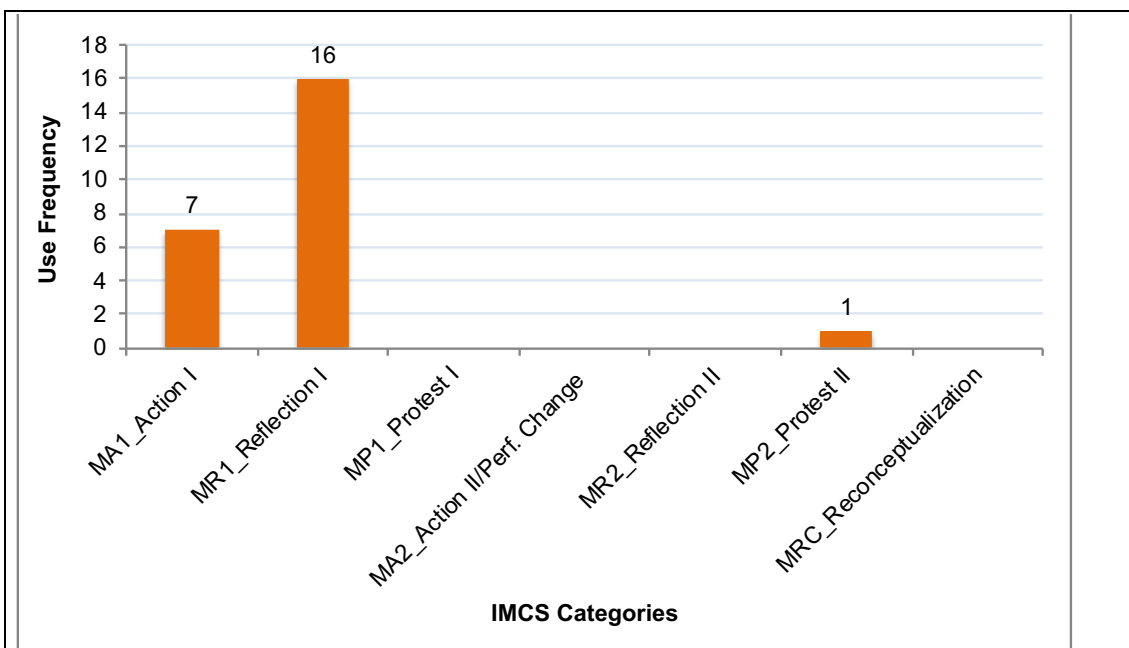


Figure 17. IM Categories frequency evolution throughout session
Source: Own elaboration

II. Analysis of the relationship in frequency of appearance in time between PICS's groups and IMCS' groups in session 1

In first place, it needs to be mentioned that the client's IMs are mainly allocated in the first half of the session and this picture is the same drawn in each PICS Group's graph. In regards therapist's interventions in Group 1 (Figure 18), it can be seen that, even though the psychotherapist makes these interventions throughout the whole session the highest amount of Group 1 moments are allocated towards the end of the session.

When looking at Figure 19 (Group 2), it may be observed that a similar trend as with Group 1 is drawn. The psychotherapist seems to makes these interventions throughout the whole session, but the highest amount of this group moments are also allocated towards the second half and end of the session. Regarding Group 3 (Figure 20), it may be observed - and as it has been described in the previous sections - that it's the group that shows the highest amount of interventions. What can be appreciated in this graph is that the increase in frequency for these intervention happens also towards the second half/end of the session.

Figure 21, Group 4, it's almost not present in this session, and the only two interventions happen at the beginning of the session. Finally, looking at the last Figure 22, it can be appreciated that the highest amount of the psychotherapist intervention - considering all the PICS groups together - happen at the end of the session.

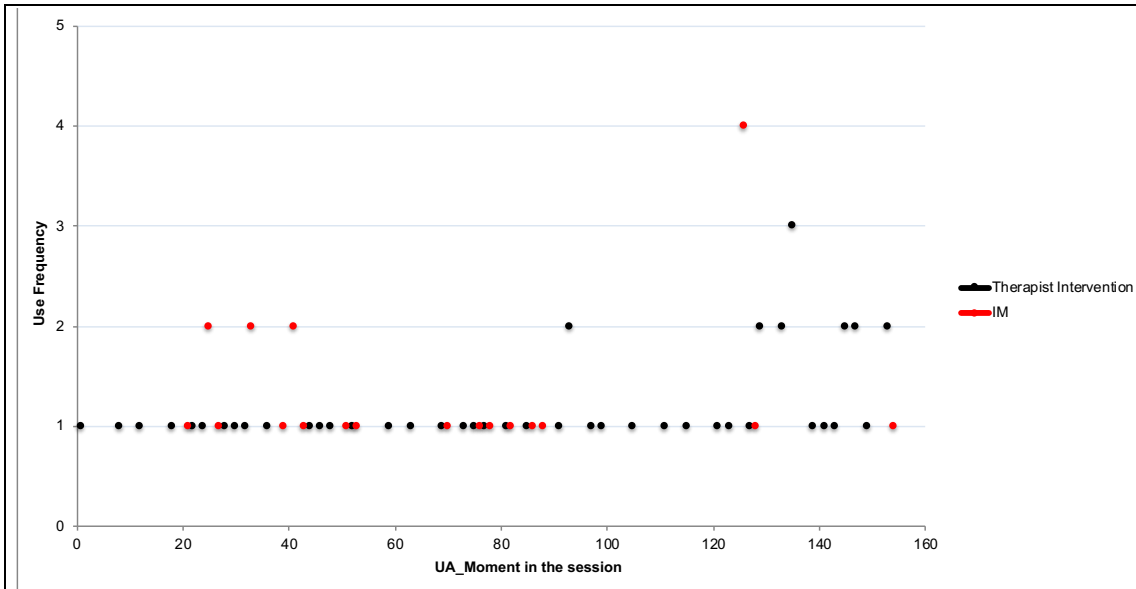


Figure 18. PICS Group 1 and IM frequency of appearance throughout session 1
Source: Own elaboration

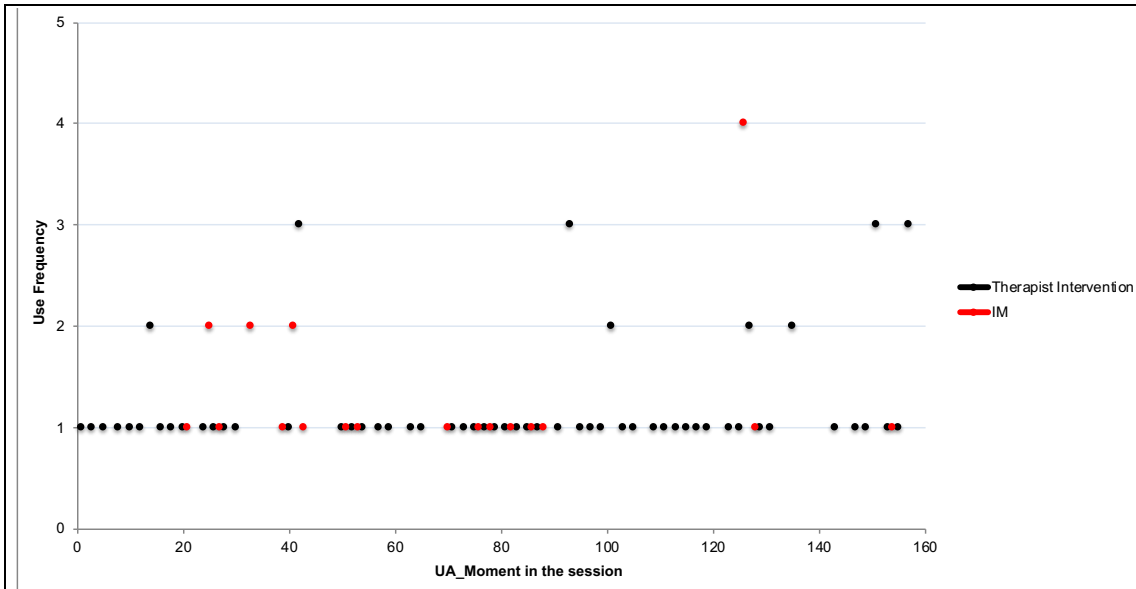


Figure 19. PICS Group 2 and IM frequency of appearance throughout session 1
Source: Own elaboration

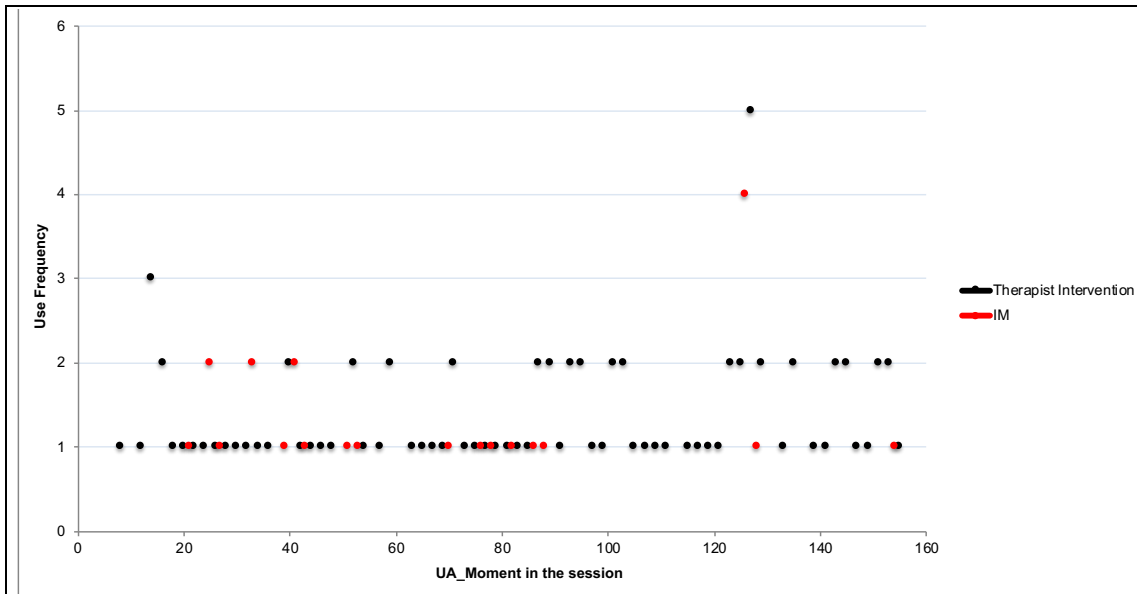


Figure 20. PICS Group 3 and IM frequency of appearance throughout session 1
Source: Own elaboration

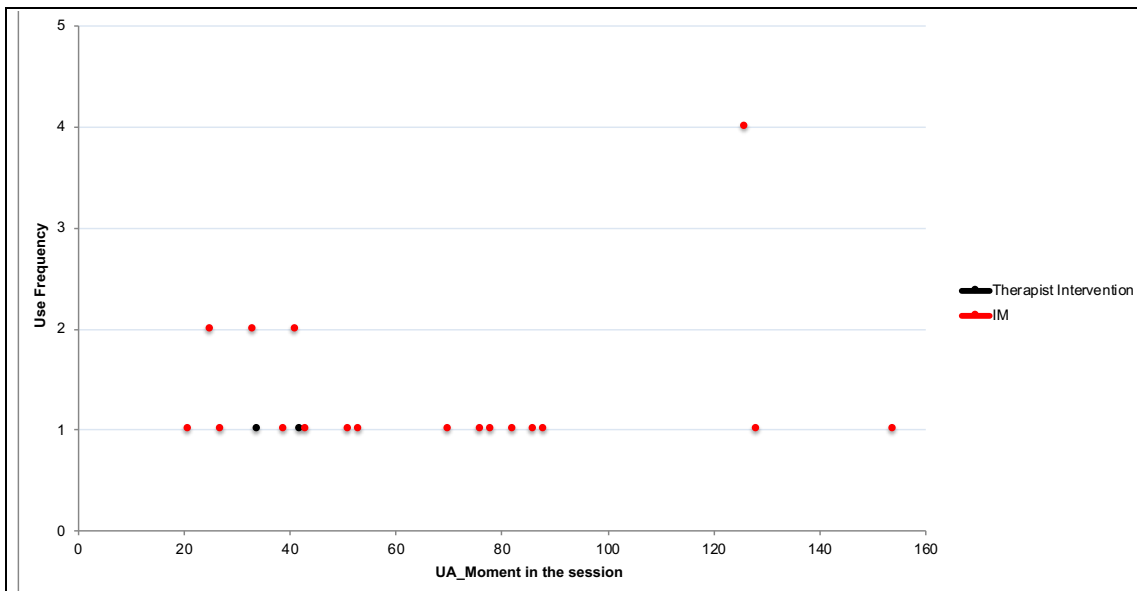


Figure 21. PICS Group 4 and IM frequency of appearance throughout session 1
Source: Own elaboration

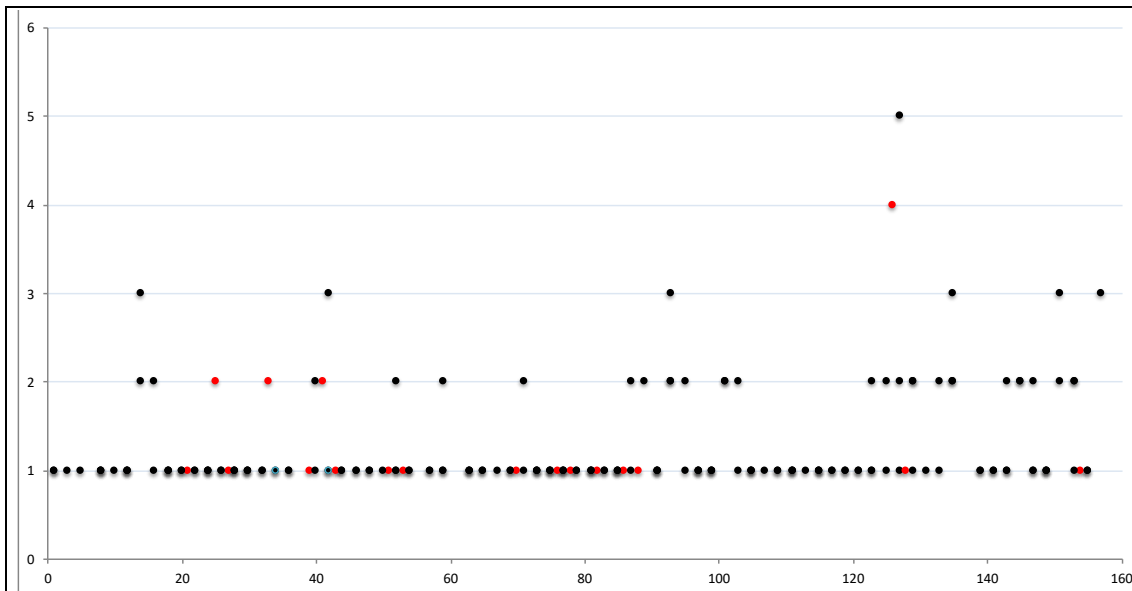


Figure 22. PICS all Groups and IM frequency of appearance throughout session 1
 Source: Own elaboration

Session 2

I. Description of each PICS' categories and groups and IMs' groups total frequency for session 2

- **Psychotherapist:**

As may be perceived in Figures 23 and 24, even though establishing *thematic focus* (15) and *clarifying/confirming that the client was understood* (12) seems to still be present, the frequency of *paraphrasing* (22) and the *validation of both, the client's discourse* (8) and *alternative narratives* (12), has increased considerably. Other categories from Group 2 and Group 3 such as: *provide comfort* (5), *the use of empathy* (6), *ventrilocuosity* (4) and *mirroring* (3) seem to be maintained in comparison to the previous session. Once again, if *questions* are omitted (3.6.1, 3.6.2 and 3.6.3) in this session Groups 3 (36) and 2 (30) seem to be the most prevalent (Figure 24). Group 1 has decreased significantly (20), but in the other hand, categories from Group 4 (24) such as *recognition of needs* (7) and *insight* (3) seem to be gaining presence.

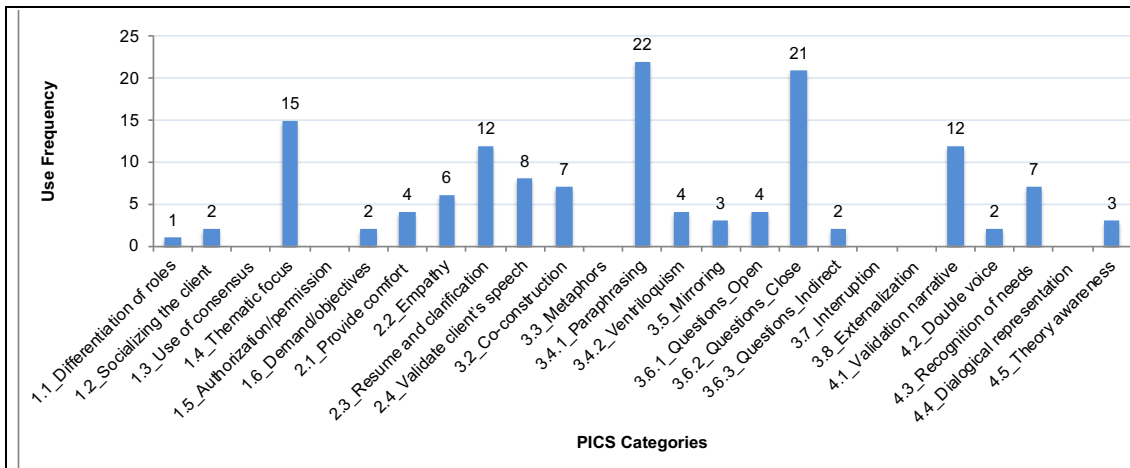


Figure 23. PICS Categories frequency evolution throughout session 2
 Source: Own elaboration

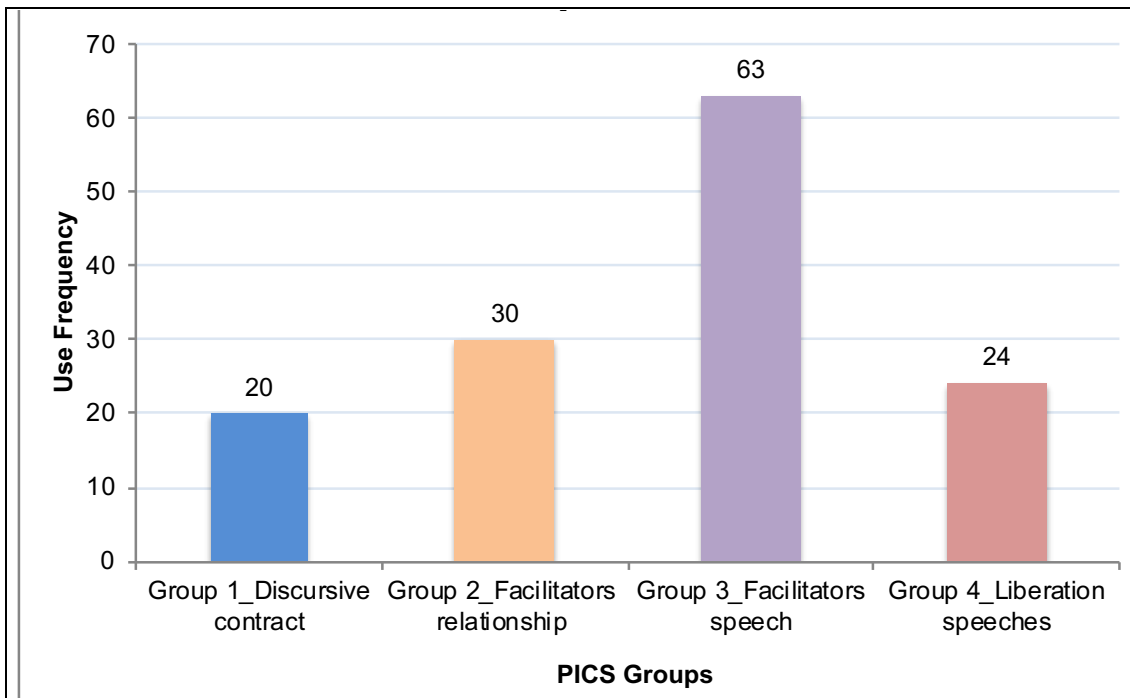


Figure 24. PICS Groups frequency evolution throughout session 2
 Source: Own elaboration

- **Client:**

In the client's process IM (Figure 25), the trend seem to be very similar to session 1, still with a higher frequency of IMs (50 in total) in contrast to session 1 (24), there is still a clear predominance of *MAI* (12) and *MRI* (36).

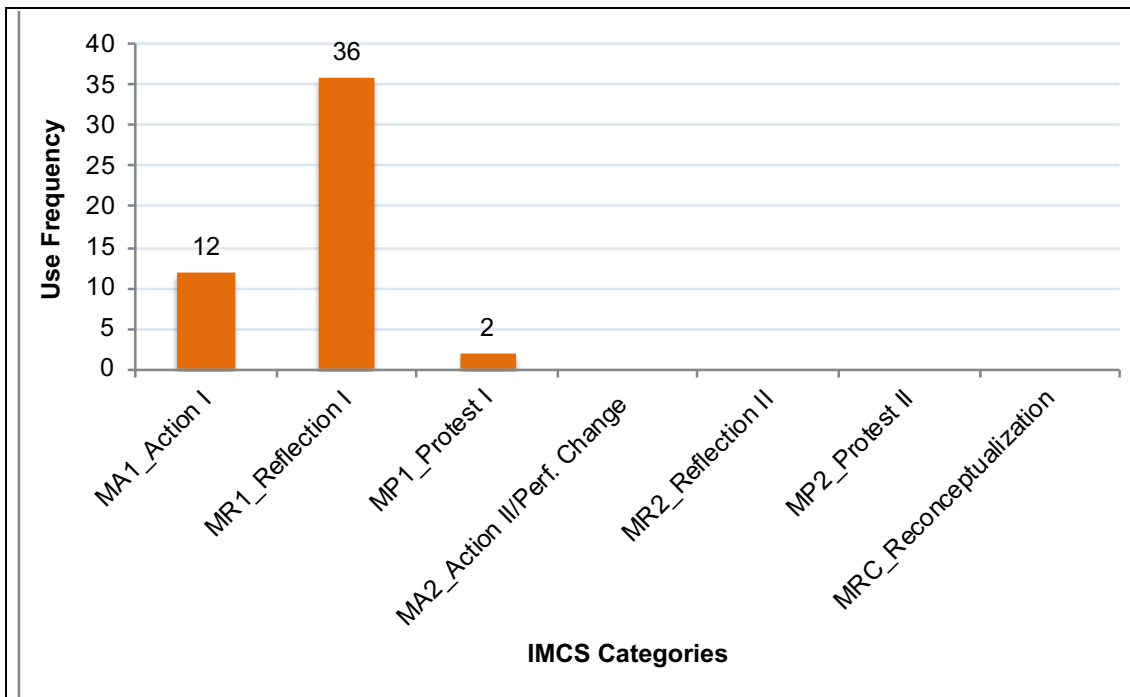


Figure 25. IM Categories frequency evolution throughout session 2
 Source: Own elaboration

II. Analysis of the relationship in frequency of appearance in time between PICS's groups and IMCS' groups in session 2

Once more, the client's IMs are the same represented in all the PICS group graphs, and seem to appear throughout the whole session, with a decreasing trend towards the end. Regarding the therapist's interventions in Group 1 (Figure 26), it can be seen that, different from session 1, the categories seem to be less frequent and are more present especially at the beginning and towards the end of the session.

Looking at Group 2 (Figure 27), it may be observed that the psychotherapist seems to makes these interventions more frequently at the first half of the session, and even though there is some use towards the end, the frequency of usage is considerably lower. If we look at Figure 28, Group 3, it can be seen that once again, it has a considerable high frequency of use overall - and in contrast with the other groups - which is quite evenly distributed throughout the session. Nevertheless, there seems to be a little peak of use towards the end of the session.

In regards Group 4 (Figure 29), overall frequency of use is once more lower than the other groups - yet higher than group 1 -, but an increase it can be seen in comparison

to the previous session. The highest amount of interventions for these group's categories seem to be allocated mainly towards the second half of the session. Finally, looking at the last graph (Figure 30), it can be appreciated that frequency of all PICS groups together, is quite evenly distributed throughout the whole session.

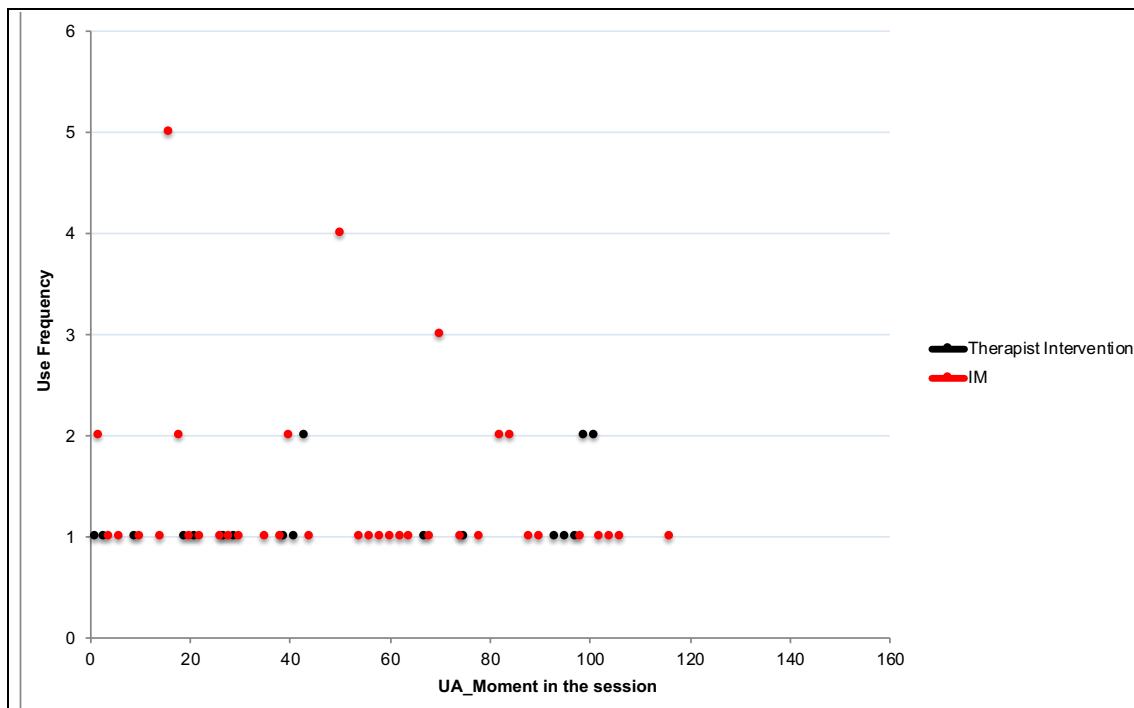


Figure 26. PICS Group 1 and IM frequency of appearance throughout session 2
Source: Own elaboration

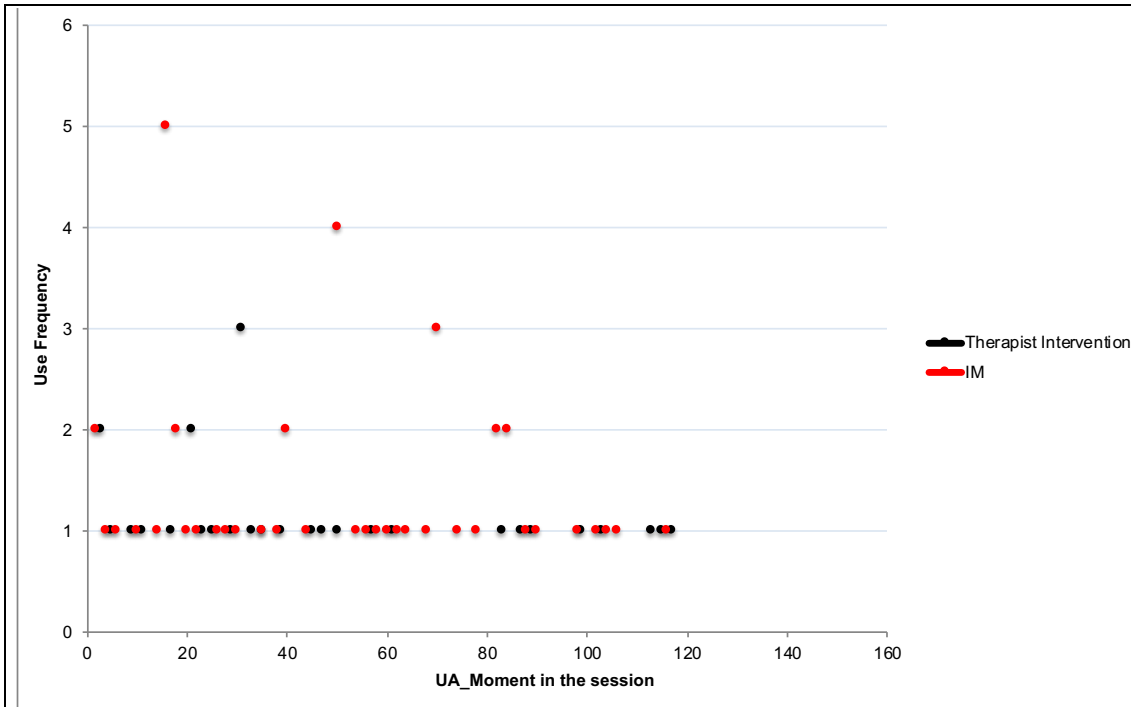


Figure 27. PICS Group 2 and IM frequency of appearance throughout session 2
Source: Own elaboration

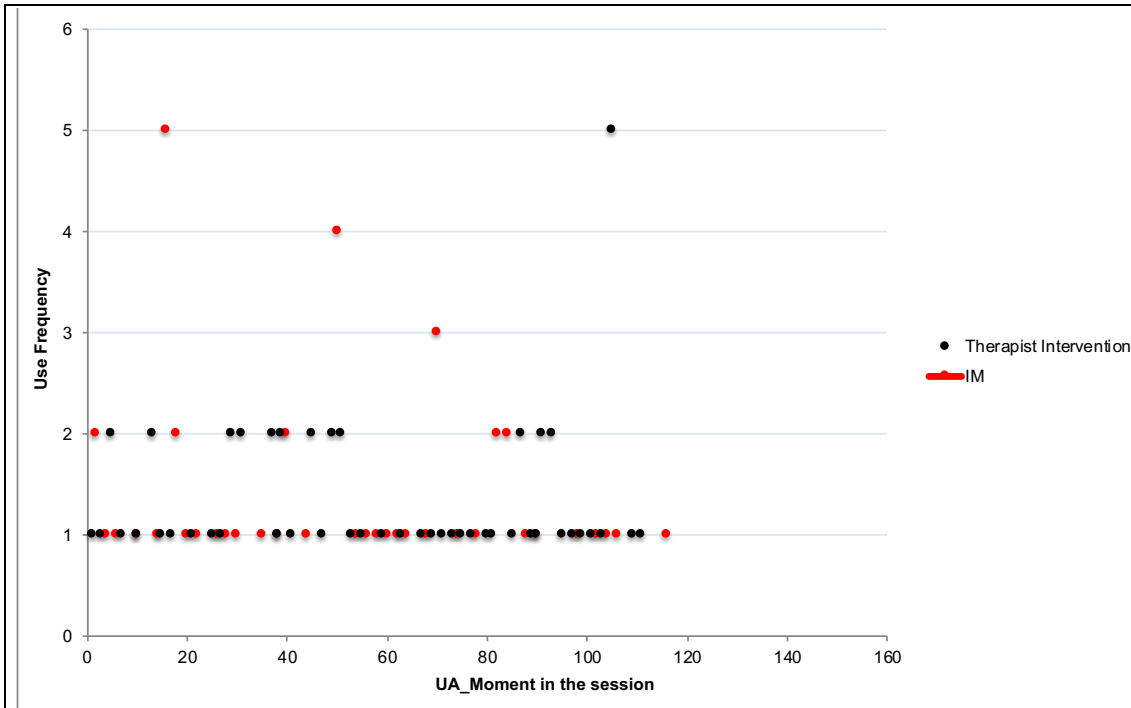


Figure 28. PICS Group 3 and IM frequency of appearance throughout session 2
Source: Own elaboration

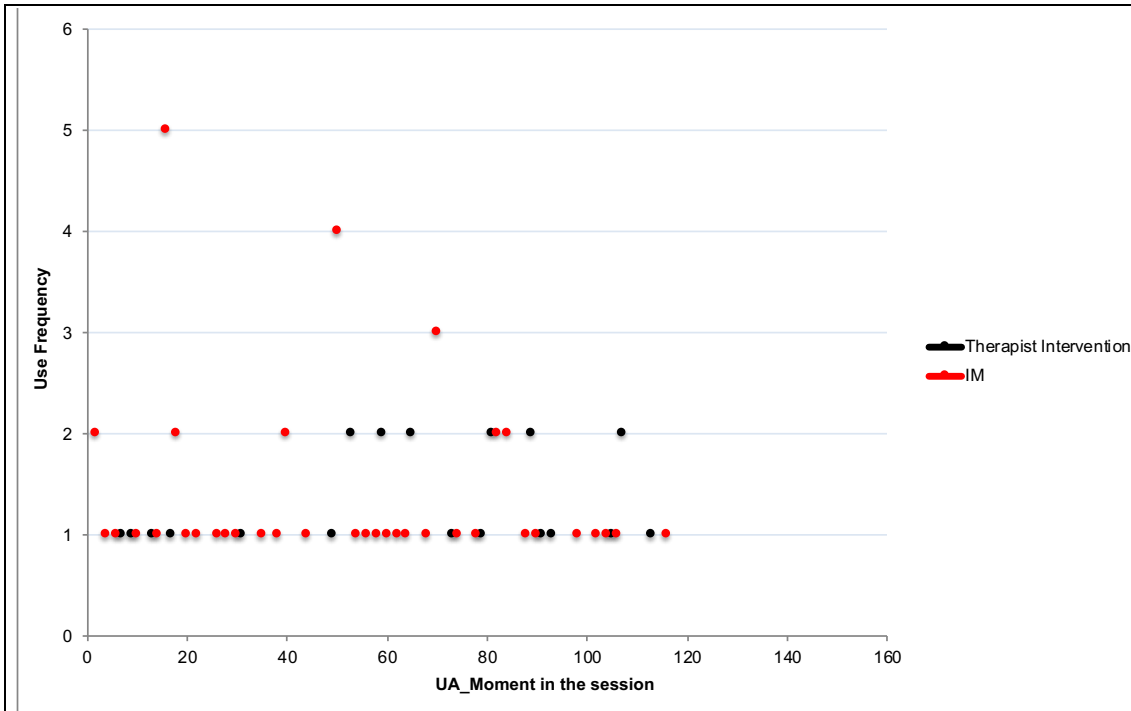


Figure 29. PICS Group 4 and IM frequency of appearance throughout session
Source: Own elaboration

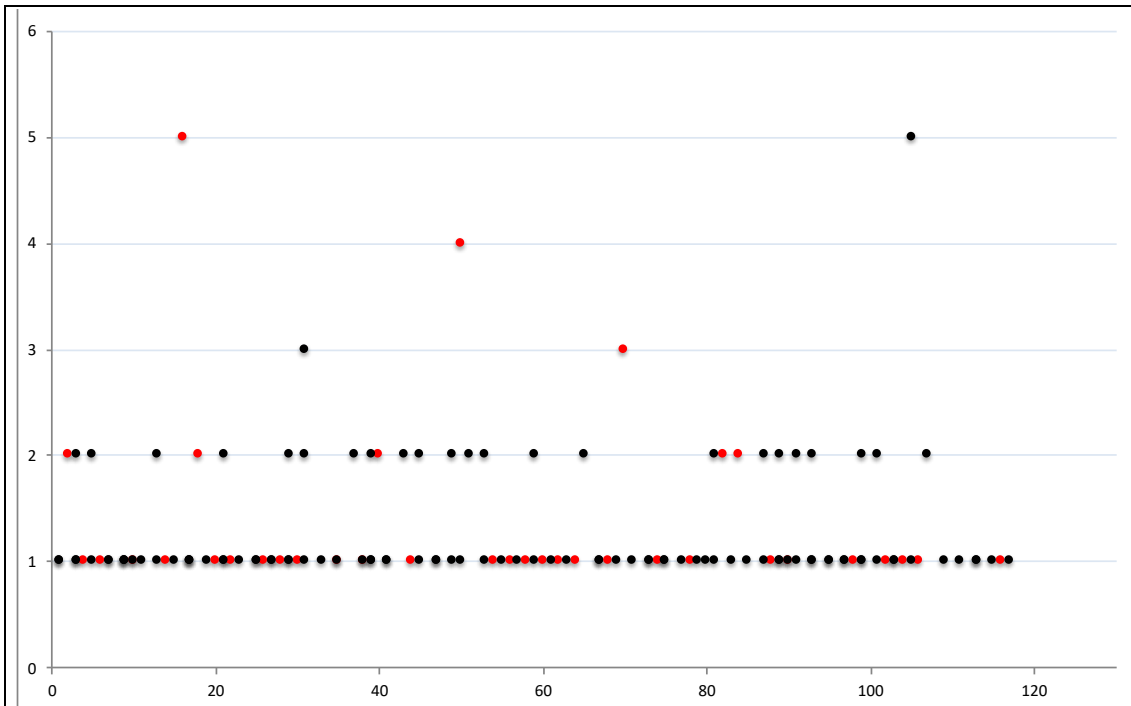


Figure 30. PICS all Groups and IM frequency of appearance throughout session 2
Source: Own elaboration

Session 3

I. Description of each PICS' categories and groups and IMs' groups total frequency for session 3

- **Psychotherapist:**

In this session, a change can be seen in the overall trend of therapist's interventions in contrast to the two previous sessions. If we look at Figures 31 and 32, it can be appreciated that *thematic focus* has significantly increased (23). At the same time, in Group 3, even though *paraphrasing* is still very present (23), it can be clearly observed a higher presence of *ventriloquosity* (15), *co-construction* (10) and *extension/validation of metaphors* (4). It's worth mentioning that for the first time the categories: *interruption* (1) and *externalization* (1), have appear. Categories in Group 2 such as *provide comfort* (6), *use of empathy* (4), *clarify* (5) and *validate the client's discourse* (7), don't seem to specially stand out, but they seem to stay present in a consistent way since session 2. Categories in Group 4 - *validation of alternative narratives* (9), *recognition of needs and desire* (4), and *insight* (13) - seem to gain more and more presence as the therapy moves on. In the overall session, it can be seen that Group 3 is the most prevalent (without the questions it's frequency is 55), Groups 1 and 2 seem to stay quite stable and Group 4 (28) is slightly increasing in usage.

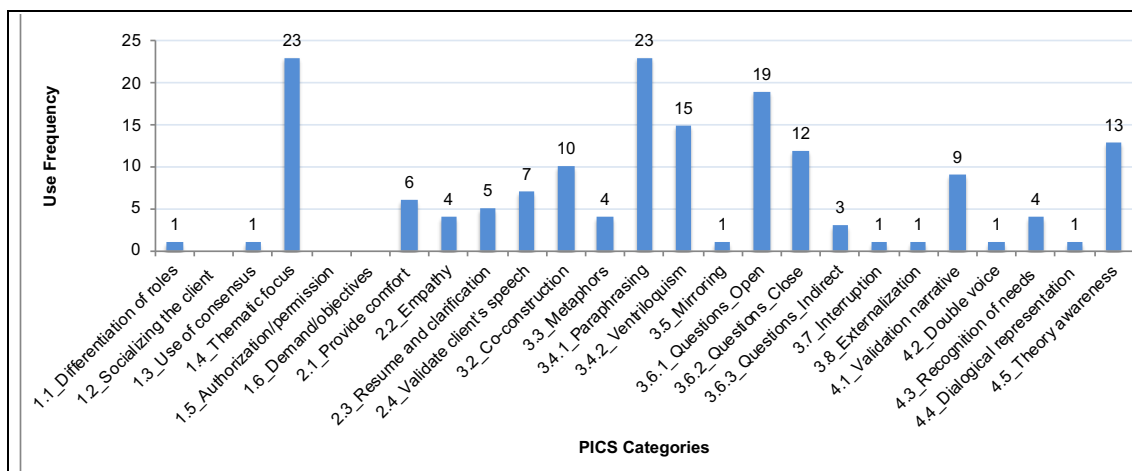


Figure 31. PICS Categories frequency evolution throughout session 3

Source: Own elaboration

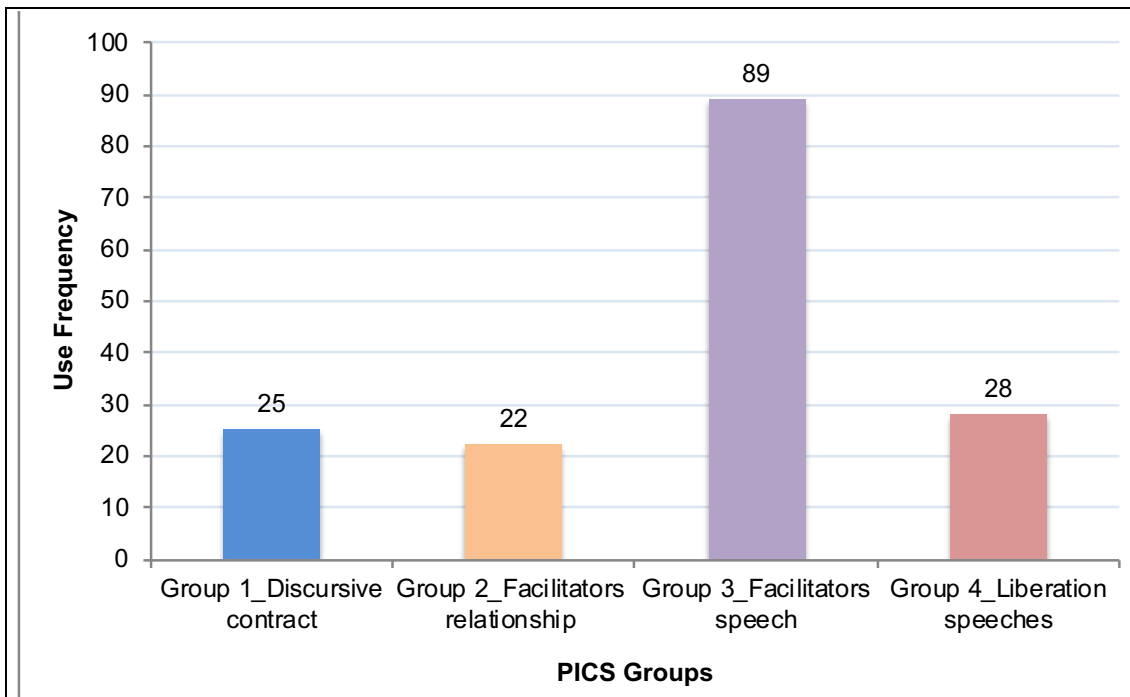


Figure 32. PICS Groups frequency evolution throughout session 3
 Source: Own elaboration

- **Client:**

In regards the client's process IM (Figure 33), and in consonance with the therapist's trend, there also seems to be a significant change in the frequencies and types of IMs present. *MA1* (4) and *MRI* (10) seem to be remarkably diminishing its presence, whereas *MP2* (5), *MR2* (4) and *MRC* (3) appear with a significant presence throughout the UAs, in contrast to the previous sessions. Overall the frequency of the IM's seems to be lower (26 in total), but we must not forget the fact that this higher rate IMs (*MR2*, *MP2* and *MRC*) might last throughout several UAs, so their frequency is lower, but their durability in time is consistently higher, as well as their level of significance in regards the content.

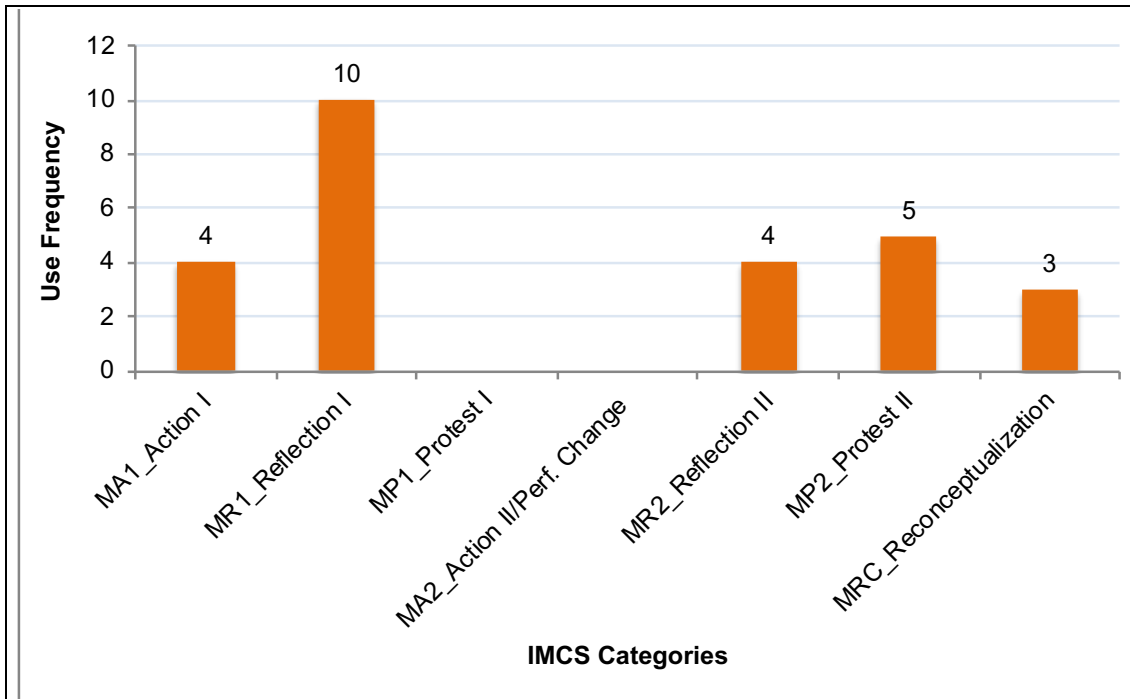


Figure 33. IM Categories frequency evolution throughout session 3
 Source: Own elaboration

II. Analysis of the relationship in frequency of appearance in time between PICS's groups and IMCS' groups in session 3

In this session, the client's IMs seem to mainly appear in the first half of the session, having a especially high frequency of use at the beginning. Looking at Figure 34, Group 1 therapist's interventions, it can be appreciated that the overall frequency seems to be slightly higher than in the previous session, and seems to be more evenly distributed throughout the session, with a slight increase of use towards the second half of the session.

Regarding Group 2 (Figure 35), it can be seen that the overall frequency of use is lower, yet it's more evenly distributed throughout the session than in the previous on. When we look at Group 3 trend (Figure 36), it may be observed a clear increase of frequency use throughout the whole session - in contrast to the previous sessions and the other groups -, showing a considerable frequency peak towards the middle of the session.

In regards Figure 37, Group 4 interventions, it can be seen that frequency of use is steadily increasing as sessions move on and in this particular session, these group's interventions seem to happen with an even frequency throughout the whole session. If

we look at the last Figure (38), it can be seen that a quite high frequency of use is shown throughout the whole session, with a high peak towards the middle of it - coinciding with Group 3 peak.

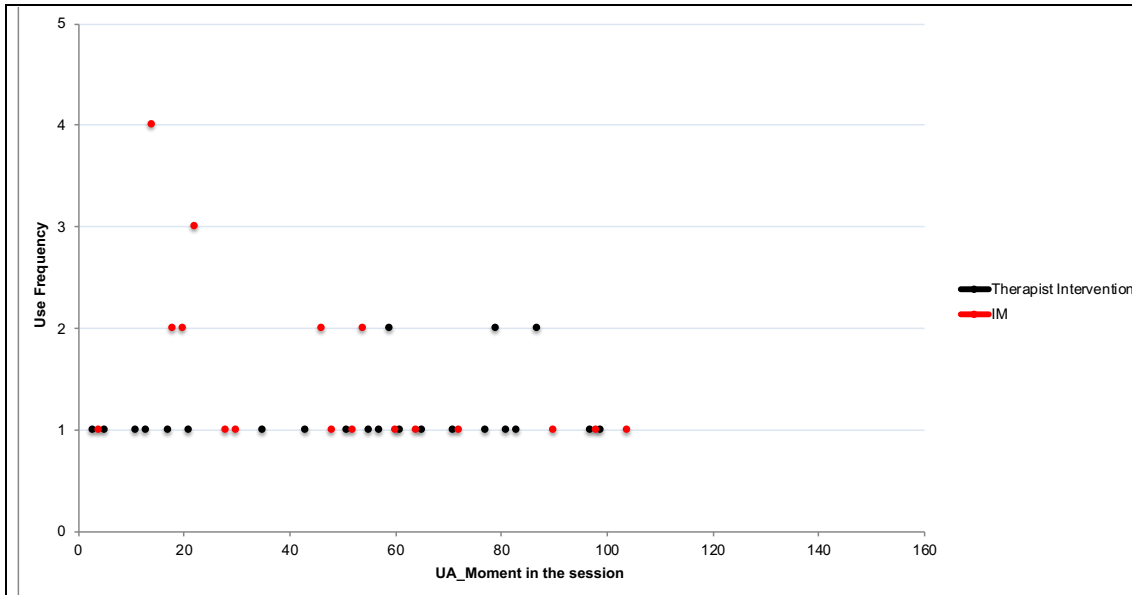


Figure 34. PICS Group 1 and IM frequency of appearance throughout session
Source: Own elaboration

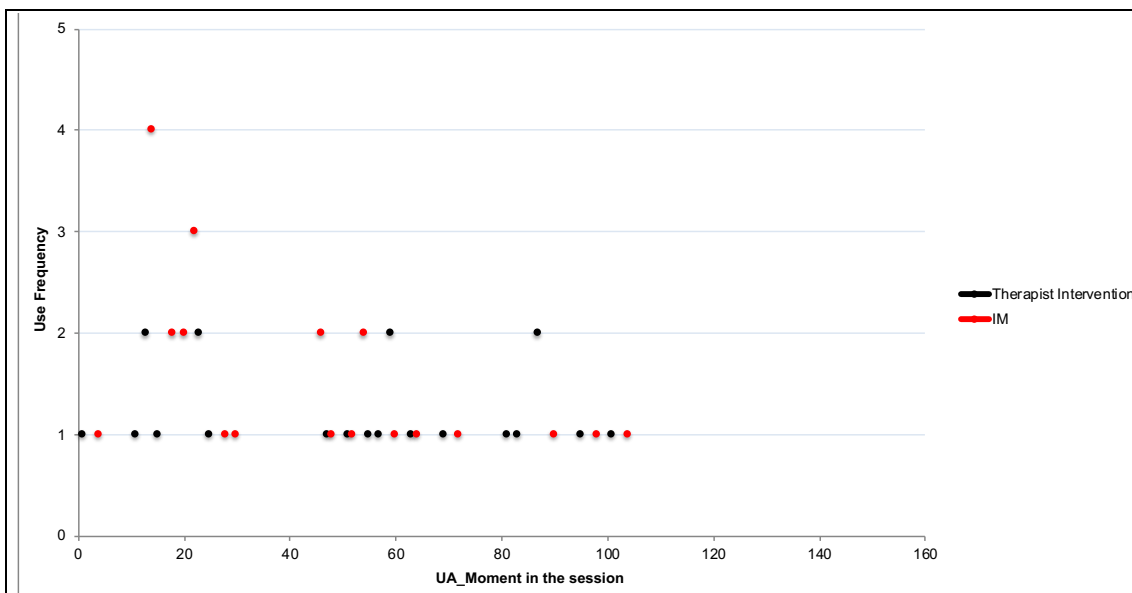


Figure 35. PICS Group 2 and IM frequency of appearance throughout session 3
Source: Own elaboration

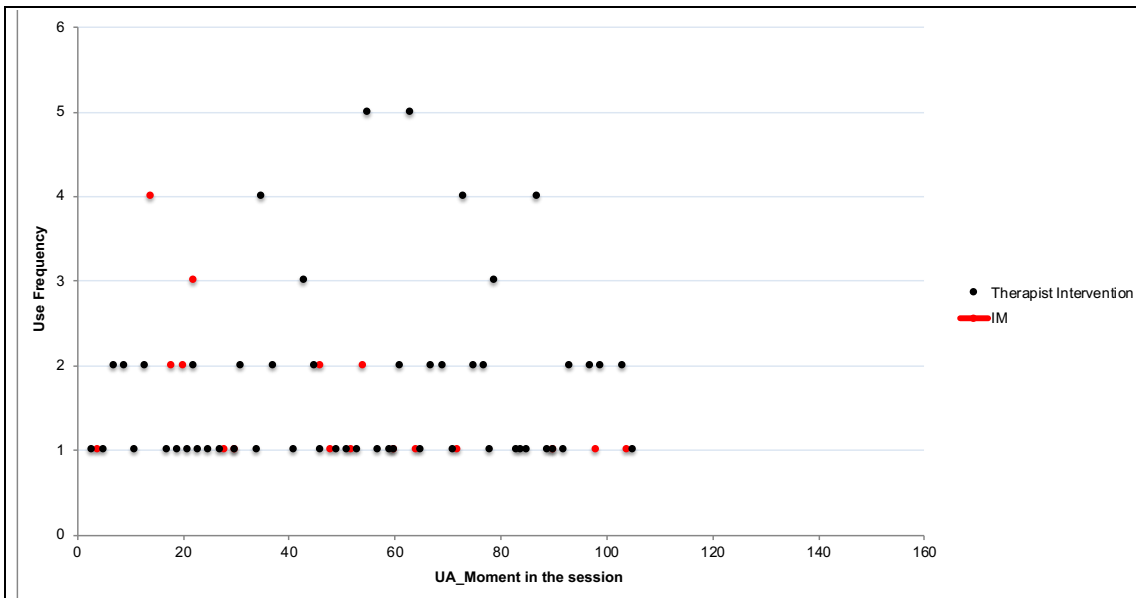


Figure 36. PICS Group 3 and IM frequency of appearance throughout session 3
Source: Own elaboration

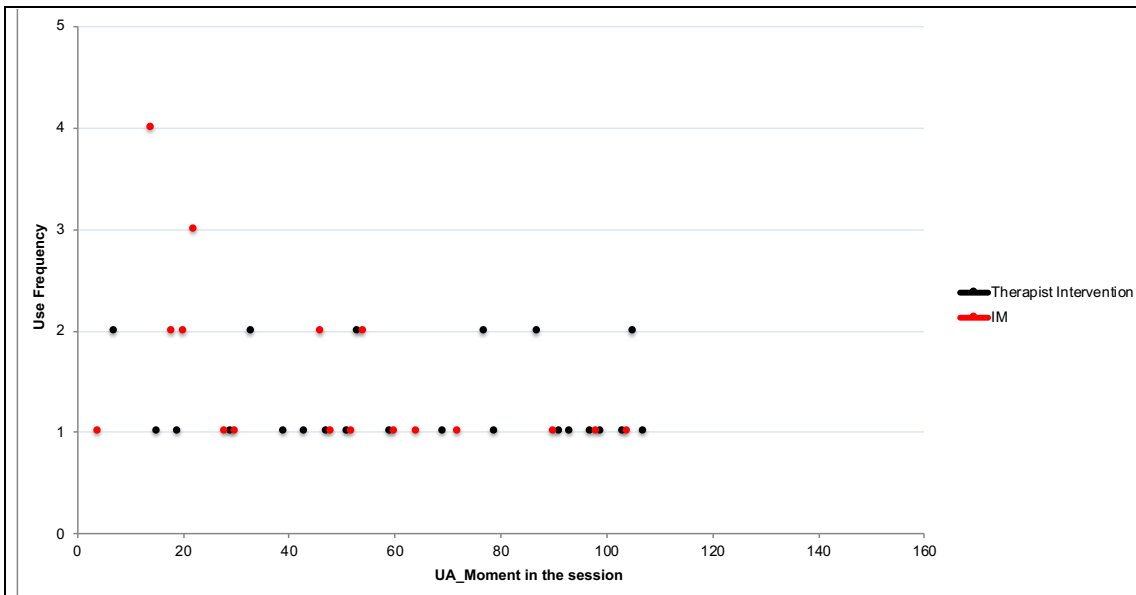
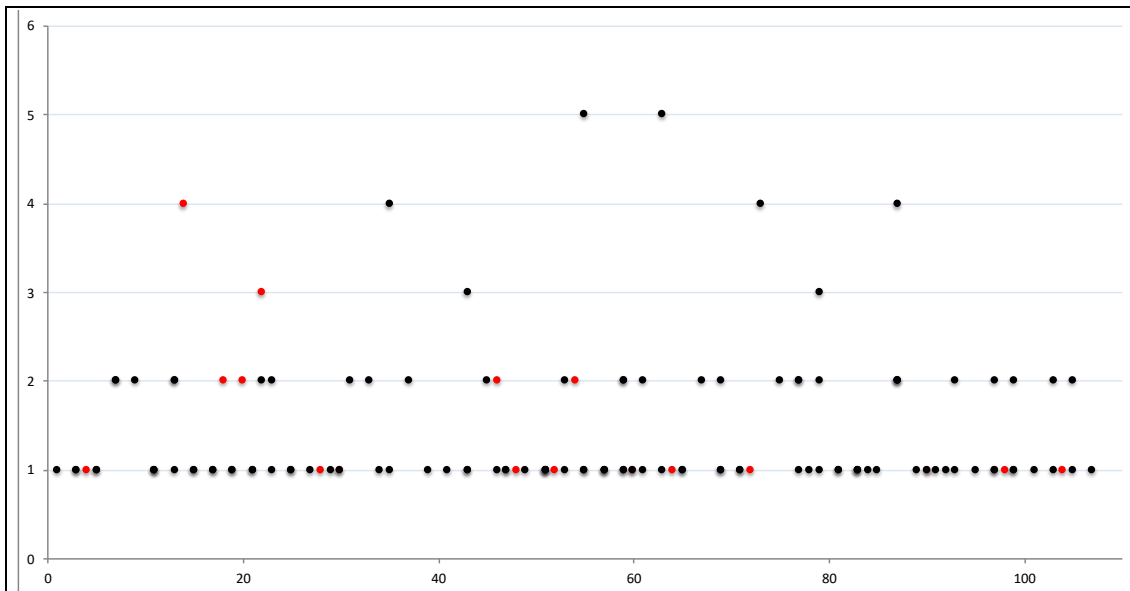


Figure 37. PICS Group 4 and IM frequency of appearance throughout session 3
Source: Own elaboration



seem to keep a stable trend, Group 4 seems to have decreased in frequency (19) and Groups 3 remains the most prevalent (without the questions, 58).

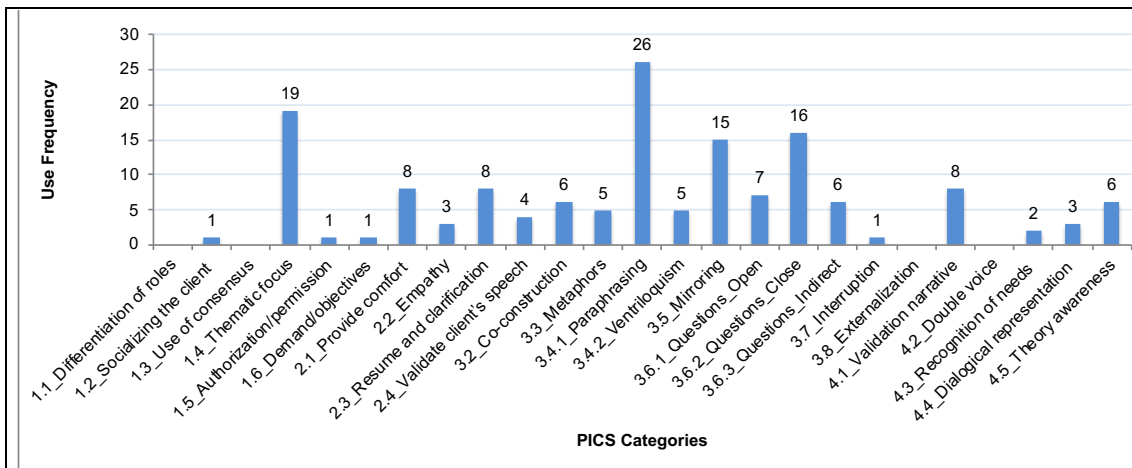


Figure 39. PICS Categories frequency evolution throughout session 4
Source: Own elaboration

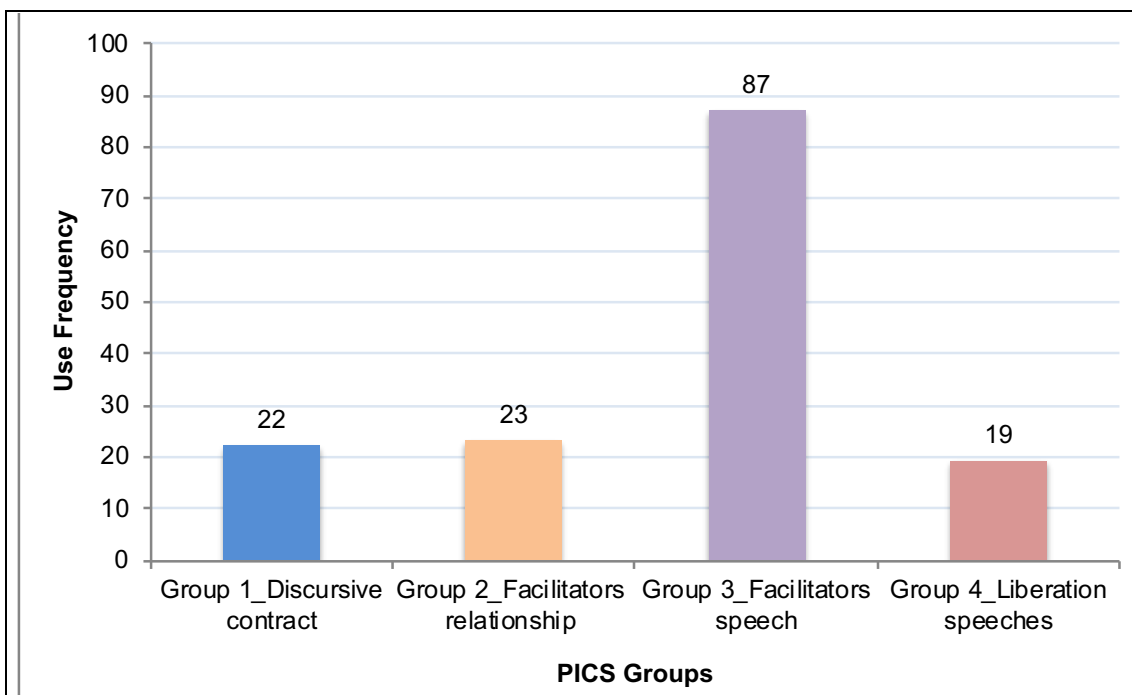


Figure 40. PICS Groups frequency evolution throughout session 4
Source: Own elaboration

- **Client:**

Looking at the IMs categories from the client's process (Figure 41), it may be appreciated some changes in regards the previous session. The *MAI* category (2) seems to keep decreasing its presence, whereas *MRI* (12) shows a more hold trend. On the other

hand, *MR2* (8) seems to keep increasing its frequency, whereas *MP2* (0) and *MRC* (1) seem to have decreased. Overall the the frequency of the IM's seems to be quite similar (23 in total) in comparison the the previous session.

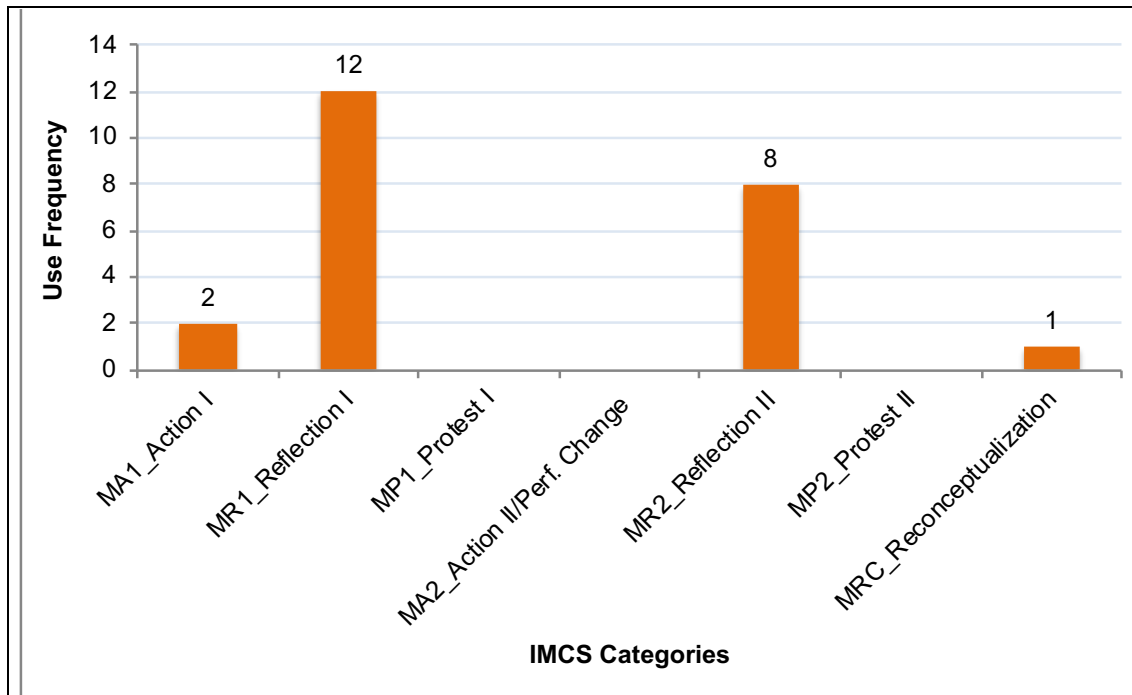


Figure 41. IM Categories frequency evolution throughout session 4
Source: Own elaboration

II. Analysis of the relationship in frequency of appearance in time between PICS's groups and IMCS' groups in session 4

The client's IMs in this session seem to appear with a consistent frequency throughout the whole session, with a small peak right at the beginning. If we look at Figure 42, it can be seen that Group 1 has an overall low frequency, and this seems to be more present towards the middle and second half of the session. If we look at Group 2 (Figure 43), it may be observed an overall higher frequency than Group 1, and this seems to be more salient at the very beginning of the session and right before the end.

In regards Group 3 (Figure 44), it may be observed, that, even though once more its show a high frequency of use throughout the whole session, this frequency seems to meaningfully increase at the middle of the session, and become consistently high throughout the whole second half, until the very end of it. In regards Figure 45, Group 4,

it can be observed that there has been a considerable decrease in the overall frequency of use, and that these interventions are more present, mainly, at the beginning and at the end of the session. In regards the final graph (Figure 46) for this session, it can be seen that, in general, the majority of the therapists interventions have been more frequently present towards the middle and second half of the session.

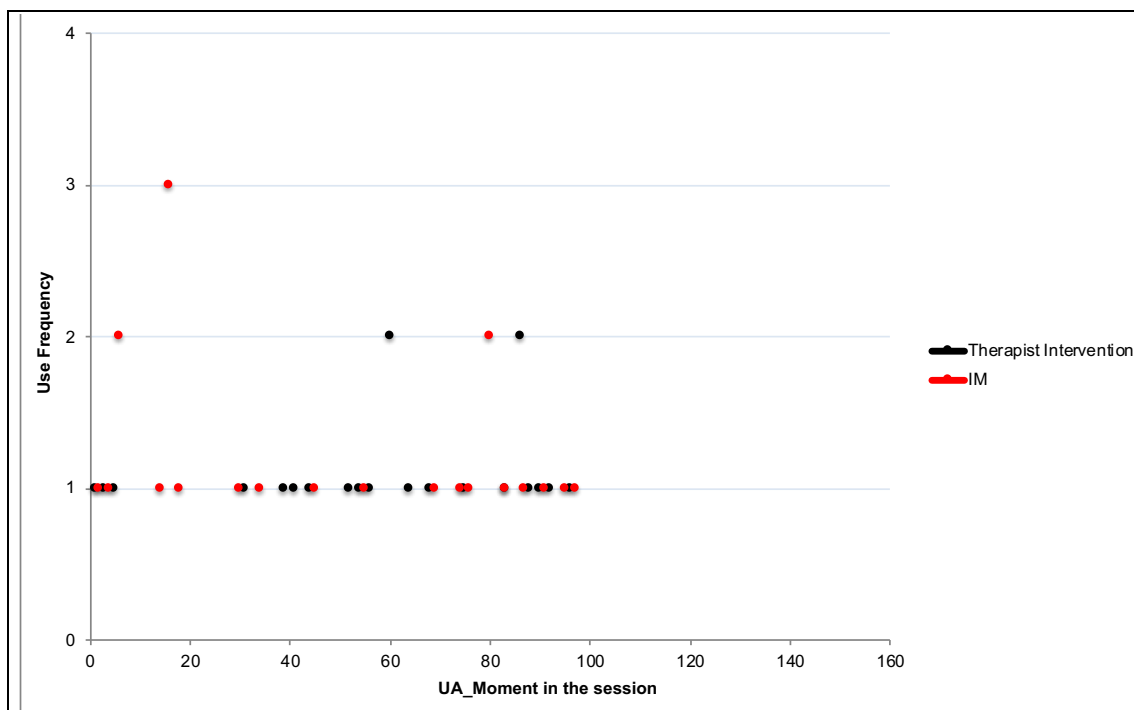


Figure 42. PICS Group 1 and IM frequency of appearance throughout session 4
Source: Own elaboration

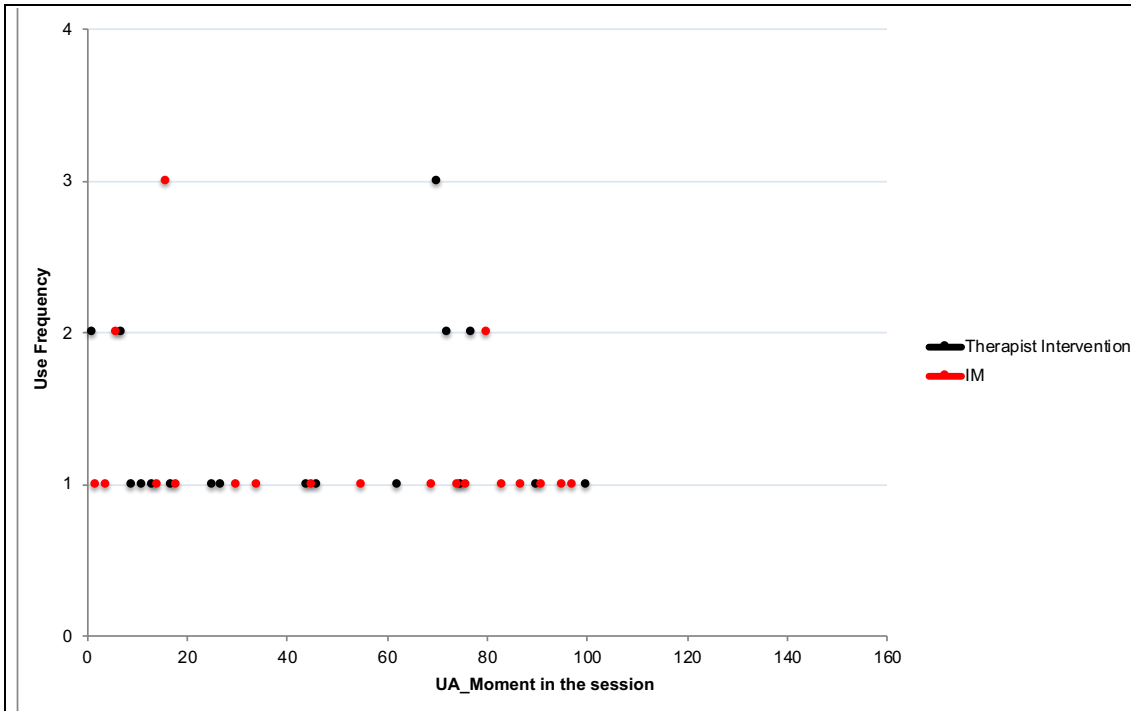


Figure 43. PICS Group 2 and IM frequency of appearance throughout session
Source: Own elaboration

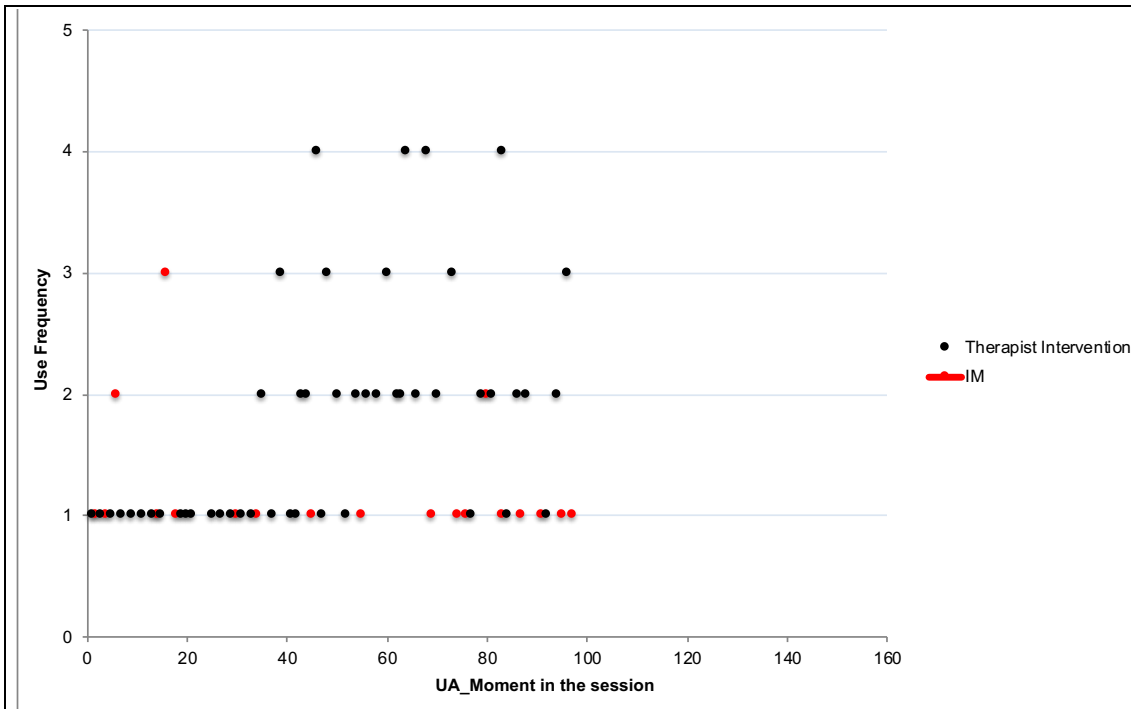


Figure 44. PICS Group 3 and IM frequency of appearance throughout session 4
Source: Own elaboration

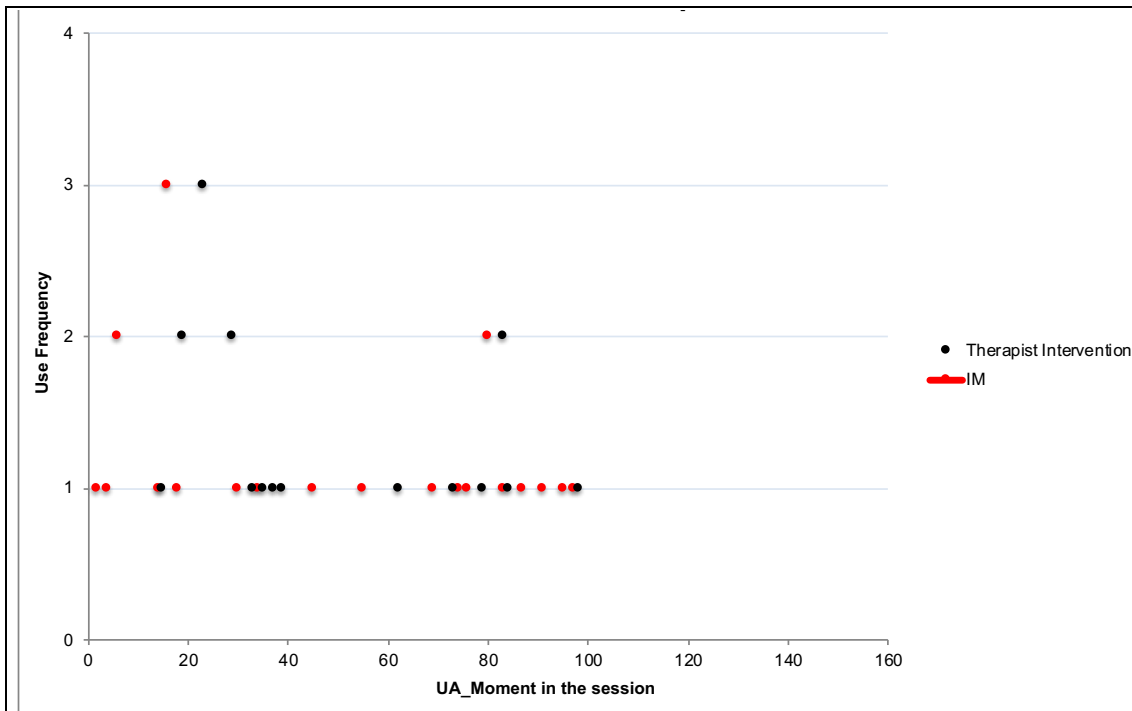


Figure 45. PICS Group 4 and IM frequency of appearance throughout session 4
Source: Own elaboration

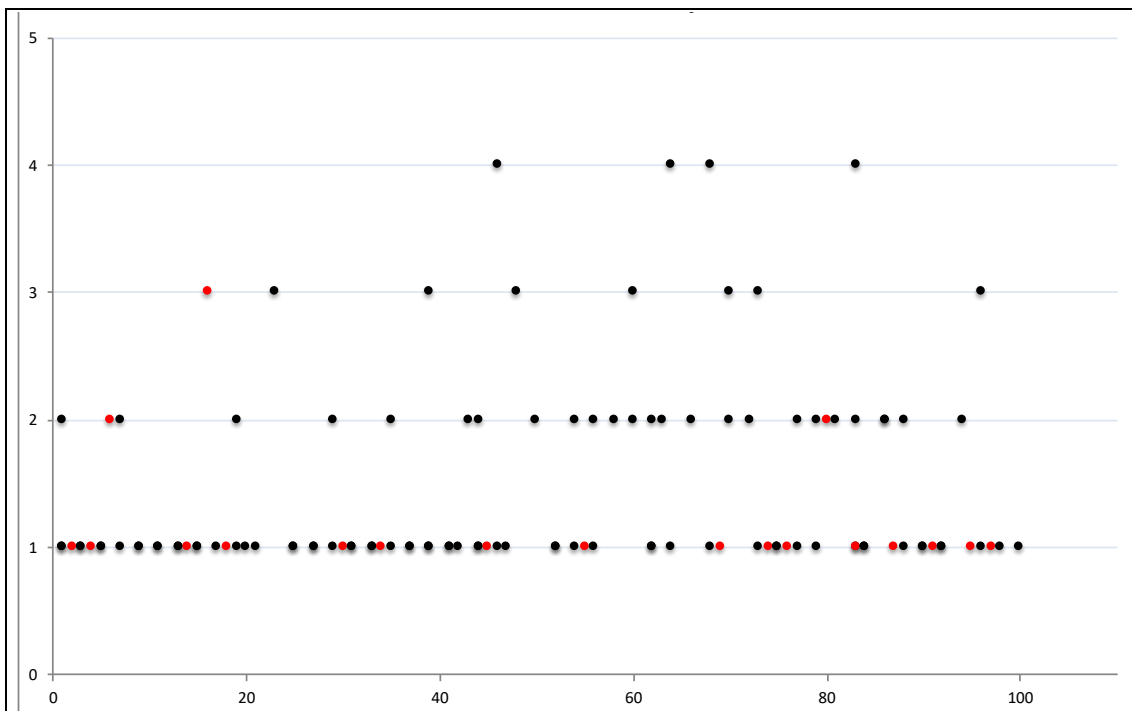


Figure 46. PICS all Groups and IM frequency of appearance throughout session 4
Source: Own elaboration

I. Description of each PICS' categories and groups and IMs' groups total frequency for session 5

- **Psychotherapist:**

Regarding session 5, if we look at Figures 47 and 48 it may be observed that once more *thematic focus (20)* and *paraphrasing (20)* are still the two most salient categories throughout the session. Even though, *paraphrasing (20)* seems to have decrease, it still outstands in regards the rest of the categories. In regards Group 1, it can be noted that the frequency of some of the categories - which had been decreasing since the first two sessions -, such as *socializing the client in the psychotherapeutic perspective (2)*, *authorization/give permission (4)* or *negotiation of objectives (2)*, re-appear and seem to be more present in comparison to the previous two sessions. In Group 2, almost all of the categories except for *validation of the discourse (4)*, seem to decrease in frequency: *provide comfort (6)*, *use of empathy (1)* and *clarify (6)*.

Regarding the categories in Group 3 the category of *co-constructions (9)* has increased in usage, whereas the categories of *extension of metaphors (4)* and *ventriloquosity (6)* stay almost the same and mirroring is absent. In the Group 4 categories it may be observe that almost all of them remain the same in contrast with the previous session, except for *validation of alternative narratives (4)*, which is quite lower and *recognition of needs (7)*, which has significantly increased. Overall, it looks like the frequency of Groups 1 (29) and 4 (21) have slightly increased, whereas Group 2 (17) has decreased. Even though Group 3 has decreased remarkably, it seems to still be the most frequent one within the sessions (without the questions, 39)

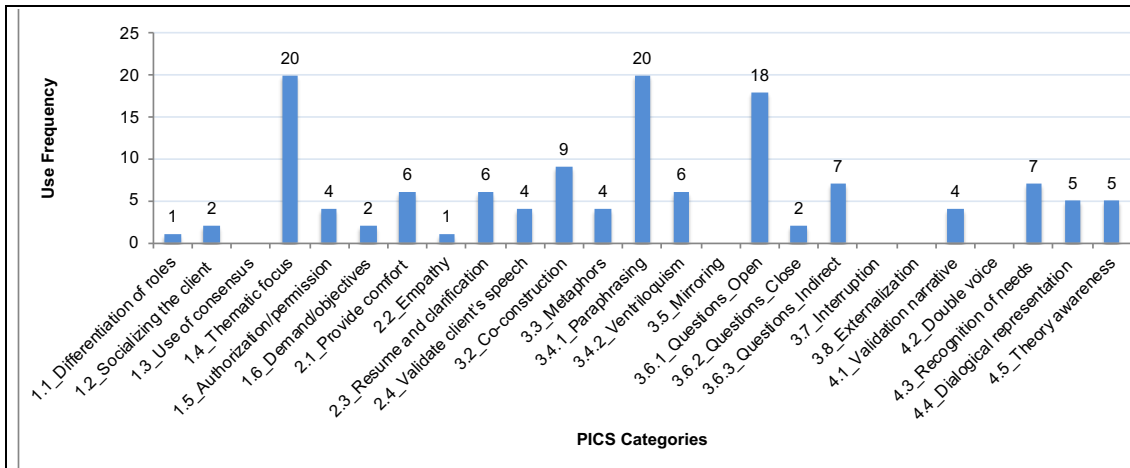


Figure 47. PICS Categories frequency evolution throughout session 5
 Source: Own elaboration

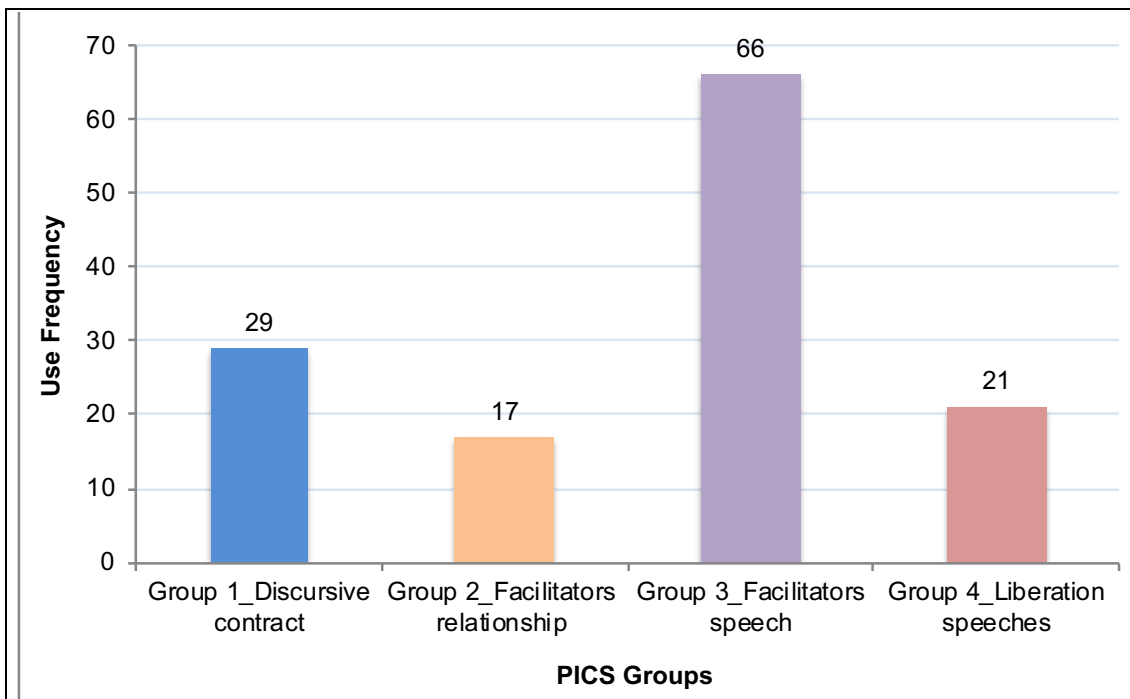


Figure 48. PICS Groups frequency evolution throughout session 5
 Source: Own elaboration

- **Client:**

In regards the client's evolution with her IMs (Figure 49), several changes can be seen in contrast with the previous session. It can be noted that the overall frequency of the IM's seems to have significantly decreased (13 in total) in contrast with all the previous session. The *MAI* category (3) seems to remain stable, whereas *MR1* (8) and *MR2* (1) show a clear decrease. The other IM are almost absent.

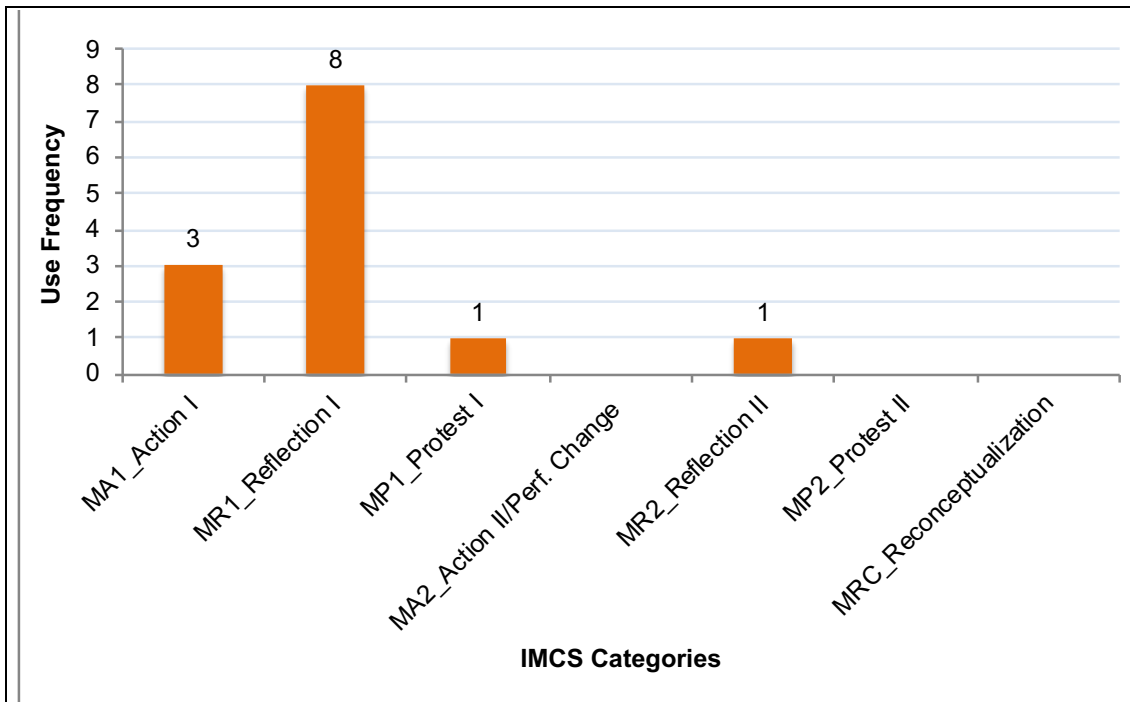


Figure 49. IM Categories frequency evolution throughout session 5

Source: Own elaboration

II. Analysis of the relationship in frequency of appearance in time between PICS's groups and IMCS' groups in session 5

In the current session, the client's IMs seem to be considerably less frequent than in the previous sessions, and they seem to be more used mainly at the first half of the session. If we look at Group 1 (Figure 50), it may be appreciated a slight overall increase of use, which is quite evenly distributed throughout the session, with a slight peak towards the end of it. On the other hand, in regards Figure 51, Group 2 interventions, it can be seen a clear overall decrease in usage, but that as Group 1, is quite evenly distributed throughout the whole session, with a subtle increase at the very beginning.

Following the decreasing trend, it can also be seen that Group 3 (Figure 52) shows a lower frequency of use, yet higher than the other groups, and also quite evenly distributed across the session time lapse. On the other hand, regarding Group 4 (Figure 53), it can be seen that it has maintained the overall level of frequency, and shows a steady frequency peak towards the second half-end of the session. Finally, in regards the

frequency of all the groups together (Figure 54), it can be observed a really even distribution of use throughout the whole session, with a minor high peak right at the end.

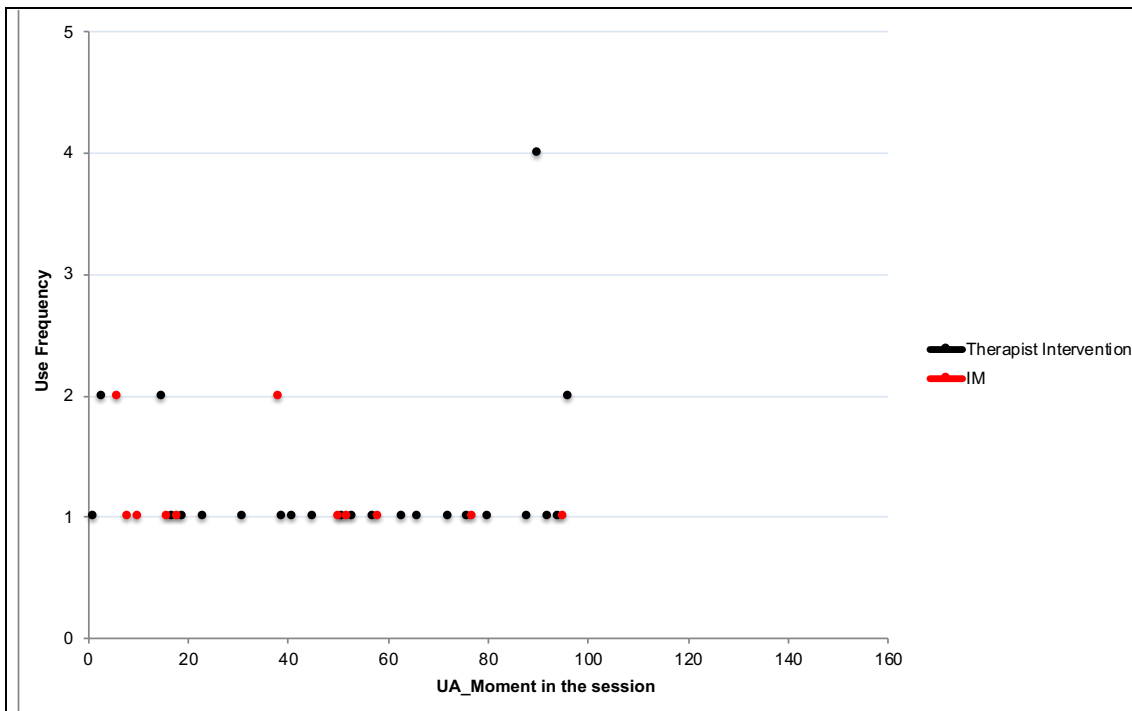


Figure 50. PICS Group 1 and IM frequency of appearance throughout session
Source: Own elaboration

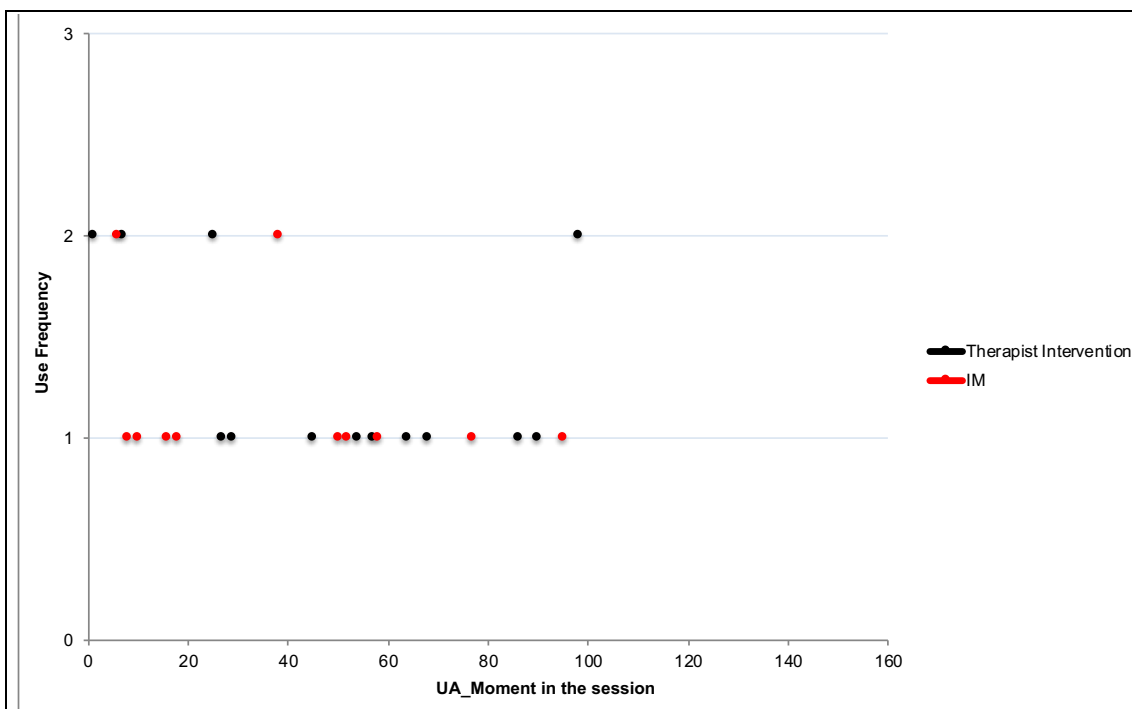


Figure 51. PICS Group 2 and IM frequency of appearance throughout session 5
Source: Own elaboration

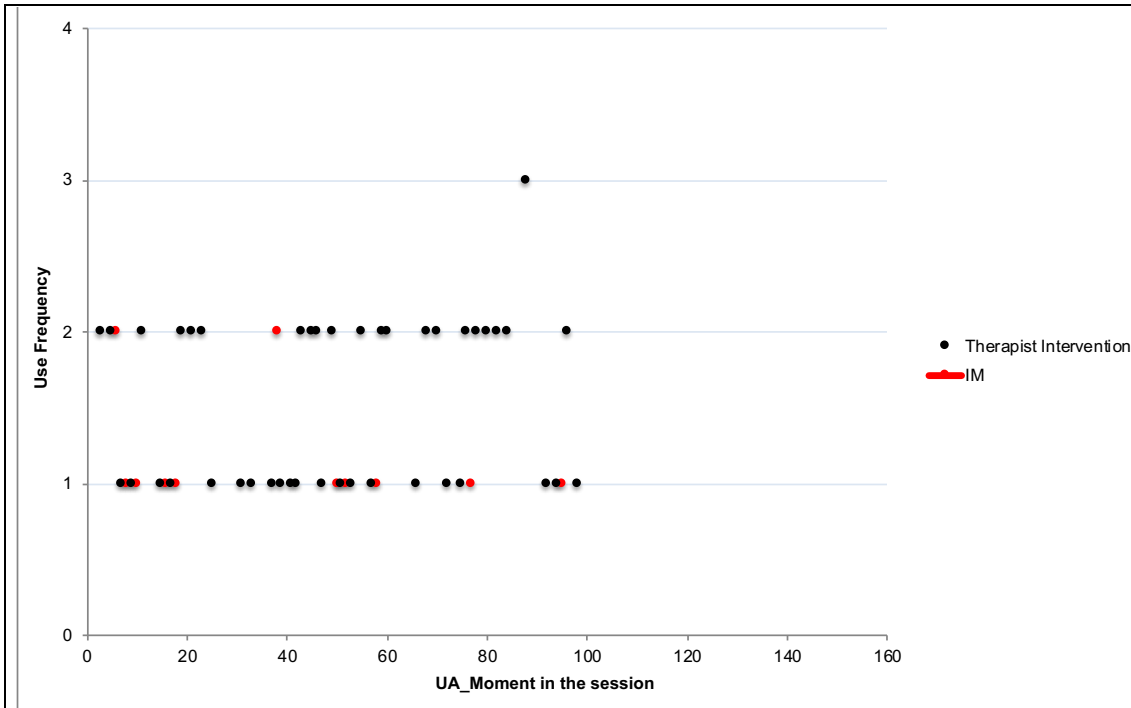


Figure 52. PICS Group 3 and IM frequency of appearance throughout session
Source: Own elaboration

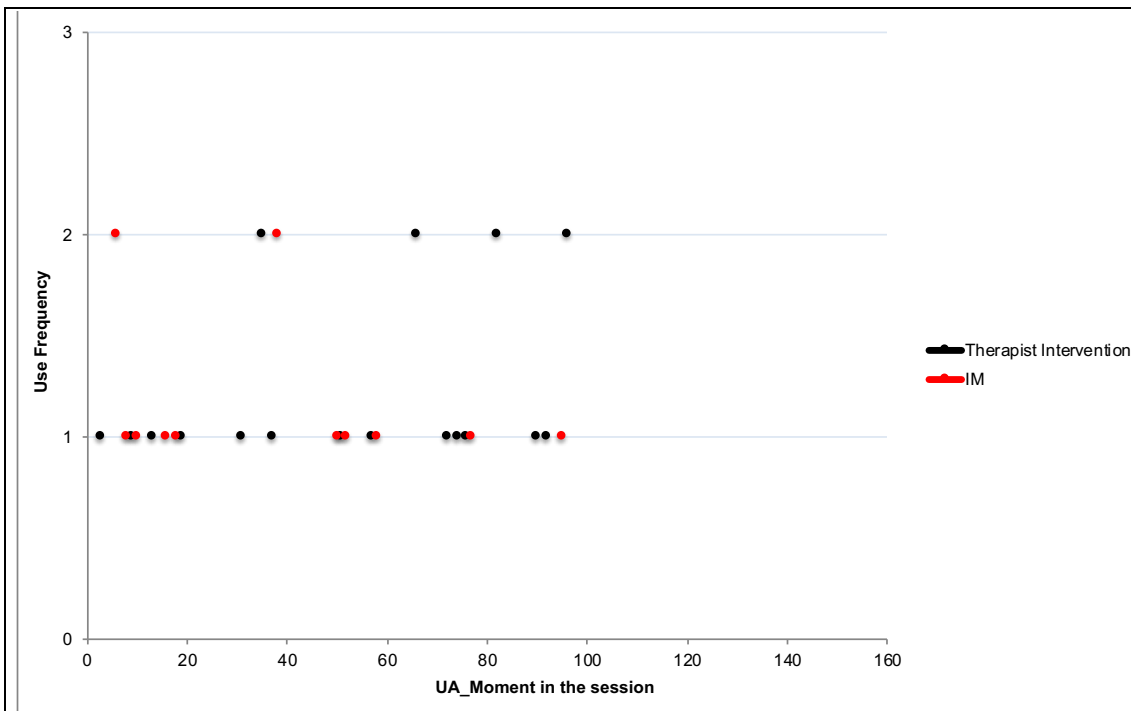


Figure 53. PICS Group 4 and IM frequency of appearance throughout session 5
Source: Own elaboration

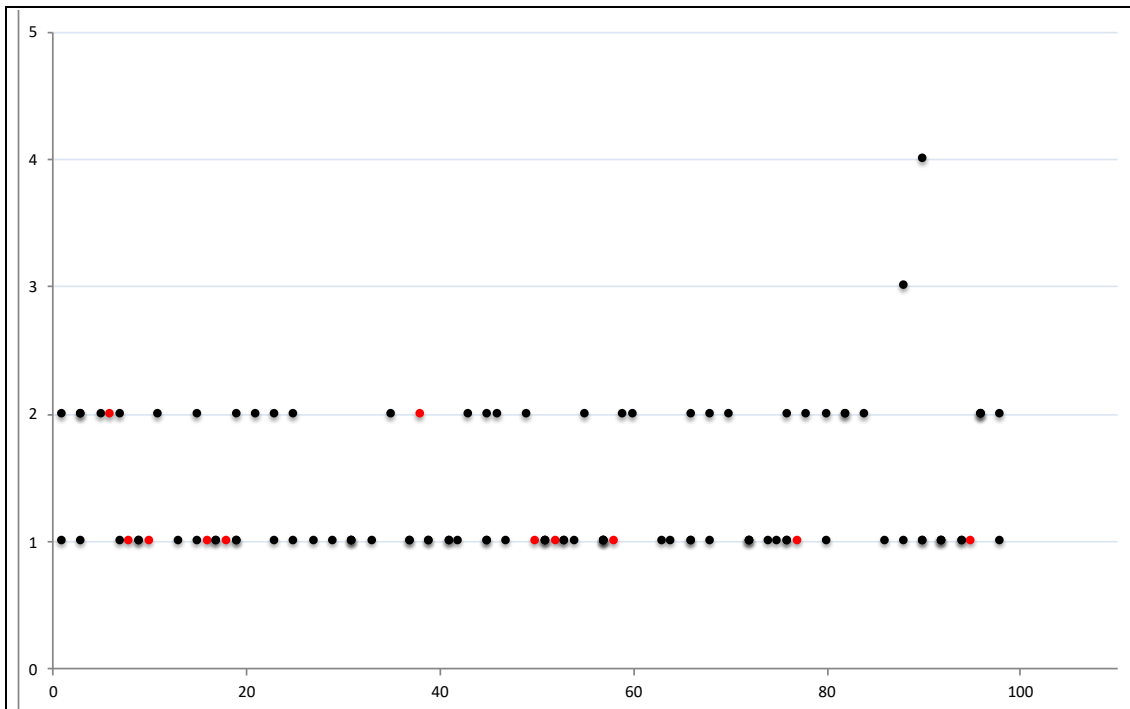


Figure 54. PICS all Groups and IM frequency of appearance throughout session 5
 Source: Own elaboration

Session 6

I. Description of each PICS' categories and groups and IMs' groups total frequency for session 6

- **Psychotherapist:**

As it may be observed in Figures 55 and 56, categories in both Groups 3 and 4 have a significant increase in the overall proportion of categories present in regards the previous session. Group 3 categories such as: *validation/extension of metaphors* (10), *ventrilocuosity* (7) and *mirroring* (7), show a clear increase. Nevertheless, other categories such as: *co-constructions* (4) or *paraphrasing* (16) show an important decrease. In Group 4, almost all the categories draw a remarkable increase, showing an outstanding emphasis in: *validation of alternative narratives* (16), *temporal transformation* (13) and *insight* (9). In this group the only category that show a slight decrease is *recognition of needs* (4). In Groups 1 and 2, the majority of the categories seem to either stay the same or decrease, such as: *thematic focus* (10), *authorization/give permission* (0), *provide comfort* (1), *clarify* (5) or *validation of the client's discourse* (3).

Even though categories such as: *use of consensus* (2) or *use of empathy* (5) seem to slightly increase. Looking at the overall groups, it's clearly visual how Groups 3 (44) and 4 (43) are evenly and significantly more salient. Group 4 showing a clear and outstanding increase. Group 1 (16) follows an important decrease and Group 2 (14) keeps the slow dropdown trend from the previous 2 sessions.

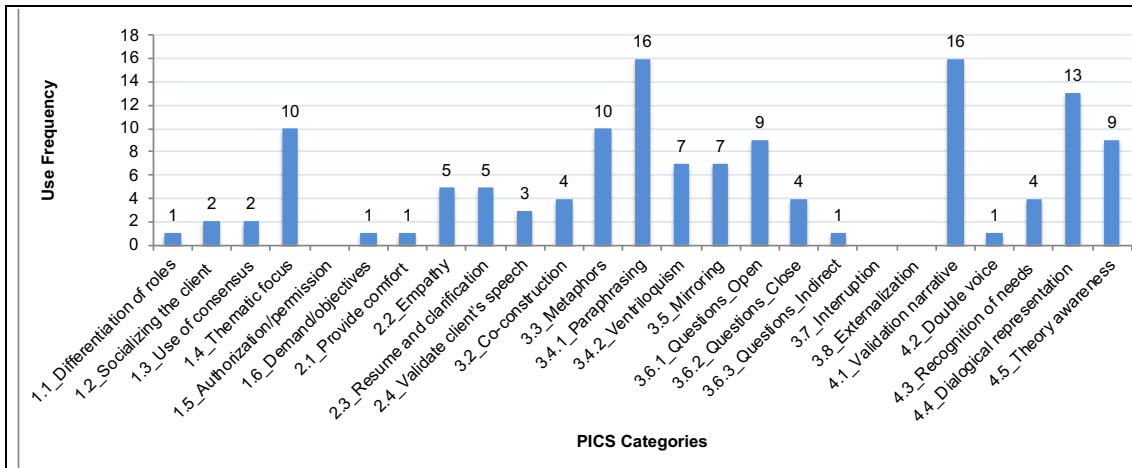


Figure 55. PICS Categories frequency evolution throughout session 6
Source: Own elaboration

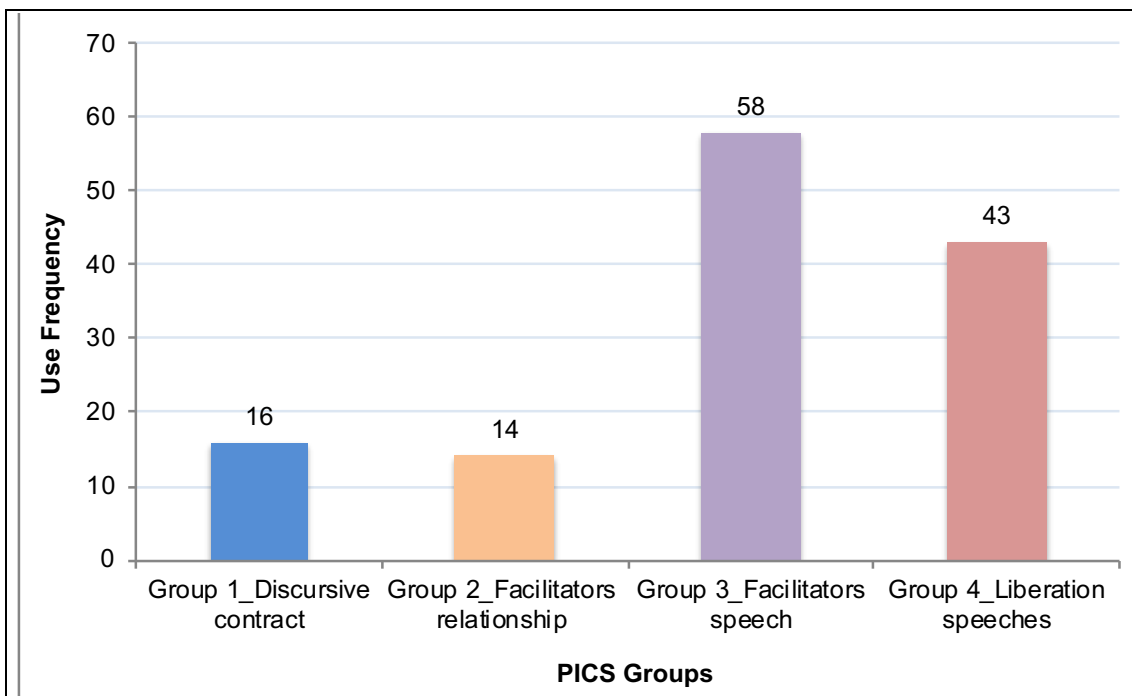


Figure 56. PICS Groups frequency evolution throughout session 6
Source: Own elaboration

- **Client:**

In regards the client’s IMs (Figure 57), there’s a significant change in the trend. It can be clearly observed how *MA1* is completely absent and *MR1 (2)* has importantly decreased. In the other hand, *MR2 (2)*, *MP2 (1)* and *MRC (5)* have almost doubled/tripled their frequency. It must be noted that the overall IM frequency has maintained the decrease trend (10 in total).

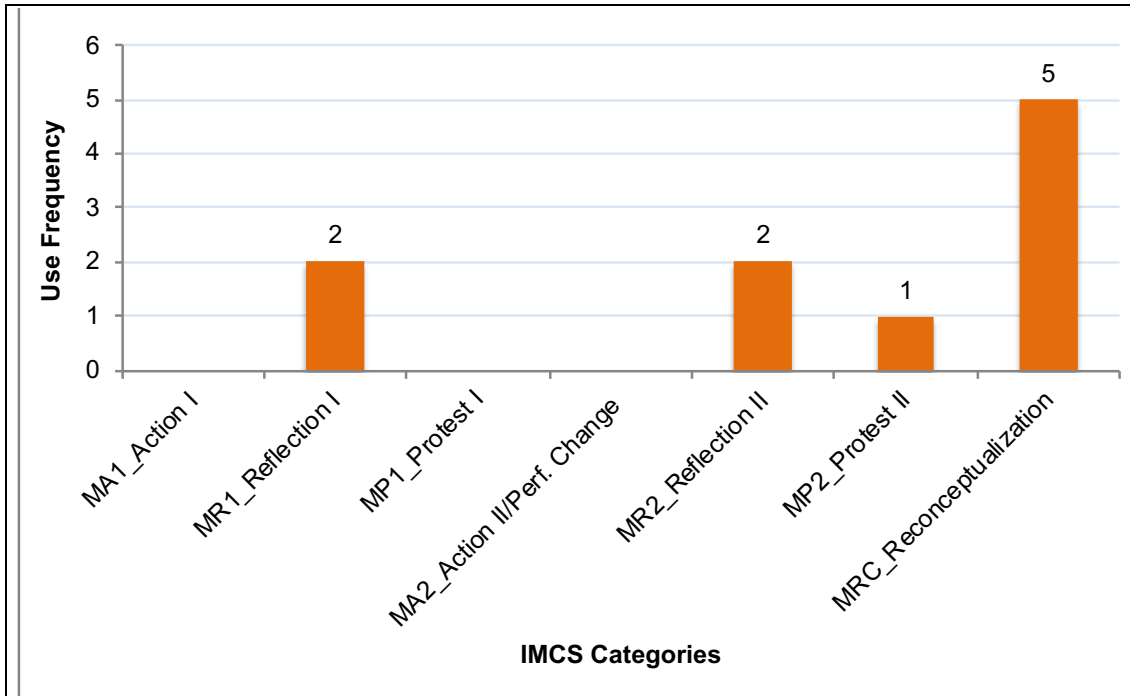


Figure 57. IM Categories frequency evolution throughout session 6
Source: Own elaboration

II. Analysis of the relationship in frequency of appearance in time between PICS’s groups and IMCS’ groups in session 6

In session 6, the client’s IMs are less frequent than in the previous sessions, nevertheless, the type of IMs are longer in time and more meaningful regarding the change process of the client. The IMs seem to be more present mainly at the second half of the session. In regards Group 1 (Figure 58), it can be observed a clear decrease in frequency, and the categories appear more towards the beginning and end of the session. Following a similar pattern and maintaining a decreasing trend, it can be seen Groups 2 in Figure 59, with a slightly higher frequency of use both at the beginning and right at the end of the session.

Regarding Group 3 (Figure 60), it can be seen that the decreasing trend is maintained in regards the previous sessions, yet overall use is higher than the other groups. The frequency of use is quite evenly distributed across the session, yet showing a higher rate throughout the first half of the session. On the other hand, regarding Group 4 (Figure 61), it can be seen a clear increase in frequency in regards the previous sessions. This increase of use is quite evenly distributed throughout the whole session, showing a slight increase towards the end. Finally, regarding the frequency of all the joint groups (Figure 62), it can be observed a really even distribution of use throughout the whole session, yet with a high peak in frequency towards the second half of the session.

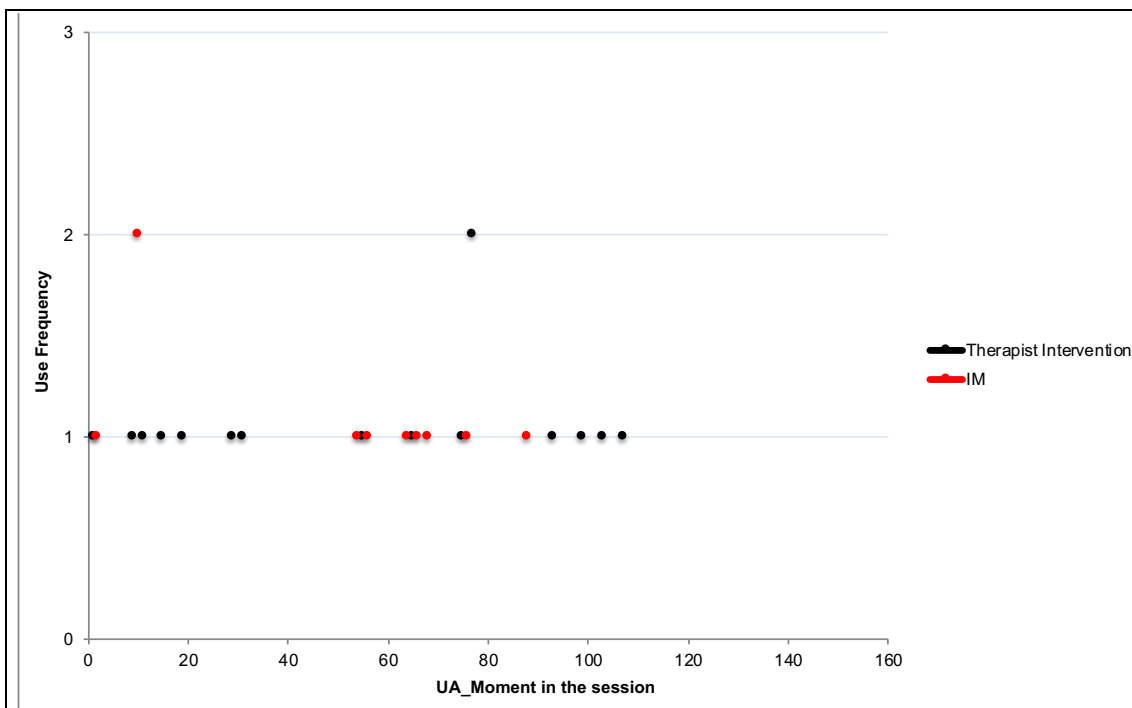


Figure 58. PICS Group 1 and IM frequency of appearance throughout session 6
Source: Own elaboration

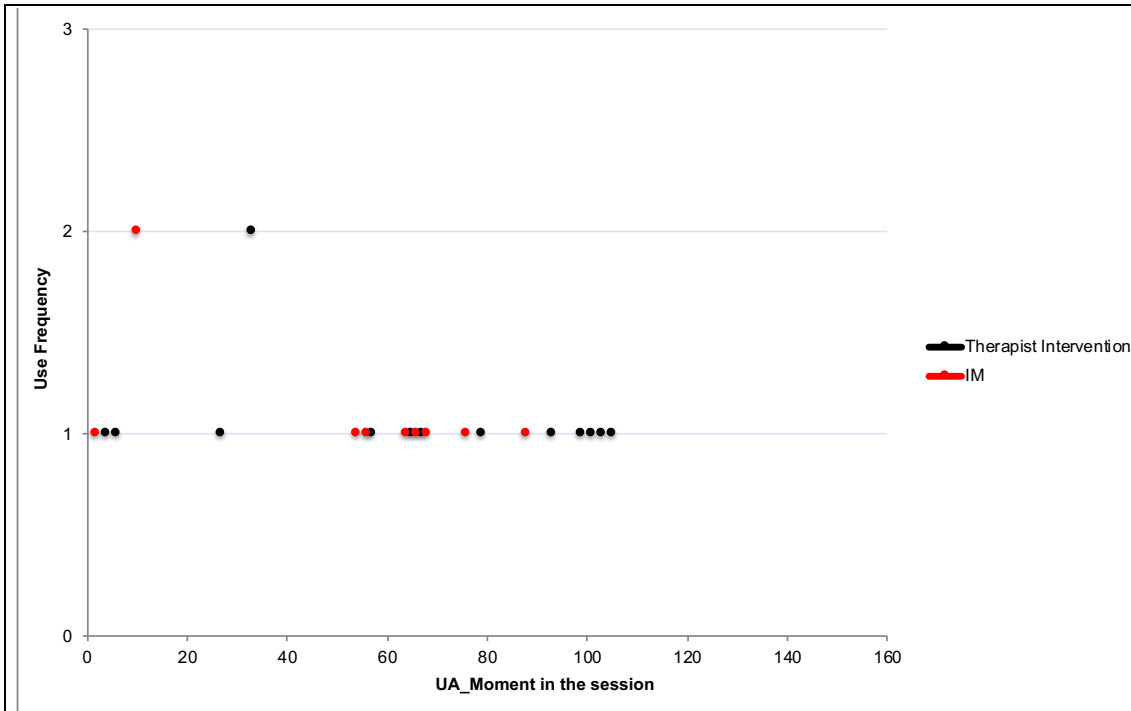


Figure 59. PICS Group 2 and IM frequency of appearance throughout session 6
Source: Own elaboration

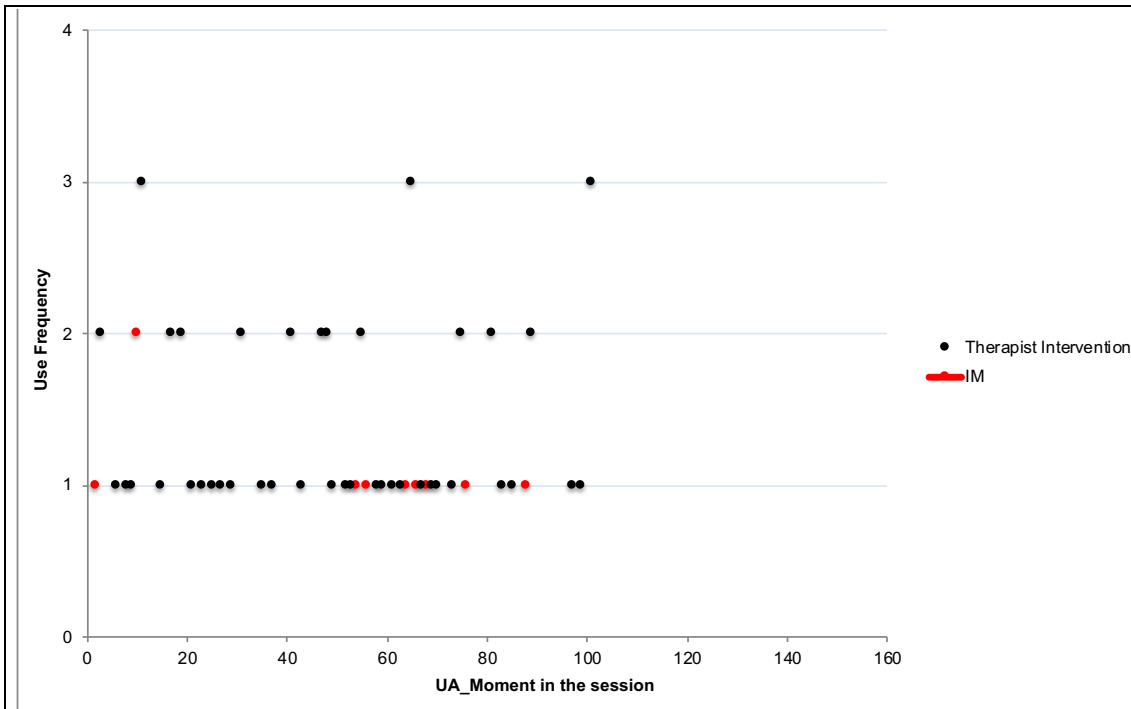


Figure 60. PICS Group 3 and IM frequency of appearance throughout session 6
Source: Own elaboration

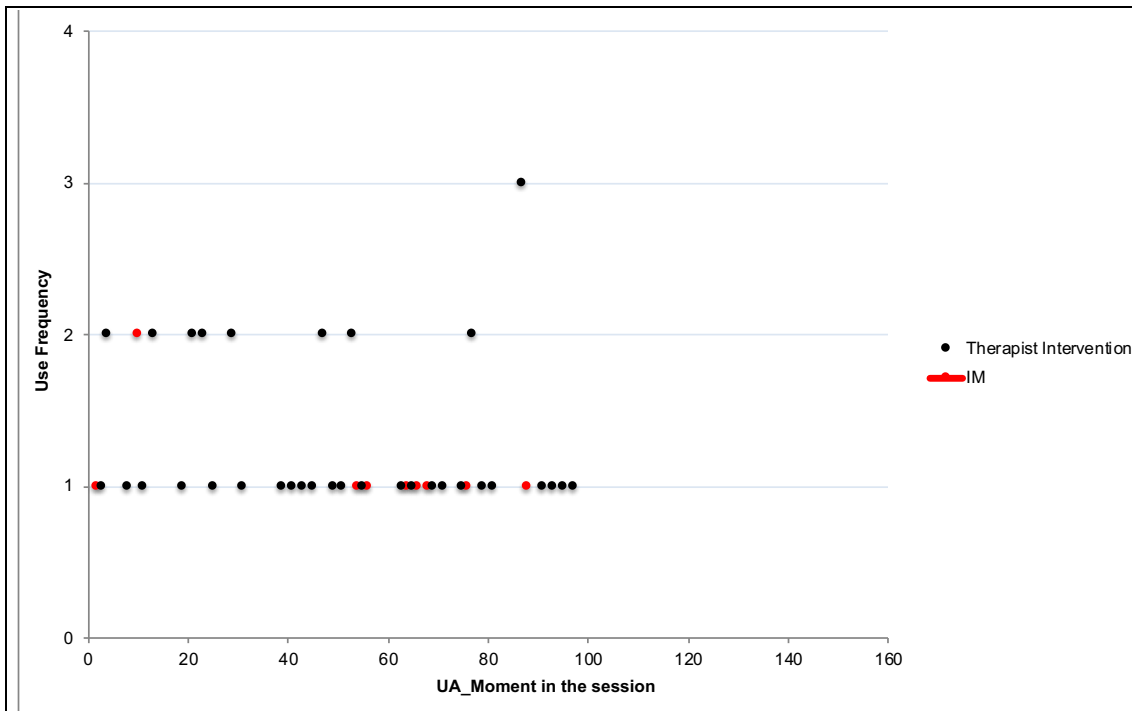


Figure 61. PICS Group 4 and IM frequency of appearance throughout session 6
 Source: Own elaboration

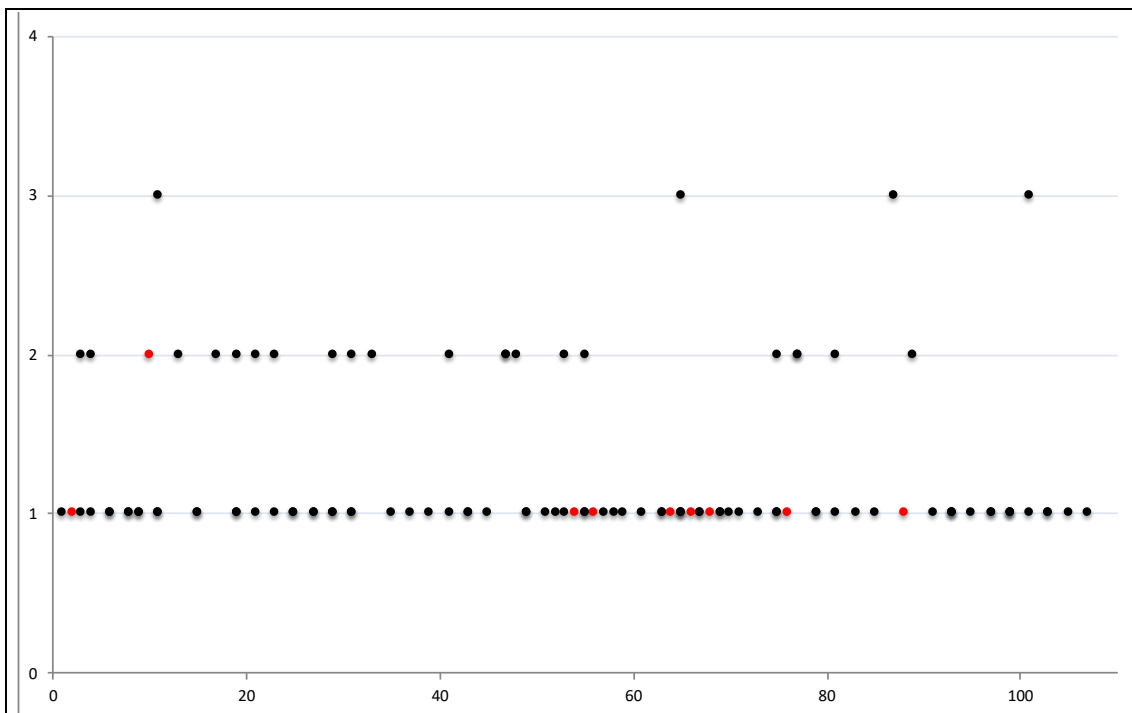


Figure 62. PICS all Groups and IM frequency of appearance throughout session 6
 Source: Own elaboration

III. Description of each PICS' categories and groups and IMs' groups total frequency for the overall therapeutic process

- **Psychotherapist:**

Looking at Figures 63 and 64, it can be clearly noted that Group 3 (263 - without the questions) is the most frequent and prevalent throughout the whole therapy process and in almost every single session. Groups 2 (177) and 1 (162) follow in frequency, even though their appearance throughout the therapeutic process was a bit more irregular. Groups 4 (137) was the least frequent along the sessions, but at the end of the therapeutic process, its presence was increasingly outstanding.

Within the Group 1 categories, *thematic focus* (128) has been significantly more used in comparison to the rest of categories such as: *socializing the client in the therapeutic perspective* (12) or *negotiation of therapeutic objectives* (10). In regards the categories in Group 2, *clarifying* (85) was clearly the most present, even though not always in a consistent way throughout the sessions. Other categories such as: *provide comfort* (30) or *validation of the client's discourse* (37), were also frequently used, but not as much and as consistently. Categories in Groups 3 were the ones most consistently used throughout the therapeutic process, with a clear highlight for *paraphrasing* (129) - this was also the most frequently used category from the whole system. Also categories such as: *ventriloquosity* (40), *co-construction* (39), *mirroring* (29) and the *questions* - all together - (192) were considerably highly used. In Group 4, it can be observed a significant use of the *validation of alternative narratives* (50), in contrast to the rest of the categories within this group: *recognition of needs* (24), *temporal transformation* (22) and *insight* (36). It's important to note that these categories seemed to follow a growing trend towards the end of the therapeutic process.

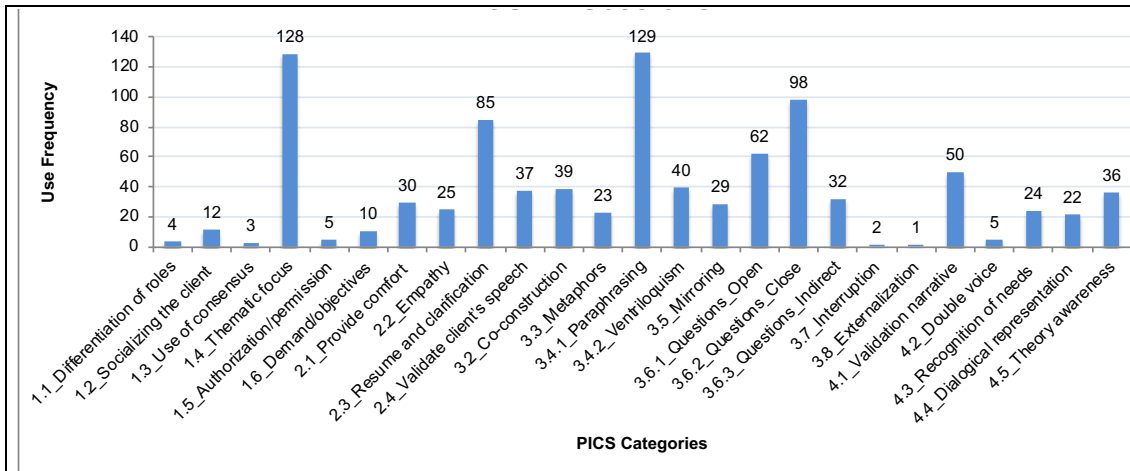


Figure 63. PICS Categories frequency evolution throughout all session
 Source: Own elaboration

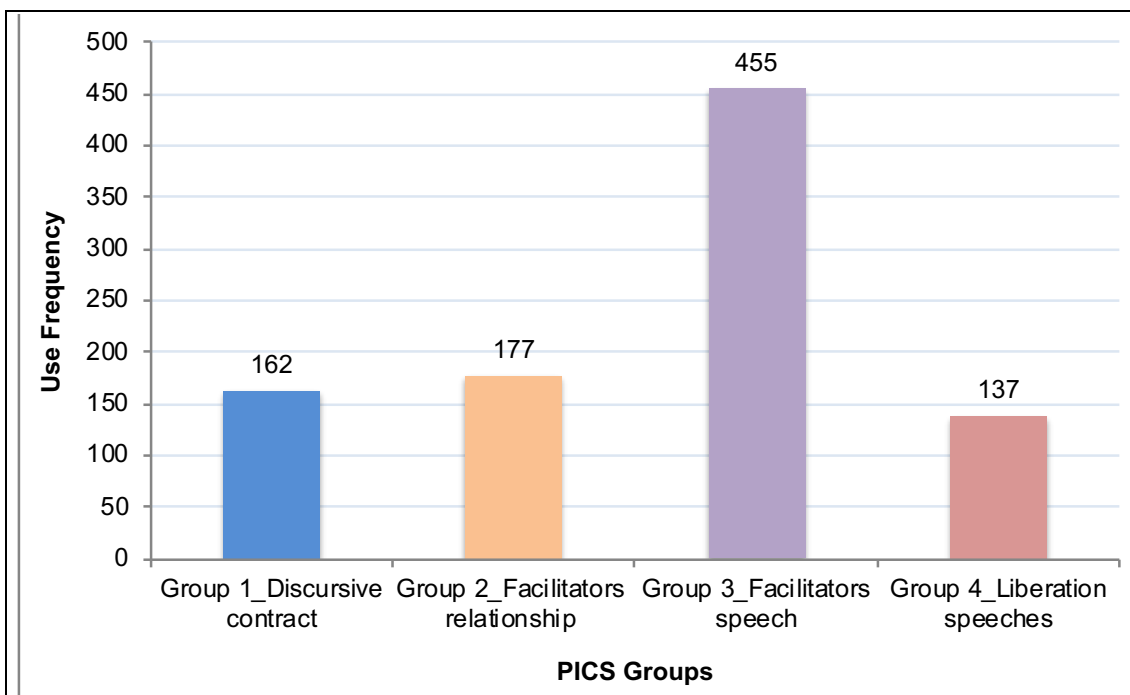


Figure 64. PICS Groups frequency evolution throughout all session
 Source: Own elaboration

- **Client:**

In regards the client's IMs (Figure 65), there seems to be a significant frequency of use of category *MRI* (84), followed from a distance by *MAI* (28) and *MR2* (15). It's worth mentioning that *MRC* (9) increased considerably towards the end of the therapeutic process and that, even though the overall frequency of IMs followed a clear decreasing trend in frequency as the sessions moved on, the presence and durability of more high hierarchy categories (such as *MRC*) increased.

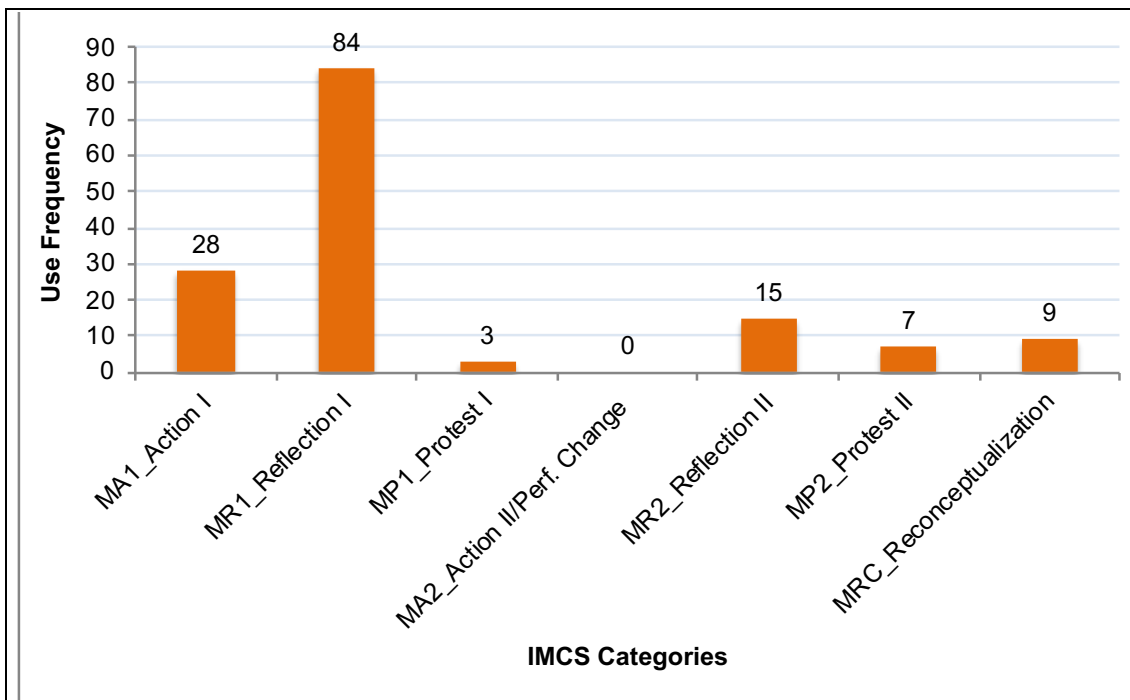


Figure 65. IM Categories frequency evolution throughout all session
 Source: Own elaboration

b.3) Category 3.1 pattern evolution. Reasons for exclusion from the overall groups and it's trend throughout the therapy.

Category 3.1 *Active listening by giving the turn* was chosen to be analyzed separately for two main reasons. In one hand, it was noted that Group 3 was overrepresented in contrast to the other Groups, making it quite challenging to do a comprehensive and visual analysis of the evolution showed by the 4 groups independently and as a joint system. On the other hand, category 3.1 seems to shows a different particularity in regards the other categories, it mainly appears while the client is speaking and we wanted to see if it showed a specific pattern on its own as the therapy process developed.

This section, looks at the category 3.1 trend within each session and throughout the whole therapy process to establish a relationship with the client's discourse development. If we look at Figure 72 it can be noted that this category follows an overall ascendant trend, being session 3 the lowest point (120) and session 5 the highest peak (238). In this same graph it can be observed that the frequency shows a gradient increase

throughout sessions 1 (141) and 2 (163), followed by a slight decrease in session 3. After this point, the frequency of use draws a steep increase in sessions 4 (182) and 5 (238), ending with a slight decrease in session 6 (174).

In order to analyze the trends within each session please take a look at Figures from 66 to 71. In session 1 (Figure 66) the frequency seems to be quite evenly distributed, showing a slight higher concentration of interventions in the first half of the session. In session 2 (Figure 67) it can be observed an overall increase in frequency, also concentrated in the first half of the session. In Figure 68 (session 3) it can be noted the decrease in the overall frequency of use, and once more, the biggest amount of interventions seem to be allocated towards the beginning-first half of the session. In Figure 69 - session 4 - and Figure 70 - session 5 - it can be clearly seen the overall increase in frequency, and even though the distribution throughout both sessions seems more even than in the previous ones, it can be noted two peaks towards the beginning and the end of both sessions. On the other hand, session 6 (Figure 71) shows a slightly different trend, overall frequency is lower, and this time the highest amount of interventions is concentrated at the beginning and center of the session, and draws a progressive decrease towards the end of the process.

Figure 73, shows the overall frequency previously described for the 6 session altogether. In this graph it can be clearly and visually noted both the ascending trend described in Figure 72, as well as the patterns described within each session (Figures 66-71). In Figure 74, the same information is shown, but this graph also includes the IMs frequency to overlap the information.

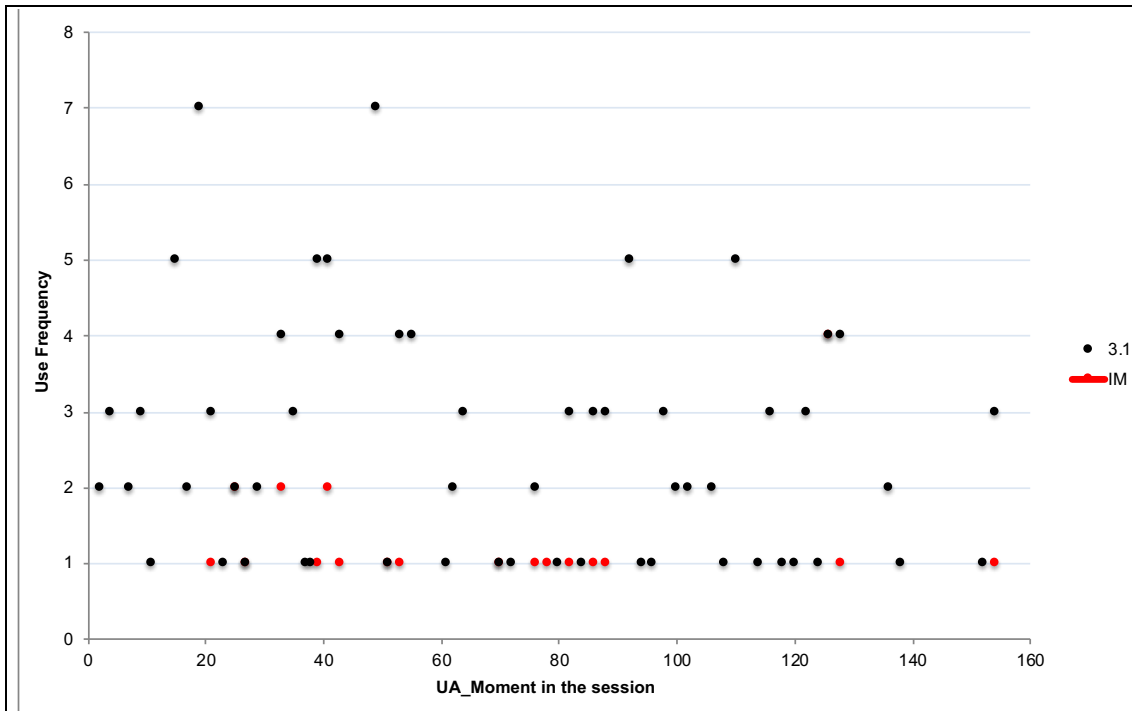


Figure 66. PICS Category 3.1 and IM frequency of appearance throughout session 1
Source: Own elaboration

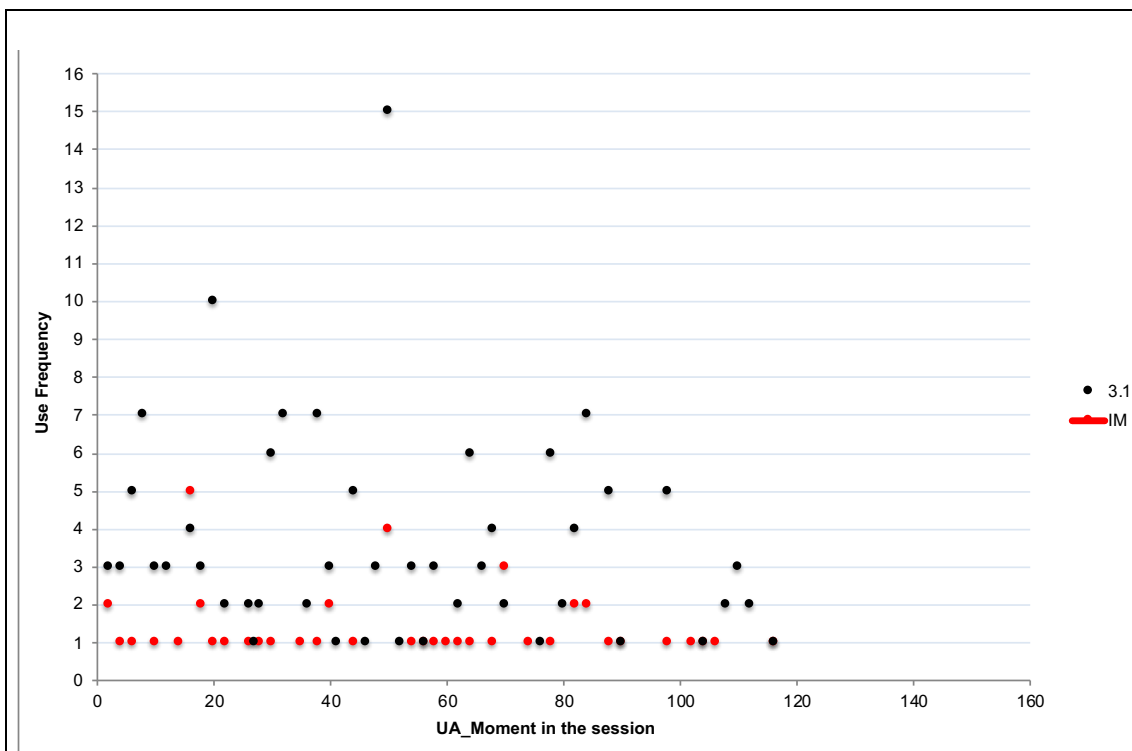


Figure 67. PICS Category 3.1 and IM frequency of appearance throughout session 2
Source: Own elaboration

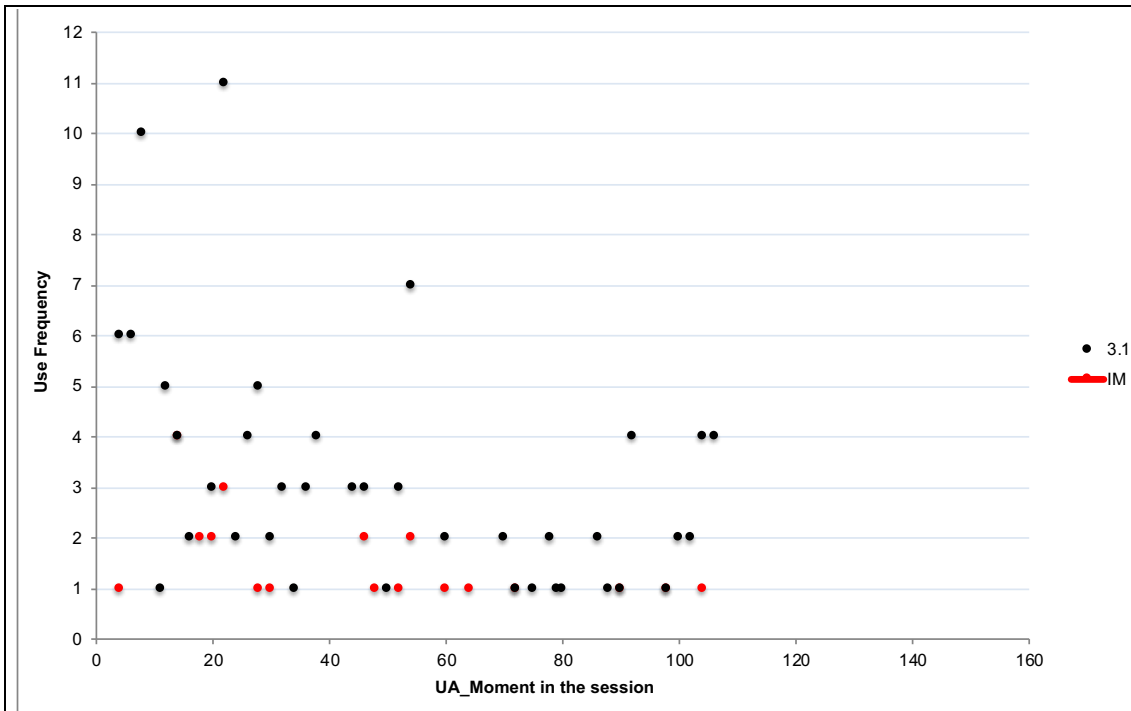


Figure 68. PICS Category 3.1 and IM frequency of appearance throughout session 3
Source: Own elaboration

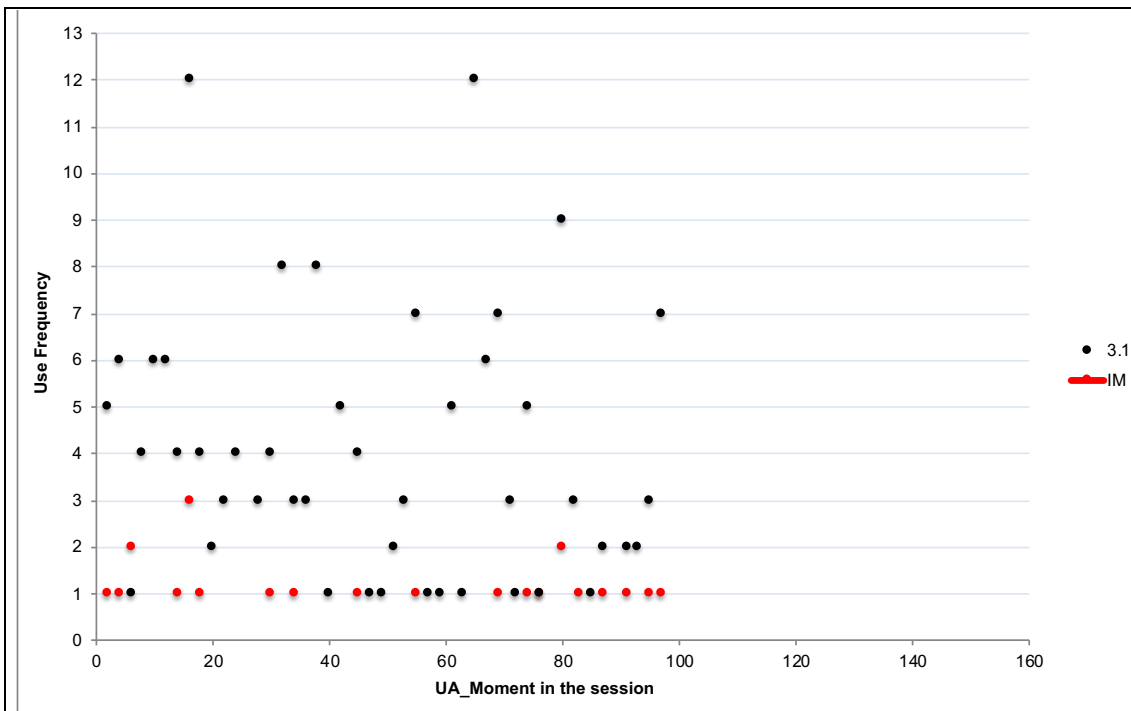


Figure 69. PICS Category 3.1 and IM frequency of appearance throughout session 4
Source: Own elaboration

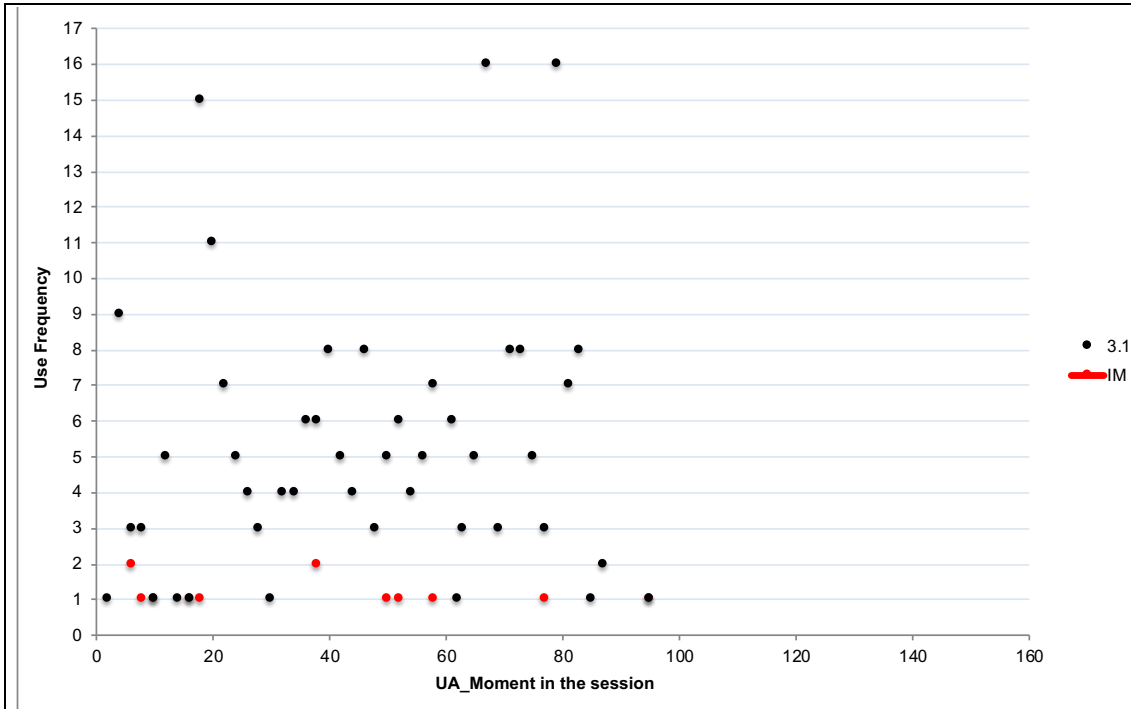


Figure 70. PICS Category 3.1 and IM frequency of appearance throughout session 5
Source: Own elaboration

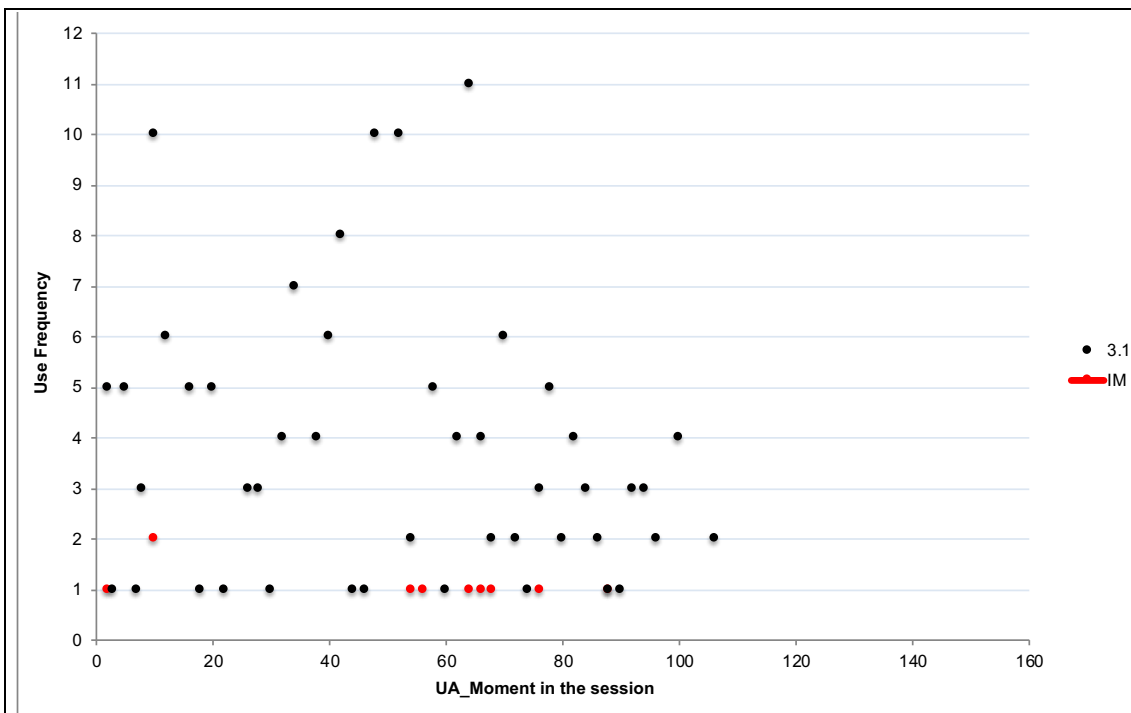


Figure 71. PICS Category 3.1 and IM frequency of appearance throughout session 6
Source: Own elaboration

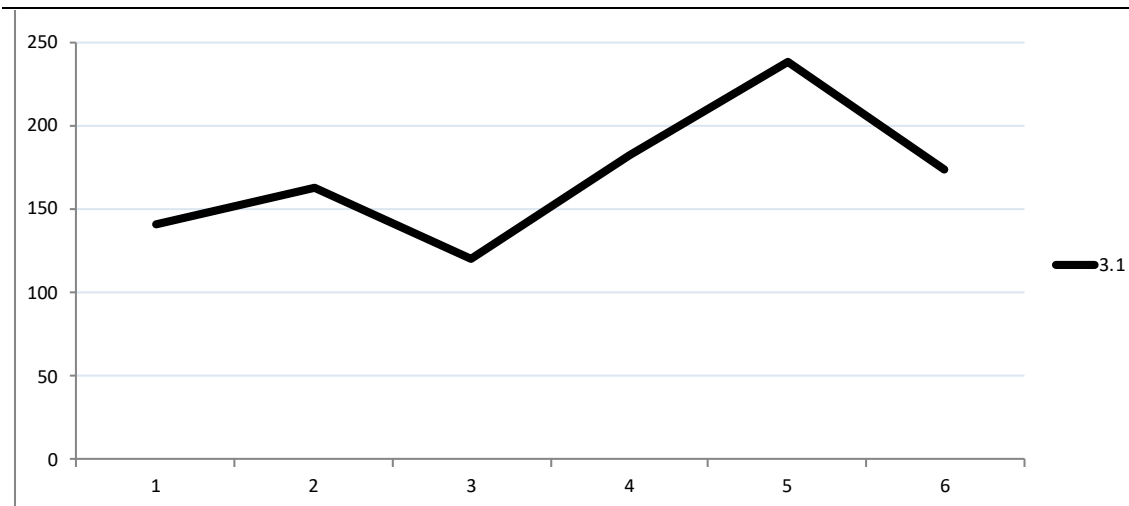


Figure 72. PICS Category 3.1 frequency evolution throughout the 6 sessions
Source: Own elaboration

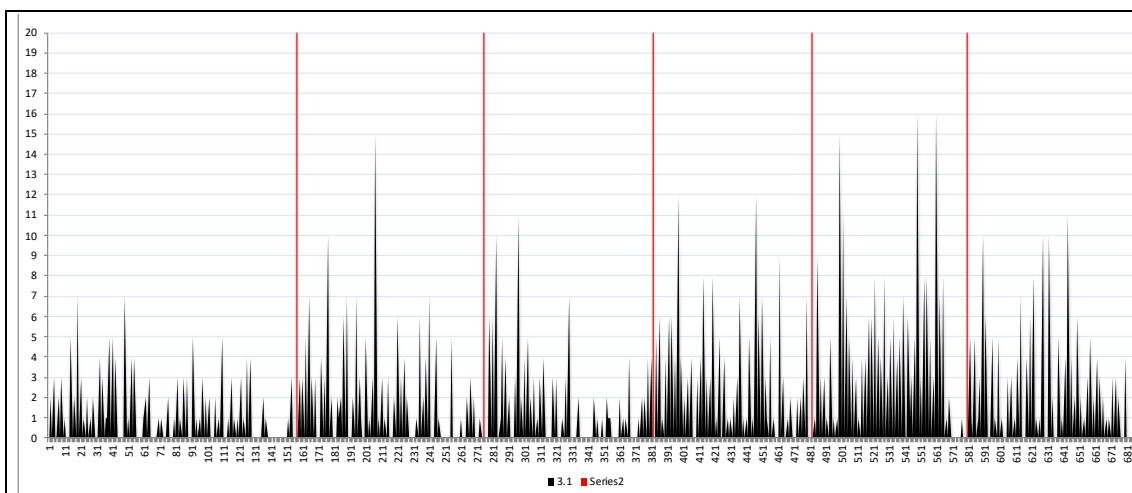


Figure 73. PICS Category 3.1 frequency of appearance throughout all session
Source: Own elaboration

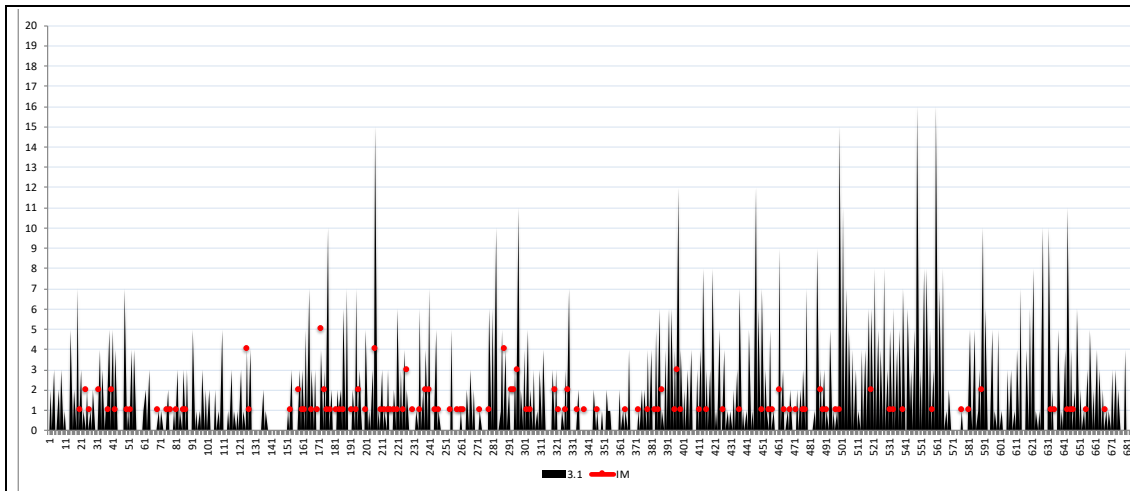


Figure 74. PICS Category 3.1 and IM frequency of appearance throughout all session
Source: Own elaboration

7.2.2 a. Phase 4.a: Qualitative analysis: use of narrative techniques in psychotherapy

The following section describes the qualitative analysis our research team performed in regards the 6 sessions from the psychotherapeutic grief case. This analysis is fully discussed in Aulet, Herrero and Neimeyer (2019). To consult the complete transcripts for each session, with the PICS coding included, please see Appendix 3. We highlighted two psychotherapeutic narrative techniques displayed by the psychotherapist in sessions 1 and 3, and we included the qualitative analysis we performed of these narrative techniques and its implications on the case evolution. For a complete review on these paper, please see Aulet, Herrero and Neimeyer (2019).

The narrative approach in the grieving processes allows us to understand how the loss can contribute to the feeling of fragmentation of one's life story, being perceived with a "before" and "after" the loss or death of a loved one. In this sense, the therapeutic intervention focused on the patient's narrative, aims to help strengthen the sense of continuity of one's life (versus fragmentation) by integrating this loss into her personal history. To do this, patients are faced with the task of having to reconstruct meaning and their own vision to explain their history “with” the loss (Neimeyer, 2019; Blacksmith and Neimeyer, 2006; Neimeyer, Blacksmith & Bottle, 2006).

The process described next, allows to depict the development of the psychotherapy. To do this, it has been emphasized the most relevant aspects that happen in each session from a narrative analysis and point of view.

DESCRIPTION OF THE PSYCHOTHERAPEUTIC PROCESS: SUMMARY AND QUALITATIVE ANALYSIS OF THE SESSIONS

Session 1 - Invitation to write letters

With a blank stare and frequent tears throughout the session, Deborah describes what her relationship with her mother was like before her death: she became her primary caregiver as her mother's health deteriorated and taking care of her was important because it made her feel that she could "be there for her." Since her death, Deborah continues to feel a strong yearning - evident in her depressed and monotonous tone of voice - for being with her **physically** and is struggling to **function** on a day-to-day basis (she has memory losses, has a hard time concentrating and doing housework, lost her job...). In this first session, she also relates that she often breaks into tears in public places and is constantly worried about her mother's absence and her consequent grieving. The relationship with her brothers and sisters is complicated; according to the client, they manifest the grief in a very different way from her, something she interprets as "detachment". When she goes to psychotherapy, she feels lonely and misunderstood by family and friends.

At the end of the session, the psychotherapist proposes a frequent narrative technique used in grieving psychotherapy from a narrative perspective: writing a letter to her mother (Neimeyer, 2012). The value that this technique brings to the intervention strategy has to do with the **continuity of some kind of symbolic relationship with the deceased person** and not with the closure or farewell of this person. Specifically, the letter proposal is introduced in the last 10 minutes of this first session and involves establishing contact with her mother to explain how she is now that her mother is not, express her current needs and **reopen the conversation that was interrupted with her death.**

T: I'm wondering now (...) if you were to write a letter to her about how your life is now and about what you need now. Almost like trying to reopen the conversation with her that was closed by her death. I wonder how that would be for you? How does that idea sound to you?

As can be seen in this fragment, at the end of the prompt the psychotherapist is interested in knowing the client's opinion regarding the proposed technique in order to make sure that this technique makes sense to her. To facilitate the process and help Deborah to carry out this letter, the psychotherapist helps her start it, by giving ideas such as how to address to her mother:

T: Would you refer to her as mom? Or what was your way of calling her?

Once this aspect was clarified, the psychotherapist intervenes to facilitate the first sentence of that letter:

T: Dear Berdley [affectionate nickname]? (...) I wonder ... if you were to start this type of letter, what would be the first sentence of that letter?

C: I guess I miss her.

T: What do you miss most about her?

C: She listened

T: yeah, you always listened to me. You were the one who listened. What did she hear that others didn't hear?

C: she always encouraged me. She told me that I would be fine.

At first Deborah is doubtful, but as the psychotherapist gives her some suggestions, it can be seen how she ends up accessing and assessing the positive aspects of this type of narrative exercise. In the last intervention it can be observed how the psychotherapist uses the client's voice in his intervention. At the end of the session, the psychotherapist suggests Deborah to continue with this letter, and adds a new indication: **to write a return letter as if it were her mother who responds to her letter.**

T: Deborah, I wonder if this could be the beginning of a letter you could complete for yourself: Dear Berdley, I miss you, you listened to me, you encouraged me,

*you always told me it would be fine. Right? There could be other felt issues that follow this. And then I wonder, since I see that she was the one who told you these things, who listened to you, if it would be possible to **write a letter from her addressed to you, to continue the conversation.** (C: Yes) Just as you have written to John [brother] on his part, now write on his part for you. What did she call you?*

Note in this fragment how the psychotherapist introduces the idea of **continuity of the bond (continuity of the conversation)** and invites her to write this second letter starting in the same way as the previous time: facilitating the way in which both called each other to generate affectionate nicknames that help in the elicitation of the feelings. Again, and following the same pattern, the psychotherapist checks the way the client receives the instruction:

T: So, a letter of the kind Dear Debbie could go on and probably rescue some of the things you were saying and trying to restore this conversation that is so important and has been interrupted by its loss (C: good). how does it make you feel?

Deborah responds "scared" and the psychotherapist explores what part of it scares her the most:

T: What is the scary part?

C: It is painful.

T: Yes, yes. If it is too painful, what could you do to try to manage the pain? Because obviously, these are not easy words to write. So if you need to take some kind of breath, how would you do it?

During the next speech shift, the client anticipates ways she could handle the pain. At the end of the intervention, both the client and the psychotherapist reinforce the **meaning of writing both letters**. It is clear that, despite the initial difficulties expressed by Deborah, it makes sense for her to incorporate this technique as a way to work her blockage in her grieving process:

C: (...) Sounds like it's a good idea. And it would be a way for me to be able to reconnect with her, (T: reconnect with her) (...) reconnect with some of the thoughts and things she might have had (T: feel those thoughts again) So I can be in a more positive place.

T: uhuh. It's something like reconnecting with her can reconnect you with positive thoughts that were really encouraging, and these ways she once gave you in the form of physical words (C: yes) Having these words inside you would be healing. I like that idea.

Note how towards the end of the session, the psychotherapist achieves with his interventions that the client endorses the technique, finds a meaning in it and sees positive consequences as a result of carrying it out. In this first session, it can be verified the establishment of a good alliance based on the emotional bond established between psychotherapist and client, the agreement on objectives and the tasks proposed for the next session.

Session 2 - First letter "Dear Mom: I miss you"

Deborah comments on how she is trying to reestablish the relationship with some of her family members, as well as aspects of her daily life; she shares a feeling of **resentment** towards her mother that is explained by having been the little one of the family and having received less attention; she is trying to **give new meaning to his relationship with her mother**. In this session, Deborah appeared dressed more neatly and formally (in contrast to the most neglected and discouraged appearance of the previous week), establishing greater eye contact and with spontaneous smiles and laughter. In this second session, she and the psychotherapist reflect on **how having written the letter to her mother has helped her**. Deborah considers that she should not focus on reproaches but on telling her how much she misses her and the elements she now values of the relationship they had. The letter seems to be more focused on **conveying gratitude and giving her mother a new place** in the "beyond" from where she continues to care for and watch over her and her family. This session also focuses on **talking about aspects that do not work in her daily life and highlighting the changes that are slowly appearing**: sleeping more, doing again things she enjoys doing, learning from the mistakes of the past, or starting to take care of herself physically again. The

psychotherapist **validates** this new position and **reinforces** the fact that the client is open to change and to receive help.

During the first minutes of the session both client and psychotherapist exchange aspects about the task of writing the letter and towards the minute 10 the psychotherapist asks the client if she would like to share her letter, reading it slowly in order to pay attention to this task during this second session shown the letter below:

C: Sure, "Dear mom, my dearest Birdle. I miss you. It's hard without your guidance and encouragement. I am doing what you told me to do almost 26 years ago and completing my associates degree. (T: mmm) I am writing to your son John. It is very hard for me to function. I have not worked since September 2006. I pray to god I'm doing what I'm meant to do in this lifetime. How I miss your words of wisdom and the way you always tell me to keep up the good work. I know you are in a better place and I will see you again I'm sending you the biggest hug and trying to be the person you raised me to be. (T: mm) My prayer is that my blankness of thought goes and I am able to concentrate on the gift god gave me of having a mother like you for 43 years. I know you're keeping track of us as your love lives in us all. I just wish that others in our family would have some of the empathy, faith, and trust that you so graciously taught us. Until we meet again, hugs and kisses, your daughter and friend, D."

T: ohh, gosh "Your daughter and friend. your daughter and friend". That's such a loving letter. And just filled with such kind of gratitude and generosity of spirit in relation to her. What parts of that were most, um, moving for you to write? Were there particular words or phrases that really, as you came upon them had a special tug or meaning?

In this first intervention after the letter a validating response from the psychotherapist can be observed not only reinforcing the loving aspect of it, but also for using the constructs that, previously in session, the client has used to refer to her need for her mother and her grief ("gratitude" and "generosity" instead of resentment). In addition, the psychotherapist adds an intervention in this same speech shift in which he explores emotions during the task and moments of emotional peak and implicit meanings.

During the rest of the session, the client exposes the history of resentment and the psychotherapist explores about it and the contribution of it to the complication of her grieving. In this second session, the client emphasizes having been writing a lot and shows a change:

C: I have been on that path. [she refers to the path in regards the change she is looking for] (T: you have been on that path) I feel better about myself today. (T: uhuh) you know I didn't have the overwhelming feeling that um I need to stop what I'm doing (T: wow) and do something else. It's self-defeating you know...

During the rest of the session, this vicious cycle is identified, the content of the letter is worked on and the changes are related to the person Deborah is becoming.

Session 3 - Mom: I return your legacy and ask you permission to be me. Anniversary letter after mother's death and conversation with mother in the empty chair

The third session begins with the client pointing out that recently it has been the anniversary of her mother's death and this has made her feel sadder than usual. **On her own initiative, Deborah again uses the strategy of writing a letter** (since it went well after the first session) to manage that feeling. In this session, the client explains that **writing has allowed her to reflect** on the fact that in the recent years **she has focused so much on reproducing the model and being like her mother that she has forgotten what it is to be herself and take care of herself.** This awareness of her own (lack of) identity helps Deborah **start the changes in her life** - recovering studies and a new part-time job - and the way she relates to family and friends. Feeling productive again is gratifying and she reflects on **how writing the letters has helped her make this "insight"** and move from a feeling of deep sadness, to a more nostalgic one for the absence of her mother. An example of the reinforcement that the psychotherapist gives to these positive results regarding the client's writing can be found in the following intervention right at the beginning of the session (minute 2):

T: So as you look back on it, what became clearer to you is that you had this kind of obsessive need for others to almost fall in line with your needs and how you

were feeling and thinking about her loss. (C: right) And somehow by writing about it, taking perspective 2 years and 2 months later, you started to let go of some of that obsessive need?

The psychotherapist formulates in question form his interpretation of the virtue of writing since putting words to what was happening seems to be contributing to a distancing and awareness that the client sees as positive.

Once again, the psychotherapist invites the client to slowly read the letter she has written. Deborah reads it, five minutes after starting the session:

C: *I actually wrote it yesterday on her anniversary (T: mhm). Dear mom, you were always the keyholder for the family problems. You had an instinct about what to do in every situation. You had a gift of being everything for everyone in our family. You always made sure we felt loved and special. **Since you've been gone from this world, I've tried to be you within our family.** (T: mhm) **I am returning your legacy to you.** Our family has no acceptance, nor have they asked me to fill the hole that was made from your departure. You had one bad characteristic, and that was that you worried about us a lot. I picked up this negative characteristic of worry about the family. (T: ahh) This is something that I've gone overboard with to the point that I often do not know what I am supposed to be doing. (T: mm) So, **it is the first thing that I must practice.** I cannot help somebody unless they ask for help. I need to let go of other people's difficulties and understand that in order to help others I need to let go of my own negativity in order to progress in school work or anything that I'm working on. Most of all I need to recognize that people are who they are and I cannot make them into a person that I'd like them to be. **Mom, I'm asking your permission to be me. I'm going to allow myself to be OK with who I am.** I need to practice on my own individuality, have faith that I'll be OK with myself. I have all the wonderful wisdom you taught me, and one of those things is the power of prayer. Love, your daughter and friend, D.*

This new letter, the client's initiative, is the result of the need to write after a date that is usually significant in a grieving process: **the date on which the loved one died.** Once again, the narrative technique of the letter is shown as beneficial in the process of

elaboration the grief since it allows the client to **keep the symbolic conversation alive with the deceased person in regards close issues that would have been left open after the separation**. In this case, the key point lies in the need for permission that Deborah needs from her mother to reconstruct her own identity and be herself without feeling guilty for not continuing to act as her mother would have done. Again, the psychotherapist reacts by validating the sweetness and affection contained in the letter as well as the connection with her mother. In this session the psychotherapist works on strengthening the identity of the client with interventions such as the following:

T: So, it it seems that in letting go of being 'mom', you made room to become Deborah again, reaching back to who you were, who you have been and also reaching forward to who you want to become.

During the first half of the session, the client relates this letter to the first letter she wrote, becoming aware of the person she wants to stop being, the vicious circle she was trapped in, the person she wants to become and the acceptance that her mother will not return. There is a first real acceptance of death as well as an effect on the reconstruction of their identity.

Towards the middle of this session, the psychotherapist suggests Deborah a **variation of the empty chair technique**, in which **he suggests sitting in a different chair to "be her mother"** so that she can have a conversation with her about Deborah and the changes she is experiencing:

*T: (...) I kind of had an idea as we were talking of this notion of um almost of getting mom's permission for these changes that you want to make. And the thought was, **I wondered if we could have a conversation here in which I could sort of interview your mom briefly about the person her daughter D is becoming. Would that be interesting to you?***

After a small doubt, the client agrees and throughout the conversation the psychotherapist keeps writing down significant words or phrases about how the client **reinforces** aspects of the change (such as that she needs to be herself and try to stay more with the positive things). Likewise, they **validate** aspects that she already showed, such

as concern and attention for others, but from a more adaptive and functional perspective. An example of how the psychotherapist helps Deborah distinguish what she wants to keep from what she wants to leave behind is revealed in the following **intervention of the magic pencil**, while talking with ‘her mother’:

T: *Sure and you really want the best for Deborah. And so if you had a kind of almost like a magic pencil, right, with a lead on one end and an eraser on the other, what would be some of the positive traits that you would write out for her to continue to carry forward with her life, traits that really came from you?*

C: *a loving understanding of self*

This concept is elaborated below during the rest of the conversation the ‘mother’, a conversation that the psychotherapist closes as follows:

T: *(...) Do you have any kind of closing words for her at this point? Knowing that there might be future conversations between you, there almost certainly will be, but for this piece of the conversation, any closing thoughts?*

Notice how the psychotherapist leaves an open possibility to the continuity of the bond while trying to close this dialogue and establishes a farewell with the mother, while making sure not to leave anything relevant to say at this time. The closing words of the mother, through Deborah, are the following:

C: *I think that she should find something that she has total joy with and not worry about the little stuff. (T: mhm) That if there’s joy then everything else is going to be ok.*

T: *nice. Thank you for letting me meet you Pat, it’s been a pleasure, you mind if I go back and talk to D for just a few more minutes*

C: *I think That would be good [laughs]*

After about 10 minutes of conversation with the mother, the psychotherapist asks the client to return to her chair and they both comment on the interview and the experience, while the psychotherapist reads to the patient some of the fragments he noted.

Deborah cries emotionally, and explains feeling good with the words she is receiving and how they reaffirm the elements of change and transformation.

During the final part of this session, Deborah insists on the idea of continuing to write words that her mother would have said as a way to internalize them and make them her own, something that the psychotherapist validates:

C: *It's really the path I'm on. in fact That's why I'm finishing my degree, (T: mhm) that's what she always told me, nobody can school away from you. (T: mm) If you learn something it's yours forever. (T: yes) and uh, Especially if you have a piece of paper. you know, (T: yeah) It's kind of a triumph, (T: it is a triumph) even though she's not here, (T: it is a triumph) a triumph for her as well*

T: *a triumph for her as well. you're doing it for the both of you. And you are learning something that you can take with her even here working with me aren't you? (C: yeah) And you have a different kind of paper to take with you. right? not quite a degree [both laugh] it's not as handsomely framed as that uh certificate that you'll put on your wall one day, but...*

C: *This is something I may type, because they are words of wisdom. And I'm sure that these would have been something similar that my mom would have said.*

T: *Yes, yes!*

C: *And It's a good practicing tool for me when I want her words, that I have them.*

T: *What a beautiful idea. When you want her words you can have them. And the typing is kind of exercise that kind of puts them out there and makes them available to you. (C: mhm) Would you be willing to type those out and you may find that other words add to those words, like maybe it will be just like it is or maybe it will evolve. But could you bring that in and share it with me next time?*

C: *Yeah I think that will be a good idea, and good exercise (T: yeah) and keep me in the uh positive swing that's been forming in my life these past couple weeks.*

T: *Yes, it really feels like transformation to me. too, and I'm just uh, I feel very privileged, very honored to be so close to you in this. you know, Really in an audience to this change that you're bringing about, a witness to it. so, Do you have any closing questions for me at this point in this conversation?*

Once again, the session is closed with the validation of the change, reinforcing the writing as a good therapeutic tool and ensuring that the client does not want to add anything else that might be relevant at this point.

Session 4 - Mother's birthday anniversary date, grieving dreams and internal scanning

Deborah begins by commenting on how busy she is in relation to her new job and monitoring her studies; However, the fact that **her mother's birthday** is approaching makes this month hard for her; she says she still has some blank moments (less), and explains having frequent **dreams** with her mother. In a grieving process, dreams usually have their appearance and serve various purposes (Worden, 1997) such as helping to assimilate the loss or reflect on its meaning. Aspects of the technique practiced in the previous session are discussed and how she is more aware of what she is changing, especially in regard to her excessive concern for others. The fact that her mother "**gave her permission**" in the previous session to make these changes seems to have a lot to do with the relief of her grief:

C: It was, it was a way of, um identification. first, I had to identify that I was doing these things, (T: uhuh) and then as I typed them and acknowledged them and made them real it gave me an understanding that I could let them go. cause In a lot of ways I don't think I saw that, (T: wow) I didn't even see that I was doing all these things until um we continued to talk about it or I was getting you know a negative response to something that I did that was wonderful. (T: uhuh) you know. so um

Throughout the session they also comment on strategies that Deborah implements to avoid falling into old "vices", and ways in which she tries to balance what she feels and the changes she is experiencing. They talk about the "**void**" she used to experience (and that has now subsided) and the psychotherapist performs a technique closely related to meditation which he calls "**internal scanning**." This aims to identify physical elements that were present and are no longer there, other that may remain more residual and some positive aspects that have appeared and deserve attention. Both relate the void to the physical absence and the moments that can never happen again and how, to fill it, Deborah begins to focus on the more **spiritual** and emotional element of what remains of

her relationship with the mother. **Positive aspects of the relationship with the mother** are rescued and after the technique they comment on the experience.

Session 5 - Rituals, dreams, self-affirmation, spirituality and evaluation of the objectives

The fifth session begins by recalling and commenting on the experience of the technique used in the previous session and the impact that this had on the period between sessions. The client comments that as her **mother's birthday** approaches she feels sadder and they discuss the way she deals with it by calling one of her older sisters, with whom she has a better relationship, or bringing flowers to her mother's grave (**ritual**). In this session, Deborah is repositioning herself in her relationship with her friends and her daughter and how it is becoming important for her to start saying "no" in some situations. Deborah explains another **dream** linked to her mother; in this case, she interprets it as the way her mother is telling her that she is fine. This opens a space in the session to talk about something more spiritual centered on Deborah's beliefs and how they are helping her to elaborate her grieving process and her relationship with others in terms of generosity and help. At the end of the session, the psychotherapist brings back the therapeutic objectives that they had agreed on at the beginning of the process and asks the client how she would like to focus in regards the last session. In this way, he invites Deborah to reflect on the changes she has been experiencing and that they have been discussing since the first session and asks her to **write down** these ideas to comment on them in the next session. The penultimate intervention of the psychotherapist in this session is a narrative intervention based on the technique of "**Life chapters**" (Neimeyer, 2002), especially indicated for grieving intervention processes:

T: yeah, And of course, you know, that will come sometimes won't it? Because there will be grief. It's not a closed book. (C: no) It's a book that you're learning to open and close, and to move to different chapters of and literally you're adding to that book aren't you (C: yeah) with the writing that you're doing. um, And maybe with your mom's birthday being just around the corner, it would be a natural time for some of that reflection, (C: mhm) you know like mom how am I now relating to you and you to me? How is that changing? right?

C: It sounds neat.

T: *It does sound neat. I see that smile. yeah. Well I look forward to hearing what comes of that and seeing what comes of that and maybe reading what comes of that.*

C: *ok*

This closure opens the transformation to the different senses (listening, seeing, reading) pushing and expanding the change towards different levels of sensations at the same time that it becomes pleasant for the client. The result of this reflection aims to strengthen the client's position with respect to her mother and maintain the symbolic and spiritual relationship between them.

Session 6 – Mom, I can be me and keep your spirit alive

The last session begins with a deep **reflection** from the client about the great **changes** she has made since the first session. She feels better, without those blockages, and has realized that a lot of the problem was happening because she was **trying to be her mother as a way to keep her alive**. This meaning would explain the "resistance to change" she showed at the beginning. As Rando (2012) indicates, exploring the meaning of "no change" in the grieving process is essential to understand the blockade. In the patient's words:

T: *Well Deborah, welcome back one more time, And I guess one final time as we sort of have an opportunity to see how this process is going for you this week and also to maybe take a bit of a backward glance over where we've been and a forward glance at where you're moving.*

C: *Mmm, I think it went pretty excellent. um uh I've gotten a big wrap on my emotional status, I haven't been having uh you know I have sadness but I used to have outbreaks to where I would go blank, and not even know what to do next, (T: right yeah) and from like the drawer thing, and (T: right) it's just not happening in my life now and I think that with the reflection that this has helped me out immensely. you know (T: huh) And to be able to identify the problem. I didn't even really realize that I was trying to step into my mother's shoes when we started out. I just thought I was being the caregiver (T: uhuh) and doing things I wanted to do. And the (T: uhuh) when we shined that light a little deeper I seen that I was*

trying to you know keep my mother alive by being what she was to people in my family

T: *Wow, (C: so) I was trying to keep my mother alive by being what she was to my family. (C: mhm) And that shining the light deeply on that really seemed to begin to change it for you*

C: *Right it also helped me to um better um get an association with the fact that she is gone, (T: yeah) that I'm able to keep the traits that are good and I don't have to keep everything or be her, I can still be me and still have her spirit you know alive and well. hmm. it's real cool*

T: *(...) That's so well said. right That idea that you get to be yourself and you get to keep your mom. (C: mhm) But in the same way, you also said uh something like that you acknowledge that she's gone and you can say that without the tears coming and without feeling that blocking.*

As can be seen in the psychotherapist's first intervention, he connects past, present and future. In this session, Deborah can accept that her mother has died and that she has everything she taught her in life; she is aware that she has gone from looking only at what "is no longer" to also look at what remains; and this has had a positive impact on her relationship with family and friends. The psychotherapist and the client, both reflect on the moments of therapy that have been most helpful, such as allowing herself to be able to move forward, feel more free and relaxed. They talk about this "new Deborah" (in the present: the person she has become) and about her future (where she is going). Deborah is now able to verbalize that her mother has died without crying inconsolably and argues that she wants to cling to the good to continue building on that basis; she explains how important it is for her not to feel overwhelmed by feelings of sadness and, although she accepts that sometimes she still feels sad, that emotional overflow has "dissipated", as if through letters, conversations and dreams her mother would have contributed to it. This comforts her and helps her restore herself to this "new relationship." In this last session, the new strategies and tools that are now available to move forward, manage the moments of sadness and feel self-confidence are reinforced.

Deborah is now able to speak with enthusiasm about her new job, her studies and the projects she has in mind.

In this way, past, present and future are restored in a narrative continuity that at the beginning was fragmented with loss, and couldn't be integrated by the client into her life story.

7.2.2 b. Phase 4.b: Qualitative analysis: Content analysis and comparison on the client's grieving positioning at the beginning vs the end of the therapy process – Thematic analysis

This section describes how the client's discourse looked like at the beginning of the therapeutic process and compare it to how this discourse changed towards the end of the process. This analysis is approached in a qualitative way, and will look at which were the most prevalent and core categories or labels that client used to create a picture of her progress from a content-qualitative approach.

- **Client's grieving positioning at the beginning of the therapy process**

The following fragments (Table 8) show these different core categories identified at the beginning of the process.

Table 8. Core categories & speech fragments identified at the beginning of the process

Core categories	Speech fragments
Feeling of loss	<i>Loss, lost;</i> <i>I lost my other job</i>
Confusion	<i>Weird, difficult;</i> <i>Things don't connect;</i> <i>I don't know how to put it;</i> <i>Overwhelming;</i> <i>I don't understand;</i> <i>I wouldn't know where to begin;</i> <i>Scary.</i>
Negative symptoms, blocked	<i>Problems, since her death I have problems remembering things;</i>

	<p><i>I don't know where this "blank" is coming from;</i></p> <p><i>My mind goes blank;</i></p> <p><i>It's still all gone mentally;</i></p> <p><i>My memory is not there;</i></p> <p><i>My mental is not good, I forget what I'm doing;</i></p> <p><i>I'm not able to speak up for myself;</i></p> <p><i>It seems like it gets worse not better;</i></p> <p><i>I can't even fold clothes, my mind knows what to do but my hands won't do it, unorganized;</i></p> <p><i>I'm not working, I don't feel like it;</i></p> <p><i>3 hours to get 2 books and a pen;</i></p> <p><i>I function as a human being by not doing anything;</i></p> <p><i>There's nothing I can do about it</i></p>
<p>Intense sadness and negativity</p>	<p><i>I always think the negative is going to happen;</i></p> <p><i>I do it to the bed and just lay there and cry;</i></p> <p><i>I feel defeated, it's always doom and gloom;</i></p> <p><i>Seems like I always get to a plateau to where I'm enjoying something and then it turns miserable;</i></p> <p><i>I have a lot of yuck there that I can't push back;</i></p> <p><i>Things don't go right</i></p>
<p>High focus on her mother, she barely refers to herself</p>	<p><i>SHE was the family center point;</i></p> <p><i>Repeats "her" and "she" very often →</i></p> <p><i>Mother;</i></p> <p><i>I miss her.</i></p>

Lost without the relationship with her mother	<i>I just help;</i> <i>Be a caregiver;</i> <i>Be there for her;</i> <i>I'm proud I could be there for her;</i> <i>I don't like to function without her;</i> <i>I'm the one that has to reach out for them (family).</i>
Dissatisfaction with current feelings and situation	<i>I always wanted to be somewhere different;</i> <i>It feels alone;</i> <i>I was angry;</i> <i>I hate that I get so emotional;</i> <i>I should be better;</i> <i>Painful.</i>

At the beginning, the client would refer to negative feelings of loss, confusion, intense sadness and dissatisfactions with her current situation and how she's coping with her grief. She expresses difficulties in relation with people and her family members since her mother is not there and she seems to be lost on how to interact now that her "caregiver role" is not present anymore. It's quite significant the fact that she would refer to her mother and talks about her very much, and she barely focused on herself.

- **Client's grieving positioning at the end of the therapy process**

The following fragments (Table 9) show these different core categories identified at the end of the process.

Table 9. Core categories and speech fragments identified at the end of the process

Core categories	Speech fragments
Reflection on therapy process	<i>It went pretty excellent;</i> <i>Reflection has helped me immensely;</i> <i>Helped me to um better um get an association with the fact that she is gone;</i>

	<p><i>Easy; Comfortable; Surprised;</i></p> <p><i>I appreciate the experience;</i></p> <p><i>After this last week as I was just going through and reviewing my letters and thinking about the process of when I was looking at my mom and um seeing her qualities and stuff like that.</i></p>
<p>Contrast and Reflection on change process</p>	<p><i>I haven't been having that sadness, but I used to have outbreaks to where I would go blank;</i></p> <p><i>I didn't even really realize that I was trying to step into my mother's shoes when we started out;</i></p> <p><i>I was trying to you know keep my mother alive by being what she was to people in my family;</i></p> <p><i>Trying to become her you know and not concentrating on what I need to concentrate on;</i></p> <p><i>Trying to be these things to all these people that they really didn't need (...) that was the tragedy in the situation;</i></p> <p><i>I was becoming somebody who I really wasn't;</i></p> <p><i>I was kind of isolating myself from new individuals and people in my life and stuff like that to an extent, because you're scared after you've lost somebody that you love so much;</i></p> <p><i>I wasn't doing the things I needed to do;</i></p> <p><i>I knew that I was having problems with the grief, but this was something I didn't even see;</i></p>

	<p><i>I really couldn't accept it then, but I'm glad I'm there today;</i></p> <p><i>There has definitely been a transition in my life to be able to um move on;</i></p> <p><i>When I walked in here I didn't even know myself (...) the grief, um moved into my life and overcame it;</i></p> <p><i>I could never spit it out before;</i></p> <p><i>I was in such a miserable state that it was difficult (...) to really penetrate past that;</i></p> <p><i>I'm more open and able to accept things and to um have more happy note just in life itself.</i></p>
<p>Acceptance</p>	<p><i>Have acceptance that she's gone and that the things she taught me are alive and well;</i></p> <p><i>Transition;</i></p> <p><i>All I was doing was foreshadowing and not allowing myself to see you know that yeah she's gone and it's ok;</i></p> <p><i>To ask for permission from her to allow her to you know transition into whatever she is today and to allow myself to be me;</i></p> <p><i>God doesn't think that she needs to be here anymore;</i></p> <p><i>Freedom from that overwhelming sense of loss;</i></p> <p><i>I'm being myself with a more um with a memorialization of my mom;</i></p> <p><i>She's gone, she's never coming back again (...) I will miss her and um just have an acceptance with that;</i></p>

	<p><i>Like that depression block has been removed and uh even though there's still some sadness and some grief that I'm sure I'll go through and I'll have times you know especially with her upcoming birthday and stuff like that, but it's like a quiet sense of peace;</i></p> <p><i>That's the way life goes;</i></p> <p><i>I definitely have a better outlook on this and I think in death in general and as well as my mom being gone um differently.</i></p>
<p>New relationship with mother/family and Differentiation of herself in regards others</p>	<p><i>I'm supposed to be being me;</i></p> <p><i>But I seen some things that I do like that I can adapt to my life but not everything, you know I have to be my own person;</i></p> <p><i>She was kind of the glue, and now we're having to you know get our own paste together to, to grow and to know each other;</i></p> <p><i>Helps to identify things that you know I liked in my mother and then I can identify those things in other people;</i></p> <p><i>I'm grateful to have that ability to be able to have been there for her;</i></p> <p><i>I'm a loving and caring person, but I don't have to do every little thing for people.</i></p>
<p>Decrease of negative symptoms, more positive thoughts, permission to be happy</p>	<p><i>Haven't had that mental blankness;</i></p> <p><i>My sleep patterns are better; I've had a real busy summer (...) everything just fell into place;</i></p>

	<p><i>Freedom, more relaxed; freedom to experience life in the realm that's meant for me;</i></p> <p><i>This was a gift, there will be other people in your life that you love;</i></p> <p><i>It it feels good;</i></p> <p><i>That yuck it's dissipated;</i></p> <p><i>Be happier, um I mean even if nothing else spectacular happens in my life, at least the life I am living has some joy and some experience in it;</i></p> <p><i>I don't have that over sense of self-doubt;</i></p> <p><i>I just really feel like um that the book will never be closed;</i></p> <p><i>We can't get rid of all the yuck diseases and all the bad people in life, but we can be encouraging;</i></p> <p><i>Don't have that gloom and doom feeling first thing in the morning anymore.</i></p>
<p>New coping strategies and thoughts</p>	<p><i>Next time I'm feeling yuck I can sit down at the typewriter and write about it or I can say what am I doing that's not part of my life today; great exercise;</i></p> <p><i>I need to celebrate my mom's life and to be happy that she was here and not concentrate on what I consider the shortness of it;</i></p> <p><i>Continue writing and somehow still remember the loving and caring person she was;</i></p> <p><i>I'm going to continue with school and work is going real good;</i></p> <p><i>I'm working on that word celebrate;</i></p>

	<i>Now I'm a field of work where I can help other people, I don't know what's gonna happen next, but I do know that whatever it is it's gonna be ok.</i>
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Towards the end, she would show a more positive discourse where she would reflect on the therapy process, as well as the contrast and change she notices since the beginning of the process. The client expresses more acceptance about her mother's death and it's capable of talking about it without bursting into tears. She also expresses more self-confidence on her new self and determination on changing the way she relates with people and family. It's also meaningful that she expresses new coping strategies and seems to have "a plan" in case she goes back to sadness or low mood. It's also remarkable, how much she refers to herself ("I" or "me"), in contrast with how little she did so at the beginning of the process.

8. DISCUSSION

This section is focused on the most significant results of our study. It addresses the research objectives considered in the theoretical framework and the discussion of the research contributions and implications. It also analyzes some limitations encountered throughout the process and considers future research lines that could derive and be developed in this research field. First of all, it describes the category system we developed (PICS) and suggests how it can be used and applied. Second, it analyzes the results obtained from the validation and application process of the PICS to the therapeutic case study and looks at the different patterns emerged from both the psychotherapist and the client process. Third, it discusses the meanings provided by these results and its contribution to grieving and therapeutic processes.

8.1 Study 1 Discussion: PICS

This work presents a category system that will help psychotherapists and researchers analyze the interventions of psychotherapists independently of his/her theoretical approach. Thus, this system can contribute to the transtheoretical research of psychotherapy processes and qualitative research. Our research team simplified a previously developed category system and developed a more synthesized and agile version, moving from the original 35 categories (Herrero and Botella, 2002; Neimeyer, Herrero and Botella, 2006) into 23. As a result, we have developed the Psychotherapist's Interventions Coding System (PICS). This coding system is composed by 4 core categories or groups: 1) Discursive contract; 2) Facilitators of the therapeutic relationship; 3) Facilitators of the client's speech, and 4) Liberation of constraining speeches.

Next, it is discussed the applicability each group from the coding system may have to enhance the study on psychotherapy processes and its applicability in clinical psychology and novel therapists training.

First, the "Discursive contract", identifies the therapist's interventions establishing the rules that will guide the relationship with the client along the therapy. It reflects relevant elements such as: how the psychotherapist establishes the differentiated roles in the interaction with the client, how he/she introduces the client (socializes) the

client in the therapeutic perspective and use of specific terminologies; how the psychotherapist manages to lead the sessions focusing on specific themes; or how the demands and therapeutic objectives are established. Being able to identify these specific interventions may be helpful for several reasons: it can help the therapists, regardless of their theoretical orientation, to understand what elements could have played a role on the good or bad rapport establishment with a client; it can help novel therapists to better acknowledge what are they doing and to prompt reflexive processes in order to improve their practice; and it can help to suggest which elements may be playing a role in the positive establishment of psychotherapeutic alliance.

Second, the “Facilitators of the therapeutic relationship”, approaches the therapeutic interventions that enhance support and acceptance for the client such as: providing support and comfort in the relationship; clarifications to make sure the client is being understood; showing empathy towards what the client says or feels; and validate what seems to be important or problematic for the client. Identifying these interventions is helpful to understand how the rapport and alliance might have been established and maintained throughout the therapy; it also helps to identify any moment where this alliance might have been weakened or even broken.

Third, the “Facilitators of the client’s speech”, aims to illustrate how the psychotherapist helps the client to identify, become aware and translate to words what he/she sees as a problem. To do this, the psychotherapist might use language elements such as active listening, metaphors, paraphrasing of what the client has said to emphasize its meaning, or questions to clarify or highlight the meaning of something the client said. This group of categories doesn’t focus on specific techniques, but on how the language is used by the psychotherapist to aid the client to better know and express the problem. Nevertheless, it could be interesting to apply the category system to those moments in psychotherapy session where a technique is being applied. In this case, it could give more information about the processes, procedures, facilities and/or difficulties, etc., within the technique.

Finally, the fourth group, “Liberation of constraining speeches”, seeks to map the strategies used by the psychotherapist to help the client distancing from the problem and being able to think, search and find more adaptive alternatives. This group includes

elements such as: validations of client's new perspectives of the problem, recognizing and acknowledging needs or desires the client might have, psychotherapist and the client co-formulating a theory that gives meaning to what happens to the client in a process of co-construction, etc. For this reason, in the analysis of this group of categories it might be implicitly or explicitly a link to the specific techniques or therapeutic model that the psychotherapist is based on in the particular case being analyzed.

Internalizing all these categories can help experienced psychotherapists to establish patterns, not only on the effectiveness of a specific intervention in a specific time; but also on developmental trajectories of interventions along the whole therapeutic process. This can also be of high importance in the novel therapists training, as it allows them and their supervisors to acknowledge details that might not be detected during a session and can enhance reflection on the improvement of these practices.

Proposal on the use of the coding system:

In order to apply this coding system, researchers may follow some steps:

- first, consider each psychotherapist intervention as a unit of analysis (UA);
- second, a pair of coders will independently code each UA, identifying the category represented in the unit. Note that each UA can be coded within more than one category;
- third, calculate inter-coders agreement through Cohen's Kappa. Once the coders reach at least between 0.60-0.80 in the Kappa statistic, the coding might be considered reliable;
- finally, disagreements must first be solved by consensus and in their absence by a third coder.

In conclusion, the PICS aims to:

- allow the study of how and which psychotherapist interventions may be contributing in different ways within psychotherapeutic processes;
- acknowledge the kind of interventions therapists are using in the sessions and becoming more self-aware;
- reflect on the effects those interventions are having on the client's processes;
- contribute to developing knowledge on research processes;
- assist teaching on novel therapists in training programs;

- help in psychotherapists supervision;
- suggest which type of interventions may the psychotherapist be doing more at the beginning, middle or end of the therapeutic process – establishing developmental patterns in the therapeutic interventions; aid to systematize the therapist’s interventions and quantify the types and frequency of these interventions.

8.2 Study 2 Discussion: Case analysis

8.2.1 Application of the PICS to the psychotherapy case

a) Implications of the triangulation and consensus between coders

In regards consensus throughout the coding and validation process, it is interesting to observe a high level of agreement even at the first individual coding. As previously mentioned, our aim is that the PICS becomes a simple and useful tool that aids in research, psychotherapy processes and aids in the systematization on training programs for trainee therapists (Chui et al., 2014; Hess, Knox, and Hill, 2006; Hill, Spangler, Chui, and Jackson, 2014; Hill, Spangler, Jackson, and Chui, 2014; Hill et al., 2015; Jackson et al., 2014), so the fact that with little previous discussion both coders achieved a high Kappa can be considered significant and meaningful in achieving these objectives. Evidently, prior training on the system is required, but as the aim is it to be quite intuitive, these first results seem to favorably support this goal. Nevertheless, and as it still is a qualitative tool in many ways, we suggest its use to be supported by triangulation and inter-coders discussions in order to obtain more reliable and valid results and/or outcome.

b) Discussion of the Therapist’s profile through the application of PICS in contrast/overlapped with IMCS.

The following section addresses the outcome and implications obtained through the application and validations process of the PICS to the case study. The aim is to picture the type of information that can be obtained through the use of our coding system and how this can be utilized not just in research, but also in psychotherapy process and

psychotherapist training. It also discusses how this information contributes to grieving psychotherapy processes.

The data from the results' section which is analyzed and discussed in the following section corresponds to Results' chapter 7.2 (Study 2 Results: case analysis), specifically 7.2.1 *Phase 2*, point *b*) Descriptive Analysis (Psychotherapist profile regarding the PICS Groups and Categories and the client's IM profile).

b.1) “The overall picture of the psychotherapeutic process” – Development of each PICS' Groups along the 6 sessions

In the results described in sections *b.1)* and *b.2)* – *III* it is described the trend that each group from the PICS followed throughout the whole therapy process. These graphs depict a clear overall trend followed by the psychotherapist that if analyzed, draws a sequence of therapeutic actions, decisions and/or intentions that have been able to be tracked thanks to our system. In conjunction, all groups have a tendency to decrease in use with the exception of group 4, but what does this mean?

If we review the description from above, it can be seen, in first place, that Group 1 “Discursive contract”, is directed towards identifying the therapist's interventions in establishing the rules that will guide the relationship with the client along the therapy process, as well as how the psychotherapist establishes the differentiated roles in the interaction, how he manages to lead the sessions focusing on specific themes; or how the demands and therapeutic objectives are established. In our particular case study, it was noted that this group was highly used, especially in session 1, which links to the therapeutic aim of “getting to know the client” and establishing a rapport and/or therapeutic objectives. Once this first therapeutic goal is established, Group 1 categories are still used, in a lower frequency, to keep the therapy focus on the key topics or themes and to keep track on the therapeutic objectives and demands throughout the process. This group shows a peak in session 5 - previous to the end of the process - as the psychotherapist goes back to the therapeutic objectives to reflect with the client about the evolution of the grieving changing process, its outcome, and to work on the therapy closure and ending process. This makes sense because they are talking again about the discursive contract.

Regarding Group 2 “Facilitators of the therapeutic relationship”, it has been previously explained that these group categories look at how the therapeutic interventions might enhance support and acceptance for the client. In our case study, it can be seen a clear and steady decrease in the use of these categories as the psychotherapist uses them more at the beginning of the therapeutic process to assist on the rapport and alliance establishment with the client (Soares, Botella and Corbella, 2010). In psychotherapy processes, it is especially relevant to work on these aspects at the beginning of the process, as the type of relationship that is established at first may determine, in a high proportion, how the therapeutic process will follow, as well as the possible outcome (Beutler et al., 1994; Corbella and Botella, 2004; Corbella, Fernández, Saúl, García and Botella, 2008; Soares, Botella and Corbella, 2010). As it can be observed in our results, its usage never disappears, as the relationship needs to be taken care of, but it is significantly reduced in order to give way to more deep or meaningful interventions, such as the group 4 ones. It’s worth mentioning that in our case study the therapeutic relationship or alliance never seemed to be questioned or weakened and this is probably why the pattern of use was so steady and consistent, but it would be interesting to see and compare if in bad outcome case this pattern is altered or significantly different.

As mentioned above, in the 3rd Group, “Facilitators of the client’s speech”, the psychotherapist makes use of a series of language elements to assist the client to identify, become aware and translate to words what he/she sees as a problem. The goal is to aid the client to better know and express the problem or concern. In the case study we coded it was noted that this particular group was significantly more used, all along, than any other PICS group. This can be related and interpreted as the most salient characteristic of the psychotherapist style and/or the specific type of psychotherapy he uses. In the graph described in the results it was noted that he specially used this categories in the first session, probably because the client was in more need of help in making her problem intelligible and also because the psychotherapist needed to create a “common communication language” with the client to set the basis of the upcoming work. The psychotherapist seems to invest many of his interventions using this strategies in the first session and then in session 2 he seems to switch from using these categories and introduce more Group 4 ones. In the results, it is described that from session 3 until the end of the process, this group’s interventions progressively decreased in use, which could imply that

the “common communication language” with the client is more settled and there is less need to rephrase what she means, ask questions or change the wordings to make her speech more intelligible. She progressively shows a more coherent and structured discourse and uses the “common communication language” more to elaborate her grief. Nevertheless, and even though the frequency is considerable lower in session 2 and that it shows a decreasing trend throughout the therapeutic process, it is worth highlighting that it is still the most used groups of categories, which notes that this type of interventions seem to be quite linked to the therapist’s style or the type psychotherapy.

Group 4 categories, “Liberation of constraining speeches”, is the only group that shows an increase trend throughout the psychotherapy process we coded. As explained above, this group uses more deep and complex language elements that seek to help the client get distance from the problem to be able to think, search and find more adaptive alternatives to deal with the situation. Along all the session, the pattern shown by the psychotherapist in contrast to the other three groups is that as the other groups’ categories decrease in use, this group’s categories increase. This translates into a psychotherapy transition that seems to go, in a smooth and progressive way, from interventions that are more focus on the establishment of the relationship dynamics, “common communication language” and objective agreements; to more deep process interventions that strike with core constructs in the client to promote meaningful change and insight.

This overall pattern and trend in the psychotherapist is intertwined with the client’s process, as it could also be observed how she goes from more level 1 and centered on the problem IMCS categories, to more level 2 centered on change IMCS categories (Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011).

Being able to acknowledge these key point in the process may help in research when establishing patterns in good and bad outcome therapy process and also to guide novel psychotherapists in their learning process.

b.2) Discussion on how *each PICS' Groups and each Category* is meaningful to the process within each psychotherapeutic session

After the overall picture discussed on the previous section, on how the psychotherapist has used the 4 different *PICS groups*, this section will discuss when does he use them within *each session* and what are the implications this seems to have on the therapeutic process of each session. This refers back to the results' chapter 7.2 (Study 2 Results: case analysis), specifically 7.2.1 Phase 2, point **b.2) – II** (*Analysis of the relationship in frequency of appearance in time between PICS's groups and IMCS' groups, within each session*). Parallel to this, it will also be linked and interpreted which particular categories and groups are more frequently used in each session – which refers back to the results' point **b.2) – I** (*Description of each PICS' categories and groups and IMs' group total frequency for each session*), to analyze the implications and/or meaning these categories and groups have in regards the process.

To aid the reader, it has been included at the end of each session discussion a final ***session summary box*** that condenses the most significant elements discussed within each session.

- **Session 1**

If we go back and look at the results section b.2 it may be noted that even though the groups 1, 2 and 3 are used in a high rate throughout the whole session 1, the highest frequency of use for the three of them is condensed towards the second half of this session - group 4 is not mentioned as its presence in this session it's almost absent. This is an interesting trend that can be explained if we consider that at the beginning of the session the client needs to explain and present the problem and the psychotherapist will mainly clarify and ask questions to motivate the client to explain further. But as the session moves on, the psychotherapist increases the level of intervention to settle the bases of the therapeutic relationship and objectives. If we look at the types of categories that are more present, this last consideration is confirmed as the psychotherapist mainly intervenes with: 1.4 *Thematic focus* (G1), to help the client narrow the issues, structure information and demands; 2.3 *Clarifying/confirming* (G2) that the client was understood, to make sure that the client needs/concerns are being properly received and help the psychotherapist

organizes and understand the client's construct system; and 3.6 *Questions* (G3), the psychotherapist makes a high use of questions not only to clarify his understanding of the client's narrative, but also as a resource to help the client focus and reflect on her own speech. In the following fragments this 3 interventions are exemplified - Note that 3.6 *questions* might be included within the other two categories:

a) 1.4 Thematic focus:

UA 24 - T: ...what direction do you see yourself moving in from that date june 21st, just over two years ago?

UA 32 - T: In terms of your working, are you working?

UA 52 - T: What would be an example of that?, that blowing up at things and that way that doesn't feel like you and doesn't feel like D.

UA 64 - T: Well what would you be kind of closing the door on?

UA 69 - T: So, I wonder if other people in your life understand this loss for you. You mentioned something about not functioning in society and I wondered about your broader social world or family or friendship network

UA 77 - T: Like the hug is one that partly you need. What can you tell me about what you do need now in order to move forward with this loss?

b) 2.3 Clarifying/confirming:

UA 18 - T: Is that a role that she used to have that you now carry forward? That kind of center point role of relating and connecting people in the family?

UA 56 and 57 - C: I just feel defeated. I walk around like this sometimes. Whether it's shopping or in class or whatever.

T: Like this you meaning, kind of, tearful and...?

UA 105 - T: When you talked about your mom and how she really was there for you, and in adult life in some way she supported you in raising your daughter. It was almost sounding to me like the relationship got to a place that was more solid than it might have been in your childhood. Is that the way it feels to you, or how would I need to understand that?

Within this session it's also noted, but with a lower frequency, the use of: *1.6 negotiation of objectives* (G1), which is a necessary tool at the beginning of a therapeutic process to narrow the therapeutic objectives; *2.1 provide comfort*, *2.2 use of empathy* and *2.4 validation of the client's discourse* (G2), which are key elements to establish a good alliance (Beutler et al., 1994; Corbella and Botella, 2004; Corbella, Fernández, Saúl, García and Botella, 2008; Soares, Botella and Corbella, 2010) with the client and lay a good relationship foundation for the therapeutic process to come; and *3.4.1 paraphrasing* (G3), which it is aimed to help the client make her speech more intelligible and will also start to settle the "common communication language" between client and therapist. In the following fragments these interventions are represented:

a) 1.6 Negotiation of objectives:

UA 133 - T: Right, I'm wondering now, if that might be a bridge that we could cross, where rather than her writing or you're writing on her behalf, if you were to write a letter to her about how your life is now and about what you need now. Almost like trying to reopen the conversation with her that was closed by her death. I wonder how that would be for you? How does that idea sound to you?

UA 153 - T: As we kind of come to a close here tonight, I wonder if you have any thoughts about anything we've said that seems important for us to follow up on next time.

b) 2.1 Provide comfort:

UA 1- T: D, I appreciate your joining us here this evening, to begin to share a part of the story that has, really I guess, been disrupted in your life.

UA 157 - T: Shall we see how it goes. Ok. D thank you for this time. I appreciate it, and I know it's been a hard time and I look forward over the next few weeks to have a chance to continue and deepen the conversation and hope to carry it in a good direction.

c) 2.2 Use of empathy:

UA 42 - T: Ok, this really helps me to understand the frame of your life. Because it feels like to you, it feels doom and gloom and darkness and sadness.

UA 129 - T: I sense that. That there's these 2 parts of this story and 2 parts of you. One part really wants to close the door and stay in bed and in a way remove yourself from all of these painful things, the letters from J. and the rest.

d) 2.4 Validation of the client's speech:

UA 14 - T: So in a way, even with her, as you think about the losses that she must have had with her health, and abilities, and shopping, and vision and all of this, it gave you a chance to be something to her that she had been for so long for you. And there was something lovely about that, right?

UA 42 - T: Ok, this really helps me to understand the frame of your life. Because it feels like to you, it feels doom and gloom and darkness and sadness. And I can see the tears here and we speak of this.

Session 1 - Discussion summary

The groups 1, 2 and 3 are used in a high rate throughout the whole session 1, the highest frequency of use for the three of them is condensed towards the second half of this session - group 4 it's almost absent. This trend can be explained if we consider that at the beginning of the session the client needs to explain and present the problem and the psychotherapist will mainly clarify and ask questions to motivate the client to explain

further. As the session moves on, the psychotherapist increases the level of intervention to settle the bases of the therapeutic relationship and objectives. The most present categories the psychotherapist used, which confirms this previous statement, were: *1.4 Thematic focus* (G1), to help the client narrow the issues, structure information and demands; *2.3 Clarifying/confirming* (G2) that the client was understood, to make sure that the client needs/concerns are being properly received and help the psychotherapist organize and understand the client's construct system; and *3.6 Questions* (G3), the psychotherapist make a high use of questions not only to clarify his understanding of the client's narrative, but also as a resource to help the client focus and reflect on her own speech.

The psychotherapist also used: *1.6 negotiation of objectives* (G1), which is a necessary tool at the beginning of a therapeutic process to narrow the therapeutic objectives; *2.1 provide comfort*, *2.2 use of empathy* and *2.4 validation of the client's discourse* (G2), which are key elements to establish a good alliance with the client; and *3.4.1 paraphrasing* (G3), which it is aimed to help the client make her speech more intelligible and will also start to settle the "common communication language" between client and therapist.

- **Session 2**

In regards session 2, if we retrieve the information in the results section, it can be noted that the psychotherapist seems to change his action pattern in contrast to the 1st session. This time, he considerably reduced the use of Group 1 categories, these were mainly allocated at the beginning and end of the session. This information combined with the fact that the most used categories from this group were mainly *1.4 Thematic focus* and *1.6 Negotiation of demands and objectives*, it can be interpreted as the therapist's purpose to keep helping the client to stay focused on the specific therapeutic topics and also consolidate the goals or objectives agreed in the previous session - as can be seen in the following fragment:

UA 1 - T: Well D, in this week that has passed since we had last conversed, I found myself wondering from time to time what the aftermath of the conversation

might have been like for you, whether you had thoughts or feelings that kind of rippled out from that, our conversation through the week.

On the other hand, the decrease in use of this Group 1 categories diverges from the noticeable increase in Group 4 category use. The fact that the majority of this group's categories are used towards the second half of the session, and that the most used categories were *4.1 Validation of alternative narratives*, *4.3 Recognition of needs and desires* and - in minor frequency - *4.5 Theory of awareness/Insight*, suggests that the psychotherapist seems to progressively guide the therapy process towards a more deeper level. The trend denotes that he started in a more superficial tone and as the session moved on, he started to pivot the conversations to guide the client into deeper topics and/or narratives. Note the following fragments that illustrate this - Note that in the majority of the cases these categories intertwine within the same UA:

UA 7 - T: ... But it's interesting that it's almost as if you're kind of rediscovering her in these little ways, sometimes humorous ways, in the course of the week.

UA 53 - T: ... These words that you're using uh, I just think are really interesting to me, they really echo uh in my mind as I think about our conversation so far today. These notions of release and acceptance. Right, It really feels as if there's a kind of deep movement that's happening in you um that has to do with almost like, embracing and recognizing imperfection but not going negative and anxious about it.

UA 59 - T: So this sense of generosity that is so evident in the way in which you even kind of release your resentments and connection with mom, the sense of generosity in relation to yourself, where there's a kind of almost a feeling of self-forgiveness as well that percolating?

UA 65 - T: It's exciting me to hear about it even, right, to the extent that it, that we can see, it's like the initial movements of that symphony happening right now in your life and this week, and you know in the way a symphony kind of

builds across time to this crescendo, it almost has that feeling of you can begin to glimpse something big and important, a movement that is going to be coming up.

UA 81 - T: Sure, because it's not, it just pulls you back into something you no longer (C: yeah) are and don't want to become again. (C: exactly) You want to embrace this change and you really need to protect it and safeguard it. But, But in making this change, does this also mean that you need to become almost more separate from your family, or in some way insert a difference between yourself and the way they live?

UA 107 - T: uhuh, So something about seeking mom's permission (C: yeah) to be yourself. ok. And I do get a feeling how you will carry over some things, right, like the practical you, the way in which you are living in a more practical way that you might have a few decades ago.

This previous argument seems to be supported by the trend that both Groups 2 and 3 follow. If we look back at Group 2 categories, it's noted that the highest peak of use is at the first half of the session, and it's usage follows a progressive decrease as the session moves on. This, in addition to the fact that the most used categories from this group were *2.3 Clarifying/confirming that the client was understood*, *2.4 Validation of the client's discourse* and *2.2 Use of empathy*, denotes this strategy of starting with the retrieval of the topics from the previous session to clarify its understanding and make them present, as well as working on the consolidation of the comforting therapeutic relationship, in order to progressively move into more deeper therapeutic processes (like the previously shown). Here are some examples for these Group 2 interventions - Note that once more some categories may appear in the same UA:

a) 2.3 Clarifying/confirming that the client was understood

UA 23 - C: yeah, This is the letter that I wrote and I didn't do any of the resentments because I didn't think it was something That I would send to my mom. (T: yeah) cause I think that when, I believe when you leave this earth that you leave any negativity. MIR (T: ahhh) um, and there isn't any.

T: So you didn't want to carry that to her

UA 35 - T: well, yes, Yes, I mean that not a scale you want to place yourself on is it?

UA - 45: T: Her strengths are still here. (C: yeah) They're resident in the home, they're resident in the family and they're resident in you. Does that fit for you?

UA 83 - T: At the family level you're talking about?

b) 2.4 Validation of the client's discourse and 2.2 Use of empathy

UA 3 - T: That's, I'm interested in just a whole lot of different pieces of that, and and one is that you said it feels like you had gotten rid of some of the yuck that you had felt?

UA 11 - T: Wow congratulations on that!

UA 21 - T: I'm really just impressed with this, and I have a little shiver of appreciation up my spine when you talk about this. because It seems as if right these kind of resentments that you had held and had held you, for decades, you began to release a little bit in part through this writing and thinking about what you needed to say to her.

UA 29 - T: ohh, gosh Your daughter and friend. your daughter and friend. That's such a loving letter.

On the other hand, Group 3 categories are used throughout the whole session, but in contrast to Group 2, their use is higher towards the end of the session and the most used resources were 3.4.1 *Paraphrasing* and 3.6 *Questions*, which support the idea of consolidating the “common communication language” between client and therapist, but also the effort to help the client make her problem more intelligible and coherent. These are some text fragments to portray this interventions:

UA 5 - T: Refreshing yes, the sense that her presence in within, even within your sister and her kind of mannerisms, washing the dishes, (C: mhm) is that you could see almost mom's hands working those dishes.

UA 13 - T: That doom and gloom. (C: yeah) and um, But somehow this week you found ways of resisting that, of really trying to connect with people in the family and making these kind of little connections with mom too.

UA 17 - T: Very interesting. You could have made yourself miserable, but in some way you chose not to. And you didn't let yourself be financially bound and caught up in all that structure, you kind of, as you said, you were a little more open and you just found a solution.

UA 25 - T: So that was a kind of personal inner work you did about releasing the resentments and that made it possible to write a different kind of letter?

UA 39 - T: And that's somehow what you really wanted to capture and hold on to, is the beauty the relationship it matured into, not the history of resentments or shortcomings on either of your parts from decades before. Right?

UA 53 - T: You just really want to give the wisdom of another generation (C: oh, I just like) to them and they're not willing to take it.

UA 69 - T: It's the practical piece, (C: yeah) but it also has to do with stepping out of the old and into the new in the most literal ways, stepping into a new wardrobe a new self.

UA 85 - T: Because it seems like a looming loss of a different kind, not like the loss that took your mother, (C: right) but it's as if he's becoming less of the father you knew by degrees.

UA 109 - T: yeah, I see. so It's almost like identifying with her best features rather than kind of pushing it in some way.

If this last aspect is combined with the fact that the psychotherapist is using more “deeper” categories from Group 4, it seems like the psychotherapist is smoothly guiding the client into this therapeutic core process of “making sense”, and this can quite easily be appreciated in the session 2 graphs’ results.

Session 2 - Discussion summary

In this session the psychotherapist seems to change his action pattern in contrast to the 1st session. The use of Group 1 considerably reduces and its categories were mainly allocated at the beginning and end of the session. This information combined with the fact that the most used categories from this group were *1.4 Thematic focus* and *1.6 Negotiation of demands and objectives*, can be interpreted as the therapist’s purpose to keep helping the client to stay focused on the specific therapeutic topics and also consolidate the goals or objectives agreed in the previous session. On the other hand, there is an increase in Group 4 category use. The fact that the majority of this group’s categories are used towards the second half of the session, and that the most used categories were *4.1 Validation of alternative narratives*, *4.3 Recognition of needs and desires* and *4.5 Theory of awareness/Insight*, suggests that the psychotherapist seems to progressively guide the therapy process towards a more deeper level in regards the client’s topics and/or narratives.

This previous argument seems to be supported by the trend that both Groups 2 and 3 follow. Group 2 categories, show the highest peak of use at the first half of the session, and it’s usage follows a progressive decrease as the session moves on. The most used categories were *2.3 Clarifying/confirming that the client was understood*, *2.4 Validation of the client’s discourse* and *2.2 Use of empathy*, suggesting the retrieval of the topics from the previous session to clarify its understanding and make them present, as well as working on the consolidation of the comforting therapeutic relationship, in order to progressively move into more deeper therapeutic processes. Group 3 categories are used throughout the whole session, but their use is higher towards the end of the session and the most used were *3.4.1 Paraphrasing* and *3.6 Questions*, which support the idea of consolidating the “common communication language” between

client and therapist, but also the effort to help the client make her problem more intelligible and coherent. All these elements seem to suggest the psychotherapist is smoothly guiding the client into this therapeutic core process of “making sense”.

- **Session 3**

As the therapeutic process moves one, in session 3 it can be noted a new change in the psychotherapist’s intervention trend. Group 1 categories seem to slightly rise up in frequency, but the significance in this rise is the fact that it is based on almost the sole use of the category *1.4 Thematic focus* (in conjunction with *3.6 Questions*). This is significant as the category is mainly used within a therapeutic technique, and the focus was guided by the psychotherapist within the specific therapeutic strategy. This happens almost throughout the whole second half of the session and this therapeutic use of a technique can be clearly seen in the results graphs for this group and session. Here are some examples:

UA 3 - T: I just found myself wondering uh what might have gotten clearer to you since the last time we spoke.

UA 5 - T: What was it that felt like it was released with that writing?

UA 11 - T: ... What were you hiding and what were you seeking?

UA 43 - T: ... Who is this D, who you’re becoming?

UA 55 - T: ... I kind of had an idea as we were talking of this notion of um almost of getting mom’s permission for these changes that you want to make. And the thought was, I wondered if we could have a conversation here in which I could sort of interview your mom briefly about the person her daughter D is becoming. Would that be interesting to you?

UA 57 - T: Would you be interested in trying that for a few minutes? Why don’t we do this, just for fun, why don’t you switch chairs with me. (C: ok) Sit over here, I’ll sit there so we’ll each be different person for a little while, alright?.

And let me, from my role as just Bob to kind of ask you a little bit about, and can I call you Berdle? Or what would I call you?

UA 61 - T: ... So if you had a kind of almost like a magic pencil, right, with a lead on one end and an eraser on the other, what would be some of the positive traits that you would write out for her to continue to carry forward with her life, traits that really came from you?

UA 70 - T: ... What is it about D that really stands out as precious or unique to you as a mom as you look at her?

UA 77 - T: ... What would you like to give her permission to relinquish, even about you?

UA 79 - T: ... Do you have any kind of closing words for her at this point? Knowing that there might be future conversations between you, there almost certainly will be, but for this piece of the conversation, any closing thoughts?

UA 83 - T: Ok. Well, what was that like, stepping into you mom's shoes one more time after you've been trying to get out of them, take them off your feet?

In regards group 2, even though it's noted that the frequency of use is lower than in the previous session, if we look at the usage of each category, it can be observed how the psychotherapist very evenly uses them throughout the whole session to maintain and take care of the therapeutic bond. In this regard, it is quite meaningful the fact that the two most used categories from this group are now *2.1 Provide comfort* and *2.4 Validation of client's speech*, which denotes how the psychotherapist is pivoting from using a more clarifying tone, to turn to a more "caring" one, possibly aimed to maintain the positive alliance and validate the progressive changed the client is making within her grieving process. See the following examples:

a) 2.1 Provide comfort

UA 1 - T: D, it's good to see you again this week.

UA 13 - T: ... Well this makes me really eager to hear that letter.

UA 57 - T: Would you be interested in trying that for a few minutes? Why don't we do this, just for fun...

UA 81 - T: nice. Thank you for letting me meet you Pat, it's been a pleasure, you mind if I go back and talk to D for just a few more minutes.

b) 2.4 Validation of client's speech

UA 11 - T: What an extraordinary image, playing hid and seek from yourself.

UA 59 - T: Ok, may I call you Pat then? (C: that's fine) I've been having some conversations, Pat, with your daughter D, had a few such conversations. They've been very meaningful and interesting conversations.

UA 63 - T: a loving understanding of self. You mind if I make notes of these? I'm pretty interested in what you're telling me here Pat.

In regards Group 3, it can be note very clearly how there's a significant peak in frequency in contrast to the previous session, and even though this increase in frequency is reflected throughout the whole session, it seems to be quite more intense towards the middle of it. The fact that the therapists seems to use some specific categories much more now than in previous session denotes another therapeutic move; these categories are: 3.4.1 Paraphrasing, 3.4.2 Ventriloquacity, 3.2 Co-construction and 3.3 Use of metaphors. The increase in the use of these categories seems to have some correlation with the introduction of the therapeutic technique in addition to the client's increase in more use of level 2 centered on change IMCS categories - MR2, MP2 and MRC (Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011). Within the therapeutic technique, the psychotherapist resorts to the use of 3.4.1 Paraphrasing and use of 3.3 Metaphors in order to help the client make her speech more intelligible as well as coherent and meaningful to her. These strategies, as well as 3.4.2 Ventriloquacity, seem to also help

the psychotherapist settle the “common communication language” between client and psychotherapist at some points, specially throughout the technique and when the client is developing a level 2 IM, specially MRC. It’s also worth noting, that the 3.6 *Questions*’ categories did also increase in use, especially when the technique was being used as well as when the client was making these more deep IMs. Note some examples within the transcription, where some of the categories may also intertwine and happen within the same UA:

UA 7 - T: So as you look back on it, what became clearer to you is that you had this kind of obsessive need for others to almost fall in line with your needs and how you were feeling and thinking about her loss. (C: right)

UA 9 - T: You couldn’t be your mother, (C: no) but a part of you really felt the need to try to sort of fill those shoes, fill that space. (C: right)

UA 31 - T: You can see around it now. See into it a different kind of space or room.

UA 34 and 35 - C: yeah, I felt that I was hitting my head against the wall. (T: your head against the wall) That’s the best way I can explain it. But I couldn’t stop! (T: right right, yeah) I couldn’t stop. It only grew greater and greater.

T: uhuh There was something about it that would have become a kind of vicious circle or something, (C: yeah) you were stuck in a pattern that you couldn’t find your way out of.

UA 55 - T: there Again it was like the time was right (C: yeah) for this discovery. You were ready to move from that great sadness to a kind of nostalgia (C: mm) and comforting presence in that picture.

UA 63 - T: ... That almost sounds like a capacity for being compassionate with yourself rather than self-critical or something?

UA 66 and 67: C: Courage um to stand on a decision once one’s made

T: Courage to stand on her decision. uhuh Yeah, willing to stand of to stand up for what she feels is right, and to chart a life course and make it her own.

UA 72 and 73 - C: I think that she usually thinks before she speaks, (T: mhm) she's not harsh.

T: uhuh. So a kind of consideration for others is implied in that as well I guess. (C: yeah) not harsh. What else?

UA 84 and 85 - C: it was kind of weird. (T: a little weird) And My mom wasn't that talkative [both laugh]. I was trying to think of some words that she would say.

T: Almost like your mom had to become a little like you (C: yeah) in order to fill the role.

UA 102 and 103 : C: peace about her, I mean there was always times, but you know, just that air that everything is going to be ok. (T: mhm) Like I said in my last letter, that I wrote to her, that's what she always (T: yes yes) had some kind of, you know that everything is going to be ok.

T: mhm, and So now you find yourself beginning to say that to her.

Very closely linked to this previous point, Group 4 categories also show an increase trend in relation to the previous session, as well as an even use throughout the whole session, which relates to this pivoting the psychotherapist is doing towards more deeper processes within the psychotherapy. The fact that the two most used categories within this group are *4.5 Theory of awareness/Insight* and *4.1 Validation of alternative narratives*, in connection with the use of the therapeutic technique and the level 2 IM, suggest that the psychotherapist is using these tools to promote change in the client's process. In this session he seems to gradually guide the client towards more deeper and meaningful changing processes not only in an active way - through the use of *4.5 Theory of awareness/Insight* and *1.4 Thematic focus -*, but also through reinforcement of the client's progression - through the use of *4.3 Validation and Recognition of needs*. Here there are some examples from the session transcript:

a) 4.5 Theory of awareness/Insight

UA 19 - T: So this seems somehow well timed, this idea of taking the time to sit down to think through, to feel through this taking on of your mom's role. It almost made room for you to step back into who you are and time to re-enter school as D and not as mom?

UA 29 - T: so, it It seems that in letting go of being mom, you made room to become D again, reaching back to who you were, who you have been and also reaching forward to who you want to become.

UA 33 - T: And you're quite willing to give and quite able to, but it's not as if you have an inner drivenness to in that same way that you did before. It's like now the need originates on the outside and then you address it rather than it being kind of your press to be.

UA 39 - T: yeah, It was almost like if you, once you got it outside yourself and placed it out there, then you saw the word worry, you saw this like poignant idea of giving her legacy back to her. right That all of this kind of goodness and concern for others is something you could place in her right? and not have to be re-enacting it in her ways, in your life.

UA 53 - T: ... And just knowing that you have her wisdom in a way, you can respond, you do have a part of her you are carrying forward, but not in that same obsessive way.

UA 77 - T: Willing to ask for help. Yeah I get that sense about her too, that real openness. And you know finally you know you sort of started off with me by saying that you would like her to carry over the positives, but you would almost like to give her permission to not carry over the negatives.

UA 87 - T (in "Empty chair technique with Deborah's mom): ... I also see in here. And finally, permission to relinquish or give up being the family caregiver and the endless worry that goes with that. And then these kind of

parting words, to know that she's worth something, not to be taken advantage of, to stand up for herself, to find something that she has total joy with...

UA 93 - T: a triumph for her as well. you're doing it for the both of you. And you are learning something that you can take with her even here working with me aren't you? (C: yeah) And you have a different kind of paper to take with you. right? not quite a degree [both laugh] it's not as handsomely framed as that uh certificate that you'll put on your wall one day.

UA 105 - T: Really were underestimating yourself for a while. (C: yeah) but It's like almost like what you were saying there to sort of have a, a compassionate view of yourself and to stand up for your decisions and these are things you are actually doing. And I appreciate your allowing me to be present to that performance.

b) 4.1 Validation of alternative narratives

UA 47 - T: Let me see if I'm hearing that fully because I'm really intrigued with what seems to be a parallel, that as you have stopped being your mom, you've allowed your daughter to stop being you in the same way. (C: yeah) To kind of be her own person.

UA 53 - T: Boy that's a strong image, instead of kind of holding this magnifying glass over the world and always scanning for this, just let it come to you naturally.

UA 97 - T: What a beautiful idea. When you want her words you can have them. And the typing is kind of exercise that kind of puts them out there and makes them available to you.

UA 99 - T: Yes, it really feels like transformation to me. too, and I'm just uh, I feel very privileged, very honored to be so close to you in this. you know, Really in an audience to this change that you're bringing about, a witness to it.

UA 105 - T: *Really were underestimating yourself for a while. (C: yeah) but It's like almost like what you were saying there to sort of have a, a compassionate view of yourself and to stand up for your decisions and these are things you are actually doing. And I appreciate your allowing me to be present to that performance.*

UA 107 - T: *yes Well that's about as eloquently said as anyone could put it. I won't even try to paraphrase it, it's just too beautiful the way it is. so, I appreciate being part of the team, (C: alright).*

Session 3 - Discussion summary

As the therapeutic process moves one, in this session it can be noted that a new change in the psychotherapist's intervention trend. Group 1 categories seem to slightly rise up in frequency, but the significance in this rise is the fact that it is based on almost the sole use of the category *1.4 Thematic focus* (in conjunction with *3.6 Questions*). This is significant as the category is used within a therapeutic technique, and the focus was guided by the psychotherapist within the specific therapeutic strategy. In regards Group 2 it can be observed how the psychotherapist uses its categories throughout the whole session to maintain and take care of the therapeutic bond. This denotes how the psychotherapist is pivoting from using a more clarifying tone, to turn to a more "caring" one, possibly aimed to maintain the positive alliance and validate the progressive changed the client is making within her grieving process.

There's a significant peak in frequency of use of Group 3 categories in contrast to the previous session, and it seems to be more pronounced towards the middle of it. The fact that the psychotherapists seems to use some specific categories denotes another therapeutic move; the categories are: *3.4.1 Paraphrasing*, *3.4.2 Ventriloquacity*, *3.2 Co-construction* and *3.3 Use of metaphors*. This seems to have some correlation with the introduction of the therapeutic technique in addition to the client's increase in more use of level 2 centered on change IMCS categories. Within the therapeutic technique, the psychotherapist resorts to the use of *3.4.1 Paraphrasing* and use of *3.3 Metaphors* in order to help the client make her speech more intelligible as well as coherent and

meaningful to her. These strategies, as well as 3.4.2 *Ventriloquacity*, seem to also help the psychotherapist settle the “common communication language” between client and psychotherapist at some points, specially throughout the technique.

Group 4 categories also show an increase trend throughout the whole session, which relates to this pivoting the psychotherapist is doing towards more deeper processes. The two most used categories within this group were 4.5 *Theory of awareness/Insight* and 4.1 *Validation of alternative narratives*, in connection with the use of the therapeutic technique and the level 2 IM, suggest that the psychotherapist is using these tools to promote change in the client’s process. In this session he seems to gradually guide the client towards more deeper and meaningful changing processes in an active way, but also through the reinforcement of the client’s progression - 4.3 *Validation and Recognition of needs*.

- **Session 4**

This session seems to be a “mid-stage” towards the consolidation and settlement of the significant twitch that was introduced in the previous session. At this point, it looks like the psychotherapist is somehow “stemming the flow” to help settle down the changes and prepare the process to be headed towards the final steps. This can be clearly seen through the different graphs the PICS helps to draw in the results’ section for all the groups and its categories. Groups 1, 2 and 3 seem to keep a very similar trend in frequency as in the previous session. Group 1 seems to be more presents towards the second half of the session, and the most used category is once more 1.4 *Thematic focus*, as the psychotherapist resorts consistently to the therapeutic techniques throughout the session - see fragments below -, but this time, in contrast to the previous one, these techniques don’t seem to be as transcendent as in the previous session, but seem to be oriented to maintain the progressive change the client is doing.

UA 41 - T: Where did you experience that void? Did it have a kind of physical place within you?

UA 44 - T: ... I wondered if we might do a kind of inward scan here at this time, um just to do almost a bodily check on how you are now feeling inside. and

I wonder if you would be willing to kind of do that with me? (C: sure) The idea that I had was just to find a comfortable way to sit in the chair, kind of allowing the chair to support you, put your arms in a relaxed position, maybe with me to just kind close your eyes. Allow your attention to turn from me and this space that we've been sharing. Just more on the space inside you. Allow your attention to enter your body and almost in a way walk through your body looking for any tension, any sense any feeling, that seems significant or related to the way in which you are holding or experiencing the grief you feel for your mom now. when you sense something, whether it's a variation of that void or something different, maybe you can just leave your eyes closed, but just give me a sense of where that is.

Following a similar pattern, Group 2 shows little change, yet a mild decrease, and its overall presence is more condensed at the beginning and end of the session. This in addition to the fact that the categories that are more used in this session are 2.1 *Provide comfort* and 2.3 *Clarifying/confirming that the client was understood*, indicate that the psychotherapist is still taking care of the therapeutic relationship, but is also focused on settling understanding and coherence of this new stage within the process. Here are some fragments from the session transcript to portray this - note that once again some categories may intertwine with the same UA:

a) 2.1 *Provide comfort*

UA 70 - T: yeah. So that tenderness, that sweetness is not lost. It might be lost as a physical voice, but in a moment like this it's not lost as a physical experience. right? You can feel it around you and in you (C: mhm) and you can speak to that and share it with me. And I feel like I'm basking in the almost indirect warmth of that as I speak with you.

UA 77 - T: A hug from heaven. Boy that's the tagline from this isn't it. a hug from heaven (C: yeah) yes yeah I feel like I got a little pat on the shoulder myself right there so.

UA 100 - T: well, It's been a perfect delight, thank you for bringing this and sharing it with me today.

b) 2.3 Clarifying/confirming that the client was understood

UA 7 - T: That's very interesting, (C: and uh) and no blankness did you say?

UA 11 - T: you know, One thing caught my ear when you said it, when you were talking about the dreams you used to have of you mom, and don't have now. And that they were dreams in which it was as if she was trying to tell you something.

UA 45 - T: understanding will come over time? (C: mhm) So it is a kind of comforting and reassuring feeling?

Both Group 3 and 4 seems to support this previous interpretation. As Group 3 seems to keep a frequency at a similar level as in the previous session, but with a more focused use of the following categories towards the second half of the session: 3.4.1 *Paraphrasing*, 3.5 *Mirroring* and 3.6 *Questions*; which may support the idea that the psychotherapist seems to be more focused on the intelligibility of the client's current discourse and her emotions, in contrast to the more "active interventions" seen on the previous session. Note some examples:

a) 3.4.1 Paraphrasing

UA 21 - T: So it's been a huge shift and an enduring shift. Right?

UA 24 and 25 - C: And to outline too, the main thing I think was that I was seeing that I was being her, (T: yeah yeah) I wasn't being me. (T: yeah) And that's where the difference lies. That would be fine if that's who I was (T: yeah) and that's who I had wanted to be, (T: mhm) but it just wasn't. I was just, for some reason overcompensating in her image and in her ways and her things that she would do.

T: Almost like you have buried D in order to keep mom alive.

UA 37 - T: So now you had been telling yourself to do it on her behalf (C: right)

UA 44 - T: Almost like a part of you wasn't there. (C: right) just separated (C: right) in a way from your life. you know, as As you were talking about that kind of void feeling and also this need to sort of check on yourself to sort of just do a scan to see how you're doing.

UA 49 and 50 - C: I don't know, I always tend to think of heaven as upward, maybe that's why it does that (T: I see).

T: so It feels like something, heavenly, kind of spiritual.

UA 58 - T: courage. yes. It almost resonates with some of the spiritual principles' that you were voicing for your mom last time.

UA 70 - T: yeah. So that tenderness, that sweetness is not lost. It might be lost as a physical voice, but in a moment like this it's not lost as a physical experience. right?...

UA 83 - T: Well you know as you were describing the light you were saying that in addition, right, to the peace it brought, in addition to the warmth, in addition to this kind of embrace, this caring embrace, it would also bring understanding. and I wonder if this is almost like a wonderful symbol of those like foggy pages coming closer (C: yeah)...

UA 94 - T: Which is itself, as you say a realization of a kind of, (C: ueah) um how did you describe that, triumph, (C: mhm) didn't you say for mom as well as for you. (C: right ,right) yeah

b) 3.5 Mirroring

UA 34 and 35 - C: um Yes, it's helping me um to see what's going on. and um you know I can even see less um grieving type things going on. you know, Last

September 1st I was up all, 31st rather, I was up all night, (T: mm) and just kind of arguing with god and crying hysterics. And it was just a little gentler this time, it wasn't as um profound and emotionally I feel more stable, I feel you know more...And a lot of this was not sleeping before. (T: uhuh) you know If you're only getting 3 or 4 hours a night of sleep, (T: yeah) because your mind is over thinking on stuff. and um you know Just kind of a little more peace with it.

T: More peace with it. Sleeping better and then there are these very strong kind of physical and behavioral signs that something has shifted for you. that it is, It's not as if you have lost the grief or the sadness about mom, but it's gentler as you say.

UA 45 and 46 - C: It almost starts out of body though, it's here, [motions around her head] (T: aha) it's here. It's like over my head and over my shoulders right here. (T: I see) I feel like a beacon, like there's a beacon there, (T: a beacon) like a beacon of light, a warmth. (T: a warmth) And that um, that understanding will come over time.

T: understanding will come over time (C: mhm) So it is a kind of comforting and reassuring feeling?

In addition to this, Group 4 shows the most significant drop down of the four groups, and in contraposition to Group 3, its presence seems to be slightly higher at the beginning of the session, with a lower use, in contrast to the previous session, of both 4.1 *Validation of alternative narratives* and 4.5 *Theory of awareness/Insight*, but yet they are still present especially at the beginning of the session. This seems to suggest that the psychotherapist is retrieving from the previous session part of what was “shaken” and drawn towards the surface in the previous session with more Group 4 categories, but works on its settlement and coherence with more Group 3, 2 and 1 ones. Here are some quotes from the session in regards these categories - Note that in the majority of the interventions they are quite intertwined:

UA 23 - T: right Because it was more about you at that time (C: right) and your needs and now it's a little more based on their needs are. (C: right) Wow. That's a big shift. (C: right) And it seemed to have followed in some way, mom's

giving you permission to lay down that burden, not have to carry that piece of her legacy.

UA 29 - T: So as I acknowledge these things, identify them, made them real, then I could begin to let them go you say. (C: mhm) That's a very interesting thing.

UA 37 - T: So now you had been telling yourself to do it on her behalf (C: right) and you've sort of eased up in that way, finding your way into your own life now. And as you live into that life more over these weeks, are you able to sort of look into this dusty crystal ball of the future and kind of envision where your life might be headed.

UA 73 - T: It's the joy piece. (C: yeah) , MIR 2 Isn't it interesting that as we move into and towards that void, what we get is not only grief, but also joy in this very physical, almost childlike way, that's there right alongside the other, alongside the sadness.

It's also worth mentioning that throughout this session, the client's IMs trend also shows a slight change, as her use of level 2 IM was not as high and extended in time as it showed on the previous session. In this session she seems to focus more on MR1 and MR2, which are both focused on *Reflection*, on either the "new understandings of the problem" or "contrasting what has changed and/or how/why the change occurred (Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011); aspect that seems to also support the previous interpretation drawn with the PICS on the psychotherapist strategy.

Session 4 - Discussion summary

This session seems to be a "mid-stage" towards the consolidation and settlement of the significant twitch that was introduced in the previous session. At this point, the psychotherapist is somehow "stemming the flow" to help settle down the changes and prepare the process to be headed towards the final steps. Groups 1, 2 and 3 seem to keep a very similar trend in frequency as in the previous session. Group 1 seems to be

more presents towards the second half of the session, and the most used category is once more *1.4 Thematic focus*, as the psychotherapist resorts consistently to the therapeutic techniques throughout the session. Group 2 shows little change, yet a mild decrease, and its overall presence is more condensed at the beginning and end of the session. This in addition to the fact that the categories that are more used in this session are *2.1 Provide comfort* and *2.3 Clarifying/confirming that the client was understood*, indicates that the psychotherapist is still taking care of the therapeutic relationship, but is also focused on settling understanding and coherence of this new stage within the process.

Group 3 seems to keep the frequency at a similar level as in the previous session, but with a more focused use of the following categories towards the second half of the session: *3.4.1 Paraphrasing*, *3.5 Mirroring* and *3.6 Questions*; which may support the idea that the psychotherapist seems to be more focused on the intelligibility of the client's current discourse and her emotions, in contrast to the more "active interventions" seen on the previous session. In addition, Group 4 shows the most significant drop down and its presence seems to be slightly higher at the beginning of the session, with the use of *4.1 Validation of alternative narratives* and *4.5 Theory of awareness/Insight*. This seems to suggest that the psychotherapist is retrieving, from the previous session, part of what was "shaken" and drawn towards the surface with more Group 4 categories, but works on its settlement and coherence with Group 3, 2 and 1 categories. The client's IMs trend also shows a slight change, as her use of level 2 IM was not as high and extended in time as it showed on the previous session. In this session she seems to focus more on *Reflection*, on both the "new understandings of the problem" or "contrasting what has changed and/or how/why the change occurred.

- **Session 5**

This session shows a new pattern in the therapist's interventions, whereas Groups 1 and 4 show an increase in frequency and use, Groups 2 and 3 draw a decrease. In Group 1, it seems quite meaningful the fact that the majority of the categories used are more condensed towards the end of the session, this in addition to the increase in use of categories such as *1.2 Socializing the client in the psychotherapeutic perspective*, *1.5 Authorization/give permission* and *1.6 Negotiation of demands and/or objectives*, seem

to denote that the psychotherapist is making a new turn into a more “technical aspect” within the process. It seems like the therapists is adopting a role which pivots around giving the client a more technical understanding of the process, as well as revisiting the therapeutic objectives, in order to channel the therapeutic process towards its end. Examples of these are shown in the following fragments:

a) 1.2 Socializing the client in the psychotherapeutic perspective

UA 2 and 3 - C: I just was I slept mostly from Sunday to this morning.

T: yes, That's the body's way of telling us that we need some healing time (C:yeah). You had an earache and so on. (C: yeah) But you're feeling better now.

UA 96 - T: yeah, And of course, you know, that will come sometimes, won't it? Because there will be grief. It's not a closed book. (C: no) It's a book that you're learning to open and close.

b) 1.5 Authorization/give permission

UA 15 - T: mhm mhm yeah There's sometimes when we all need that. (C: yeah, and just you know).

UA 63 - C: Well I don't know.

T: that's ok.

UA 72 - T: (...) And yet you are not very doctrinaire or very dogmatic about any particular belief (C: no) because it feels that there's a basic humility in it for you, a recognition that as a human being I'm not going to get it all right, and that's all right.

c) 1.6 Negotiation of demands and/or objectives

UA 57 - T: So let me ask you this then, like in our last session, when we went into this kind of meditative space, and you had a sense of almost uh this

*radiation bringing a kind of peace with it, and enveloping you and holding you and embracing you, and you almost felt a tickling with mom, and, and then subsequently you've had this little brief visualization of her kind of coming toward you. **Does it feel like something that you need or want um more of in some way? Or does it feel like this is satisfying something, a need that was there?***

*UA 90 - T: mhm, I think that might be the case and if that is that case that means that next week would be our last formal conversation. (C: ok) right. And I'm just wondering if, **in anticipation of that, if we could maybe make use of a little bit of um reflective time between now and then, to think about the changes that you have undergone during this almost 2 month period that we've been working together.** (C: ok)*

This is supported by how Groups 3 and 4 seem to behave. Even though Group 3 categories have significantly decrease in use, the psychotherapist continues to make a higher use of 3.6 *Questions*, 3.4.1 *Paraphrasing* and 3.2 *Co-construction*; all of them used in a way that seems to guide and help the client on her reflections and new narratives; as can be noted in the following fragments (3.6 *Questions* are combined with the other 2 categories):

a) 3.4.1 Paraphrasing

UA 4 and 5 - C: Maybe some of the things I would've thought later on (T: yes) came through.

T: Because some of what came through were the non-obvious things that surprised almost you and me a little, huh?

UA 11 and 12 - C: Yeah, you know That's I I always hugged and kissed her on the forehead, (T: uhuh) you know, that was our thing.

T: and so that felt very compatible with that relationship that you had. All of those almost countless probably kisses on the forehead, (C: yeah) to give one more.

UA 21 - T: *mm, so in a way she was the final legacy of that branch of the family tree, (C: yeah) like the last flower on the limb or something right?*

UA 45 - T: *So a younger, healthier mom. (C: right, right) That's very interesting. So, almost an image of her at a time when she was maybe free of this pain and more in the prime of life and holding some kind of a vaguely defined light or source of light. (C: yeah).*

UA 60 - C: *Yes, I don't open those doors. that, you know, that's uh something.*

T: *yeah, the doors you are opening are more personal doors (C: right and more of a) and in your heart and mind*

UA 72 - T: *belief of some kind is important for you. (C: yes) And yet you are not very doctrinaire or very dogmatic about any particular belief (C: no) because it feels that there's a basic humility in it for you, a recognition that as a human being I'm not going to get it all right*

UA 77 and 78 - C: *mm. Well I usually ask god to um to guide me. And that I'm doing his will. And um to have empathy for others. (T: mm) And to just show me how to live. (T: mhm) you know and um If there's anything that I didn't do yesterday to make an appearance so I do it today, (T: ahh) so that I continue to be where I'm supposed to be.*

T: *yeah, A kind of movement toward who you want to be and toward a kind of wholeness and empathy, and to show me how to live.*

b) 3.2 Co-construction

UA 10 and 11 - C: *Yeah, you know That's I I always hugged and kissed her on the forehead, (T: uhuh) you know, that was our thing. and uh*

T: *and so that felt very compatible with that relationship that you had.*

UA 42 and 43 - C: *(...) She was holding something like a light or a candle or something like that (T: a light or a candle) yeah something*

T: Something that seemed to be giving off light.

*UA 54 and 55 - C: (...) I'm not really sure of now. (T: that's interesting)
but it was something just...*

T: Small, but a kind of an intimate particular.

*UA 83 and 84 - C: (...) and he was complaining about his job and stuff like
that...*

T: Really trying to help him sort out his future as well as his past

C: and it was really weird...

In addition, even though Group 4 doesn't significantly increase, it is interesting that the psychotherapist has chosen to use in a higher frequency the categories: *4.3 Recognition of needs* and *4.4 Dialogical/Temporal transformation*, as these two are oriented towards giving a space for the new client's emotional expressions as well as it revisits what has been done and achieved throughout the therapeutic process and what's yet to come in the client's new future perspective. Also in this group, there is still use of both *4.1 Validation of alternative narratives* and *4.5 Insight*, which are used in order to enhance the effect of the two previously discussed categories. Below there are some fragments to illustrate this:

a) 4.3 Recognition of needs

UA 9 - T: But that was an important piece of it for you.

*UA 13 - T: But you feel a kind of mood now that registers a bit more
sadness, I see a little moisture in your eyes.*

*UA 35 - T: (...) you still have this natural kind of caring and these gestures
of remembrance just come so naturally to you*

UA 37 - T: Feels like a struggle now?

UA 57 - T: (...) Does it feel like something that you need or want um more of in some way?...

UA 72 - T: this belief of some kind is important for you. (C: yes)

b) 4.4 Dialogical/Temporal transformation

UA 90 - T: mhm, I think that might be the case and if that is that case that means that next week would be our last formal conversation. (C: ok) right. And I'm just wondering if, in anticipation of that, if we could maybe make use of a little bit of um reflective time between now and then, **to think about the changes that you have undergone during this almost 2 month period that we've been working together.** (C: ok)

UA 92 - T: so Just to try and consolidate it a little bit and put together how have you used this time? And you know what are you making of it at this point, **this little bit of the journey that we have had the opportunity to make together**

UA 96 - T: (...) And maybe with your mom's birthday being just around the corner, it would be a natural time for some of that reflection, (C: mhm) you know like mom **how am I now relating to you and you to me? How is that changing?** right?

c) 4.1 Validation of alternative narratives

UA 35 - T: you really do, even without trying or overtrying in that way that you once were, that kind of maybe you just described it almost a compulsive need to take care of people, (C: yeah) you still have this natural kind of caring and these gestures of remembrance just come so naturally to you.

UA 96 - T: yeah, And of course, you know, that will come sometimes won't it? Because there will be grief. It's not a closed book. (C: no) **It's a book that you're learning to open and close, and to move to different chapters of and**

literally you're adding to that book aren't you (C: yeah) with the writing that you're doing.

d) 4.5 Insight

UA 19 - T: SO a flower that you've grown, something that (C: right) really expresses your nurturance of a seed (C: right) and it's a seed of devotion to your mom as well. (C: mh)

*UA 66 - T: you know D., As we talk about these spiritualities, your mom's spirituality and these alternative ones, um whether some might be a little suspect, others are very much trusted and creative, it leave me wondering uh about the role of your own spirituality in accommodating this loss and how, **perhaps, it in turn is in some way shaped or affected by the way in which you have experienced your mom's death***

UA 76 - T: It seems like those kinds of questions help reinforce your position of humility, a recognition that no human faith has all of the answers, right, we're all just offering various windows. (C: mhm)

It's also worth mentioning that both groups (3 and 4) converge in a higher frequency towards the end of the session, which denotes how the therapists uses them as joint operations to create this effect on the process.

On its side Group 2, even though it show a slight decrease, it is still present, specially at the beginning of the session, which suggests that in spite of all the previously described processes that the psychotherapist is working on, he still finds moments to keep taking care of the therapeutic relationship, and he does this by initiating the session with a higher grade of 2.1 *Providing comfort* and the 2.4 *Validations of the client's speech*. He also seems to make a high use of the category 2.3 *Clarifying/confirming that the client was understood*, which is a relational tool that may also assist with the processes that are being crafted throughout the other groups. Here are some examples for these categories:

a) 2.1 Providing comfort

UA 1 - T: *D, welcome back again, it's good to see your smiling face yet one more week here.*

UA 25 - T: *It is interesting. And you are kind of the repository of these stories now...*

UA 98 - T: *It does sound neat. I see that smile. yeah. Well I look forward to hearing what comes of that and seeing what comes of that and maybe reading what comes of that.*

b) 2.4 Validations of the client's speech

UA 29 - T: *That's a very kind act. yeah*

UA 86 - T: *yes, yes, But it was an act of generosity on your part and one that felt coherent with what you were being instructed to do in some way*

c) 2.3 Clarifying/confirming that the client was understood

UA 1 - T: *(...) just before talking here formally, you had mentioned that you had been a little under the weather (C: yeah) and so found yourself not as able to follow through on things as we had talked about In terms of uh that meditative state that you had wanted to invite again.*

UA 27 - T: *Now you mentioned that your sister then, was not so available or maybe not so wanting to do this bit of a tradition of having a birthday dinner or something tomorrow.*

UA 64 - T: *So it's a way of affirming a relationship without entailing the negative pieces of the legal recognition?*

On her behalf, the client seems to show a higher rate of IMs related to *Reflection* on her new understanding of the problem as well as considering changes or intended actions to overcome the problem, which also aligns with the actions traced by the psychotherapist in this session and previously described.

Session 5 - Discussion summary

This session shows a new pattern in the psychotherapist's interventions, whereas Groups 1 and 4 show an increase in frequency and use, Groups 2 and 3 draw a decrease. In Group 1 the majority of the categories used are more condensed towards the end of the session, which seem to denote that the psychotherapist is making a new turn into adopting a role that pivots around giving the client a more technical understanding of the process, as well as revisiting the therapeutic objectives, in order to channel the therapeutic process towards its end. This is supported by how Groups 3 and 4 seem to behave. Even though Group 3 categories have significantly decrease in use, the psychotherapist continues to make a higher use of *3.6 Questions*, *3.4.1 Paraphrasing* and *3.2 Co-construction*; all of them in a way that seems to guide and help the client on her reflections and new narratives.

Even though Group 4 doesn't significantly increase, it is interesting that the psychotherapist uses the following categories in a higher frequency: *4.3 Recognition of needs* and *4.4 Dialogical/Temporal transformation*, as these two are oriented towards giving a space for the new client's emotional expressions as well as it revisits what has been done and achieved throughout the therapeutic process and what's yet to come in the client's new future perspective. It's also worth mentioning that both Groups 3 and 4 converge in a higher frequency towards the end of the session, which denotes how the psychotherapists uses them as joint operation to create this effect on the process. On its side Group 2, even though it shows a decrease, it is still present, specially at the beginning of the session, which suggests that the psychotherapist still finds moments to keep taking care of the therapeutic relationship. He also seems to make a high use of the category *2.3 Clarifying/confirming that the client was understood*, which is a relational tool that may also assist with the processes that are being crafted throughout the use of the other groups.

- **Session 6**

Session 6 is the final session of the process and a session that shows a remarkable change in both the psychotherapist and the client's trend. First of all, it's significant how all the groups show a steep decrease in frequency, except for Group 4, which shows a considerable increase. This seems to denote a higher presence of more deeper and change centered processes along this session, showing a high contrast with all the previous ones. Linked to this fact, it is also interesting how all groups 1, 2 and 3 are more present towards the beginning of the session and Group 4, even though quite evenly distributed, has a frequency peak in use towards the end.

If we look at Groups 1 and 2, it can be seen how even though both of them show their lowest score from the whole process, they are still present until the end of it. The psychotherapist still makes use of *1.4 Thematic focus*, but in this session it's not as focused on techniques, as it is on addressing or revising specific topics, and it's also interesting to see how he introduces categories, such as *1.3 Use of consensus* or *1.2 Socializing the client on the therapeutic perspective*, more focused on somehow closing the process and/or giving the final *retouches* to it. The first category, *1.4 Thematic focus*, is more present at the beginning of the session, and the other two appear more towards the end. Below you may see some fragments that illustrate this interventions:

a) 1.4 Thematic focus

UA 1 - T: Well D, welcome back one more time, And I guess one final time as we sort of have an opportunity to see how this process is going for you this week and also to maybe take a bit of a backward glance over where we've been and a forward glance at where you're moving.

UA 9 - T: What, what helped establish that comfort for you that really you know of just let you ease into this?

UA 15 - T: Freedom from or freedom to?

UA 19 - T: yes, So who are you becoming now, now with this kind of new clarity to be yourself? (C: I'm being) What self are you finding?

UA 31 - T: DO you see these as, in some way, uh changing or developing who you are, recovering who you are? **How do you understand that shift in D?**

UA 55 - T: So what's next for you do you think?

UA 99 - T: Could you say something more about that?

b) 1.3 Use of consensus

UA 11 - T: Right you just leaped over so many steps (C: yeah) at one time right (C: yeah) with that. And, I, I like the way in which you talked about those initial steps that we made in here being very targeted

UA 77 - T: yeah, I had the feeling that at each step along the way, that verbally or nonverbally you found ways of telling me just where you needed to go. And that if I could listen to that, if I could hear that, then the direction would just unfold, you know. (C: yeah) It wasn't something that had to come from some pre-formulated plan. (C: mm) In the moment you kind of gave me the direction that we needed.

c) 1.2 Socializing the client on the therapeutic perspective

UA 93 - T: It all fits together doesn't it. (C: yeah) The biological, the psychological, the emotional, the relational. And really as you've pointed out you know really in our last couple of conversations, the spiritual, (C: mhm) that um **these are all part of this experience that this mystery that we call grieving.**

UA 103 - T: I also, as we come to a close here, I wanted to share with you something that is just a way of my saying thank you to you, um for spending these 6 hours with me. and, It's a small memento of the work that we have done together. It's a book called uh *Lessons of Loss*. It's one I would like you to have (C: ohh)

*that I hope that in all of the wonderful ways that you have **brought forward this notion of narrative and writing being so helpful for you**, so targeting in terms of **clarifying what you needed to work on and the way in which you stepped into that and made full use of that**, I hope that some of the kind of **reflective opportunities and exercises suggested in this book** um might continue to speak to you.*

Group 2, also shows its lowest score and its highest use is allocated, as well, right at the beginning and end of the session. This linked to the fact that the most used categories are 2.2 *Use of empathy* and 2.3 *Resume and clarification*, suggest that the psychotherapist is helping the client to fully clear-out her new understanding, narratives and/or constructs, and build up coherence out of it, within an atmosphere of understanding and acceptance, which clearly exemplifies how the therapists has taken care of this alliance and bond throughout the entire therapy process. Here are some examples:

a) 2.2 Use of empathy

UA 33 - T: hmmm I like that smile, it feels so genuine to me.

UA 93 - T: (...) It's really impressive, and just so uh inspirational for me to watch this.

UA 101 - T: (...) I'm just really touched by that, I find moisture in my eyes by listening to you with that.

UA 102 and 103 - C: It's someone else's turn to cry today [laugh]

T: Yeah that's right. I'll reach for a Kleenex, you may not need one, but as we moved towards our last few minutes I'll gladly wipe away a tear by that idea.

b) 2.3 Resume and clarification

UA 4 - T: That's a kind you got to kind of have your cake and eat it too right? (C: yeah)

UA 57 - T: This is the work where you are um assisting with this, right, giving to these (C: yeah) uh young people (C: right) who really are (C: pediatric) suffering (C: with cancer) with cancer.

UA 67 - T: This is your mom you're talking about?

UA 99 - T: Could you say something more about that?, that really intrigues me, the idea that in this your very view of death has changed.

For its part, Group 3, even though it also shows its lower score, it's the most used group. Categories such as 3.4.1 *Paraphrasing*, 3.3 *Use or extension of metaphors*, 3.4.2 *Ventriloquacity* and 3.6 *Questions* are all used quite evenly throughout the whole session, yet slightly more at the first half, and towards the second half it seem to leave more space for Group 4 categories. These are some fragments that illustrate this:

a) 3.4.1 Paraphrasing

UA 6 - T: It's like you were looking at only what wasn't there and not what was (C: yeah) right and in generous proportion right (C: mhm) in some way.

UA 8 - T: It's like this counseling or therapy really came at the right time when you were very ready to use it. (C: yeah)

UA 11 - T: Right you just leaped over so many steps (C: yeah) at one time right (C: yeah) with that.

UA 17 - T: Trying to think everything through twice, (C: yeah) once, right, for D, and once for mom. (C: yeah) And so now ...

*UA 24 and 25 - C: And it helps to identify things that you know I liked in my mother and then I can identify those things in other people
T: Oh! (C: you know, um) Not only in yourself but you you're your mom reflected in other members of the family.*

UA 59 - T: *little symbolic ways of taking care of (C: yeah) another who really needs that caretaking.*

UA 63 - T: *But you think about each of those bandaids, each of those 20 and each of the thousand (C: yeah) in these big boxes (C: uhuh) all will be destined for little fingers (C: yeah) that have felt a little bit of pain and it will be just taking a bit of the edge off of that for them. yeah.*

UA 101 - T: *The worst is over right? That's, death doesn't take that away, it just secures that. Death as a way of securing the love and making it something eternal in a way right? (C: yeah, yeah)*

b) 3.3 Use or extension of metaphors

UA 2 and 3 - C: (...) *And the (T: uhuh) when we shined that light a little deeper I seen that I was trying to you know keep my mother alive by being what she was to people in my family*

T: *Wow, (C: so) I was trying to keep my mother alive by being what she was to my family. (C: mhm) And **that shining the light deeply on that really seemed to begin to change it for you.***

UA 10 and 11 - C: (...) *I think that was like you know a whole blockade of stairs and steps [laughs] just to um to run and jump.*

T: *T: Right you just **leaped over so many steps** (C: yeah) at one time right (C: yeah) with that...*

UA 40 and 41 - C: (...) *It's given me more time in my life and opening some um new doors and uh*

T: *Where do you think **those new doors** are leading as we kind of look into the dusty crystal ball of the future, what, what do you think that holds for you now?*

UA 53 - T: *And so you can take these things in stride, right. (C: right) And you can stride forward, I mean, (C: mhm) in all of these ways, that's a, that's a wonderful metaphor that you offer.*

c) 3.4.2 Ventriloquacity

UA 3 - T: *Wow, (C: so) I was trying to keep my mother alive by being what she was to my family.*

UA 22 and 23 - C: *(...) um Because when you get somebody removed from you life if gives you more time with the other people in your life. you know and*

T: *When you get somebody removed from your life, if gives you more time with the other people in your life.*

UA 48 - C: *(...) That's a, that's a big thing I think when you can see something that you've never, never saw before (T: **to see something you've never seen before**)...*

UA 65 - T: *I, you know, I suppose in that too, there is a, a larger lesson isn't there, a lesson resident in your words. That notion that we can't get rid of all the yuck in life. and that It will you know keep coming to us as you pointed out before, this isn't the last loss that you've experienced or **I haven't experienced my last loss, there will be others.***

This denotes that as the session progresses, the psychotherapist pivots from categories that are more centered on helping the client to make her speech more intelligible and coherent, to categories that are aimed to help the client fully turn into alternative narratives and more deeper and meaningful construct awareness. The category the psychotherapist uses the most from Group 4 is 4.1 *Validation of alternative narratives*, which supports the idea that he seems to enhance this new discourse the client has constructed. It's also significant that the category of 4.4 *Temporal representation* is the second most used one, which he uses to not only settle what has been built throughout the process, but also to help the client project into how this will look like in her "new future". It's worth mentioning that the psychotherapist also make a significant use of 4.5

Insight and 4.3 Recognition of needs and desires, in the intent to guide the client into deeper and more meaningful connections, as well as he validates her new needs and new position within this renewed narrative. Next are some examples from the session (note that some of the categories are coded within the same UA):

a) 4.1 Validation of alternative narratives

UA 4 - T: (...) *That's so well said. right That idea that you get to be yourself and you get to keep your mom. (C: mhm)*

UA 21 - T: *Not just as a surrogate of mom (C: right) right, Not you're your mom's relationship with people but really yours.*

UA 43 - T: *yeah So like you said, even if there's no sort of grand new thing coming with it's own pizzazz, (C: right) **the life that you are leading now feels meaningful to you, I mean it feels like it has purpose, direction, and real experience.***

UA 45 - T: *uhuh, yes yes, yes, to really reinstate yourself. Wow, I hardly know what to say.*

UA 47 - T: *That's, such a, I feel a very important and useful image, I wonder if I can quote you on that...*

UA 49 - T: *I seem to remember, you saying something about when you would go to the cemetery to visit her to take a flower that you had grown (C: yeah) you would also visit their grave and thank them for bringing her up and into your life (C: yeah), although they only had something like 17 years with her before they died, was she just about 17 (C: yeah she was about 17, so, yeah). yeah, So you've had the advantage of a much longer time than that, well a little longer...*

UA 70 and 71 - C: (...) *It's very very beautiful. and Now I'm a field of work where I can help other people, I don't know what's gonna (T: yes) what's gonna*

happen next, but I do know that whatever it is it's gonna be ok. (T: yeah) and then uh

T: I have that deep sense in talking to you that it will be.

*UA 81 - T: It crowded you out of your own bed in a way. (C: yeah) and Now you found a way of still keeping some grief, right, so there is still that bit of sadness that you can have (C: mhm) **but that doesn't have this kind of this massive quality this suppressive quality.***

UA 87 - T: I'm really pleased to hear that and interested to hear that the change that you noted as so strongly inside you, also is evident outside you. right?

b) 4.4 Temporal representation

UA 13 - T: mhm, mhm. yeah, SO I do get that uh idea pretty clearly that in some ways there are broad cycles that were bringing you to this point of very lucid and clear awareness, right. (C: mhm) Six years ago you wouldn't be anywhere close to this, (C: mhm) but across time you have moved into this zone. And then specifically as you moved into the therapy it became very targeted and you were able to really make used of these things.

UA 19 - T: yes, So who are you becoming now, now with this kind of new clarity to be yourself? (C: I'm being)

UA 23 - T: When you get somebody removed from your life, it gives you more time with the other people in your life. And it's almost like moving from that loss orientation to moving into a kind of restoration orientation of restoring and rebuilding and reconnecting as the adult siblings that you are. right (C: mm yeah) In a new way.

UA 29, 30 and 31 - T: So these changes that you notice within yourself, others also notice in you. (C: yeah) They see it reflected in your actions, the way you occupy your time, the way you relate to them?

C: Yeah I've actually had friends that are like acquaintances and stuff like that say that they've noticed that I've been um happier, you know, more upbeat, so, a little more outgoing and stuff like that, (T: mhm) not having such a quiet perspective. so, its uh

T: DO you see these as, in some way, uh changing or developing who you are, recovering who you are? How do you understand that shift in D?

UA 41 - T: Where do you think those new doors are leading as we kind of look into the dusty crystal ball of the future, what, what do you think that holds for you now?

UA 53 - T: And so you can take these things in stride, right. (C: right) And you can stride forward, I mean, (C: mhm) in all of these ways, that's a, that's a wonderful metaphor that you offer. **It's like you've lengthened your stride somehow in this time (C: yeah) we've spent together.**

UA 87 - T: I'm really pleased to hear that and interested to hear that the change that you noted as so strongly inside you, also is evident outside you. right? It's something that unfolds in your heart, in your mind as you say this is kind of a thinking disease as well, but it is equally something, a change that has occurred in your family and how you relate to people and how they relate to you about this mutual loss.

UA 90 and 91 - C: Right, well, I mean, misery loves company so to speak. (T: uhuh) And I was in such a miserable state that it was difficult for anybody to really penetrate past that.

T: SO now you're, you're open more (C: yeah) its

Ua 95 - T: Yes, so you can see the changes really just percolating with your life.

c) 4.5 Insight

UA 13 - T: mhm, mhm. yeah, SO I do get that uh idea pretty clearly that in some ways there are broad cycles that were bringing you to this point of very lucid and clear awareness, right. (C: mhm) Six years ago you wouldn't be anywhere close to this, (C: mhm) but across time you have moved into this zone. And then specifically as you moved into the therapy it became very targeted and you were able to really make used of these things.

UA 23 - T: When you get somebody removed from your life, it gives you more time with the other people in your life. And it's almost like moving from that loss orientation to moving into a kind of restoration orientation of restoring and rebuilding and reconnecting as the adult siblings that you are. right (C: mm yeah) In a new way.

UA 39 - T: So you actual carry away not only what you have learned in this experience here that we have shared, but also carry away some additional ways that you can keep learning, some specific tools (C: mhm) that seem helpful to you.

UA 47 - T: That's, such a, I feel a very important and useful image, I wonder if I can quote you on that. (C: sure) right, that That idea that we can get wrapped up in a kind of emotional mindset that makes it very hard for us to see ourselves, you know, to see what were stuck in to feel what blocks us. you know, we just, It's like were subject to it, but we can't get that perspective somehow to figure out how to get around it or through it or deal with it differently. And, somehow you've made all of those transitions.

UA 77 - T: yeah, I had the feeling that at each step along the way, that verbally or nonverbally you found ways of telling me just where you needed to go. And that if I could listen to that, if I could hear that, then the direction would just unfold, you know. (C: yeah)

UA 87 - T: *I'm really pleased to hear that and interested to hear that the change that you noted as so strongly inside you, also is evident outside you. right? It's something that unfolds in your heart, in your mind as you say this is kind of a thinking disease as well, but it is equally something, a change that has occurred in your family and how you relate to people and how they relate to you about this mutual loss.*

UA 93 - T: *It all fits together doesn't it. (C: yeah) The biological, the psychological, the emotional, the relational. And really as you've pointed out you know really in our last couple of conversations, the spiritual, (C: mhm) that um these are all part of this experience that this mystery that we call grieving. um, And there are ways that you are really strongly displaying in doing it in such a life affirming way. It's really impressive, and just so uh inspirational for me to watch this.*

d) 4.3 Recognition of needs and desires

UA 8 - T: *It's like this counseling or therapy really came at the right time when you were very ready to use it. (C: yeah) **A part of you was really just saying I know that I need to do this and you took to that, that deep work so quickly.***

UA 11 - T: *Right you just leaped over so many steps (C: yeah) at one time right (C: yeah) with that. And, I, I like the way in which you talked about those initial steps that we made in here being very targeted, right, its that somehow, it not only shined a general light, but something about that seemed to to shine a very specific light, like almost like a laser beam (C: yeah) **on something that you really needed to do. And a part of you knew you needed to do it.***

UA 97 - T: *But that joy, right, that is in the words of your friend kind of wondrous (C: yeah) to be able to have that and to make that possible for yourself.*

On her behalf, the client has also made a significant turn towards more level 2 IMs - Centered on change. She moves into a significant higher use of the category Re-conceptualization, which is focused on “moments distanced from the experience (meta-

positions) where the self is repositioned outside the problematic experience and also understands the processes involved in this transformation” (Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011). She also shows a higher level than in the previous sessions of the categories Reflection and Protest, which denotes and links to the Insight category described from the therapist’s perspective, as well as the presence of these new narratives the psychotherapist is validating in a high rate.

Session 6 - Discussion summary

This last session shows a remarkable change in both the psychotherapist and the client’s trends. All the groups show a steep decrease in frequency, except for Group 4, which shows a considerable increase. This seems to denote a higher presence of more deep change centered processes along this session, showing a high contrast with all the previous ones. Linked to this fact, it is also interesting how all Groups 1, 2 and 3 are more present towards the beginning of the session and Group 4 has a frequency peak in use towards the end. Groups 1 and 2, show their lowest score in the whole process, but they are still present until the end. The psychotherapist still makes use of *1.4 Thematic focus*, but in this session it’s not as focused on techniques, as it is on addressing or revising specific topics, and it’s also interesting to see how he introduces categories, such as *1.3 Use of consensus* or *1.2 Socializing the client on the therapeutic perspective*, more focused on somehow closing the process and/or giving the final *retouches* to it. Group 2 shows its highest use at the beginning and end of the session, this linked to the fact that the most used categories are *2.2 Use of empathy* and *2.3 Resume and clarification*, suggest that the psychotherapist is helping the client to fully clear-out her new understanding, narratives and/or constructs, and build up coherence out of it, within an atmosphere of understanding and acceptance, which clearly exemplifies how the therapists has taken care of this alliance and bond throughout the entire therapy process.

In regards, Group 3, even though it also shows its lower score, it’s the most used group. Categories such as *3.4.1 Paraphrasing*, *3.3 Use or extension of metaphors*, *3.4.2 Ventriloquicity* and *3.6 Questions* are all used quite evenly throughout the whole session, yet towards the second half it seem to leave more space for Group 4 categories.

This denotes that as the session progresses, the psychotherapist pivots from being more centered on helping the client make her speech more intelligible and coherent, to helping her fully turn into alternative narratives and more deeper and meaningful construct awareness. The category of *4.4 Temporal representation* is highly used, which seems to not only settle what has been built throughout the process, but also to help the client project into how this will look like in her “new future”. It’s worth mentioning that the psychotherapist also make a significant use of *4.5 Insight* and *4.3 Recognition of needs and desires*, in the intent to guide the client into deeper and more meaningful connections, as well as he validates her new needs and new position within this renewed narrative.

On her behalf, the client has also made a significant turn towards more level 2 IMs - Centered on change. She moves into a significant higher use of the category Reconceptualization, which is focused on “moments distanced from the experience (meta-positions) where the self is repositioned outside the problematic experience and also understands the processes involved in this transformation” (Gonçalves, Ribeiro, Mendes, Matos, and Santos, 2011).

Once all the sessions have been interpreted, it can be seen how this system aids to see, at a very high resolution level, when and how often is the psychotherapist making use of the different psychotherapy interventions, and this has helped to target how element such as the therapeutic alliance or the construction of new narratives have happened with a clear and detailed “behind the scenes” report. This could be very useful if at some point throughout a therapy process a breach in the therapeutic bond can be identified, as well as a bad outcome process, as it can help find that moment and that possible intervention which might not have worked as wished. In the same way, this may assist in novel therapists training.

In regards the specific pattern **Category 3.1 Active listening by giving the turn** (results’ point **b.3**) showed throughout the therapy process, it is worth highlighting the fact that it showed an ascending trend in the overall process. This correlates with the fact that this category in particular has the differentiation in regards the rest, that mainly appears when the client is talking, and has an active listening component which denotes that the psychotherapist is following the client’s discourse and showing interest and

attention on what the client is saying. Its trend seems to be linked with the fact that as the psychotherapeutic process moves on, the client starts to develop more in-depth reflections and process elaborations and the client's speech interventions become extended and more insightful. This denotes the reason why the psychotherapist would increase the frequency of 3.1 category interventions as the psychotherapeutic process evolves and why this particular category seems to have its own special trend in regards the others.

Within the first psychotherapeutic sessions it shows an increase of use at the beginning of the session, which seems to correlate with the fact that the client is explaining something or retrieving aspects from the previous sessions, in the last sessions it seems to show an increase of use more towards the end, which seems to clearly link to the fact that the client is showing a higher level of reflection and insightful speech. Is worth mentioning that the presence of this category is significantly reduce while the psychotherapeutic techniques are being used mainly because is the psychotherapist the primary interlocutor.

How this category is used within psychotherapeutic process should be more in-depth analyzed, as its presence seems to be unique and quite different form the other categories. Specially in regards novel psychotherapeutic training (Chui et al., 2014; Hess, Knox, and Hill, 2006; Hill, Spangler, Chui, and Jackson, 2014; Hill, Spangler, Jackson, and Chui, 2014; Hill et al., 2015; Jackson et al., 2014), its use and the effect it's causing in the therapeutic process is worth exploring as it seems to show a very specific trend and its use may have an impact in crucial therapy aspects such as the therapeutic alliance, communication quality level with the client throughout the process, as well as the therapeutic outcome (Beutler et al., 1994; Corbella and Botella, 2004; Corbella, Fernández, Saúl, García and Botella, 2008; Soares, Botella and Corbella, 2010).

b.3) Discussion of two specific therapeutic techniques applying the PICS

The following section will proceed to interpret the interventions codified and analyzed in the therapeutic use of two specific techniques: “*writing a letter*” and “*empty chair*”. It describes and analyzes the therapeutic meaning that they may have within the context of the psychotherapeutic process to gain more insight on them using our system.

The information is gathered from the results' section **b.1)** and **b.2)** but only looking at the specific techniques' time boundaries.

Session 1: Invitation to write a letter

In particular and in relation to the specific narrative technique used in this session - *Write a letter* -, the two groups that the psychotherapist uses the most are 1 "*Discursive contract*" and 3 "*Facilitators of the client's' speech*". As can be acknowledged, Group 1 is especially used at the beginning of the technique, and the psychotherapist emphasizes the use of the categories: *1.4 Thematic Focus*, *1.2 Socialization of the client in the therapeutic perspective* and *1.6 Negotiation of demands and/or objectives therapeutic*. The use of category 1.4 is especially focused on the application of therapeutic techniques, hence it is the most present of this group in this period of time. However, it is interesting to see how through the use of category 1.2 the psychotherapist seems to clarify and/or explain aspects of the grieving process to the client to help her understand and/or normalize elements of the problem, as it can be seen in the following session fragment (Session 1, UA 135):

"T: ...because memory is awfully hard as when we are faced with these waves of grief and pain. It's hard to hold something in mind."

Likewise, the psychotherapist also uses category 1.6 within the technique to probe and negotiate the demand/therapeutic objectives, as can be seen in the following fragments (Session 1, UA 129 and UA 133):

"T: ...as we kind of come into the last few minutes of our conversation today, if there's any kind of small and specific step that we can take between now and next time we talk, that would help you move just a little closer in the direction of that hope"

"T: Almost like trying to reopen the conversation with her that was closed by her death. I wonder how that would be for you? How does that idea sound to you?"

Regarding Group 3, as it can be observed, was present throughout the major part of the technique and the psychotherapist makes special use of the categories: 3.6.2 *Closed questions* and 3.6.3 *Indirect questions*, followed by, with a lower frequency of use, 3.4.1 *Paraphrasing* and 3.4.2 *Ventriloquicity*. The use of the questions seem to be very oriented to confirm with the client if the use of the technique is suitable with her needs and also, it seems that the psychotherapist tries to measure the pace that the client can endure or if she needs more or less help to execute the technique, as can be seen in some fragments (Session 1, UA 133, UA 145):

“T: I wonder how that would be for you? How does that idea sound to you?”

“T: I wonder if this might be the beginning of a letter that you could kind of complete on your own (...) Does that makes sense?”

Also these categories, 3.4.1 *Paraphrasing* and 3.4.2 *Ventriloquicity*, seem oriented both to help the client carry out the technique, and to make her speech more intelligible, as can be seen in the following fragments (Session 1, UA 143, UA 145, UA 155):

“C: She listened.

T: You always listened to me. You were the one who listened [writes on clipboard].”

“C: She was always encouraging. She told me that I was going to be ok.

T: I wonder if this might be the beginning of a letter that you could kind of complete on your own: Dear B., I miss you, you listened to me, you were encouraging, you always told me I would be ok.”

“C: I don't know, a lot of it sounds like it might be a good idea. And it might be a way for me to be able to reconnect with her, feels at least some of the thoughts that she might have, had. So I can be in a more positive place.

T: Like the reconnection with her can reconnect you with the positive thoughts that really were encouraging, just these ways that she once gave them to you in

the form of physical words. To have the words inside of you would be a healing thing.”

Finally, in regards to Group 2 “*Facilitators of the therapeutic relationship*”, it can be observed that it is mostly present in the second half of the technique and the psychotherapist makes special use of the categories: 2.3 *Clarification that the client has been understood* and 2.4 *Validation of the client's speech*; followed, with a lower frequency, by 2.1 *Provide comfort* and 2.2 *Use of empathy*. Category 2.3 seems to be closely linked to clarifying aspects with the client in order to perform the technique in a more personalized way and ensure that the psychotherapist understands what the client wanted to say and/or help her specify what she meant, as can be seen in the following fragments (Session 1, UA 143, UA 149, UA 151):

“C: She listened.

T: (...) What did she hear that others did not?”

“C: I don't know, scary I guess, a little bit.

T: What's the scary piece of it?”

“C: It's painful.

T: (...) So if you needed to kind of take a breather from that how would you do it?”

The category, also from Group 2, 2.4 *Validation of the client's speech*, together with the categories 2.1 *Provide comfort* and 2.2 *Use of empathy*, seem very oriented to validate the client, to comfort her and encourage her to perform the technique. The client seems quite hesitant at first, when the activity is posed, and through the use of these strategies, the psychotherapist creates a climate of comfort and safety that ends with a change in attitude in the client towards a greater predisposition to write the letter, as can be seen in some of the following fragments (Session 1, UA 151, UA 155 and UA 157):

“ C: It's painful.

T: Yes, Yes. If it is too painful, what can you do to sort of manage the pain? Of course, these would not be easy words to write...”

“C: I don’t know, a lot of it sounds like it might be a good idea. And it might be a way for me to be able to reconnect with her, feels at least some of the thoughts that she might have, had. So I can be in a more positive place.

*T: (...) **I like that idea.**”*

“C: I hope so.

*T: Shall we see how it goes. D thank you for this time. **I appreciate it, and I know it’s been a hard time** and I look forward over the next few weeks to have a chance to continue and deepen the conversation and hope to carry it in a good direction.”*

Session 3: Mom: I return your legacy and ask for your permission to be me. Anniversary letter after mother's death and conversation with mother in empty chair

As the therapeutic process progresses, in session 3, there is a change in the tendency of the psychotherapist. If the focus is placed on the specific narrative technique used in this session - the *empty chair* – it can be seen that once again, the groups that are mostly present during the technique are Group 1 and Group 3. Within Group 1, category *1.4 Thematic Focus* is once again the most present, since it is linked to the proposal of the technique or activity (Session 3, UA 55):

“T: I kind of had an idea as we were talking of this notion of.. almost of getting mom’s permission for these changes that you want to make. And the thought was, I wondered if we could have a conversation here in which I could sort of interview your mom briefly about the person her daughter D is becoming.”

However, and unlike in the prior technique, categories *1.1 Differentiation of roles* and *1.3 Use of consensus*, which were absent in the prior technique (Session 3, UA 59), make a significant appearance.

*“T: They’ve been very meaningful and interesting conversations and, one of the things that has really **come out for us...**”*

Group 3, despite being the most widely used, is more present at the beginning of the technique and as it advances, it gives way to the categories from Group 4. The most present categories from Group 3 during this technique are the 3.6 *Questions*, followed by 3.4.1 *Paraphrasing* and 3.4.2 *Ventriloquacity*. Sharing similar purposes to the technique of the *Letter*, such as: confirm with the client that the use of the technique is appropriate in regards her needs; measure the pace that she can endure; and helping the client perform the technique and make her speech more intelligible; as can be seen in the following fragments (Session 3, UA 56/65, UA 67, UA 85):

“T: Would that be interesting to you? / T: What else would she do well to carry over in your view?”

“ C: Courage um to stand on a decision once one’s made.

T: Courage to stand on her decision. uhuh Yeah, willing to stand of to stand up for what she feels is right, and to chart a life course and make it her own.

C: Yeah, a passion for life”

“C: It was kind of weird. (T: a little weird) My mom wasn’t that talkative. I was trying to think of some words that she would say.

T: Almost like your mom had to become a little like you (C: yeah) in order to fill the role.”

With regard to Group 2, it can be seen that its presence decreases compared to the previous technique, but it can be noted that the categories it uses are practically the same: 2.1 *Provide comfort*, 2.4 *Validation of the client’s discourse* and 2.2 *Use of empathy*. Once again, these seem oriented to validate the client, to comfort her and encourage her to perform the technique. The psychotherapist takes care of the approach of the technique by creating the climate of comfort and safety mentioned in the previous technique and with this, he seems to help the client relax and show greater predisposition to perform the activity, as can be seen in some of the following fragments (Session 3, UA 55, UA 59):

“T: Would that be interesting to you?

C: I don’t know if I could come up with her um mindframe or.. but I’ll, I’ll try.

*T: Would you be interested in trying that for a few minutes? **Why don't we do this, just for fun, why don't you switch chairs with me.** (C: ok)"*

*"T: I've been having some conversations, Pat, with your daughter D, (...) **They've been very meaningful and interesting conversations.**"*

Finally, and unlike in the previous technique, Group 4 "*Liberation of constraining speeches*" appears coded in this technique, although less frequently present. One possible reason for this appearance is that the technique that the psychotherapist uses in this session is a technique that aims to connect with deeper aspects and more nuclear processes or constructs in the client. While, on the other hand, the technique of the *Letter*, seeks to establish a first contact that opens or gives the psychotherapist access to the client's experiences, and possibly help establish the therapeutic priorities and objectives. As can be acknowledged, this group appears more as the technique progresses and the most used categories are: *4.1 Validation of alternative narratives* and *4.3 Recognition of needs and desires*. The use of these categories seem focused on the validation, not only of the client's needs, but also the validation of aspects of change in her discourse to encourage this process, as can be seen in the following fragments (Session 3, UA 59, UA 77, 69):

*"T: **One of the things that has really come out for us, is that she's been talking about almost uh finding a way to let your legacy be yours rather than hers, and for her to step back into being D, and she's been a little bit worried about how you feel about that.**"*

"C: Yeah but willing to ask for help when it's really needed.

*T: Willing to ask for help. **Yeah I get that sense about her too, that real openness...**"*

"C: Yeah, a passion for life

*T: A passion for life. The glimpses I get, I kind of suspect that **she has that, that the passion is kind of taking maybe more practical and career decisions now.**"*

b.4) Discussion of the evolution of the category 3.1 throughout the process and how this links to the client's "changing speech" process

As mentioned in the Results section **b.3**, category 3.1 *Active listening* has been analyzed separately as it shows a different particularity in regards the other categories. This category mainly appears while the client is speaking and it is observed that it draws a specific pattern on its own as the therapy process developed. When looked at the overall trend along the therapeutic process, it is confirmed that as the process evolved, this category increased in frequency of use, this correlates to an increase in the client's speech. In sessions 1 and 2 it is noted a slight increase, as the client also increased her speech. In session 3 there is a significant drop in frequency, which correlates with a higher intervention from the therapist's part with the use of the other categories, especially when using a the therapeutic technique of the "Empty Chair", as well as a higher use of Group 3 and 4 categories, as described above. In sessions 4 and 5, it shows a clear increase which correlates a higher level of intervention and reflection from the client's part and a decrease from the other psychotherapist groups. In the last session, because of the closure of the therapeutic process, this category decreases, to let space for elaboration from Group 4 categories. Here are some examples, form different sessions within our particular case, to note how this evolves:

S2 UA 8 - C: um, In some respects yeah. you know, um, I don't know, I'm trying to be back to where I was, you know, being more cordial with the family and stuff like that, you know, When I come in I say help and (T: mhm) I usually don't get that response and (T: from them) from them. right, so Like opening up the door and saying, I said, repeating myself I said, I said, hello (T: mhm) or good morning or whenever I run into them. It's kind of a long gated house. (T: mhm) You could almost always find someone in the kitchen (T: mhm) or the living room. and um I miss that you know. My mom would always say who's there because she only had peripheral vision, unless and so (T: uhuh) unless you were right to the left or right of her (T: yeah) She never knew who was there. and, I miss that. There's always the TV running and (T: mhm) everyone doing their own thing, you know, and.

S4 UA 80 - C: I liked, I do a lot of meditation on my own. (T: **uhuh**) SO that's what I did, is I went to the meditation format, (T: **yeah, yeah**) usually I concentrate on some kind of light above, (T: **uhuh**) but to invite something different was weird. I'll have to go back to that void because It was like (T: **mhm**) I could almost see an endless void and there were like pages floating (T: **pages floating in the void**) yeah, that had words on them that (T: **uhuh**). I don't know if I'm describing it correctly, (T: **yeah**) there was like fogs, like fogs (T: **uhuh**) you know, which would appear like pages as they were coming towards you (T: **yeah yeah**) with like words that came to them, it was really neat.

S6 UA 48 - C: I'm very grateful. It feels good. and um I'm just very you know um glad that through the writing assignment. I mean, This is something, I knew that I was having problems with the grief, but this was something I didn't even see. (T: **mhm**) you know I didn't see that I was trying to stride in my mom's footsteps instead of making new (T: **mhm**) footsteps for myself. That's a, that's a big thing I think when you can see something that you've never, never saw before (T: **to see something you've never seen before**) right, And it was just like it, phew, (T: **yeah it's just like**) there it is. And then once you find, because sometimes you don't know what the issue is exactly, what you're wrapped up in. (T: **right**) you know, And is this present because my mom died? but (T: **mhm**) you know I didn't see the way that it was affecting myself and others in my life. and uh, I think I'm heading in a uh new path, a different path, and just you know to continue to grow and to um (T: **mhm**) really really really have acceptance with her death. and uh To be able to be in celebration with it. (T: **mhm**) you know, And that's important (T: **yeah**) because I need to, for me, some people don't need to go there, but I need to celebrate my mom's life (T: **uhuh, to celebrate your mom's life**) and to be happy that she was here and not concentrate on the, what I consider the shortness of it. But surely 76 is a long time for her. (T: **three quarters of a century, right, and, that's**) you know, Not a lot of people are given that gift. and in Her particular family, her mom and dad died like when they were 46, 47, (T: **I, yeah**) so she almost double their lifespan

8.2.2 Qualitative analysis of the psychotherapeutic process and contributions to grief and narrative psychotherapy

As previously mentioned, we attribute meaning to experiences through the construction of narratives. Self-narrative creates continuity in the way the person understands the world, inducing repetition, order and coherence, with the aim of achieving stability and some predictability in dealing with the uncertainty of the future. (Botella and Herrero, 2000; Herrero and Neimeyer, 2006). From our narrative and constructivist approach, we conceive grief as a process of reconstruction of a personal world of meanings that has been questioned by loss (Neimeyer, 1998, p.92, Neimeyer, 2019; Neimeyer, Burke, Mackay and van Dyke Stringer, 2009). Therefore, if looking at the overall description in the results' section regarding Study 2 qualitative analysis (7.2.2.a Phase 4.a and 7.2.2.b Phase 4.b), it may be seen how the client depicts this and evolves in the reconstruction of her narrative throughout the therapeutic process; changing from intense negative feelings of loss, confusion, deep sadness and dissatisfaction with her current situation; into showing a more positive discourse where she would reflect on the therapy process, as well as the contrast and change she notices since the beginning of the process. Our objective in working with this case was, not only to test the applicability of our coding system (PICS), but also the exhaustive analysis of psychotherapist interventions in order to contribute to the research of processes in psychotherapy and narrative. This research sought to understand in depth and in detail what and how a veteran psychotherapist, expert in grief and narrative, does to help a client who goes to psychotherapy with an unresolved grief, and how he helps the client to make significant changes in just 6 sessions. This case makes it possible to portray how narrative interventions facilitate the work of integrating the loss into one's life history, the reconstruction of one's identity after the loss and the maintenance of the symbolic bond with the deceased person (Aulet, Herrero and Neimeyer, 2019).

Although many people are able to maintain their adaptive levels of functioning or adaptively reinvest in a more positive way of functioning after their loss, there is a proportion of people who have difficulty finding meaning, experiencing a complicated grief (Bonanno and Kaltman 2001); characterized by severe and disabling responses to loss (Neimeyer, 2019). If we narrow the scope of our case study, it can be noticed that, at the beginning of the process, Deborah showed high levels of confusion, mental blocking

which interfered in her daily routine and a strong dissatisfaction with her current feelings and situation. The constructivism perspective emphasizes the need of individuals to impose meaning to their life experiences (Neimeyer, 2009) and throughout the process of this case it could be seen how the psychotherapist accompanies Deborah (as described in the previous sections) in her journey to move into acceptance, more positive thoughts and better ability to cope with daily life.

Another element which is also very present in the client's process is the way she struggles to cope with relationships and her role within a world without her mother. As it has been previously described, from a relational constructivism position (Botella, 2001, Botella and Herrero, 2000), identity is developed and conceived from and within the relationships and conversations and, because of this, the loss of a meaningful relationship implies the loss of a significant part of who we are, the part of ourselves lost in the relationship (Herrero and Botella, 2002). In Deborah's process it can be very clearly seen at the beginning how much she emphasizes her mother's figure and the pillar she represented, not only for her as a "helping person", but also as the family glue that stuck all of them together. She seems to really struggle to find her place now that her mother is gone and almost seems to be "vanishing" as an individual, it can be noted this as she mostly refers to "her", "she", "my mother" and highlights the many issues she's finding to connect with her family and her working life. A very significant change in her process can be linked to this fact, as towards the end she barely centers her discourse on her mother, and it seems to be more about herself, her differentiation as an individual and her new way of engaging within the family relationships, including her mother.

Another key point in regards our constructivist and narrative understanding of grief is the ability to construct meaning after loss. As previously explained, this has been associated with positive outcomes, such as less intense bereavement reactions (Schwartzberg and Janoff-Bulman 1991), greater subjective sense of well-being (Stein, Trabasso, Folkman, and Richards, 1997), a more adequate functioning of the immune system (Bower, Kemeny, Taylor and Fahey, 2003), a lower mental dissonance (Murphy, Johnson, Chung and Beaton, 2003) or a better adjustment in adults who have lost a loved one in a situation traumatic (Davis, Wohl and Verberg, 2007). Throughout our client's therapy process it can be clearly seen how she moves from confusion and lack of meaning and direction, to a deep state of reflection about the process, her new life and the meaning

of her new role in life. This new attitude seems to fill her with coherence, security and acknowledgement, that seems to give her a more clear image of who she is now and what she would like to become.

This analysis of the client's progress, in combination with the analysis of the psychotherapist's interventions (PICS) allows us to build up the process from both perspectives and helps to create a more holistic and detailed picture of which are the various specific elements that are setting the basis and helping in the construction of this active meaning making process (Poch and Herrero, 2003) that resulted in a positive outcome psychotherapy. As previously mentioned, a key factor in grief constructivist-narrative psychotherapy is fostering a transformation in the client's self-narrative (Botella, Herrero, Pacheco and Corbella, 2004). In order to do this, client and psychotherapist work together in a collaborative dialogue to reconstruct problematic narratives (Alves, Mendes, Gonçalves and Neimeyer, 2012; Alves et al., 2014; Neimeyer, Botella, Herrero, Pacheco, Figueres and Werner-Wildner, 2002; Neimeyer, Herrero and Botella, 2006) and the linguistic variables implied in this narratives become relevant for achieving a new sense of continuity, order and coherence. Having a more clear understanding on how this linguistic variables act and influences the process, helps us to have a more reflexive and in-depth understanding on what is helping and what might be interfering.

As analyzed in the particular psychotherapy case described in this thesis, the moments when the psychotherapists intervenes using, for example, *empathy*, *validation*, *insight* and/or narrative techniques – such as *writing a letter* or the *empty chair* - might trigger certain reactions or processes in the client, making this interventions a strategic movement within a delicate process. The psychotherapist must not only be aware of the client's process, but must also keep track of his/her own movements and how these impact on the process, and this is why we consider it's so important to be able to track and analyze them in a more systematic way using systems like the one developed in this thesis (Herrero, Aulet, Alves, Rosa y Botella, 2019). As mentioned before, key elements such as the therapeutic alliance (Bordin, 1979) or psychotherapist variables like the therapeutic relationship (Botella, Pacheco, Herrero and Corbella, 2000) are also key elements the psychotherapist must build and take care of throughout the process, and this is something

our system has proven to be able to depict and track to give the psychotherapist a detailed picture of *when* these happen and *how* they flow within the sessions in regards the client.

As previously mentioned, this aspect may have a remarkable impact, not only in regards psychotherapy research focused on the psychotherapist interventions (Hill, 2002, 2014; Lent, Hill, and Hoffman, 2003), but specially in assisting and helping in regards novel psychotherapeutic training (Chui et al., 2014; Hess, Knox, and Hill, 2006; Hill, Spangler, Chui, and Jackson, 2014; Hill, Spangler, Jackson, and Chui, 2014; Hill et al., 2015; Jackson et al., 2014). Our system (Aulet, Herrero and Neimeyer, 2019; Herrero, Aulet, Alves, Rosa y Botella, 2019) is presented as a tool to assist the qualitative feedback given by therapists' mentors that may help specify particular sentences, interventions or moments that might have had a negative/positive impact on a therapeutic process to act in response to it. Even though, this research has been focused on grief and narrative-constructivist psychotherapy, this coding system aims to also be useful in other therapeutic processes, as well as, in the practice of other psychotherapeutic perspectives.

9. CONCLUSIONS

Based on this research *4 main objectives* and what has been discussed in the previous section (8. Discussion), next are presented the most significant conclusions and contributions drawn from the whole research process:

- First, our research team has developed a transtheoretical and easily usable coding system – PICS (Herrero, Aulet, Alves, Rosa y Botella, 2019), which contributed to further the knowledge on psychotherapy processes, focusing on the use of language by the psychotherapist. Based on the analysis performed in the psychotherapy case, this coding system has shown that it may also contribute on the following areas:
 - a. Allow the study of *how* and *which* psychotherapist interventions may be contributing in different ways within psychotherapeutic processes;
 - b. Acknowledge the *kind of interventions* the psychotherapists are using in the sessions and becoming more self-aware;
 - c. Reflect on the *effects* those interventions are having on the client's processes;
 - d. Contribute to *developing knowledge* on research processes;
 - e. Assist *teaching on novel psychotherapists* in training programs;
 - f. Help in *psychotherapists supervision*;
 - g. Suggest which *type of interventions* may the psychotherapist be doing more at the beginning, middle or end of the therapeutic process – establishing *developmental patterns* in the psychotherapeutic interventions; aid to systematize the therapist's interventions and quantify the types and frequency of these interventions;

- h. It allows *comparing processes* that happen in patients that responded to therapy versus patients that didn't respond to the intervention.
- We have successfully applied this system to the transcripts of a real grief psychotherapy case with good outcome and have been able to test its outcome and use, not only in research, but as a tool to help psychotherapists reflect on their interventions and the therapeutic process.
 - In this regard, the findings have enlarged the knowledge on how the psychotherapist's own process and interventions operate and have been able to better understand how the psychotherapist adds up to the change process and be able to track and better depict the little details that affect and influence the course of the psychotherapy process. Specifically, this research has been able to portray how narrative interventions and techniques facilitate the work of integrating the loss into one's life history, the reconstruction of one's identity after the loss and the maintenance of the symbolic bond with the deceased person (Aulet, Herrero and Neimeyer, 2019).
 - In addition to this, we have tested our system and promote its use as a tool to develop new flexible and integrative analysis of therapeutic skills and interventions, which may serve as a guidance in novel psychotherapist training and its implications in the clinic practice (Chui et al., 2014; Hill, Spangler, Chui, and Jackson, 2014; Hill et al., 2015). This research has contributed to the development of a tool that assists research on individual patterns of change, as well as, the systematization on training programs for trainee therapists.
 - The present research has therefore enlarged the literature on phenomenologically understanding, from a narrative-constructivist approach, the processes that are involved in the course and development of the elaboration of adaptive grieving processes in a psychotherapeutic context and eventually how these interventions allow for patients to respond to treatments in a more insightful and meaningful way. Our research has helped to expand the knowledge on how the therapeutic factors interacts with the psychotherapeutic processes of grief. Likewise, it has

provided relevant information to clinical practice, as well as to the processes involved in a successful grief psychotherapy (Aulet, Herrero and Neimeyer, 2019).

10. RESEARCH LIMITATIONS AND FUTURE RESEARCH

In developing this project our research team has encountered some obstacles and limitations. Developing a transtheoretical and easily usable coding system from a qualitative approach has been time consuming and at some points a slow process, and because we have collaborated with other researchers from Portugal as well as EEUU, the coordination and collaboration has proven challenging at some stages.

Our application of the system to the therapeutic case was limited to the transcripts of the sessions, as this was the format we had access to. We are aware that in only using the reading channel we might have missed some relevant non-verbal cues that might hinder the overall interpretation of the process. We consider that in order to improve this aspect, future applications and testing of the system should include videos to complete the analysis of the process.

Additionally, in further research the PICS can also be used to study the link between some specific therapeutic interventions and the psychotherapist style. For instance, it could be interesting to correlate the use of interventions coded in the category system with the personal style of the psychotherapist (Corbella and Botella, 2004; Corbella, Fernández, Saúl, García and Botella, 2008). It would also be interesting to apply the coding system to different psychotherapy orientations (such as cognitive-behavioral, psychodynamic, systemic...) in order to be more able to describe and find commonalities and/or differences in the use of language of the therapists being analyzed. For instance, it could be very interesting to do so with experts with international recognition, as well as, comparing and contrasting good and poor outcome psychotherapy processes.

Finally, our research team would like to further the interrelationships and compatibility between our coding system – psychotherapist perspective - with other systems that capture the client perspective, like has been done with the IMCS (Gonçalves,

Matos, et al., 2009; Gonçalves, Ribeiro, Mendes, Matos and Santos, 2011). Since IMCS is an empirically validated coding system that tracks markers of change in client's speech, it would be very interesting to explore and enlarge what has been started in this project when overlapping what is happening in the psychotherapist interventions that lead to these markers or reactions in the client. Future research will consider the coordination of both coding systems.

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12. APPENDICES

APPENDIX 1. Comparison table between the original category system and the “Psychotherapist Interventions Coding System” (PICS).

Original Category System (Herrero and Botella, 2002)	PICS
Group A: Discursive contract	Group 1: Discursive contract
<ul style="list-style-type: none"> ○ Use of authority ○ Positions’ clarification or disparity ○ Use of expert’s voice ○ Use of consensus ○ Thematic invitation or topic restriction ○ Language code ○ Authorization / permission ○ Asymmetry marker in the relationship ○ Formulate a demand ○ Negotiation of therapeutic objectives ○ Procedural clarification 	<ul style="list-style-type: none"> 1.1 Differentiation of roles 1.2 Socializing the client in the psychotherapeutic perspective 1.3 Use of consensus 1.4 Thematic focus 1.5 Authorization/give permission 1.6 Negotiation of demand and therapeutic objectives

Group B: Facilitators of the therapeutic relationship	Group 2: Facilitators of the therapeutic relationship
<ul style="list-style-type: none"> ○ Provide comfort ○ Use of empathy ○ Summary and confirmation that the client was understood ○ Clarification of possible misunderstandings ○ Provide security in the context of the therapeutic relationship ○ Validate/recognize the client's speech ○ Use of utility 	<p>2.1 Provide comfort and security in the therapeutic relationship</p> <p>2.2 Use of empathy</p> <p>2.3 Resume and clarification - confirmation that the client was understood</p> <p>2.4 Validate/recognize the client's speech</p>
Group C: Facilitators of the client's speech	Group 3: Facilitators of the client's speech

<ul style="list-style-type: none"> ○ Give the turn / word ○ Validation and extension of metaphors ○ Internalization of client's voice (Ventriloquacity / Paraphrasing / Mirroring) ○ Question: Open / Close / Indirect ○ Combined/joint production ○ Interruption ○ Externalization ○ Awareness 	<p>3.1 Active listening by giving the turn</p> <p>3.2 Joint production/co-construction</p> <p>3.3 Validation and extension of metaphors</p> <p>3.4 Internalizing the client's voice: Paraphrasing / Ventriloquacity</p> <p>3.5 Mirroring (emotions)</p> <p>3.6 Questions: Open / Close / Indirect</p> <p>3.7 Interruption</p> <p>3.8 Externalization</p>
<p>Group D: Liberation of constraining discourses</p>	<p>Group 4: Liberation of constraining discourses</p>
<ul style="list-style-type: none"> ○ Validation of the positive narratives ○ Use of the double voice or 3rd speaker ○ Internalization of the therapist's voice ○ Explanation of commonalities ○ Recognition of needs and desires ○ Use of deference for the therapist 	<p>4.1 Validation of the positive narrative</p> <p>4.2 Use of the double voice or 3rd speaker</p> <p>4.3 Recognition of needs and desires</p> <p>4.4 Dialogical representation or temporal transformation</p> <p>4.5 Theory awareness</p>

- | | |
|--|--|
| <ul style="list-style-type: none">○ Dialogical representation "here and now" of a past conversation or temporal transformation○ Formulation of theories that give meaning to what happens to the client in a process of co-construction | |
|--|--|

APPENDIX 2. Glossary for Herrero and Botella (2002) and Neimeyer, Herrero and Botella (2006) category definitions.

Group	Category	Definition
A	Use of authority	Pragmatic-rhetoric mechanism through which the therapist positions him/herself as the person who directs the therapy process.
	Positions' clarification or disparity	Pragmatic-rhetoric mechanism through which the therapist positions him/herself as a different figure from the client, with different processes and different roles in the therapeutic work, which must be clarified in order to: a) make the client acknowledge which is his/her roles; b) avoid misunderstandings.

	Use of expert's voice	Pragmatic-rhetoric mechanism through which the therapist positions him/herself as the person who knows the process that must be followed in therapy, given that he/she knows the processes that block the client.
	Use of consensus	Pragmatic-rhetoric mechanism through which the therapist matches his/her conception of change with the client's one using the 1 st person plural. This way both client and therapist aren't people that work in different paths, but both have a common aim.
	Thematic invitation or topic restriction	Pragmatic-rhetoric mechanism through which the therapist points out more or less explicitly which are going to be the accepted themes to work in the sessions and which aren't going to be specifically therapeutic.
	Language code	Pragmatic-rhetoric mechanism through which the therapist socializes the client in the use of

		emotions as the core work of therapy. The language code implies the way in which we speak and constitutes the unique way that makes sense in a specific universe of interactions.
	Authorization / permission	Pragmatic-rhetoric mechanism through which the therapist emphasizes the importance of emotional expressions as part of the joint job, giving permission to it to be expressed within the session.
	Asymmetry marker in the relationship	Pragmatic-rhetoric mechanism through which the therapist emphasizes the lack of information between therapist and client as a way of empathizing with the difficulty of the client to talk about important things and revealing elements of who he/she is, while the therapist is not going to occupy that same position.

	Formulate a demand	Pragmatic-rhetoric mechanism through which the therapist helps the client to formulate the motive that brings him/her to therapy, as a way to enhance a good therapeutic alliance.
	Negotiation of therapeutic objectives	Pragmatic-rhetoric mechanism through which the therapist helps the client narrow on what he/she expects to achieve with the therapy work, as well as the therapist's proposal on his/her theoretical agenda to achieve the therapeutic change.
	Procedural clarification	Pragmatic-rhetoric mechanism through which the therapist poses the client as someone who doesn't know the therapeutic way to proceed and explains the type of joint work they will do, as well as the way they will proceed to achieve the client's goals.
	Provide comfort	Pragmatic-rhetoric mechanism through which the therapist tries through

		verbal or non-verbal expressions to enhance that the client feels well within the relationship.
B	Use of empathy	Pragmatic-rhetoric mechanism through which the therapist understands the client and feels what the client feels “as if” it was his/hers, trying to put him/herself in the client’s position even though being a different person and that comprehension won’t be absolute.
	Summary and confirmation that the client was understood	Pragmatic-rhetoric mechanism through which the therapist makes sure he/she has understood the client clarifying possible misunderstanding, exposing a brief summary of what the client just said.
	Clarification of possible misunderstandings	Pragmatic-rhetoric mechanism through which the therapist stops the client’s elaboration (often with a question) when he/she is concerned about not following the discourse

		or that there might be a misunderstanding.
	Provide security in the context of the therapeutic relationship	Pragmatic-rhetoric mechanism through which the therapist creates a safe context in the relationship through recognizing the difficulties of starting a therapeutic process, the confirmation of the client's pain and the believe in the client's process and it's change.
	Validate/recognize the client's speech	Pragmatic-rhetoric mechanism through which the therapist allies with the vision presented by the client about his/her problems and recognizes what's important for him/her.
	Use of utility	Pragmatic-rhetoric mechanism through which the therapist confirms his/her belief in the possibility of change and the client's wellbeing as a result from the therapeutic process, enhancing hope on change.

	Give the turn / word	Pragmatic-rhetoric mechanism through which the therapist renounces to his/her own speech turn as a way to invite the client to keep elaborating his/her speech.
C	Validation and extension of metaphors	Those moments or minutes, after the client has used a metaphor, when the therapist highlight that same metaphor through repetition, synonyms or associated terms. In some cases, it might be the other way around; the client takes or uses a metaphor the therapist has used.

	<p>Internalization of client's voice (Ventriloquacy / Paraphrasing / Mirroring)</p>	<p>Pragmatic-rhetoric mechanism through which the therapist makes the client's discourse his/her own with different aims. The therapist might use the client's voice and repeat what he/she has said, using 1st singular person (internalizing the voice). Therapist: (a) becomes a mirror for the client, so he/she can hear his/her own discourse from the outside; (b) empathises with client; (c) can verify if his/her comprehension of what the client is saying is correct or not.</p>
	<p>Question: Open / Close / Indirect</p>	<p>Pragmatic-rhetoric mechanism through which the therapist asks the client some type of clarification or explores in more details. Pragmatic-rhetoric mechanism through which the therapist asks the client specific information or facts. Pragmatic-rhetoric mechanism through which the therapist asks the client</p>

		for information and specific facts without formulating any specific questions.
	Combined/joint production	Pragmatic-rhetoric mechanism through which the therapist and the client intertwine expressions as a result of one of them starting an idea and the other one completing or extending it in a systematic way.
	Interruption	Pragmatic-rhetoric mechanism through which the therapist or the client cut the narrative discourse of the other one with the goal of incorporating his/her own speech turn.
	Externalization	Pragmatic-rhetoric mechanism through which the therapist invites the client to personify the problems that oppress him/her. In this process, the problem becomes a different entity, and therefore there's a distancing between the

		client and its problem that reduces the threat that this implies.
	Awareness	Pragmatic-rhetoric mechanism through which the therapist puts the client in touch with a nuclear belief and him/her recognizes it as so.
	Validation of the positive narratives	Pragmatic-rhetoric mechanism through which the therapist confirms and helps the client to elaborate the narratives in which the client feels comfortable with. These act as an event that sustains the client.
D	Use of the double voice or 3rd speaker	Pragmatic-rhetoric mechanism through which the therapist or the client place a statement in a polyphony of discourses that compete between each other; this statement frequently represents an answer to an imagined discourse and/or one anticipated for others. (Bakhtin, 1986).

	Internalization of the therapist's voice	Pragmatic-rhetoric mechanism through which the client makes the therapist's speech his/her own.
	Explanation of commonalities	Pragmatic-rhetoric mechanism through which the therapist uses the statistic or clinic comparison to offer normality to the client's problems.
	Recognition of needs and desires	Pragmatic-rhetoric mechanism through which the therapist validates the fact that the client has and expresses what he/she needs or wishes to accomplish.
	Use of deference for the therapist	Pragmatic-rhetoric mechanism through which the therapist expresses his/her satisfaction for a change of the client acting as an authorized validator.
	Dialogical representation "here and now" of a past conversation or temporal transformation	Pragmatic-rhetoric mechanism through which the therapist invites the client to develop a

		<p>dialogical representation in the “here and know” of a past conversation or to help the client to elaborate the discourse in a way that he/she feels in that precise moment.</p>
	<p>Formulation of theories that give meaning to what happens to the client in a process of co-construction</p>	<p>Pragmatic-rhetoric mechanism through which the therapist contributes jointly with the client to give an explanation about the psychological processes, the motive about the client’s block and the way to produce a change.</p>

APPENDIX 3. The six Psychotherapy case sessions coded with PICS and IMCS

SESSION 1

UA	Time	Therapist and Client Dialogue (AUs)	PICS – Adriana
1	0:05	T: D, I appreciate your joining us here this evening, to begin to share a part of the story that has, really I guess, been disrupted in your life. I wonder if you can give me a bit of a sketch of this terrain that we're going to be exploring together.	2.1 1.4
2	:21	C: Ok. My mom was 70 years old when she passed away. And for at least 10 years before that she had many physical problems. She had lost her vision within the last 5 years, she never had problems with her vision. You know, you see her getting worse. It started out to where she was able to just go shopping, that was just about the only time she loved. And, of course she lost her driving privileges and stuff like that.	
3	:56	T: With the lost of her vision her world just shrank.	2.3
4	:59	C: With the loss of her vision and she lost the ability to walk. She was a diabetic and had several problems that the diabetes caused her. And she had problems with her knees. Also she had problems with blood clotting and so forth. And I lived with her. She was my coach for my daughter, I'm a single parent.	
5	1:31	T: Kind of your major support in that way.	2.3
6	1:33	C: Right, Right she was, she's...she was more than that. Not just for me, she was the family centerpoint. I've always lived with my mom or my sister. And usually my mom was there at my sister's house. You know, the last, about 4 years of her life I had gone to a different career. I became a caregiver/CNA	
7	2:03	T: A caregiver?	3.6.2 //2.3 // 1.4 (focusing on that topic!)
8	2:03	C: A caregiver, that's where you just help individuals, seniors, and stuff like that. So I was able to be home in the afternoons and be with her and stuff like that.	
9	2:14	T: Really be a caregiver to her as well in her time of need.	2.3
10	2:16	C: Right, it was lovely you know.	
11	2:25	T: What was lovely about that time for you?	1.4 // 2.3 3.6.2
12	2:29	C: I was able to be there for her if she needed to eat, or drink, or help get up to go to the bathroom and so forth. It was time for me to give back to her. She was always helping me.	
13	2:45	T: So in a way, even with her, as you think about the losses that she must have had with her health, and abilities, and shopping, and vision and all of this, it gave you a chance to be something to her that she had been for so long for you. And there was something lovely about that, right?	2.3 3.4.1 // 2.4 3.5 // 3.6.1
14	3:08	C: It was, I felt proud that I could be there for her. It was important. And then, you know, I kept on saying that, like for the last few days before she passed away, that we just need to take her to the hospital while she could move. She had this thing that she never wanted to go to the doctor or the hospital. She didn't like for them to tell her about her diabetes getting worse. She had this surgery where her eyes, it didn't really help, it just made her eyes so that she didn't lose all her vision, so she had her peripheral vision until that. I wrote letters for her. I have a	

		brother who's in jail for the rest of his life. So she could no longer write. I would write them when she wanted me to write.	
15	4:16	T: You became her hand in a way. Keeping her connected to all of those, even like your brother, who could not be physically there, or she could not be physically there for him, you made the connection possible.	3.4.1 // 3.2 2.3
16	4:30	C: Well I tried. That's one thing I still do, I still write him once a month, I just give him a family update.	
17	4:41	T: Is that a role that she used to have that you now carry forward? That kind of center point role of relating and connecting people in the family?	1.4 2.3 3.6
18	4:51	C: Well I try to, but it seems like the only person that listens is the person I write to in jail. That really doesn't do much you know. Mostly the reason why I am here is since her death, I have a problem remembering things. My mind goes blank. I just finished an English class. And I write poems and plays, and I can't really remember what the titles of those were. And I don't know where this blank is coming from. Like if I do something wrong...like something small, if you get a B on a test and you see a grading error and you say to yourself this is what it's supposed to be, I'm not able to speak up for myself and to not necessarily challenge the teacher but at least find out what I'm missing because I don't see it. Or I go back and read what I wrote and it's not what the answers are that I already studied.	
19	6:00	T: So a lot about this is very confusing to you. It feels like something is lost like you have these memory gaps and you're not really able to speak up for yourself fully the way that you once were able to.	3.5 in this case it's not 3.5, because emotion is NOT repeated!!! So 3.4.1 because it's "translating" the speech, make it more intelligible!! 2.2-it make more sense 2.4, not 2.2 because it would only be "active listening" with words! 3.4.1
20	6:12	C: Yeah that's the only thing that I can target, it was the only big change in my life was my mom's death. And even when I wake up in the morning it's weird. I want to go to her old room which is now an office. I know she's not there. And in a lot of respects I'm glad she's gone. She was in a lot of physical pain MIR 1. I can't even think of what the term is...she had transfusions and stuff like that to get the liquid off her heart. And I knew that she was striving, she believed in God. She was very spiritual in nature. I wouldn't call her religious, I would call her spiritual.	
21	7:01	T: She died about 2 years ago?	3.6.2 1.4
22	7:03	C: Yeah, June 21 st , 2005. And it seems like it gets worse, not better.	
23	7:10	T: That's what I was wondering, is what direction do you see yourself moving in from that date June 21 st , just over two years ago. As you look at yourself over time, what has your journey been like?	2.3 1.4 3.6.2
24	7:24	C: It's difficult. Things don't connect like they used to. From working to going to school and it seems like I have to make an extra effort, and it's still all gone mentally. I keep on getting myself out of bed MIA1 but	

		there's several times where I don't. So I schedule myself a lot to keep myself busy. MIA1	
25	7:59	T: Really kind of giving yourself that push to come and get into life and then once you're there it's like you're not fully present to it.	3.4.1 ALSO add 2.4
26	8:05	C: Right right. I try to participate. MIR 1	
27	8:12	T: Well at the hardest times, what is it like for you? The darkest moments of this.	3.6.2 1.4 or 2.3
28	8:24	C: I can't even fold clothes and out them in the drawer properly. I'm able to set them in the drawer, but not in the proper drawer. It's like my mind knows what to do, but my hands won't do it.	
29	8:40	T: And how much of a disruption is this for you and your ability to live in a practical way. Are you able to keep house?	3.6.2 1.4
30	8:50	C: I'm able to keep things clean but I'm very unorganized.	
31	9:01	T: In terms of your working, are you working?	3.6.2 1.4
32	9:05	C: No I'm not working. I just keep on doing the school thing. I don't know, I been just sending out resumes, 15 a week MIA1 , and not even getting responses, and just said well, I'm going to finish the degree. That's one thing my mom always enforced, she said they couldn't take school away from you.	
33	9:28	T: In some ways it's still following her good advice and guidance, even in the aftermath of her death and try to carry forward the schooling.	3.4.1 4.2 Because it's like internalizing the voice of the mother!!
34	9:36	C: Right MIR 1 , but sometimes you don't have a choice. I mean if you're not getting work and I was able to get a loan, so I just went with it you know. Make my budget out and try to stick by it and maybe I'll make it to December.	
35	9:56	T: Is that graduation in December?	3.6.2 1.4
36	9:59	C: Hopefully. I'm waiting for my last class results	
37	10:06	T: To see if you pass the...	2.3 3.6.3
38	10:06	C: Yeah I don't see myself taking more than 10 credits per semester. My memory is not there. And 12 is full time so, I am going to if I didn't pass this last course. I'm sure I did. It's always that, it's the, it's always doom and gloom realm. I mean I did a good job, I saw what I got on 3 or 4 of my test scores MIR 1 , and what would make me think that my last paper was bad?	
39	10:50	T: SO you saw it's always <u>doom and gloom</u> ?	2.3 // 3.6.2 3.5
40	10:51	C: Yeah I always think the negative is going to happen and I stay in it. I'm doing what I'm supposed to do. MIR 1 I started an exercise program and lost over 100 pounds in September. I'm doing it by myself, I get myself up and walk 3 miles at least 3 times, no 2 times a week MIA1. But I just don't feel like I'm functioning in society. It's weird.	
41	11:24	T: Ok, this really helps me to understand the frame of your life. Because it feels like to you, it feels doom and gloom and darkness and sadness. And I can see the tears here and we speak of this [C blows her nose]. But in some ways you are still quite functional even in the midst of this, you are able to get clothes into a drawer, whether it's the right drawer or not. You're able to pass classes and anticipate graduation. Undertake something even as massive as a weight loss program and have great success with that. On those levels of your behavior, you actually have been managing fairly well.	2.2 (C. agrees) 3.5 (C agrees) // 3.4.1 (because it' adding intelligibility and new words) 2.2 # 2.1 2.4 (we doubt with 4.1, as we don't clearly see if the narrative

			implies a change???)
42	12:08	C: Yeah my mental is not good. I always sleep like 4 hours. The last 3 days have been good. I slept actually 9, 9, 9 MIR 1. I'm on spring break right now. But during the semesters, I'm like on 2 or 3 hours a night, that might be the memory thing I don't know. But I do to bed and just lay there and cry. And then I take my adult daughter to work 3 or 4 days a week.	
43	12:39	T: What is her name?	3.6 1.4
44	12:40	C: P.	
45	12:41	T: P. How old is P.?	3.6 1.4
46	12:44	C: She'll be 26 in October.	
47	12:47	T: And she's living with you?	3.6 1.4
48	12:49	C: She lives with her boyfriend right now. But they only have one car and they work at the same times. And he drops her off in the mornings. So I get up and I take her to work and it's like I, it takes me the rest of the time to be ready to have all my stuff back in the backpack to go to school. And that's a long time, 3 hours to get 2 books, pens, and your disk or whatever you're working on. It's like I forget what I'm doing. And I have 6 or 7 part projects started and we're on the complete stuff or somebody else that lives in the house comes over and completes it. So I'm better it seems like I'm not doing anything, but I can function as a human being by not doing anything.	
49	13:46	T: Yeah, You're better when you're not doing anything.	2.3 or ???3.4.1
50	13:48	C: Well like right now I'm sleeping. I feel a little more self-assured. MIR1 I just know that I needed some kind of help and this started with the self-esteem thing. But I just blow up at things and that's not who I used to be.	
51	14:10	T: What would be an example of that, that blowing up at things and that way that doesn't feel like you and doesn't feel like D.	2.3 3.6.3 // 3.4.1 1.4
52	14:18	C: Just the most recent is when I was doing this self-esteem thing and it said to bring in another co-facilitator and that's the way that it was supposed to be. It was supposed to be me and my friend doing this. And I felt betrayed because I wasn't called in advance and this isn't about me, this is about what they need to do for school. I'm just there to get a benefit and get some, uh, my goal was to get better communication skills. And it helped some. MIR1	
53	15:02	T: There's something about that that was helpful and also something about it was also hurtful, that it felt like...	3.5 3.4.1
54	15:06	C: Well because yeah there was change, [inaudible], I don't know, I've always had a schedule. When I worked for my senior citizen I got there at 3 o'clock or at 6 o'clock, and I did what I was supposed to do. On Monday I vacuumed on Tuesdays, you know if there was some kind of accident with incontinence or anything like that, that's how your day went. And you were there for 2 hours you weren't here for 2 hours. So I've gotten a lot of switching schedule, with every semester it's different classes. I can't...excuse me [starts to cry, takes a moment]	
55	15:49	C: I just feel defeated. I walk around like this sometimes. Whether it's shopping or in class or whatever.	
56	15:57	T: Like this you meaning, kind of, tearful and...	2.3 // 3.6.3 3.5
57	15:59	C: Yes, crying.	
58	16:05	T: How do you understand this long and disorganizing pain that you've had in these two years that feels like it still is so much with you, so much	1.4 3.4.1 or 3.5 3.6.1

		doom and gloom, so much, kind of loss and disruption. What do you think is happening that it is at this level now?	
59	16:27	C: I really don't know. [pause]	
60	16:35	T: But somehow...	3.1
61	16:37	C: It's overwhelming for me. I just want to stay in bed and not get out and close the door, you know.	
62	16:54	T: Well what would you be kind of closing the door on?	1.4 3.6 Also 2.3!!
63	17:01	C: I guess I just don't like to function without her. I guess I don't have that person that I was, that gave me that unconditional love, or acceptance with my life, or encouragement to go on and say that's ok. We helped each other.	
64	17:26	T: Yes, and you were really proud to give that back to her. So with her death, with her loss you also lost that kind of caregiving I guess as well as the care-receiving from her.	3.4.1 // 3.5 2.4
65	17:43	C: And I lost my other job that I was caregiving for at the same time.	
66	17:47	T: So kind of double loss.	3.4.1 ??2.3
67	17:48	C: He's still alive, he's better off because he's with his family.	
68	17:59	T: So, I wonder if other people in your life understand this loss for you. You mentioned something about not functioning in society and I wondered about your broader social world or family or friendship network.	1.4 3.6.3
69	18:15	C: I've had friends that have lost their parents and they just seem like they're ok. I've talked about it, I try to talking about it to my sister and stuff like that. MIA I have 4 brothers and 2 sisters and they're just sick of hearing about it.	
70	(35)18: 36	T: So somehow this death had a different kind of impact on you than it had on your 4 brothers death and 2 sisters.	2.3 3.4.1 3.6.3
71	18:44	C: I guess so. I mean they get sad around her birthday or her deathday or whatever. We have times together like that.	
72	19:02	T: And what are those times like?	1.4 // 2.3 3.6.2
73	19:08	C: I feel like I'm the one that has to reach out to them. I seem them upset.	
74	19:17	T: Like again you're the caregiver?	2.3 // 1.4 3.6.2
75	19:18	C: I don't know about caregiver, but, I guess that maybe I'm more needier than they are. I give them a hug MIA.	
76	19:34	T: Like the hug is one that partly you need. What can you tell me about what you do need now in order to move forward with this loss.	2.4 1.4 // 3.6.2
77	19:49	C: I don't know, I guess I just have to accept that she's gone. MIR 1	
78	19:56	T: And even as you say those words your lips kind of tremble and it's like it's impossible. She's gone and...	2.2 3.2
79	20:06	C: Well you can't get someone back after they're dead, I know that.	
80	20:12	T: Do you have beliefs about that D, what death is, what the meaning of it is?	1.4 // 2.3 3.6.2
81	20:19	C: Yeah, I believe that there's something bigger and better. I'm not sure if it's necessarily heaven. I think that there's probably some kind of greater spiritual place MIR 1 , whether it's like the biblical or not. I also believe that some people come back, you know. I've not read anything on that but it's always something that I've had that some people have to come back and live this life. Whether they've, you know, so me people like the catholics believe, I forget what it's called, but I believe that if you've done wrong in this world then sometimes God sends you back, your spirit back.	
82	21:19	T: If you've done something wrong	2.3 // 3.6.3

83	21:19	C: Correct, right. I think that's what is going to happen to my brother when he passes away. Because he killed two people.	
84	21:29	T: Because he's been what to people?	3.6.2 // 2.3 or 1.4
85	21:32	C: He killed two people. I think that's so. You know what, no matter what the situation, which I wasn't allowed to go to a lot of that, like the court hearings and stuff like that. I know my mom is in a better place because she did her job while she was here. MIR 1	
86	22:00	T: So you would not see her as someone who would need to return to somehow learn a different lesson.	2.3 // 3.4.1 3.6.3
87	22:07	C: No I wouldn't say that. As far as...I mean she might have been here from before, I don't know. Maybe she learned her lesson this time. But now I wouldn't see her as a person who would need to return. MIR 1	
88	22:25	T: Because it felt like she lived this life well. She was what you needed for so many years. And she really was a center of the family.	3.2 // 3.4.1
89	22:35	C: She did everything. She worked, she paid the bills, she did the shopping, she did the laundry.	
90	22:45	T: And she was there for you as a young person, as a child?	3.6.2 // 2.3 // 1.4
91	22:49	C: She wasn't, not really growing up. One of my brothers or sisters were... I mean she was there, sometimes she was sleeping. I don't remember a lot of my childhood. We lived on a small farm and we had our chores and I was always being told what to do but it wasn't always my mother. My sisters or my brothers or whatever.	
92	23:26	T: Who did you go to when you needed support yourself during those years. Do you recall that at all? Like sometimes we just need to have a kind of secure place or secure base that we can go back to in hard times. Did you feel like you had that?	2.3 // 1.4 // 3.6.2 2.3 or 1.4 // 3.6.2
93	23:51	C: Not always no. Sometimes teachers would help me. I had great difficulty in learning. I had a speech impediment as stuff like that. My brothers and sisters went to work as I was approaching high school and stuff like that.	
94	24:21	T: So kind of a fair amount of aloneness during that time in a way?	3.4.1 // 2.3 // 3.6.2
95	24:25	C: Yeah I guess so. I fantasized a lot. I played games by myself and stuff like that.	
96	24:35	T: What kind of fantasies?	3.6.2 // 2.3-1.4
97	24:37	C: It was like you're on a boat and you're in a puddle playing. I ran around a lot as much as a could. I never left the yard, I was leaping. I don't know if was to grab attention or whatever. I always wanted to be where, wherever I was I always wanted to be somewhere different.	
98	25:12	T: Was there a point in your life where that changed at all? Or did that remain a kind of continuing feeling of never quite wanting to be where you were?	1.4 // 2.3 3.6.2
99	25:23	C: I liked being a mother. It was alright. And when I was working, it was ok. Seems like I always get to a plateau to where I'm enjoying something and it turns miserable and I don't understand that.	
100	25:47	T: And this feels like another version of that, where even in your mom's illness, right, you reached a plateau where you could meaningfully, proudly give to her. And then that plateau's so you're just kind of grounded? [pause] That's the feeling you have now as I watch your face	4.2 or 4.5 3.4?? 3.6.2
101	26:18	C: I feel that there's no end to the spiral plateau. You get these bursts of contentment, and that's all they are, just there for a brief moment. Then they stop.	

102	26:42	T: So nothing solid, just like this burst, then the burst is over and it's back to something spiraling down and something darker and more doom, more gloom.	2.3 3.4.1 // 3.6.3
103	27:02	C: It feels lonely.	
104	27:07	T: When you talked about your mom and how she really was there for you, and in adult life in somehow she supported you in raising you daughter. It was almost sounding to me like the relationship got to a place that was more solid that it might have been in in your childhood. Is that the way it feels to you, or how would I need to understand that?	2.3 // 1.4?? 3.6.2
105	27:33	C: I really don't know. I was very grateful that she was helping me and a lot of ways I guess I was angry because my sisters were older and they got to learn directly from her. And then she had to work and stuff. So, you know, I just see now that I was just trying, I don't know.	
106	28:12	T: She was a strength that she wasn't there for you fully at that time.	3.4.1
107	28:17	C: Right, she taught my sisters	
108	28:19	T: And then your sisters taught you.	2.3 // 3.6.3
109	28:21	C: Right, but they didn't always care because they were children. And there's a big, my sisters are 8 years older than I am, and there were boys in between. Seems like all of them had...there's 7 of us. And I could tell you that this one and this one are connected and this one and this one are connected, and of course, there's 7 of us.	
110	28:54	T: Who were you connected to D?	1.4 // 2.3 3.6.2
111	28:55	C: I was pretty connected to my brother J. I thought, and then...	
112	29:02	T: Now is this the brother in..	3.2
113	29:03	C: This is the brother in jail for the rest of his life. I actually save his life at one point. He was getting electrocuted and not grounded on a light pole on the farm where we originally lived, where he killed the two people.	
114	29:32	T: What can you tell me about these 2 killings? It sounds like something that keeps coming back into the story...	1.4 // 2.3 3.6.2
115	29:38	C: I don't know because I just got a lot of [inaudible] that, so it really was strange. I don't know how my mom took it. I know I have a lot of yuck there that I can't, that I push back. I really don't know that much about it, he killed 2 teenage people on the farm I grew up on. It was 5 acres and we always had great big acre and 2 acre gardens. And it kind of how we survived. We sold vegetables in the summertime and canned and harvested. We had small poultry, farm dogs, and stuff like that. Butchered animals there and stuff, so that we could survive. And it never seemed like it was never enough, but somehow my mom always made it enough. That's where part of this spiral started in '86. My daughter was just starting school then, she just started kindergarten. I just kind of stopped functioning and didn't think about what was going on, even to the point to where I was supposed to testify at his hearing and the attorney didn't think it would be a good idea. It turned out ok, I was able to go to...I think he was really nuts. I mean, we were brought up in church, we went every single Sunday and Wednesday, and if nothing else you learn in church, you learn that murder is not a correct thing to do. And I seen how he hurt, how...my mother never talked about it but I saw that she was in a lot a lot of pain.	
116	31:50	T: It was in '86 that he killed these 2 people. And that's the beginning of this kind of spiral, that it feels like you've been contending with it so...	2.3 // 3.6.3
117	31:59	C: That's a part of it, that my mom's...I don't know, just her, she was always reassuring; we would have prayer and move on. That's part of my difficulty is that other people don't think it's important to want to write him within my family.	
118	32:25	T: They've written him off.	3.4.1
119	32:26	C: I guess so, I don't know what their feelings are. I've tried to discuss it, I guess they think he's ok because he's being taken care of and doing what he needs to do.	

120	32:42	T: You say you got a letter from him today.	1.4 // 3.6.3
121	32:47	C: Yeah, I didn't read it yet. I started to. I said now is not a good time, I'm going to counseling today regarding mom's death. I almost wish I didn't tell her I would continue to write him because I had made that promise, but I really don't want to anymore.	
122	33:10	T: Because it's just so painful having to re-engage this awful kind of memory?	3.6.2 // 2.3
123		C: It's just that, I don't know. I know he's on lockdown, and sometimes it's difficult to know what to write. He writes everything just out of the bible. Sometimes he writes me [inaudible] verses and stuff like that, unless there's something actually happening within his life. But it just, I have a lot of conflicts, I think I just need to, you know...	
124	(62)33: 58	T: Close the door on this?	3.4.1 // 3.6.2 2.3
125	34:00	C: Yeah, I don't really, really, the only time I really think about it is when I'm writing the letter or receive the letter. I try to push back that stuff because there's nothing I can do about it. MIR 1 It's his reality, not mine. I'm trying to continue to do what I need to do for me MIP 2. I hate that I get so emotional all the time about this. I feel that I should be better. I go to her gravesite and I know that she was very spiritual in nature, and I continue to pray for others and myself. MIA1 I just can't get passed the overwhelmed feeling that I feel. And I make excuses, I try not to make excuses anymore MIR1. I'll say I have a test today, I'm just tired. But that's not what I'm feeling.	
126	35:11	T: Yeah, because when you're honest with yourself you say this goes right back to mom, right? My loss and my feeling of...what? What does this mean now for you? These 2 years since her death.	2.4 3.4.1 / 2.3 / 3.6.2 3.4.2 / 3.6.2 1.4 / 3.6.2
127	35:37	C: It's been a time of loss for me I guess. Things don't go right it seems like since she's been gone. I try to work and before I do something like, like if I was planning on taking classes or planning on switching jobs or something like that I was trying to get directly into the company to be a CNA, not to be the caregiver anymore so I could just do the showers and stuff like that which is helpful, less time-consuming, and not so much work as far as just general health and stuff like that. It takes a lot longer to do that for a lot lower salary. And I was trying to implement that in my life by taking a class for the CNA, and I passed. It's like it stopped, now I know right now I just got to complete school and I'm hoping that I can remember things and trying to open whatever doors I need to and face, you know, that she is gone. I can make decisions I guess. MIR 1	
128	37:07	T: I sense that. That there's these 2 parts of this story and 2 parts of you. One part really wants to close the door and stay in bed and in a way remove yourself from all of these painful things, the letters from J. and the rest. And then another part really is striving to get a footing back in life and to continue with your education, continue with your weight loss program and make your life the way you want it to be. Not just a temporary plateau but a kind of new and stable ground, right? And I'm wondering as we kind of come into the last few minutes of our conversation today, if there's any kind of small and specific step that we can take between now and next time we talk, that would help you move just a little closer in the direction of that hope? I had kind of an idea but I don't know if it would make sense to you. I thought I would maybe check it out with you.	2.2 2.3 / 3.6.1 1.6 / 3.6.3
129	38:14	C: Ok.	
130	38:16	T: In a way you described your mom as the center of the family before, and she maintained the ties and connected people and would write people. And you reached a point where you were actually writing those letters for her.	2.3

131	38:36	C: Right, she would tell me what she wanted me to say.	
132	38:37	T: Right, I'm wondering now, if that might be a bridge that we could cross, where rather than her writing or you're writing on her behalf, if you were to write a letter to her about how your life is now and about what you need now. Almost like trying to reopen the conversation with her that was closed by her death. I wonder how that would be for you? How does that idea sound to you?	1.2 // 1.6 3.6.2
133	39:22	C: I wouldn't know where to begin. But I could try I suppose. I need to write that down, because it's already gone.	
134	39:30	T: Is that something I could do now? Just as an idea that would help you hold on to it, because memory is awfully hard as when we are faced with these waves of grief and pain. It's hard to hold something in mind. Would you refer to her as mom? Or what was your way of calling her?	1.6 // 2.3 / 3.6.2 1.2 1.4 // 3.6.2 // 2.3
135	39:54	C: I called her B. B.. That was always my pet name for her. It has to do with my last name.	
136	40:04	T: So B. [client helps therapist spell]	
137	40:12	C: I called her mom most commonly, but if I was to write her a letter that is what I would call her.	
138	40:18	T: B.? [client pronounces it B.] . And, so I wonder if you were to start a kind of dear B. letter, what would be the first sentence of that letter?	3.6.2 // 1.4
139	40:35	C: I guess that I miss her.	
140	40:44	T: What would you miss about her most?	1.4 3.6.2
141	40:50	C: She listened.	
142	40:52	T: You always listened to me. You were the one who listened [writes on clipboard]. What did she hear that others did not?	3.4.2 2.3 // 1.4 // 3.6.2
143	41:15	C: She was always encouraging. [pause] She didn't, she told me that I was going to be ok.	
144	41:52	T: I wonder if this might be the beginning of a letter that you could kind of complete on your own: Dear B., I miss you, you listened to me, you were encouraging, you always told me I would be ok. There might be some very heart-felt things that could follow from that. And then I wonder as it seems so imply that she was the one who said these things to you, that she listened to you, that it might be possible to write a letter from her back to you, that could kind of continue the conversation. Does that makes sense? Just like in the way you were write for her to J., now to write for her now to you. What did she call you?	3.4.2 1.2 3.8 1.4 // 3.6.2
145	42:52	C: She called me D.	
146	43:03	T: So a dear D. letter could follow this, and probably pick up on some of what you were saying and try to kind of restore this conversation that is so important that has been interrupted by her loss. How does that feel to you?	1.4 / 1.6 2.1 // 1.4 // 3.6.2
147	43:29	C: I don't know, scary I guess, a little bit.	
148	43:33	T: What's the scary piece of it?	2.3 // 1.4 // 3.6.2
149	43:43	C: It's painful.	
150	43:44	T: Yes, Yes. If it is too painful, what can you do to sort of manage the pain? Of course, these would not be easy words to write. So if you needed to kind of take a breather from that how would you do it?	2.4 // 2.2 2.2 / 3.6.2 2.3 // 3.6.2
151	44:09	C: It's just work, mop floors or...like today I cut the lawn.	
156	44:19	T: So like physical work would be one way of doing that. And you know, whether you completed this or not isn't critical. It's not like a homework assignment for school. It's kind of an assignment for yourself and just to see, in a way, taking these steps away from her, we know in 2 years has not worked. It's left you feeling just continually overwhelmed, and so were really suggesting just trying something just a little different, by taking a step closer to her and seeing if that yields anything other than just the pain. As we kind of come to a close here tonight, I wonder if you	3.4.1 1.2 3.4.1 or 2.3 1.4 3.6.3

		have any thoughts about anything we've said that seems important for us to follow up on next time.	
157	45:16	C: I don't know, a lot of it sounds like it might be a good idea. And it might be a way for me to be able to reconnect with her, feels at least some of the thoughts that she might have, had. So I can be in a more positive place. MIR1	
158	45:40	T: Like the reconnection wither can reconnect you with the positive thoughts that really were encouraging, just these ways that she once gave them to you in the form of physical words. To have to words inside of you would be a healing thing. I like that idea.	3.4.1 2.4
159	46:00	C: I hope so.	
160	46:02	T: Shall we see how it goes. Ok. D thank you for this time. I appreciate it, and I know it's been a hard time and I look forward over the next few weeks to have a chance to continue and deepen the conversation and hope to carry it in a good direction. Let me give you this [the letter]. Thank you.	2.1 2.2 2.1

SESSION 2

UA	Time	Therapist and Client Dialogue (AUs)	PICS – Adriana	PICS – Catarina
1	:05	T: Well D, in this week that has passed since we had last conversed, I, I found myself wondering from time to time what the aftermath of the conversation might have been like for you, whether you had thoughts or feelings that kind of rippled out from that, our conversation through the week	1.4 3.6.3.	1.4.1 (restriction) not clarification because the client hasn't talked yet 3.6.3. (indirect)
2	:24	C: um, I did, um about like I had gotten to some of the um yuck that I was feeling. (T: huh) And I like the idea of writing a letter back MIR, that's like I wrote it about 3 or 4 times MIA. (T: Really?) But I did have a lot more anxiety than I normally would have but it's a good time for me because I'm I'm on summer break for the next couple of weeks.	3.1	3.1.
3	:50	T: That's, I'm interested in just a whole lot of different pieces of that, and and one is that you said it feels like you had gotten rid of some of the yuck that you had felt?	2.4 1.4 // 2.3 3.6.2	2.4. 2.3. (clarification) 3.6.2. (closed)
4	1:00	C: Right, um, just you know, realizing that um, you know, my mom is in a better place. and then (T: uhuh) uh, You're writing over and over again knowing that um her presence is still within. and um, you know, (T: mhm) I actually seen my sister washing her dishes and it reminded me of her. (T: ahhh) yea, So it was a little, um refreshing. MIR	3.1 (x3)	3.1. 3.1. 3.1.
5	1:33	T: Refreshing yes, the sense that her presence in within, even within your sister and her kind of mannerisms, washing the dishes, (C: mhm) is that you could see almost mom's hands working those dishes. (C: yeah) uhuh	3.5 / 2.4 3.4.1	3.5. 3.4.1.
6	1:48	C: yeah. It's not that same, seeing my mom used to love the home where she lived (T: uhuh) with us, um, before she passed. and, It was her thing. you know, and There was the stopper in the sink. and (T: mhm) On the days when I was doing the dishes um I Kind of angrily doing them because I was only supposed to do them every once in a while. It seems like I'm always doing dishes. (T: uhuh) She could never get the thing to go down, she would always get very frustrated with that. And I would come go boop and then it'd go right down. (T: uhuh) Of Course I had put in the stopper and soap and everything and I had the dishes in there and all of a sudden the water starts to drain and it was kind of neat, I blamed it on her [both laugh] I said ok mom I know you couldn't see when you were here, you know (T: I see, I see) but now you're picking on me. cause I'm.	3.1 (x5)	3.1. 3.1. 3.1. 3.1. 3.1.
7	2:37	T: I see She's kind of getting back at you a little bit. (C: yeah) But it's interesting that it's almost as if you're kind of rediscovering her in these little ways, sometimes humorous ways, in the course of the week.	3.4.1 4.1	3.4.1. procedural framework 4.1
8	2:50	C: um, In some respects yeah. you know, um, I don't know, I'm trying to be back to where I was, you know, being more cordial with the family and stuff like that. MIR you know, When I come in I say help	3.1	3.1. 3.1. 3.1. 3.1.

		and (T: mhm) I usually don't get that response and (T: from them) from them. right, so Like opening up the door and saying, I said, repeating myself I said, I said, hello (T: mhm) or good morning or whenever I run into them. It's kind of a long gated house. (T: mhm) You could almost always find someone in the kitchen (T: mhm) or the living room. and um I miss that you know. My mom would always say who's there because she only had peripheral vision, unless and so (T: uhuh) unless you were right to the left or right of her (T: yeah) She never knew who was there. and, I miss that. There's always the TV running and (T: mhm) everyone doing their own thing, you know, and.		3.1. 3.1. 3.1. 3.1.
9	3:45	T: So you're really wanting to restore relationships. Now remember last time you talked with me last time about how your mom had been kind of the center of the family	4.1 2.3 1.4	4.1. 2.3. (resume) not adding
10	3:54	C: Right, well she always knew what was needed. (T: uhuh) you know, And she would remember things. (T: uhuh) you know From my dad likes smoked fish (T: mhm) you know, I know my sister tries when she shops and stuff like that but inevitably whatever I ask for is the wrong thing. so, um Just try to take it in stride and whatever it is it's better than nothing. and, to carry on. It helped too, because I got my grades um (T: and how did those go) on Thursday. I got an A and a B. you know, I went from thinking I was getting an F in literature to getting a B. MIR	3.1 (x3) 3.6.2	3.1. 3.1. 3.1. 3.6.2.
11	4:30	T: Wow congratulations on that .	2.2	2.2.
12	4:31	C: I don't know why I get such anxiety like that. I only had one poor grade and I was there every day. (T: wow) and um, well, I guess that teacher had a sense of humor because he gave me the extra credit points. And he wrote on there 10+ and of course 10 was all that you could get. (T: wow, hard to argue with that) I was like but you're crushing my theses so I had to wait another three days [laughs]. (T: ohhh) uh, you know, and uh, I hate that I get into that place of doom and you know if I don't get at least a C in this class I'm just not gonna go back next semester. (T: yeah yeah) And I don't act out and try to be wicked to other people, but I feel that inside...	3.1 (x3)	3.1. 3.1. or 3.2? 3.1. 3.1.
13	5:11	T: That doom and gloom. (C: yeah) and um, But somehow this week you found ways of resisting that, of really trying to connect with people in the family and making these kind of little connections with mom too, and.	3.5 3.4.1 4.5	3.5. 3.4.1. – adds process (beyond resume) 4.1.
	5:24	C: A little bit yeah. you know, I'm um always very structured and I'm trying to let go of that. you know um		
14	5:34	T: To be a little more...	3.2	3.2.

15	5:35	C; A little more open. R , a little more, I get financially bound. (T: uhuh) you know, and I just said forget about it, you know, I need to get our computer restored and um I'm the only one that uses it. And I need it for school next semester. (T: uhuh) and I just went and did the update and everything is fine now MIA. you know, We're having problems with our um, our um, word and our (T: uhuh) excel 2003, which was originally put onto our computer. and um I tried everything, I went through the manufacturers guide MIA and of course we're at the 2 years, so there's nothing they can do. And the download just wasn't there. you know And I could have made myself miserable MIR. you know, as it was I took 2 days on it (T: uhuh) trying to download different drivers and stuff like that. And I just said forget it, its a couple hundred dollars. MIA and, you know, um	3.1 (x4)	3.1. 3.1. 3.1. 3.1.
16	6:33	T: Very interesting. You could have made yourself miserable, but in some way you chose not to. And you didn't let yourself be financially bound and caught up in all that structure , you kind of, as you said, you were a little more open and you just found a solution.	2.4 / 4.1 3.4.1	3.4.1. 4.1.
17	6:49	C: I just said forget about it. (T: forget about it) I 'm really trying to not be in that, you know, um anxiety place. I actually slept this week MIR, except for last night was weird. (T: mhm) But I got a lot of things accomplished. MIR (T: uhuh) um, so	3.1 (x3)	3.1. 3.1. 3.1.
18	7:06	T: And, And one of them that you've mentioned here is that you really spent some time seriously with this idea that we came up with last time of writing to your mom, and you apparently did multiple kinds of drafts or (C: yeah) trying to kind of say what you want to say.	1.4.2	1.4.2.
19	7:22	C: um, I had some negativity that I dispelled from my youth. Because my mom always worked (T: wow), and I was 6 out of 7. and (T: uhuh) That's not my final draft but, you know, like when I was in the 6 th grade I was in the play, la la la. (T: mhm) Nobody showed up. (T: mhm) A neighbor actually had to drop me off there and stuff like that. ((T: uhuh) and just like feminine care and stuff like that. I didn't learn any of that from my mom. Everything I learned was from school (T: yeah) or trial and error. and um (T:yeah) I tend to get bound in that resentment. and uh (T: yeah) Because my sister's (T: they got it) were the first born (T: yeah) and um, you know, I just asked her did you realize that I was never taught these things. And then I thought to myself does it really matter., you know, She was there in other areas of my life. and, Just the gratitude that by the time you know my daughter came around she was retired and she was able to be there for us that way. She did a lot of driving and stuff like that. MIR so	3.1 (x10)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.7. 3.1.
20	8:27	T: I'm really just impressed with this, and I have a little shiver of appreciation up my spine when you talk about this. because It seems as if right these kind of resentments that you had held and had held you, for decades, you began to release a little bit in part through this writing and thinking about what you needed to say to her. Would you be willing to share with me some of that	2.2 2.4 1.4 3.6.2	2.2. 2.4. (not recognition of needs and desires because that one is centered on

		letter? cause that's something we could give attention to here?		change and this on the problem) 3.6.2.
21	8:59	C: yeah, This is the letter that I wrote and I didn't do any of the resentments because I didn't think it was something That I would send to my mom. (T: yeah) cause I think that when, I believe when you leave this earth that you leave any negativity. MIR (T: ahhh) um, and there isn't any	3.1 (x2)	3.1. 3.1.
22	9:14	T: So you didn't want to carry that to her	2.3 3.6.3	2.3. (clarification) 3.6.3.
	9:17	C: No, because she's not in that place so		
23	9:20	T: So that was a kind of personal inner work you did about releasing the resentments and that made it possible to write a different kind of letter?	3.4.1 2.3 3.6.2	3.4.1. 2.3. (clarification) 3.6.2.
24	9:27	C: Right, I had like 4 pages hand written from what you had given me (T: uhuh) on the back and front of that paper. (T: wow) And what I did was pulled out of that letter what I felt I wanted to say to her MIA	3.1 (x2)	3.1. 3.1.
25	9:40	T: uhuh Would you be willing to just kind of read that slowly to me, and maybe we could give that a little bit of attention here. ?	3.1 1.4 3.6.2	
26	9:47	C: Sure, dear mom, my dearest birdle.I miss you. It's hard without your guidance and encouragement. I am doing what you told me to do almost 26 years ago and completing my associates degree. (T: mmm) I am writing your son John. It is very hard for me to function. I have not worked since September 2006. I pray to god I'm doing what I'm meant to do in this lifetime. How I Miss your words of wisdom and the way you always tell me to keep up the good work. I know you are in a better place and I will see you again I'm sending you the biggest hug and trying to be the person you raised me to be. (T: mm) My prayer is that my blankness of thought goes and I am able to concentrate on the gift god gave me of having a mother like you for 43 years. I know you're keeping track of us as your love lives in us all MIR. I just wish that others in our family would have some of the empathy, faith, and trust that you so graciously taught us. Until we meet again, hugs and kisses, your daughter and friend, D.	3.1 (x2)	3.1. 3.1.
27	10:5 7	T: ohh, gosh Your daughter and friend. your daughter and friend. That's such a loving letter. And just filled with such kind of gratitude and generosity of spirit in relation to her. What parts of that were most, um, moving for you to write. Were there particular words or phrases that really, as you came upon them had a special tug or meaning.	2.2 3.5 1.4 / 3.6.2 (x2)	2.2. 3.5. 1.4.2. 3.6.2. 1.4.2. 3.6.2.
28	11:2 7	C: Well, it's hard for me to admit to her that I'm still having difficulty (T: ahh) functioning you know. And um you know it helps that shes looking down and being a part of this, That she sees that finally I'm listening and doing what she wanted me to do all along MIR. (T: mmm) um, you know, and, that um, She's sees my life as practical for once. (T: mhm. as practical) yea. (T: yeah) I've always lived on the edge. (T: uhuh, uhuh) and I'm just not there today (T: uhuh)	3.1 (x6)	3.1. 3.1. 3.1. 3.1. 3.1.

29	12:1 3	T: I'm really struck by that, because just as you talked right that it's hard to admit that you haven't um sort of lived entirely the life she wanted. right? But you are striving to live that life, and there are things that you are doing that are very specific and tangible steps in that direction, like you're schooling and really trying to be the person who she raised you to be. It's like there's almost a commitment to that in the letter.	2.2 / 2.4 2.3 / 3.6.2 3.4.1. 4.3	2.4. 2.3. (clarification) 3.6.1. 3.4.1. 4.3.
30	12:4 6	C: Yeah, and it's, it's difficult, um even though I was um quite blessed to have a mother like her. I mean she had 7 kids (T: uhuh) and worked full time. you know, um, She made sure that everything was good, ironed, washed and um just, you know, it's um, now I look at myself and I have a 26 year old daughter (T:mhm) and trying to be there for her and just you know (T: uhuh) knowing that the choices she made worked for her lifetime for, really 5 out of 7 of us. (T: mhm) and uh Sometimes I wonder what went wrong. you know (T: uhuh) um I'm just grateful that for some reason I didn't continue to go in the same path um that my brother did because I lived a very risky life (T: oh I see) for a long time. (T: I see) and uh, didn't	3.1 (x7)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
31	13:4 4	T: So that last time you spoke about how in some ways that John was right the closest kind of ally in the family. You felt a special connection with him but	2.3	1.4.2. (not resume, because the therapist retrieves information from the last session?)
	13:5 5	C: Well if nothing else, what I was doing wasn't so bad.		
32	14:0 2	T: well, yes, Yes, I mean that not a scale you want to place yourself on is it?	2.3	2.3. (clarification) or 2.4.?
33	14:0 7	C: Yeah. yeah you know, um, At least I was working most of the time. (T: mhm) um, For all practical reasons I uh raised my daughter. you know, I was there to help keep the household going and things like that. (T: mhm) and uh	3.1	3.1
34	14:2 8	T: Really making that practical contribution you were talking about.	3.2 3.4.1	3.4.1.
35	14:3 1	C: Trying to MIR. (T: trying to) but just A lot of mistakes along the way. you know, Not knowing, right now I'm in a really weird place, because I feel like I should be working but I know that school requires a lot of time and um even the one interview I went on he was like there's no way you can work here part time (T: mhm) and uh continue to uh do the classes (T: mhm) you're in and stuff like that. I don't know, I'm trying to get passed the feeling of failure within myself and the uh knowledge that um I had a role model that although she wasn't really there in my, really from my 20s and younger, um I always saw glimpses of her, you know (T: ahh) she had to spend that time with the older siblings to make sure that um things got done during the day whether it be washing the clothes or (T: practical things) working in the garden. (T: yeah)	3.1 (x7) 3.2	3.1. 3.1. 3.1. 3.1. 3.2. 3.1. 3.1. 3.1.

		stuff like that (T: uhuh) so, And I don't want to think about the negativeness you know (T: uhuh) because it was a beautiful and warm relationship, especially the last 4 years. MIR		
36	15:4 9	T: And that's somehow what you really wanted to capture and hold on to, is the beauty the relationship it matured into, not the history of resentments or shortcomings on either of your parts from decades before. (C: right. yeah) This is kind of a strange question to ask, but let me ask it in the way it comes to me and see if it makes any sense to you. Which do you think complicates your grief more, your disappointment with your mother or your disappointment with yourself?	3.4.1 1.4 / 2.1 1.4 / 3.6.2	3.4.1. 1.4.2. 3.6.2.
37	16:3 0	C: I don't know. um I know I struggle um with knowing that I made the right decisions.um And then at the end of whatever I do it seems like it works out ok MIR. (T: uhuh) um I don't know how to explain it, (T: so in the) I just feel like sometimes on the verge of uh a breakdown sometimes because I just can't function. (T: yeah) um At least my sleeplessness, my sleeplessness has um stopped for a minute. MIR	3.1 (x3)	3.1. 3.1. 3.1.
38	17:0 8	T: yeah Well relative to last week when we talked do you kind of have an emotional memory of how that was for you (C: yeah) when you spoke with me last?	3.1 1.4 / 3.6.2	1.4.2. 3.6.2.
	17:1 7	C: Yeah, it was very difficult, I think it was all those forms I filled out [both laugh].		
39	17:2 4	T: Yes I think the real reason psychologists design these questionnaires is to convince people they really need therapy, you know, by the time you finished all the questions you're ready for something.	1.2 // 1.1	1.1.
40	17:3 4	C: The questions were very um in depth and brought me to a um place of, I don't know really feeling the grief (T: yeah) uh and I think when you do that this counseling is where you want to be. (T: yes) Because If I don't feel it right now (T: yeah) or if I don't get a breakthrough (T: mhm) and just be able to have acceptance that she's gone and that there's people and, around me whether it comes from my own family or from (T: mhm) um the outside that um her strengths, her strengths are still here.	3.1 (x5)	3.1. 3.1. 3.1. 3.1. 3.1.
41	18:1 7	T: Her strengths are still here. (C: yeah) They're resident in the home, they're resident in the family and they're resident in you. Does that fit for you?	3.4.2 3.4.1 2.3 / 3.6.2	3.4.1. 2.3.(clarification) 3.6.2.
42	18:3 0	C: um To some extent. MIR I know that I'm the one that looks most like my mother. (T: uhuh) um	3.1	3.1.
43	18:3 7	T: But you wrinkle your brow a little at that idea?	2.3 4.5 / 3.6.2	2.3.(clarification) 3.6.2.
44	18:4 0	C: well I just, she was very practical. (T: mhm) She never would've did what I did with the computer thing. like (T: mhm) She would never be on the loan I'm on right now. I know she wouldn't (T: uhuh) she woulda um	3.1 (x3)	3.1. 3.1. 3.1.
45	18:5 7	T: She would have counted her pennies and?	3.2 / 3.6.2 // 4.2	2.3.(clarification) or 4.2. ? 3.6.2.
46	18:5 8	C: She would have stayed in work and went and took a job that was less than she was worth. I think. I don't	3.1 (x15)	3.1. 3.1.

		know. (T: uhuh) I seen her you know work to make mends, to make ends meet. (T: yes) But she had a family that had to rely on her. (T: right) you know. I'm shutting some of those doors. My daughter is 26 years old and she has to do her own thing. and uh She's brilliant. (T: uhuh) I feel that she should forget what she's doing right now and be in school part time, if shes going to work the job she's going to work. But I have released her um as my responsibility, but I'm willing to listen to her when she calls, (T: uhuh) and uh not be a dictator, (T: uhuh) which is what I used to do, and you know try to concentrate on my own life MIR. and um If other people just want to be where they're at and be content in that, I mean they're, they're at the place at adulthood I'm not, you know, I'm at zero again, I started all over. um you know I got my finances all straightened out. (T: mhm) In 2001 I did that. Now I feel like I'm back in the same place again. When am I ever own something, you know, (T: uhuh) and I have a job that um I enjoy. And I think that's what my goal is right now, to find something that I enjoy doing. (T: mhm) I enjoy going to school, (T: Mhm) it's fun MIR. As long as I don't have high anxiety. Sometimes I can relax MIR. and (T: mhm) um I'm more outgoing um (T: mhm) than like the first 8 weeks of school, or whatever I just feel very, um, I guess I'm scared of that um people aren't going to have acceptance (T: of you?) of me, (T: uhuh) you know, that negative self a lot of time comes out. But I'm working on communication (T: uhuh) with tact. MIR um, (T: communication with tact) yea. (T: yeah) A lot of times I just blurt out of my mouth , you know, like that's really stupid [both laugh]. instead of saying	2.3 / 3.6.2	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 2.3.(clarification) 3.6.2. 3.1. 3.1. 3.1. 3.1.
47	21:2 3	T: So this doesn't endear you to everyone equally then I guess. Sometimes they want a gentler edge.	3.4.1 / 3.6.3	3.4.1. 3.6.3. 2.4. or 3.4.1.?
48	21:2 6	C: well Especially when I'm dealing with some of the students, because I'm going for my associates, (T: mhm) most of the people there are 21 and under. and um, you know I'm like, their grandma's age. [both laugh]	3.1	3.1.
49	21:4 1	T: You just really want to give the wisdom of another generation (C: oh, I just like)to them and they're not willing to take it. but uh, well. you know, These words that you're using uh, I just think are really interesting to me, they really echo uh in my mind as I think about our conversation so far today. These notions of release and acceptance. right It really feels as if there's a kind of deep movement that's happening in you um that has to do with almost like, embracing and recognizing imperfection but not going negative and anxious about it.	2.4-3.4.1 4.5	2.4. or 3.4.1. 3.5. 4.5.
50	22:2 4	C: I have been on that path. (T: you have been on that path) I feel better about myself today. (T: uhuh) you know I didn't have the overwhelming feeling that um I need to stop what I'm doing (T: wow) and do something else MIR. It's self-defeating you know...	3.1(x3)	3.1. 3.1. 3.1.
51	22:4 3	T: When you get in that cycle.	3.2	3.2.
52	22:4 4	C: When I get into that cycle right. And it makes me want to not do the next thing that I need to do. (T:	3.1	3.1

		mhm) you know, It also encouraged me to remember about my friend's birthday MIA?? . Although I didn't get the card mailed because I need to get the zip code [laughs].		
53	23:00	T: uhuh uhu But you got the card t mail.	2.4	4.1. (is it enough for this category?) or 3.4.1.
54	23:01	C: Yeah I got the card, its all set, I've got here name on there, I just need the zip code. (T: mhm) In fact I'm going to an anniversary party after this so MIA. (T: huh) I'm sure someone there will have it, or I'll have to go online or check the phonebook, (T: mhm) and then fill out the rest of the card.	3.1 (x3)	3.1. 3.1. 3.1.
55	23:19	T: So this sense of generosity that is so evident in the way in which you even kind of release your resentments and connection with mom, the sense of generosity in relation to yourself, where there's a kind of almost a feeling of self-forgiveness as well that percolating?	4.1 4.5 3.6.2	3.5. 3.4.1. 3.6.2.
	23:36	C: I'm trying to...MIR		
56	23:37	T: It extends to others as well.	2.3. (clarification) 3.6.3.	2.3. (clarification) 3.6.3.
57	23:39	C: It doesn't help, it doesn't help if I concentrate on you know um things that didn't go exactly like I thought they should have gone. (T: uhuh) or um The mistakes I've made in the past, I need to remember them so I don't do them again. (T: uhuh)	3.1 (x2)	3.1. 3.1.
58	23:57	T: It's not forgetting is it, it's a kind of learning from.	3.4.1	3.4.1.
59	24:00	C: right And to move on from it and to just know that for one, everybody doesn't know MIR. I think that's the biggest glaring thing about my personality is I feel that people look at me and they know that um you know, that for some reason I think that other peoples perception is like they can almost you know read, not necessarily your thoughts but see your history. (T: uhuh) you know um I'm not that person today (T: uhuh) and I haven't been that person for a long time. (T: yeah) and um To just be able to step out of that old um and into the new and um to accept maturity um even though I'm not there uh financially, (T: yeah yeah) it's ok. you know, There's other things I can do there's, um, and to know that there's a blossoming that other people went though that people went though in their 20's that I'm going to receive in my 40's, (T: uhuh) you know, and hopefully it'll be something that uh I deem exciting. you know? (T: uhuh) so	3.1 (x6)	3.1. 3.1. 3.1. 3.1. 3.1.
60	25:13	T: It's exciting me to hear about it even, right, to the extent that it, that we can see, it's like the initial movements of that symphony happening right now in your life and this week, and you know in the way a symphony kind of builds across time to this crescendo, it almost has that feeling of you can begin to glimpse something big and important, a movement that is going to be coming up.	4.1 4.5	4.1. or 4.5.

61	25:3 9	C: I hope so, I just want to fit in. you know? (T: uhuh) I've always done the customer service and the bookkeeping thing. MIR I enjoyed customer to an extent as long as it was a good product. But the bookkeeping stuff, event thought I'm very good at it (T: mhm) um becomes very boring (T: mhm) and tedious. and uh	3.1 (x3)	3.1. 3.1. 3.1.
62	25:5 9	T: now, You mentioned last time just in passing, that part of what you've been doing is writing poems or plays?	1.4 3.6.1	1.4.2. 3.6.3.
63	26:0 7	C: Well I was doing a lot of writing. (T: uhuh) I used to write a lot, I used to write songs and stuff like that. but (T: uhuh) It was just through my literature class. I've noted that I enjoy um reading whether it be dry or whatever. I started reading the Joy um Luck Club, but I stopped that for a minute. I needed to stop and um uh get myself ready for school. (T: mhm) um, I didn't really have anything that um was going to be appropriate. So I went through my closet and um I got a girlfriend that gained weight and she's getting all my old clothes, (T: mhm) just sewed some buttons on. MIA and um you know	3.1 (x4)	
64	26:5 4	T: It's the practical piece, (C: yeah) but it also has to do with stepping out of the old and into the new in the most literal ways, stepping into a new wardrobe a new self.	3.4.1	3.4.1. 3.3.
65	27:0 6	C: yeah I'm trying to close that door on the fat me as well. MIR uh (T: uhuh) um. you know, Everyone always told me to get rid of those clothes, and I got rid of all the larger sizes. But I was holding on to this one size, indeed I was worried that I would gain back that weight. (T: mhm) and So I just told myself, "self, if you gain the weight back, then you're gonna have to earn some money to buy new clothes" MIR. And I got rid of them MIA. It's really neat to be sitting here in the stuff that I wore in the 80's [both laugh] you know	3.1 (x2)	3.1. 3.1.
66	27:3 8	T: Well what goes around comes around. you know It all becomes fashionable again. and uh	3.4.1.	3.4.1. or could it be 3.2.
	27:4 2	C: Yeah it's all blazers and skirts like that. so		
67	27:4 6	T: uhuh That's very interesting. So like recapturing even at a physical level, a self that you haven't been for awhile. And this is a kind of new self.	4.1 3.4.1	4.1.
	27:5 9	C: It's fun, its fun exploring, and to work on self. MIR		
68	28:0 6	T: Now who in your life most sees this new self that D is becoming? Who is she most visible to?	1.4 3.6.2	1.4.2. and 4.2.? 3.6.2.
69	28:2 6	C: um I don't know. the only. There's, um, I have a friend and uh named Anita and shes about the only that's seen me from here to there, (T: mhm) and she always congratulates me and stuff like that.	3.1	
70	28:4 2	T: ahhh She has the long view. (C: yeah) She sees the history as well as the future.	3.4.1	3.4.1.
71	28:4 7	C: I don't think my family understands that this is a good thing that I'm doing. um, there is a, Everybody in my family is heavy, um uh my sister Cheryl is overweight 20 pounds but my sister Barbara is probably you know plus. And uh it's like I said, little communication. (T: uhuh) I don't know, I mean, they're wonderful people and they're caring and would give the shirt off their back.	3.1 (x6)	

		they, you know, My sister is a home health nurse, and um just they do a lot of things to help people and problems and use their skills outside of work that they have to help other people but they just, I don't know, it's like theres no communication there. (T: mmm) The only thing that I'm ever asked is um if somebody stopped for something to eat, do you want something. (T: uhuh) you know And I'm just not there. I have the few things that I eat on a daily basis and I know myself MIR?? , if I don't stay in this routine with like having cereal in the morning, and once like in a while I'll cook breakfast. (T: mhm) or something like that. When I eat out and bring it home, that's when I get caught in that trap again. (T: right) then I'm driving through every fast food place there is. And it's not just breakfast, lunch, and dinner anymore, it's 3 or 4 times a week. and, It's, you know, on the way here (T: mhm) and the car is full of this garbage and stuff like that.		
72	30:2 1	T: So you really need to kind of guard the boundaries of this change.	4.3	4.3.
73	30:2 4	C: Right, because I don't have, I mean it used to be the dinner table, lunch table, (T: uhuh) and that's when we would have these conversations. and (T: now that there isn't that) Now I can't be there, I don't like it but it almost sickens me to watch them eat. I don't care, you can be healthy and fat but where they're at isn't. (T: mhm) I've seen some people who were 100 pounds overweight that could move and function and frankly I was one of those. I could still walk a mile (T: mhm) um, at uh almost 300 pounds. I could still bend down and tie my shoes. Stairs were no problem. I was having aches and pains in my knees and ankles and back, but it wasn't um like I couldn't move. and um I see these things and like I said I can't really sit down and have a you know, um	3.1 3.2 3.1	3.1. 2.3. (clarification) 3.6.3. 3.1. 3.1.
74	31:2 0	T: Sure, because it's not, it just pulls you back into something you no longer (C: yeah) are and don't want to become again. (C: exactly) You want to embrace this change and you really need to protect it and safeguard it. But, But in making this change, does this also mean that you need to become almost more separate from your family, or in some way insert a difference between yourself and the way they live?	4.1 4.3 4.3 3.6.1	4.1. 4.3. 3.6.1
75	31:4 5	C: I think it's separated us a lot. (T: uhuh) um I try not to be critical you know, but like even their refrigerator, I only eat cereal from there. And then um if I cook something once a week, like I made um stuffed peppers and that's the only things I'm eating MIA . (T: mhm) I use a paper plate and a fork. and um Thursday's is garbage day, and I always do the kitty litter and of course sweep the floors and stuff like that and um. You know their refrigerator is full of fast food containers and um it just sickens me and I you know. I've always been the one to clean out the refrigerator and I said I'm not doing it anymore MIP . (T: mhm) So I made a mention of it. Like today I made a cake, I couldn't, there was no way that cake would fit in that refrigerator. (T: mm) you know And I hope it's not melting but it's in the trunk of my car. but um, it's just, I don't know, it's dysfunction, and I don't know where that dysfunction came from.	3.1 (x4)	3.1. 3.1. 3.1. 3.1.

76	32:5 2	T: At the family level you're talking about?	2.3 3.6.2	2.3. (clarification) 3.6.2.
77	32:5 4	C: Right at the family level. That's one of the dysfunction thing. And you know my dad um got off of insulin because of a few practicalities. you know, We went to 1% milk and um I was cooking dinner and making sure he ate make sure he woke up at a certain time, and stuff like that . And I told the family that it's not fair that for me to be doing this when there's 5 other people that could possibly do it MIP??? My sister is there every Saturday. (T: mhm) and everybody always says that they're gonna do it. I even called for a family meeting MIA and they don't see any reason for it. um, you know, I don't know. I don't think that there's a reason for there to be other pop and I don't see that there's a reason why he should have these high salt food and stuff like that. and. um you know Frankly, uh, my dad I feel needs a full time person taking care of him and um it's a waste and you know that's where my mom left it, that's another one of those resentment things is that cause my sister was oldest and she was left in charge of everything and she's the one taking care of my dad. And it's not like its hopeless or that he's being injured or it's upon senior um malice or anything like that, (T: mhm) but it's just that I remember him being a person with a personality and enjoying life. And I don't see that anymore. and, when I used to take him to the doctor, the doctor had told me he would take a test for um Alzheimer's or senior disability or something mentally because he is void of personality, (T: ohhh) he will not even talk (T: wow) unless he's asked a direct question. And he just sits there and does the same 5 or 6 puzzles over and over and over again. (T: oh my) And then he doesn't eat, well he eats a normal breakfast, he makes himself eggs every morning, and stuff like that. He's gone to the salt free salt. but (T: so this) Even with that it's the high temperature (T: yah) on the gas. you walk in there and So I have a lot of concerns. and um	3.1 (x7)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
78	35:0 8	T: Because it seems like a looming loss of a different kind, not like the loss that took your mother, (T: right) but it's as if he's becoming less of the father you knew by degrees.	3.4.1	3.4.1. 2.4.
	35:2 1	C: Well he doesn't, um it's like no one cares about him, that disturbs me the most. you know, um, that um we, He worked very hard to get, like I did, off the insulin, and stuff like that, and I see all this stuff coming back. and um		
79	35:4 3	T: That's a real signal that something is out of sync.	3.2 3.4 // 2.4	2.4.
80	35:4 5	C: right And my mom used to ask for help, maybe because she was on more disability with the blindness and stuff like that. And I don't know, maybe my dad doesn't know how to ask for help. (T: I see) But I'll ask him from time to time. and I used to wake him up and stuff like that. but I just have to step away. and um you know I talked to my daughter a little bit about it MIA and she says it's good for me, (T: uhuh) but in some	3.1 (x5)	3.1. 3.1. 3.1. 3.1.

		ways it hurts. (T: that, this is goo-) I feel like I'm walking away, (T: uhuh) and that I need to fix, manage, and control, and uh make sure he has a healthier lifestyle because I don't want to go through another death right now, (T: yes) but immediately it will happen someday.		
81	36:2 6	T: yes, you know As we get to our last couple of minutes here, I guess I'm really struck um in our conversation today, about the complexity of these family arrangements and how these steps for you to in some way um integrate your moms loss but in a healthy way for you, where you can, as you say, release those resentments, come to a kind of acceptance, um that that also is accompanied by changes within you as you try to step into a new life and away from an old one, at physical levels, psychological levels and lifestyle levels. that Even with those 2 pieces that's only 2 of the 3 major pieces of the puzzle and there's still this difficult family piece that somehow almost holds you back from really becoming all you want to be as you have these concerns about dad and the mixed feelings about the atmosphere in the family and the disconnections between people. Is that something that deserves more attention here with us? A little more focus on the family?	4.4 4.1 4.3 2.4 3.6.2	4.1. 4.3. 2.4. 3.6.2.
82	37:3 7	C: I guess so. I have to, you know, I think that for since my mom has been gone I've been trying to be her piece, (T: trying to be her piece) and I don't think that's a good place for me to be. And it's something that (T: ahhh) pretty much the family doesn't have acceptance with anyway. So I just need to let that go. And just let them be them. MIR	3.4.2 3.1	3.1. 3.1.
83	38:0 2	T: uhuh To let them be them, and to let you be you and not just moms kind of placeholder in the family. hmmm. Do you think your mom would approve of your doing that. Of relinquishing her role a little bit?	3.4.1 4.2 3.6.2	3.4.1. 1.4.2. and 4.2.? 3.6.2.
	38:2 3	C: I don't know how my mom would feel about that. um		
84	38:2 8	T: would that be an edge we could explore? in, I'm wondering if even in a follow up to this lovely letter that you wrote and read to me today, if there could be another step that could be made in communication with mom about how you need to change and almost in a way asking for her acceptance of that? Would that makes sense as a step?	1.4 // 3.6.2 4.3 // 3.6.2 1.4 // 3.6.2	1.4.2. 3.6.2. 4.3. and/or 4.5.? 3.6.2. 1.4.2. 3.6.2.
	38:5 8	C: I guess so.		
85	39:0 4	T: What's your thought about that or your feeling about it?	1.4 // 3.6.2	1.4.2. 3.6.2.
	39:0 8	C: uh, Sounds really hard [laughs]		
86	39:1 2	T: uhuh, (C: but) Would it be harder than this step? or	1.6 // 3.6.2	1.6. 3.6.2.
87	39:1 7	C: um, I don't know. I think that's one of my greatest fears, is to if, if I stop being her portion there that everything is going to be ok (T: uhuh) and then am I going to be ok? (T: if you stop being that) you know In some ways that's where my self esteem is, is that (T: ahhh) the house one clean for one day because I did it (T: right) and that um you know that my dad has clean sheets today (T: right) because I did it and food or	3.1 (x5)	3.1. 3.1. 3.1. 3.1. 3.1.

		whatever. but, yeah, I think it is time for me to wrap that up, especially with um my pending graduation in December. MIR so		
88	40:0 5	T: I wonder if, last time I just made a few scribbled notes and you turned it into something deeply meaningful and eloquently expressive of the relationship. I wonder if we were to just offer a few beginning ideas here now, if it might provide the seeds of some similar therapeutic writing around this theme of self-change and acceptance of that change. Does that feel like something that would intrigue you even though it would be hard?	2.4 1.4 1.6 // 3.6.2	2.4. 4.5. or 1.2. 1.6 3.6.2.
	40:3 6	C: Yes it does.		
89	40:3 7	T: ok, so let-, How would we phrase this? What would be the way of, if we were to think of this as kind of a psychological homework assignment, what would the assignment be?	1.2 // 1.4 3.6.2	1.2. or 4.5. 1.4.2. 3.6.2.
	40:4 9	C: Returning my mom's legacy to herself. MIR		
90	40:5 3	T: Oooh, returning my mom's legacy to herself.	2.2 // 3.4.2	2.2.
91	41:0 7	C: I don't know if that's exactly right but basically that's (T: yah) I'm not going to fill her shoes anymore MIR	3.1	
92	41:1 2	T: Not filling her shoes, but really kind of filling your own? [writes on clipboard]. And somehow I I, you know, we get in this statement of this letter and in so much of our conversation. The real importance of how she views you and I guess it almost implies that getting her comments on or her permission or acceptance of this path would be another piece of this? Would it be kind of asking mom is this ok for you if I step into the person I can be, even if it means stepping a little bit away from the person you were and the person I love in you?	3.4.1 // 3.6.1 4.3 3.6.2 3.4.2 // 3.6.1	3.4.1. 3.6.1. 4.3. 3.6.2. 3.4.2. 3.6.1
	42:0 2	C: It would probably bring me less worry.		
93	42:0 9	T: uhuh, So something about seeking mom's permission (C: yeah) to be yourself. ok. And I do get a feeling how you will carry over some things, right, like the practical you, the way in which you are living in a more practical way that you might have a few decades ago.	4.3 4.1	4.3. 4.1.
94	42:4 0	C: yeah, I mean I'll always have her wisdoms instilled in me, but (T: uhuh) I don't have to keep trying to push it down everybody else's throat. (T: ahhhh) I think, you know, it's like, That's not the way mom would do things.	3.1 (x2)	3.1. 3.1.
95	42:5 4	T: yeah, I see. so It's almost like identifying with her best features rather than kind of pushing it in some way.	3.4.1	4.1. or 3.4.1.
96	43:0 2	C: well Yeah, just leaving them alone. you know. (T: uhuh) Allowing them to be who they are. I mean they have some good qualities from her too, (T: uhuh) and it doesn't have to be everything. and Life is different now, she's not there anymore. (T: uhuh) She's not the holder of all things and the answerer to all questions. MIR	3.1 (x3)	3.1. 3.1. 3.1.
97	43:3 0	T: uhuh Because you're starting to answer different questions of your life. (C: mhm) yeah	3.4.1	3.4.1.
98	43:3 8	C: And she was willing to ask and to accept how the people now aren't, (T: yeah) she was the only one able	3.1 (x2)	3.1. 3.1.

		to um be the center of (T: uhuh) the um giving and taking.		
99	43:5 9	T: Well I, I have this sense as I sit here and talk with you as we conclude our second conversation, that she's not the only one in the family who is willing to ask for and to receive help because the D that I am talking to is eminently capable of that. You are generously open to our ideas and to allowing me to join you a little bit along this journey toward the kind of life you want and the kind of self you want to be. and, I appreciate that	4.2 4.1 4.5 2.1	4.2. 4.1
	44:2 8	C: Thank you, I appreciate your help.		
100	44:2 9	T: yeah Let me give you this, and leave you as well with my real curiosity and interest of how this next piece will shape up for you.	2.2	2.2. or 1.1.
101	44:4 0	C: Sounds neat, I think I'm going to enjoy it. (T: ok) I think it will be a big milestone in my life. MIR	3.1	3.1.
102	44:4 6	T: I look forward to joining you in that milestone. (C: ok) Thank you my friend.	2.1	2.1.
	44:5 1	C: Thank you doctor Bob.		

SESSION 3

UA	Time	Therapist and Client Dialogue (AUs)	PICS – Adriana
1	:09	T: D, it's good to see you again this week.	2.1
	:11	C: Good to see you too.	
2	:13	T: I just found myself wondering uh what might have gotten clearer to you since the last time we spoke.	3.6.3 // 1.4
3	:24	C:mm It was weird because we skipped that week, (T: mhm) and the first week I was kind of obsessed about the letter. (T: mm) And I decided to just leave it alone, it was my last week before I started school, and I went over to some friend's house and just spent the whole week and didn't have my normal environment (T: mhm) and that kind of took it out of mind. And then this week when I was thinking about it, my mom's um monthly anniversary since she died was the 21 st , (T: ah) 2 years and 2 months, and so I was just kind of you know feeling a little bit sad about that every time the 21 st comes around, (T: mhm) it's not easy. And then as I started writing it was kind of a release. (T: huh) um	3.1 (x6)
4	1:09	T: What was it that felt like it was released with that writing?	1.4 // 3.6.1
5	1:11	C: um Just the identification. (T: hm) um That I was trying to fill a slot of my mother or being my mother (T: mm) and I wasn't really identifying with myself or doing things you know that I needed to do or wanted to do. And it was like this obsession you know to where (T: uhuh) um I wanted everyone to have the same type of feelings that I felt (T: mhm) and miss her and I didn't have that understanding. and (T: mhm) um (T: hmm) It was just a release of um	3.1 (x6)
6	1:50	T: So as you look back on it, what became clearer to you is that you had this kind of obsessive need for others to almost fall in line with your needs and how you were feeling and thinking about her loss. (C: right) And somehow by writing about it, taking perspective 2 years and 2 months later, you started to let go of some of that obsessive need?	3.4.1 // 4.5 3.6.1
7	2:11	C: Yeah, I think that just acknowledging that I was you know just trying to replace some of the things that my mother did (T: uhah) for other people in the household and um (T: uhuh) you know, and then the over-, she had this thing where she you know would ask about people and worry about people, and stuff like that, and that was something else that I identified in the writing was that I was becoming this worry-worry wart of person (T: ohh) you know um and not focusing on the things that I necessarily needed to do. And it was a very very um negative thing for me because the people that were needing help, whether they were small or large, really didn't want it, (T: ohhh) they weren't asking for it, they weren't looking for it. (T: mhm) And this is something that um I was looking for and I was trying to become. Almost like a replacement, and you just really can't do that. I mean (T: yeah) The age span alone, and you know as you live life you (T: mhm) tend to get more um ideas, more experience (T: mhm) in life and stuff like that. um, you know She raised us so she knew you know how to identify with us as individuals (T: mhm) and I don't have that. and (T: mhm) and it just uh	3.1 (x10)
8	3:35	T: You couldn't be your mother, (C: no) but a part of you really felt the need to try to sort of fill those shoes, fill that space.	3.2 // 3.4.1
	3:41	C: right, It was almost like I was playing hide and seek with myself and not facing, you know, reality. and uh	

9	3:47	T: What an extraordinary image, playing hid and seek from yourself. What were you hiding and what were you seeking?	2.4 1.4 // 3.3 // 3.6.1
10	3:58	C: Um, I don't know if I was trying to get acceptance from my family. or (T: uhuh) you know, uh It was creating an identity that wasn't my own though, (T: uhuh) I know that. And it wasn't asked for. you know, and There's a need... if someone comes to you and asks for something or asks you a question about something, (T: yes) but I was always trying to find that. My mom always knew everything. (T: mhm) That's what I wanted my letter about. and um, I'm just not that person. MIRC. and um, Especially since all my siblings are older there not going to accept, (T: oh yes, yes) you know, they're not going to have that acceptance, that even if it is a good idea or if it is something that's wonderful or whatever. it's you know	3.1 (x5)
11	4:44	T: Even if they needed that they might not come to you for it because you're their kid sister. (C: yeah) I see. (C: mm) Well this makes me really eager to hear that letter. I wonder if you feel like sharing that with me in terms of (C: sure) could you just read that slowly and give that to us in your own words.	3.4.1 2.1 // 2.2 1.4 // 3.6.3
12	5:05	C: I actually wrote it yesterday on her anniversary. MIA (T: mhm) Dear mom, you were always the keyholder for the family problems. You had an instinct about what to do in every situation. You had a gift of being everything for everyone in our family. You always made sure we felt loved and special. Since you've been gone from this world, I've tried to be you within our family. (T: mhm) I am returning your legacy to you MIR 1. Our family has no acceptance, nor have they asked me to fill the hole that was made from your departure MIR 1. You had one bad characteristic, and that was that you worried about us a lot. I picked up this negative characteristic of worry about the family. (T: ahh) This is something that I've gone overboard with to the point that I often do not know what I am supposed to be doing. (T: mm) So, it is the first thing that I must practice. I cannot help somebody unless they ask for help. I need to let go of other people's difficulties and understand that in order to help others I need to let go of my own negativity in order to progress in school work or anything that I'm working on. Most of all I need to recognize that people are who they are and I cannot make them into a person that I'd like them to be. Mom, I'm asking your permission to be me. I'm going to allow myself to be OK with who I am. I need to practice on my own individuality, have faith that I'll be OK with myself. I have all the wonderful wisdom you taught me, and one of those things is the power of prayer. Love, your daughter and friend, D.	3.1 (x4)
13	6:54	T: Boy, I really feel just the warmth and a kind of sweetness in that letter, but also a real kind of sorting out of the complexities in this connection with her	2.4 o 4.1 4.5
14	7:03	C: yeah It was really weird, I never realized that I was almost agonizing over, I mean just little things, from you know, um did my dad eat the right dinner (T: mhm) or did he have the right breakfast (T: yeah) or is he supposed to get up before 12 o'clock? MIR 1	3.1 (x2)
15	7:21	T: I remember all of these kinds of things that we spoke about last week, (C: yeah) and the way in which you almost, again, obsessively were getting involved in his care more than maybe even he wanted. (C: yeah) yeah	1.4 3.4.1
	7:33	C: yeah, And they just, you know, I didn't really have a discussion with them but it worked out, it came out at the right time too MIR 2 , I started school this week so I'm not even there in the mornings. And then a lot of times I go to school at night and do my studying and stuff like that. MIA	

16	7:50	T: So this seems somehow well timed, this idea of taking the time to sit down to think through, to feel through this taking on of your mom's role. It almost made room for you to step back into who you are and time to re-enter school as D and not as mom?	4.5?? 3.6.1
17	8:08	C: Right, well because then I'm not, you know. uh It was crazy for a while there because um like my dad doesn't even answer the phone and I would call home and you know leave a little message on the phone and stuff like that (T: mhm) or someone would pick up and ask a question, and always looking for a need and fill that, whether that be grocery shopping or you know. and um, I don't know, We're all adults (T: yeah) and um I've seen them pick up and kind of move into their own. And uh I wasn't doing that. and (T: mhm) This weeks been a lot of that. MIR 2 it's um Actually I received a part-time job yesterday. so	3.1 (x3)
18	8:50	T: You did? (C: yeah) Tell me about that.	3.6.2 // 1.4
19	8:54	C: Um, I knew this woman, and um she was talking about needing an assistant and she um started a foundation called the Treasure Chest. And um they send toys to hospitals for uh children that have cancer and leukemia and stuff like that. (T: oh yeah, yea, yeah) and un She was telling me that she needed someone that was a good typist and great organizational skills, and I said, why not me? [both laugh]. MIPC (T: I'm those things) And we just left at that. (T: mhm) And then like 3 days later she called me and she said I'm offering you a job, but I'll tell you it's a very low salary, it's like half of what I'm used to making. But she said I'm willing to work around your school schedule and it'll just be under 25 hours. In fact, it turns out that it's only 12 to start with. (T: mhm) But I'm taking 10 credit hours, (T: so, so that's enough for you right?) that's really enough for myself [laughs]. and um, I just wanted a little gas money to feel like um I'm being productive MIPC, even though school is very important to me, it's it's hard when you're not um earning any money. so (T: mhm) And she was like you're hired, but let's still do the interview. So I went in there yesterday and it's a really easy program and it's real easy typing. and um I've always been looking for some kind of vocation. so (T: mhm) um I don't know if this is going to be just through December um when I finish my degree and stuff like that. (T: mhm) But it's good to know, it's good to know that I'll be doing things to thank those who give to those who really have you know like spinal taps and just (T: who have very real needs) very very very hard MIPC and sometimes we're talking toddlers (T: sure) and teenagers and stuff like that. (T: sure) She walked me around the warehouse and everything like that and I seen all these pictures of the kids and stuff like that. It gives them a little bit of inspiration, you know, for what they're going through. At the end of this they'll have something fun to play with. (T: mhm) Some won't understand it because they're not at an older age and stuff like that. It shows that someone cares and then were thanking the ones that (T: mhm) made the donations and um Its just a really just a beautiful, beautiful thing to be able to give back to society and this is a particular person that I like. and	3.1 (x4) 3.4.1 // 3.6.2 3.1 (x7) 3.4.1
20	11:16	T: So for personal levels but also for larger, altruistic, social motives it , it feels right. And it feels almost like rather than having to look for people or you know sort of perceive needs in them in the family in order to find a way of giving, here the needs are real, there is openness to being, to receiving something. And you're part of a, a system now that is offering this right? (C: mhm) To some, to people, to kids who have real needs.	3.2 // 3.4.1 3.4.1 4.5?? // 3.6.1
21	11:46	C: And it fills a need for me too. It gives me a salary, (T: yeah) it gives me something to do, makes me feel productive. And this person asked me, (T: yeah yeah) it wasn't just some kind of...it was really weird because I was like how about me? you know, And just	3.1 (x2)

		for that to come out of my mouth is just um something that's different for me. you know	
22	12:07	T: Because you're really inviting this kind of attention. In fact you even asked for an interview right?	3.4.1 // 2.3 – 3.6.1
23	12:13	C: yeah, yeah, Well I figured that would be best. (T: mhm) I was like well let's handle this, you know, the right way MIPC. (T: uhuh) I'll bring my resume in and then you can ask me at the end...I don't know, I always have this thing about, I don't know, some people say things and they don't mean them. (T: mhm) you know, And I wasn't just really sure even with the call back, and stuff like that, I have a lot of hesitancy. (T: mhm) And so I left the door open for her to be able to say, you know, but um	3.1 (x4)
24	12:40	T: But instead it was a door that she walked through completely!	3.2 // 3.3 // 3.4.1
25	12:41	C: Right, she walked through...she even added 50 cents to what the normal people make, [both laugh] which is, you know, because I've been in administrative support, (T: mhm) I was actually an office manager 4 years ago (T: mhm) before I went through a change in careers. and, Something that I've often wanted to, in fact lately that's what, the kind of agency I was applying to was (T: mhm) the non-profit either, for women, or it didn't really matter to me, I just wanted to uh be in something to where you know either great service or (T: mhm) a um, something that's serves the people MIPC. you know, that's (T: yeah) Healthcare is really (T: yeah yeah) just booming all over the place right now so.	3.1 (x5)
26	13:27	T: so, it It seems that in letting go of being mom, you made room to become D again, reaching back to who you were, who you have been and also reaching forward to who you want to become.	4.5
27	12:41	C: Yeah, it helped me to shut off, I don't really know how to say it, it's not really noise, (T: uhuh) but um you know the um obsessiveness of thought, of what this one's doing, you know what my daughter is doing, um other people's (T: mhm) needs and where they need to be and stuff like that. I started to focus on you know where I'm at and what I needed to do. and um I don't know if the door is fully open, but it is starting to open. (T: it is starting to open) it is starting to open	3.1 (x2) 3.4.2
28	14:14	T: You can see around it now. See into it a different kind of space or room.	3.2 // 3.4.1
29	14:19	C: Yeah, it gives me more time to do the things I need to do. (T: mhm) Especially with a lot of classes and a lot of reading and stuff like that. (T: mhm) Its just important. you know, It's one thing, if somebody's asking me for help or they really need help (T: mhm) or whatever, but...	3.1 (x3)
30	14:38	T: And you're quite willing to give and quite able to, but it's not as if you have an inner drivenness to in that same way that you did before. It's like now the need originates on the outside and then you address it rather than it being kind of your press to be.	3.2 // 3.4.1 4.3 3.4.1 or 4.5
31	14:56	C: yeah, I felt that I was hitting my head against the wall. (T: your head against the wall) That's the best way I can explain it. But I couldn't stop! (T: right right, yeah) I couldn't stop. It only grew greater and greater.	3.4.2 3.1
32	15:09	T: uhuh There was something about it that would have become a kind of vicious circle or something, (C: yeah) you were stuck in a pattern that you couldn't find your way out of. What do you think helped you break that pattern? To sort of step into this very different room that you're in now? A different space?	3.2 // 3.4.1 1.4 // 3.6.1 3.3

33	15:2 3	C: Um, I really think the first letter, (T: mhm) you know, and the time I spent on the other letters and stuff like that and just really, it's crazy, but I think for a long time I was really expecting my mom to still walk back through the door. (T: yeah) you know, I know she was dead, I kissed her goodbye, (T: yeah) her body goodbye because I don't think her spirit was there. And um just the to face that reality and then um	3.1 (x3)
34	15:5 2	T: Something about the writing helped with that.	3.2 // 3.4.1??
35	15:5 4	C: Yeah, and as I was writing, it reminded me of, for some reason I could see my mom sitting there with her hands folded doing this [twiddling her thumbs]. (T: mhm, uhuh) you know? And it was just like the worry type syndrome. (T: ohh) I could remember often saying is there something wrong? (T: uhuh) And that's kind of how um she comforted herself and she would kind of rock and I was sitting by the computer and I was reading the notes that you have read, and it was a swivel chair and I was just sitting there and I wrote the first, I'm giving you back your legacy, it's not what I opened with but that's, I just typed that. And I just sat there for a minute and then all the other words came. and, As I was typing the word worry I was like you know, that's why I'm doing this, is just placing all this... um I don't know if it was anger or depression or not accepting (T: mhm) my mom being gone or you know, looking at her as a tribute and moving on. But all this you know crazy stuff, it was like I could see it clearly.	3.1 (x4)
36	17:0 2	T: yeah, It was almost like if you, once you got it outside yourself and placed it out there, then you saw the word worry, you saw this like poignant idea of giving her legacy back to her. right That all of this kind of goodness and concern for others is something you could place in her right? and not have to be re-enacting it in her ways, in your life	3.2 // 4.5 3.6.2
	17:2 8	C: Yeah, and I kind of see that you know there's a reason. I mean People go on and other people do different things. you know For some reason she's gone from this world and she doesn't need to be replaced because I wasn't born to be her.	
37	17:4 4	T: I Wasn't born to be her	3.4.2
	17:4 5	C: I was born to be myself and	
38	17:4 8	T: Who is this self that you were born to be as you get a clearer view of that, and the sort of reflective mirror that you're creating with the writing and this conversation. Who is this D, who you're becoming?	3.3 // 3.4.1 4.5 // 1.4 // 3.6.1
39	18:0 5	C: um, I think I'm a more career oriented individual than I thought I was MIRC. (T: mhm) I always thought that I would, you know, my mom worked, even though she had 7 children. I can remember as a child thinking that I was going to be a mother and I wasn't going to work and I was going to have 10 kids, (T: mhm) la la la, you know. (T: mhm) I just had the one.	3.1 (x3)
40	18:2 6	T: And that was kind of mom's image.	3.2 // 3.4.1
41	18:2 7	C: Right, that was mom's image. you know (T: sure it's the model of your) Little boys do that but little girls [laughs] (T: yeah yeah yeah) Little girls um wonder you know um what they're going to do. (T: mhm) Of course my sisters were a lot older than me and um so I don't... but I just, I'm finding that...my daughter is grown, she's 26 years old. and I'm trying to let her be herself too, so that you know there's a transition between us that needs to be made MIR 1. My friends would tell me for years and years, why do you let your kid wake you up at 4:30 in the	3.4.1 3.1 (x3)

		morning (T: uhuh) to take her to work and stuff. So that'll take some time. but you know I've discussed it with her. MIA	
42	19:1 2	T: Let me see if I'm hearing that fully because I'm really intrigued with what seems to be a parallel, that as you have stopped being your mom, you've allowed your daughter to stop being you in the same way. (C: yeah) To kind of be her own person.	2.3 // 2.4 4.5 // 3.6.3
	19:2 9	C; I hope she does MIR1 , I really don't know um	
43	19:3 2	T: where she'll go with that exactly.	3.2
44	19:3 3	C: Yeah I don't know. well I know, At least she asks for the help. you know She tells me when her schedule is and stuff. They only have the one car, and I need my car. so I'll take her to work and stuff like that. But it's rough, Im getting up at 4:30 (T: yeah) and a lot of times I'm not getting home till 9 or 10 o'clock from school and by the time you sleep you don't get much sleep but... It's so...	3.1
45	19:5 9	T: You know I had a thought too. that, and Maybe this comes out of the uh piece of our conversation last week, where it seemed as if where part of what you are seeking is almost mom's permission to stop enacting her role. right?	1.4 // 4.4 4.5 2.3 3.6.1
46	21:1 9	C: Yeah I had some worry about that you know, that um, I don't know, we knew she was going to pass you know so I had the conversation with her (mhm) and was trying to give her some piece of mind as well and get my last direction I guess. I told her I would write my brother and I've been doing that like once a month. In fact I need to write him a letter (T: yes) soon. and um Just to know, like I said, for some reason she's not here, There for her presence and the things that she did must not be needed and then if they are then I should wait for them to be shown to me not constantly looking with this (T: yeah) great big magnifying glass for something that's not there.	3.1
47	21:0 9	T: Boy that's a strong image, instead of kind of holding this magnifying glass over the world and always scanning for this, just let it come to you naturally. And just knowing that you have her wisdom in a way, you can respond, you do have a part of her you are carrying forward, but not in that same obsessive way.	4.1 // 3.3 and/or 3.4.1 4.5
48	21:2 7	C: Writing a letter and stuff like that was a little less um, I don't know, sad, it was more nostalgic (T: uhuh) this time with her passing MIR 1. you know And now I had an old picture of her uncle (T: mhm) and I put it in a frame and put it on my desk and I didn't have any pictures really of her except in the living room and now I have one in my bedroom MIA. (T: mmm) That kind of brings me comfort. MIR1 (T: mhm) It was something that I didn't even know I had, it was weird, (T: mm) I was looking for one of those plastic sheets for uh one of my uh (T: mhm) assignments for school, just getting everything together. I always do this thing, assume what I think I'm gonna need for class. (T: mhm) It worked out pretty good. so, um, but Then I ran into this picture, I didn't even know where it came from.	3.1 (x7)
49	22:1 4	T: there Again it was like the time was right (C: yeah) for this discovery. You were ready to move from that great sadness to a kind of nostalgia (C: mm) and comforting presence in that picture. I kind of had an idea as we were talking of this notion of um almost of getting mom's permission for these changes that you want to make. And the thought was, I wondered if we could have a conversation here in which I could sort of interview your mom briefly about the person her daughter D is becoming. Would that be interesting to you?	3.2 // 3.4.1 1.4 // 3.6.3 // 3.8 2.1 // 3.6.1
	22:5 4	C: it, I don't know if I could come up with her um mindframe or [inaudible] but I'll I'll try.	
50	23:0 2	T: Would you be interested in trying that for a few minutes? Why don't we do this, just for fun, why don't you switch chairs with me. (C: ok) Sit over here, I'll sit there so we'll each be different person for a little while,	1.4 // 1.2 // 3.6.2 2.1

		alright?. And let me, from my role as just Bob to kind of ask you a little bit about, and can I call you Berdle? Or what would I call you?	
	23:2 8	C: um, well, Everyone called her Pat, but her name was Lenoir. Lenoir was a hard name for us kids to say. So everyone called her Pat, that's why my daughter is called Patricia.	
51	23:3 7	T: Ok, may I call you Pat then? (C: that's fine) I've been having some conversations, Pat, with your daughter D, had a few such conversations. They've been very meaningful and interesting conversations. and, One of the things that has really come out for us , is that she's been talking about almost uh finding a way to let your legacy be yours rather than hers, and for her to step back into being D, and she's been a little bit worried about how you feel about that. What do you think of this move that your daughter has been trying to make to carry over parts of you but also make room for who she is as a person?	2.1 1.4 2.4 1.3 3.4.1 1.4 // 3.6.1
52	24:2 9	C: I think that um she should be who she is (T: uhuh) and that um especially of the negative traits, because as a mother, (T: ahh) I would like her to carry the positive things. MIR 1 and (T:carry the positive things) If you could erase any of the negative traits because a mother would always want the best for her daughter.	3.1 (x2) 3.4.2
53	25:0 0	T: Sure and you really want the best for D. And so if you had a kind of almost like a magic pencil, right, with a lead on one end and an eraser on the other, what would be some of the positive traits that you would write out for her to continue to carry forward with her life, traits that really came from you?.	3.4.1 1.4 // 3.6.1
	25:2 4	C: a loving understanding of self	
54	25:2 8	T: a loving understanding of self. You mind if I make notes of these? I'm pretty interested in what you're telling me here Pat. So these are traits to carry forward [writes on clipboard], loving understanding of self. That almost sounds like a capacity for being compassionate with yourself rather than self-critical or something?	3.4.2 // 3.6.2 2.4 3.4.2 3.4.1 // 3.6.2
	26:0 4	C: um Yes.	
55	26:1 1	T: What else would she do well to carry over in your view?	3.6.1 // 1.4
	26:1 7	C: Courage um to stand on a decision once one's made	
56	26:2 7	T: Courage to stand on her decision. uhuh Yeah, willing to stand of to stand up for what she feels is right, and to chart a life course and make it her own.	3.4.2 // 3.4.1
	26:4 3	C:Yeah, a passion for life	
57	26:4 6	T: A passion for life. The glimpses I get, I I kind of suspect that she has that, that the passion is kind of taking maybe more practical and career decisions now. Anything more?	3.4.2 // 2.4 4.5 3.6.1
58	27:0 8	C: mm. To continue with a great love for people. (T: uhuh) And empathy, not sympathy. Stay with the positive result (T: uhuh) rather than the negative. MIR 1	3.1 (x2)
59	27:2 9	T: Now, you know, you know her probably about as well as most anybody has known her right. Right? In that special way that a mother, even, maybe in the second half of her life has come to know her daughter. and, What is it about D that really stands out as precious or unique to you as a mom as you look at her?	1.4 // 3.6.1
60	28:0 2	C: I think that she usually thinks before she speaks, (T: mhm) she's not harsh.	3.1
61	28:1 5	T: uhuh. So a kind of consideration for others is implied in that as well I guess. (C: yeah) not harsh. What else?	3.4.1 // 3.2 3.4.2 // 3.6.1
	28:3 4	C: She's comfortable in what she has, it doesn't have to be somebody else's, willing to work for what she has.	

62	28:4 8	T: mhm. Not just to be resentful of others (C: right) or be entitled to something but to be willing to envision something and go for it?	3.1 3.4.1 // 3.2
	28:5 7	C: Yeah but willing to ask for help when it's really needed.	
63	28:5 9	T: Willing to ask for help. Yeah I get that sense about her too, that real openness. And you know finally you know you sort of started off with me by saying that you would like her to carry over the positives, but you would almost like to give her permission to not carry over the negatives. What would you like to give her permission to relinquish, even about you?	3.4.2 4.1 4.5 1.4 // 3.6.1
64	29:4 0	C: mm. The family caregiver. (T: mhm) Endless worry. (T: endless worry) and um, Just the understanding that um to know that you're worth something (T: mmm) and that, don't allow other people to take you for granted whether that be personally, (T: mmm) spiritually, or in work nature. I didn't always stand up for myself in the work area.	3.1 (x2) 3.4.2
65	30:4 0	T: mhm. And you would like her to stand up for herself too (C: yeah) Do you have any kind of closing words for her at this point? Knowing that there might be future conversations between you, there almost certainly will be, but for this piece of the conversation, any closing thoughts?	3.1 // 3.4.1 1.4 // 3.6.1 4.3 1.4 // 3.6.1
66	31:0 0	C: I think that she should find something that she has total joy with and not worry about the little stuff. (T: mhm) That if there's joy then everything else is going to be ok. MIR 1	3.1
67	31:1 9	T: nice. Thank you for letting me meet you Pat, it's been a pleasure, you mind if I go back and talk to D for just a few more minutes.	2.1 1.1
	31:2 8	C: I think That would be good.	
68	31:2 9	T: That would be very good I suppose [both laugh]. Ok. Well, what was that like, stepping into you mom's shoes one more time after you've been trying to get out of them, take them off your feet?	2.2 1.4 // 3.6.1
69	31:4 4	C: it was kind of weird. (T: a little weird) And My mom wasn't that talkative [both laugh]. I was trying to think of some words that she would say.	3.4.2
70	31: 52	T: Almost like your mom had to become a little like you (C: yeah) in order to fill the role.	3.4.1
71	31:5 9	C: yeah, cause She was a very quiet woman. (T: yeah) You would almost always have to ask her a direct question (T: yes) before she would speak. She was a great listener.	3.1 (x2)
72	32:0 8	T: Well I did ask a few questions and I was pretty interested in what she had to say. And I wonder if I just were to just touch on these quickly now because my handwriting is it's usual challenging hieroglyphic uh self. I just put words of wisdom and these are all words of wisdom from mom to daughter. right? Traits to carry forward, a loving understand of self, compassion, the courage to stand on her own decisions, a passion for life, right, to continue with her great love and empathy for other people, and to stay with positive results and not get caught up in negatives. right? Then what's special about D, that she thinks before she speaks, she's not harsh, she's comfortable with what she has and willing to work for it, willing to ask for help, that kind of openness right? that I also see in here. And finally, permission to relinquish or give up being the family caregiver and the endless worry that goes with that. And then these kind of parting words, to know that she's worth something, not to be taken advantage of, to stand up for herself, to find something that she has total joy with. As I just kind of bring these words back to you in this simple way I can see the tremble in your jaw (C: yeah) and the moisture in your eyes. and What's it like to hear these words so directly?	1.4 4.2?? 2.3 // 3.6.2 x3 4.5 1.4 // 3.6.1
73	33:4 7	C; um, Especially the last line, that sounds almost exactly like my mom's words. She would have said something simple, (T: yes) like to find the joy within. And in whatever you do.	3.1

74	34:0 6	T: Find the joy within.. yeah, in whatever you do. find the joy within	3.4.2
75	34:1 2	C:I'm crying but it feels good. It's um, it feels good. and it's encouraging to me. (T: mhm) Because,um, it's all I've been able to focus on is the fact that she's not here, I don't think she would like that (T: she wouldn't like that) She wouldn't like that	3.1 3.4.2
76	34:3 1	T: She wouldn't want to be banished. She is here when you invite her, (C: yeah) she steps right back in.	4.5
77	34:4 0	C: It's really the path I'm on. in fact That's why I'm finishing my degree, (T: mhm) that's what she always told me, nobody can school away from you. (T: mm) If you learn something it's yours forever. (T: yes) and uh, Especially if you have a piece of paper. you know, (T: yeah) It's kind of a triumph, (T: it is a triumph) even though she's not here, (T: it is a triumph) a triumph for her as well.	3.1 (x4) 3.4.2 (x2)
78	35:0 3	T: a triumph for her as well. you're doing it for the both of you. And you are learning something that you can take with her even here working with me aren't you? (C: yeah) And you have a different kind of paper to take with you. right? not quite a degree [both laugh] it's not as handsomely framed as that uh certificate that you'll put on your wall one day. but	3.4.2 // 4.5 4.5 // 3.6.1
	35:2 5	C: This is something I may type, because they are words of wisdom. And I'm sure that these would have been something similar that my mom would have said.	
79	35:3 0	T: Yes yes!	2.4
	35:3 1	C:And It's a good practicing tool for me when I want her words, that I have them. MIR 2	
80	35:3 9	T: What a beautiful idea. When you want her words you can have them. And the typing is kind of exercise that kind of puts them out there and makes them available to you. (C: mhm) Would you be willing to type those out and you may find that other words add to those words, like maybe it will be just like it is or maybe it will evolve. But could you bring that in and share it with me next time?	4.1 // 3.4.1 1.4 3.6.2
81	36:0 0	C: yeah I think that will be a good idea, and good exercise (T: yeah) and keep me in the uh positive swing that's been forming in my life these past couple weeks. MIR 2	3.1
82	36:1 2	T: Yes, it really feels like transformation to me. too, and I'm just uh, I feel very privileged, very honored to be so close to you in this. you know, Really in an audience to this change that you're bringing about, a witness to it. so, Do you have any closing questions for me at this point in this conversation?	3.4.1 4.1 1.4 // 3.6.2
83	36:3 7	C: um, Not really, but it was weird being my mom [both laugh]. you know, But like I said before, everybody, (T: uhuh) even at her funeral, everyone always said I was the most in appearance, as far as looking like my mom. (T: mhm) and stuff like that She always had a peace about her.	3.1 (x2)
84	37:0 0	T: A peace about her?	2.3 // 3.6.1
85	37:0 0	C: peace about her, I mean there was always times, but you know, just that air that everything is going to be ok. (T: mhm) Like I said in my last letter, that I wrote to her, that's what she always (T: yes yes) had some kind of, you know that everything is going to be ok.	3.1 (x2)
86	37:2 1	T: mhm, and So now you find yourself beginning to say that to her. And maybe beginning to feels just a little bit of that same peace materializing in you.	3.2 // 3.4.1 4.5
87	37:3 3	C: Yeah it's funny when things start to roll in the right direction. You know (T: yeah) This would have been a year ago that I was just starting back on this treadmill towards the degree. and stuff like that (T: mhm) Every class I wanted to quit. (T: uhuh) or like I thought I was going to fail my literature class and turned out I got a	Contrast with the past 3.1 (x4)

		B. How do you think you're going to get an F when you're getting a B? you know (T: yeah yea) It's crazy. so	
88	37:5 2	T: Really were underestimating yourself for a while. (C: yeah) but It's like almost like what you were saying there to sort of have a, a compassionate view of yourself and to stand up for your decisions and these are things you are actually doing. And I appreciate your allowing me to be present to that performance.	3.4.1 4.5 4.1
89	38:1 7	C: It's been neat. And you keep on giving me some good ideas. and um It's helping to I guess fix that brokenness that I've felt (T: mm) and still feel, (T: mhm) but the mourning and just looking at some of the you know uh devastation that I was allowing (T: yes) to transpire and then taking to another level rather than (T: yes) I've been finding a way to release it. MIRC	3.1 (x4)
90	38:4 4 38:5 6	T: yes Well that's about as eloquently said as anyone could put it. I won't even try to paraphrase it, it's just too beautiful the way it is. so, I appreciate being part of the team, (C: alright) see you next week. (C: alright)	4.1

SESSION 4

UA	Time	Therapist and Client Dialogue (AUs)	PICS – Adriana	PICS – Catarina
1	:05	T: D it's good to see you once more. And to anticipate a bit of an update on how things have been going for you. I know that last time when we spoke you had started a new and kind of very meaningful job. (C: yeah) You had begun school once more. I remember we had a very interesting conversation about uh the writing that you had done and also about uh a kind of conversation that we did in session, giving you a chance to give voice to some of your mom's perspectives on your loss and on your life. and I've just been very interested in the follow up to all of that for you, what thoughts you might have had after the session and what experiences have unfolded.	2.1 2.3 1.4 3.6.3	2.1.provide comfort 2.3. Resume 1.4.2. (restriction) 3.6.3. (indirect)
2	:50	C: Well life is crazy (T: ok) right now because I'm busy and it's only going to get worse and (T: uhuh) but it's a good busy. um, I like where I'm working. And um they like me working there so that's a plus. (T: mhm) and School's going fine, I've had a few tests and so forth. So it's going good MIR 1. September 1 st was a little hard. (T: mhm) uh, My mother's birthday is in September and that's why this counseling (T: mm) had just hit just perfectly. you know	3.1 (x5)	3.1. 3.1. 3.1. 3.1.
3	1:18	T: When is her birthday in the month?	1.4 3.6.2	1.4.2. (restriction) 3.6.2. (closed)
4	1:20	C: It's September 23 rd . (T: 23 rd) um She would have been 76 this year. (T: yes) I guess I'm just going to have some of that sadness, but I didn't have, I haven't had a lot of the blankness lately MIR 1 , so I don't know if that's (T: ohhh) because of the counseling or even my sleeping, you know. um (T: uhuh) I've had some crazy dreams (T: yeah) with her in them, and like she was trying to tell me something. (T: mhm) so	3.1 (x6)	3.1. 3.1. 3.1. 3.1. 3.1.
5	1:49	T: And those dreams now?	1.4 // 3.6.1	1.4.2. (restriction) 3.6.2. (closed)
6	1:50	C: I haven't really had them, and I don't know if its , you know, and I've been sleeping MIR 1. (T: mhm) um, I don't know, Im hoping that, like I said, I've had a little bit of sadness with September coming and a little anxiety. you know, But I haven't had any sleeplessness.MIR 1	3.1	3.1.
7	2:07	T: That's very interesting, (C: and uh) and no blankness did you say?	2.4 // 2.3 // 3.6.2	2.2. (empathy) 2.3. (clarification) 3.6.2. (closed)
8	2:11	C: right, right, Yeah a lot of times I just go blank. (T: yeah) you know, It really worked out good, um my one upper class that I was worried about was Biology, and for some reason the room has a cutout in it, like almost like a cove like this. (T: mhm) And I came in late, which I never do either, (T: mhm) and that was the only seat available, (T: uhuh) so I'm sitting in this cove.	3.1 (x4)	3.1. 3.1. 3.1. 3.1.

9	2:32	T: Just like this cove.	2.3 // 3.6.2	2.3. (clarification) 3.6.2. (closed)
10	2:34	C: Right, (T: ahh) so I don't have to focus. (T: mh) That's where my blankness comes in is when I see too much other stuff going on (T: mhm) and I lose focus of the teacher or whatever. But because of how it was cutout like this (T: uhuh) I can't see all of the class to the right (T: uhuh) and I can only see straight in front of me. (T: right) and um, I think that's helping me too. so it's just	3.1 (x6)	3.1. 3.1. 3.1. 3.1. 3.1.
11	2:58	T: you know, One thing caught my ear when you said it, when you were talking about the dreams you used to have of you mom, and don't have now. And that they were dreams in which it was as if she was trying to tell you something.	3.7 2.3	2.3. (resume)
12	3:09	C: Yeah. I was always, it was like I wanted to know something from her, would be probably be more of a a (T: mhm) clarity statement. because Usually she was going from town to town or from place to place. (T: mhm) And I was one step behind her, I never got to see her in my dreams. (T: yeah) um, I remember, one time I saw my aunt who has also passed and uh I asked her (T: mhm) in my dream if she had seen my mom. (T: mhm) And she said yes, but she only goes to the parties with the [inaudible, laughs] (T: uhuh uhuh) or something like that. It was just something that made no sense you know, and um,	3.1 (x6)	3.1. 3.1. 3.1. 3.1. 3.1.
13	3:46	T: But the idea was that you were trying to catch up with her (C: right) and even your aunt was saying that you're not going to catch up with her, (C: right) not easily. And yet, in session here last time you kind of did catch up with her a little bit.	2.3 3.4.1	2.3. resume & clarification 3.4.1. Paraphrasing 3.6.3. (indirect)
14	3:58	C: Yeah it was really neat to hear, to hear those words and then to see them on the piece of paper where you had wrote them MIR 2. It's because my mom would, I mean (T: uhuh) how often do you hear someone use the word joy (T: yeah yeah) in today's (T: right) common conversation. And who would use words like love, peace, joy, surrender. (T: uhuh) She was um very um good with what I consider spiritual principle words. and uh	3.1 (x4)	3.1. 3.1. 3.1. 3.1.
15	4:21	T: Spiritual principle words. (C: ueah) And you helped her to give those voice in a way. And then you said you seeing them on paper (C: right) and I noticed that you seem to have typed them out.	3.4.2 4.1	4.1.
16	4:31	C: yeah I typed out what you had written to the best of my ability MIA. I had problems with the last line, so I just put in there what I thought it should be. (T: uhuh) um, this is the wrong one, this is the right one. These are for you too, when were through with this session. These are the um (T: ooh) the letters that I wrote to my mom earlier back I'll have to get you that one cause these are the same dates, (T: mm) I'll put these back in the folder over there. (T: oh thank you for that) I printed a little extra. but just you know um We had started with the traits to carry forward. (T: mhm) and To continue being loving and understanding of self and have compassion, um courage to stand on my decisions, (T: mhm) uh, have a passion for life, continue with great love and empathy and stay with positive	3.1 (x12)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.

		results MIR 1. (T: mhm) And we had an answer for her about what was special about myself. (T: mhm) and uh I think before I speak, (T: mhm) I'm not harsh, and uh, comfortable in what I have,(T: yes) and I'm willing to ask for help. (T: mhm) And then we had the permission to relinquish, and uh being the family caregiver.(T: mhm) And I'm doing real good at that one MIR 1.		
17	5:56	T: Really, (C: yeah) oh, I'm gonna be very interested to hear about that.(C: yeah)	2.2	2.2. empathy
18	5:58	C: And then endless worry, (T: mhm) um, A little bit, but that's more about anticipation (T: mhm) and just life things, I don't know. (T: mhm) It's hard to compare yourself against when you don't know anybody else that well. (T: Mhm) But I know that if I looked at my past existence and my now that that's getting better too.	3.1 (x4)	3.1. 3.1. 3.1. 3.1.
19	6:17	T: Really? (C: yeah) If you were to kind of place that on an imaginary scale from, of lets say 1 to 10, where 1 being the least amount of that kind of family caregiving or you know being involved in somebody elses uhh concerns, and 10 being the very highest, like total over involvement, where would you have been a few weeks ago and where are you now?	4.1 4.4 3.6.1	4.4. (temporal transformation)
20	6:43	C: Well the caregiving I was a 15 [both laugh]. (T: you need to stretch the scale to fit) I took it to extremes. (T: I see) I'm in the 2 or 3 area (T: wow) with that. it's really um	3.4.1 3.1 (x2)	3.4.1. or just 3.1. 3.1. 3.1.
21	6:59	T: So it's been a huge shift and an enduring shift.	3.4.1	3.4.1.
22	7:01	C: Yeah, and it helped too because I'm so busy. you know I picked up this new job and everything (T: uhuh) and sometimes I don't even have,you know, um if somebody's not nagging me and asking me for help I'm really not doing extra (T: yeah yeah) stuff you know, or at least have the conversation first if this is something that they even want done. (T: yeah) you know, um Sometimes they may see me and I'd ask if they need help but before I was just like doing everything	3.1 (x3)	3.1. 3.1. 3.1.
23	7:27	T: right Because it was more about you at that time (C: right) and your needs and now it's a little more based on their needs are. (C: right) Wow. That's a big shift. (C: right) And it seemed to have followed in some way, mom's giving you permission to lay down that burden, not have to carry that piece of her legacy.	4.3 4.1 4.5	4.3. recognition of needs 4.1 4.2. use of 3 rd speaker
24	7:49	C: And to outline too, the main thing I think was that I was seeing that I was being her, (T: yeah yeah) I wasn't being me. (T: yeah) And that's where the difference lies. That would be fine if that's who I was (T: yeah) and that's who I had wanted to be, (T: mhm) but it just wasn't. I was just, for some reason overcompensating in her image and in her ways and her things that she would do	3.1 (x4)	3.1. 3.1. 3.1. 3.1.
25	8:15	T: Almost like you have buried D in order to keep mom alive.	3.4.1 // 2.4	2.4. validate client speech
26	8:20	C: yeah, yeah it was too much.		
27	8:25	T: yeah, So, In putting this down, the feeling was one of what as you started seeing those words on paper and (C: um) typing them out,	2.3 // 3.4.1	4.1. validation of positive narrative

28	8:38	C: It was, it was a way of, um identification. first, I had to identify that I was doing these things, (T: uhuh) and then as I typed them and acknowledged them and made them real it gave me an understanding that I could let them go. cause In a lot of ways I don't think I saw that, (T: wow) I didn't even see that I was doing all these things until um we continued to talk about it or I was getting you know a negative response to something that I did that was wonderful. (T: uhuh) you know. so um	3.1 (x3)	3.1 3.1 3.1
29	9:14	T: So as I acknowledge these things, identify them, made them real, then I could begin to let them go you say. (C: mhm) MIRC That's a very interesting thing.	3.4.2 // 4.5 4.1	4.5. Theory awareness
30	9:28	C: With time, I mean, like I say, I'm still a 2-3. (T: mhm) I don't know if there's, you know, I'm not sure, I have to still figure out what's mine and what's my mom's (T: yeah) to some extent (T: still a sorting out) yeah MIR 1. uh, And that's the worry part, that I was still a 10 on the worry thing and I'm probably a 4. (T: mhm) and That's something I would like to work on because were all adult people, I don't need to worry about them. It's one thing to have concern but worry is not a good thing. MIR 1 you know	3.1 (x4)	3.1. 3.1. 3.1. 3.1. i
31	9:58	T: What's the difference between worry and concern for you?	1.4 // 3.6.2	1.4.2. restriction 3.6.2. closed
32	10:00	C: Well, concern to me would be, um to have a wonder about somebody, to think about them, to acknowledge a concern. (T: mhm) A worry is to me, it could be extreme, I mean I will think about oh what if I didn't turn the coffee pot off or (T: mhm) Sometimes a tragedy would just come to me and I would start,(T: mhm) I would hear and ambulance (T: mhm) and it was a different direction. (T: mhm) you know, I would think my dad is going to the hospital. A worry is more is an unreal state (T: ah) to where something might happen. (T: yeah) A concern is usually about something that is real that is happening now that (T: mhm) you need to address in some way.	3.1 (x8)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
33	10:51	T: uhuh That's a very helpful distinction. and, So a concern is based upon a real need a real situation and a cause for a real response. but This other is almost like catastrophising, like building a crisis out of nothing, an unrelated kind of trigger event. and then, really extending it. So you're letting go of a bit more of that and still retaining a legitimate concern of people. (C: right) Well, so in some way the change that you've been introducing seems to be not only be holding but growing.	2.4 3.5 4.4 (temporal contrast)	3.5. mirroring 4.4.
34	11:34	C: um Yes, it's helping me um to see what's going on. and um you know I can even see less um grieving type things going on. you know, Last September 1st I was up all, 31st rather, I was up all night, (T: mm) and just kind of arguing with god and crying hysterics. And it was just a little gentler this time, it wasn't as um profound and emotionally I feel more stable, I feel you know more...And a lot of this was not sleeping before. (T: uhuh) you know If you're only getting 3 or 4 hours a night of sleep, (T: yeah) because your mind is over thinking on stuff. and um you know Just kind of a little more peace with it. and	3.1 (x3)	3.1 3.1 3.1

35	12:2 7	T: More peace with it. Sleeping better and then there are these very strong kind of physical and behavioral signs that something has shifted for you. that it is, It's not as if you have lost the grief or the sadness about mom, but it's gentler as you say.	3.4.2 4.3 3.5	4.3. 3.5.
36	12:4 5	C: Yeah its easier to deal with and (T: yep) you know just the acknowledgment. you know, and There were a lot of times too to were I would actually be thinking that she would come back. you know And it was so unrealistic. and, I mean, There's nothing I can do to change it anyway, so I might as well come to terms with what is and um you know to be able to, you know, because before she would ask me to do things (T: mhm) for the family because she was unable to. (T: mhm) you know, and SO I just continue in her absence doing these things. and, um, It's just not necessary, and um, it's not greeted with the same thing. you know, Before she would say I told her to do it you know and she's not there anymore to say that [laughs] so	3.1 (x3)	3.1. 3.1. 3.1.
37	13:4 1	T: So now you had been telling yourself to do it on her behalf (C: right) and you've sort of eased up in that way, finding your way into your own life now. And as you live into that life more over these weeks, are you able to sort of look into this dusty crystal ball of the future and kind of envision where your life might be headed.	3.4.1 4.5	4.5. Theory awareness
38	14:0 3	C: I'm just trying really hard to uh apply what we're doing right now. um (T: ueah) I have a lot of future goals, I should finish my degree in December (T: mhm) and hopefully I'll have a full time waiting for me once that happens (T: mhm) or this job may change. I don't know. um, But as far as, I'll have to continue to implement this stuff. <u>And to, when I'm feeling other signs there, you know, that's the thing, look for the tell tale signs. If I'm feeling, if I'm getting a lot of blankness (T: uhuh) then I need to look at what happened.</u> you know, Are you eating, (T: ahh) sleeping is a big thing for me. you know, and so, then I can, I was charting there for a long time when I slept and how long I slept and stuff like that and I haven't had the need to do that because it's been fine. um, so um <u>Just to pay attention you know, um, to the signs.</u> If I feel anxious and there's nothing, If I feel anxious and there's a test the next day then there's a reason for it, (T: uhuh) you know (T: yeah) But a lot of times it would be like just a new day, there wasn't anything going on in that day, (T: uhuh) and I would be up anxious and thinking all these crazy thoughts and stuff like that. so, um, and then I would, you know check to make sure that um, that I'm performing properly. I've gone to school I've read my chapters, um, I've slept for 6 hours. and stuff like that so	3.1 (x8)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
39	15:4 2	T: So you're really keeping tabs on those positive indicators of change, you know, am I behaving, am I performing, am I sleeping, Are my emotions related appropriately to the circumstances (C: mhm) and challenges I'm facing, or are they coming from somewhere inside, am I going blank. and, On that	4.1 3.4.2 // 3.5 1.4 // 3.6.2	4.1. 3.5. 1.4.2. 3.6.2.

		last piece I wonder what you understand from your current position what the blankness meant.		
40	16:1 2	C: I think it was a combination of sleep and um stress. (T: uhuh) you know, um, Because I wasn't sleeping, I was only getting 3 or 4 hours, and when I was awake I wasn't in a good place. I didn't have acceptance with my mom's death MIRC. And it physically hurt sometimes. you know, I was getting pains, and I know it wasn't like heart attack related but it was something like that you know. A void, um, that wasn't filled. and um	3.1	3.1.
41	16:4 6	T: Where did you experience that void? Did it have a kind of physical place within you?	1.4 (x2) // 3.6.2 (x2)	1.4.2. 3.6.2. 1.4.2. 3.6.2.
42	16:5 0	C: um It was just like right around the heart. you know, and That's why I had to double check and went and saw the doctor because I was having this anxiety. and I thought that I even had to have my sister to take my blood pressure sometimes (T: sure) because I wanted to know, it was like my heart was going 120 mph (T: uhuh) and I wanted to see if that was a related symptom to my actual blood pressure. (T: mhn) but it wasn't. so, that was you know (T: you wanted to take that seriously) I was concerned about my health, (T: sure) I didn't know if I was actually going through an infarction or something like that or if it was just my mind playing tricks, (T: mhm) and that's what it was. you know, um, Sometimes I even would like, if ther was no clock in the room, I would hear a tick tock like seconds. or passing by, and um	3.1 (x5) 3.4.1	3.1. 3.1. 3.1. 3.1. or 2.2.? 3.1. 3.1.
43	17:4 5	T: Seconds without her?	3.4.1 // 3.6.1	1.4.2. 3.6.2.
	17:4 6	C: well, yeah, I don't know, but it was just like you know I would hear this tick tick tick tick, and it would pretty much relate to a second. and um you know but I think that when you have that sleep deprivation like that that that's uh, that's not good. And so it was hard for me to function and so even though I tried to read and put stuff into my head that blankness was coming from the um lack of sleep and anxiety that I was feeling, or grief so to speak. And then I would have some normal things like forgetting where I set down my keys, but were talking a whole 5 hour study gone you know.		
44	18:3 9	T: Almost like a part of you wasn't there. (C: right) just separated (C: right) in a way from your life. you know, as As you were talking about that kind of void feeling and also this need to sort of check on yourself to sort of just do a scan to see how you're doing, I wondered if we might do a kind of inward scan here at this time, um just to do almost a bodily check on how you are now feeling inside. and I wonder if you would be willing to kind of do that with me? (C: sure) The idea that I had was just to find a comfortable way to sit in the chair, kind of allowing the chair to support you, put your arms in a relaxed position, maybe with me to just kind close your eyes. Allow your attention to turn from me and this space that we've been sharing. Just more on the space inside you. Allow your attention to enter your body and almost in a way walk through your body looking for any tension, any sense any feeling, that seems significant or related to	3.4.1 Olga: 1.4 // 3.6.3 // 2.1	3.4.1. (paraphrasing) 3.3. 1.4.2. restriction 3.6.2. closed 1.2.

		the way in which you are holding or experiencing the grief you feel for your mom now. when you sense something, whether it's a variation of that void or something different, maybe you can just leave your eyes closed, but just give me a sense of where that is. and how it is		
45	20:4 3	C:It almost starts out of body though, it's here, [motions around her head] (T: aha) it's here. It's like over my head and over my shoulders right here. (T: I see) I feel like a beacon, like there's a beacon there, (T: a beacon) like a beacon of light, a warmth. (T: a warmth) And that um, that understanding will come over time.	3.1 (x4)	3.1. 3.1. 3.1. 3.1.
46	21:1 1	T: understanding will come over time? (C: mhm) So it is a kind of comforting and reassuring feeling?	3.4.2 // 3.6.2 2.3 // 3.5 // 3.6.2	1.4.2. restriction 3.6.2. closed 3.5. 3.6.2. closed
47	21:1 4	C: Yeah, yeah it's almost like it's embracing me. (T: embracing you?) yeah MIR 1	3.1 or 3.4.2 // 3.6	Well-being 1.4.2. restriction 3.6.2. closed
48	21:2 1	T: Embraced by light, around your head, your shoulders, and. yeah	3.2 // 3.4.1 and /or 3.5?	3.5.
49	21:2 8	C: I don't know, I always tend to think of heaven as upward, maybe that's why it does that (T: I see).	3.1	3.1.
50	21:3 5	T: so It feels like something, heavenly, kind of spiritual.	3.2 // 3.4.1	3.4.1.
51	21:3 8	C: Like a radiation. (T: a radiation) An element. (T: an element)	3.1 (x2)	3.1. 3.1.
52	21:4 7	T: now, it has a direction of movement for you?	1.4 3.6.1	1.4.2. restriction 3.6.2. closed
53	21:5 0	C: Yeah it's kind of encompassing, it's coming down, (T: coming down) It's it's right here right now [right above shoulders] (T: uhuh) Sometimes I guess it might (T: mhm) embrace the whole, but it's right here right now.	3.1 (x3)	3.1. 3.1. 3.1.
54	22:0 7	T: If you were to allow it to move forward, to continue it's pattern of motion whatever that might be, where would it go and how would it hold you or contact you?	3.4.1 1.4 // 3.6.2	3.4.1. 1.4.2. restriction 3.6.2. closed
55	22:2 4	C: I think it would just come around, (T: come around) just come around and it wouldn't be a seal, it would just stop at the floor (T: uhuh) just stop at the floor (T: uhuh) so that more, you know, so it could get bigger, (T: it could get bigger) more heat, (T: more warmth) more comfort, more understanding. (T: uhuh uhuh) and um	3.1 (x7)	3.1. 3.1. 3.1. 3.1. 3.2. 3.1.
56	22:4 6	T: now in this kind of image, how do you imagine yourself relating to this warmth, this beacon like radiation around you?	1.4 3.5 // 3.6.1	1.4.2. restriction 3.5. 3.6.2. closed
57	22:5 7	C: It brings me comfort, (T: mhm) it brings me courage.	3.1	3.1.
58	23:1 0	T: courage. yes. It almost resonates with some of the spiritual principles' that you were voicing for your mom last time.	3.5 3.4.1	3.4.1. or/+ 3.5.?
59	23:1 9	C: yeah, it's uh, I guess relief. It almost feels like an exhale you know (T: uhuh) even though its something that surrounds you, its like it can take out	3.1	

		whatever negativity and absorb it and turn it into something wonderful.		
60	23:3 7	T: mm. I Wonder if you could try just kind of allowing your lungs to fill, and to releasing. and just To allow that exhale to come. in Kind of slow rhythmic breaths. Maybe feeling some of that comfort coming with that just as you described. A little smile? What's the feeling?	3.6.3 1.2 3.5 1.4 // 3.6.2	1.2. 3.5. 1.4.2. restriction 3.6.2. closed
61	24:1 5	C: It's hard to explain. It's um (T: is there) it's almost like a wisdom uh (T: a wisdom), yeah like wisdom, like I said it's like an understanding that...like a wisdom that bringing me faith that um this process with continue, that it's ok that I miss my mom as long as I don't take it to extremes (T: yes) and injure myself (T: yes) mentally (T: yes, it's ok to miss) or physically with the sleep thing	3.1 (x5)	3.1. 3.1. 3.1. 3.1. 3.2.
62	25:0 9	T: yeah, As you speak of that kind of comforting wisdom, that it, it is ok for you to miss her, right, as long as it's not extreme, I was feeling these tingles kind of up my spine and down my back and even into my legs, that really felt uh like an affirmation in my body of some what you were describing around your body. A quality of something very special about that.	3.4.1 // 3.5 4.1 and/or 2.2	3.4.1. or/+ 3.5 3.5.
63	25:4 3	C: yeah, It's almost like a peace has been brought to me in that, thought I don't think the void will ever be completely... it's like there's, like that's the key that leaves opening the door to the void that I feel. (T: I see) you know, and As I bring it in, It's like that's the key. (T:the key to open that void) right MIR 2	3.1 3.4.1 // 3.2	3.1. 3.2.
64	26:0 5	T: If you were to, in this moment of peace, allow that void to just open a little bit just to kind of glance inside and feel inside and to note what is there, what would you see or feel in that space.	3.3 // 3.5 // 3.6.3 1.4 // 3.6.2	3.5. or/+ 3.4.1. 1.4.2. restriction 3.6.2. closed
65	26:2 9	C: The first thing is the physical, and that's the part That I don't think I can ever get used to not being around. (T: yeah) you know, Just her physical body, (T: mhm) her outline her structure. (T: mhm) um And then there would be her, her voice, (T: mhm) her voice would be something separate, her speaking voice her reading voice, (T: mhm) her singing voice. (T: mh) She always sang to all the grandchildren. (T: ahh) And I would hear her sing sometimes to even comfort herself. (T: ahh, to sing to comfort herself) you know, In a form of praise and worship to what she believed was God. (T: yes) and um, Then her, it would be her um her laughter (T: mhm) that would fill a big place. (T: mm) I loved the way she laughed.	3.1 (x12)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
66	27:3 5	T: All of these separate voices that are all one,	3.4.1 // 3.3	3.3. or 3.4.1.
67	27:4 3	C: That's the things that I think you miss, that's the things that I miss the most (T: uhuh) are the things that can never be...I've had thoughts about her and I received the kindness and the gestures that she's given me throughout life, but you know (T: mhm) those are things that you know, um, I'm sure there's some video around somewhere to where I could hear her voice. I'm not sure (T: hmm) Those are things you can never replaced, there'll never be another laughter, (T: mhmm) there'll never be another song, (T: mmm) There'll never	3.1 (x6)	3.1. 3.1. 3.1. 3.1. 3.1.

		be another reading. um, you know, And just her spirituality would have to be in there. (T: yes) She had a definite thought of who god was to her and she believed that she experienced that to the fullness of her. and uh		
68	28:3 8	T: Almost as you are now experiencing in a very bodily way as well as an emotional way, something that also has the same feeling of the sacred, as you say it has a kind of warmth or radiation, (C: mhm) almost coming from heaven, enveloping you, and holding you and extending if you invite it to embrace you more. (C: yeah) Is she a part of that embrace in your image?	3.4.1 3.5 // 3.3 1.4 // 3.6.2	3.4.1. or/+ 3.5. 3.3. 1.4.2. restriction 3.6.2. closed
69	29:1 2	C: I'm not sure if it's part of her spirit. (T: mhm) um Or if it's just the power that she believed and called god (T: yes) radiating to me. (T: uhuh) I'm not sure how that works. (T: yeah) But I know that I can feel, I don't know, I guess if tenderness and sweetness that (T: mhm) was so, so engrained in her, (T: uhuh) um within this, so certainly if it's not her spirit it's one of similarity (T: yes) in, uh, who she was.	3.1 (x7)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
70	29:5 1	T: yeah. So that tenderness, that sweetness is not lost. It might be lost as a physical voice, but in a moment like this it's not lost as a physical experience. right? You can feel it around you and in you (C: mhm) and you can speak to that and share it with me. And I feel like I'm basking in the almost indirect warmth of that as I speak with you,	3.5 3.4.1 // 3.6.1 4.3	3.5.
71	30:1 9	C: yeah, It's almost massaging, it's like a,(T: uhuh) I don't know, you know how your kids used to poke each other in the stomach kind of to get you to chuckle, or whatever (T: mhm) it's like I can almost feel needles and pins right now on my hands. (T: I see) its so weird	3.1 (x3)	3.1. 3.1. 3.1.
72	30:3 4	T: You know I'm feeling them too? You're really uh sharing them with me.	2.2 2.1	3.5.
	30:3 7	C: It's um (T:hmm) it's delightful it brings um	3.1	3.1.
73	30:4 4	T: It's the joy piece. (C: yeah) , MIR 2 Isn't it interesting that as we move into and towards that void, what we get is not only grief, but also joy in this very physical, almost childlike way, that's there right alongside the other, alongside the sadness.	3.2 // 3.4.1 3.5 4.5	3.4.1. 3.5. + 3.4.1 + 4.5.?
74	31:0 9	C: well Yeah, I have a lot to be grateful for. (T: mhm) A lot of people don't have good moms, (T: yeah) moms that embrace them and encourage them. (T: mm) and so, Sometime to me, that makes it more greater (T: uhuh) because I enjoyed her to where other people were like eh there's mom. you know, um, (T: ueah) She, she was a wonderful woman. MIR 1	3.1 (x5)	3.1. 3.1. 3.1. 3.1. 3.1.
75	31:3 9	T: Yeah I sense that strongly. I wonder if you feel ready to do so, maybe I invite you to take another deep breath or so. Kind of pause and release that slowly. just Repeating that again, and when you feel ready to kind of open your eyes and reenter this little alcove with me again maybe we can talk a little bit about this.	4.3 3.6.3 // 4.4	3.5. 1.2.
76	32:2 0	C: That was neat. Thank you [receives a tissue from T] (T: sure) It's like a little hug from heaven.	3.1	3.1.
77	32:3 3	T: A hug from heaven. Boy that's the tagline from this isn't it. a hug from heaven (C: yeah) yes yeah I	3.4.2 // 4.1 and/ or 3.3	3.3. 3.5.

		feel like I got a little pat on the shoulder myself right there so.		
78	32:5 1	C: Yeah my mom wouldn't have left anyone out. MIR 2		
79	32:5 6	T: She would even dole a little out a little bit to a stranger. (C: yeah, she's...) So what was that like for you to accept the invitation that I gave you to do this inward scan and just immediately right you just seemed to go right to that and you could feel it and you just described it so lucidly so clearly and could feel it so strongly.	3.4.1 1.4 // 4.5 3.6.2	3.4.1. 3.5. + 3.4.1 + 4.5? 1.4.2. restriction 3.6.2. closed
80	33:1 9	C: I liked, I do a lot of meditation on my own. (T: uhuh) SO that's what I did, is I went to the meditation format MIA, (T: yeah, yeah) usually I concentrate on some kind of light above, (T: uhuh) but to invite something different was weird. I'll have to go back to that void because it was like (T: mhm) I could almost see an endless void and there were like pages floating (T: pages floating in the void) yeah, that had words on them that (T: uhuh). I don't know if I'm describing it correctly, (T: yeah) there was like fogs, like fogs (T: uhuh) you know, which would appear like pages as they were coming towards you (T: yeah yeah) with like words that came to them, it was really neat.	3.1 (x9)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
81	34:0 4	T: And it was hard to make out what the words were but the...	3.2 // 3.4.1	3.4.1.
82	34:0 9	C: it would like come to you (T: uhuh) as they got closer. um, as I could, As I dove and looked into the void, (T: uhuh) you know, like I could see them MIR 2. I don't know if that would take time um (T: you know) or understanding or whatever	3.1 (x3)	3.1. 3.1. 3.1. ELICITATED BY THE THERAPIST
83	34:2 7	T: Well you know as you were describing the light you were saying that in addition, right, to the peace it brought, in addition to the warmth, in addition to this kind of embrace, this caring embrace, it would also bring understanding. and I wonder if this is almost like a wonderful symbol of those like foggy pages coming closer (C: yeah) with like words written on them suggesting some of that understanding. (C: yeah) And I would just uh invite you as you say, you apparently do have a meditative practice, if you were to first find yourself into that state of quiet receptivity, allowing the world and all of it's demands to fade, right, and just allow yourself to visualize once more that kind of fog and those pages and just see that if in that experience if more words would be written on them and what they might be, without any necessity to grab a hold of them too quickly but just to patiently allow for them to come, (C: mmm) and to see if there is something more for us to learn in this special state that you have invited.	3.4.1 // 3.5 4.5? // 3.3 3.6.3 // 4.5 1.4?? and/or 4.4	3.5. + 3.4.1 + 4.5. 3.3. 3.3.
	35:3 9	C: It's good to remember. It's good to remember her in a positive manner		
84	35:4 7	T: mhm. yeah, So these might be pages of memory, they might be pages of something to come. we don't know	3.2 // 4.1	4.1.
85	35:5 4	C: it was a good feeling, like I said, almost like I was being embraced. (T: uhuh) that it, it kind of tickled. MIR 2	3.1	3.1.

86	36:0 2	T: I was really struck by that, I was a little bit tickled myself. well If we were to think together here then about a useful way for you to extend what we have focused on here in this session, some way of bridging over to next week, what do you think we might do, what would be a useful thing?	3.5 1.6 and/or 1.4 3.6.1	3.5. 1.4.2. restriction 3.6.2. closed
87	36:2 7	C: I could write down some of the void, some of the things I'm missing from her (T: yeah) and see if I can go back there. and see um (T: yeah) That Might be good MIR 1.	3.1 (x2)	3.1. 3.1.
88	36:3 8	T: and That might take the form of a meditative search, (C: right) rand then some actual physical writing or typing?	3.4.1 // 3.6.2	3.4.1. 3.6.2.
	36:4 7	C: right I could see if I could do that, I'm not sure. um		
89	36:5 2	T: you know, I do have this sense that some things can be planned, and other things can only be invited. And sometimes we can just put ourself in a place where we can receive understandings when we can't actively go out and get them. So it's something that can't be guaranteed maybe.	1.2 or 1.5	2.2.
90	37:1 1	C: yeah. I thought I could try, Im' not sure, life a little crazy right now. (T: yeah) getting used to this new schedule, (T: yeah, there's really a lot) it's really beautiful too though.	3.1 (x2)	3.1. 3.1.
91	37:2 1	T: It is, what is the beauty in it for you?	1.4 // 3.6.2	1.4.2. restriction 3.6.2. closed
92	37:2 3	C: um, It's new, (T: mhm) it's exciting, there's uh possibilities MIR 2. I haven't really seen a lot of possibilities. and something that I have been striving for for along time (T: mhm) with this education thing.	3.1 (x2)	3.1. 3.1.
93	37:4 0	T: Which is itself, as you say a realization of a kind of, (C: ueah) um how did you describe that, triumph, (C: mhm) didn't you say for mom as well as for you. (C: right ,right) yeah	3.4.1. 3.6.3.	3.4.1. 3.6.3.
94	37:5 1	C: its That I can just as clear as day almost I can hear her saying that (T: uhuh), just continue with your education, because nobody can take it away from you (T: right). you know, Once you learn something (T: you'll always have that piece of paper) it's yours to keep MIR 1 yeah, so	3.1 (x3)	3.1. 3.1. 3.2.
95	38:0 4	T: Maybe one of those pieces of paper is a degree coming at you [both laugh] right (C: maybe) all the rights and privileges there unto or pertaining, that's what all that strange language might be. Well D, so what was this like for you, just as we come to our last minute or two.	3.3 3.4.1 1.4 // 3.6.1	3.3. 1.4.2. restriction 3.6.2. closed
96	38:2 7	C: It was really wonderful. I almost felt like I said I was in an embrace. (T: uhuh) And you had asked me if my mom was present and I didn't really feel that (T: mhm) until I felt the tickling. (T: ahh) And when I felt the tickling I felt like that was my mom's embrace. (T: ooohh) Kind of a you know, an electrical static thing. just (T: yeah yeah yeah) Or reaching out for that humanistic feeling, (T: uhuh) but it was an energy thing. (T: yes, yeah) Because she's spirit now so	3.1(x7)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
97	38:5 6	T: so maybe the way she will touch you is in this spirit way, but a very bodily way too, right, it's not just an abstract idea, it's a physical feeling.	4.5	4.5.

	39:0 5	C: right. You know it's very cold, I felt warm for a second, so that was neat [both laugh] MIR 2		
98	39:1 1 39:2 0	T: well, It's been a perfect delight, thank you for bringing this and sharing it with me today. (C: thank you) I look forward to our conversation next week. (C: ok)	2.1	2.1.

SESSION 5

UA	Time	Therapist and Client Dialogue (AUs)	PICS – Adriana
1	:09	T: D, welcome back again, it's good to see your smiling face yet one more week here. and I know that you had mentioned that you had been, just before talking here formally, you had mentioned that you had been a little under the weather (C: yeah) and so found yourself not as able to follow through on things as we had talked about In terms of uh that meditative state that you had wanted to invite again. um	2.1 1.4 2.3
2	:35	C: That's correct, I just was I slept mostly (T: yes) from Sunday to this morning.	3.1
2	:43	T: yes, That's the body's way of telling us that we need some healing time isn't and (C:yeah). You had an earache and so on. (C: yeah) But you're feeling better now. (C: yes, I am) yeah. I'm wondering, just at the more informal level, uh in the time that followed the session, between the session and the time you started to come down with something, did you have any further thoughts or feelings or experiences tied into that very powerful kind of visualization and bodily sense that you had described during the session?	1.2 4.3 3.6.3 1.4 // 3.6.1
3	1:15	C: Just thinking that there's a few attributes that weren't there that I didn't see that I was wondering if they would've came if I was able to, (T: uhuh) that she was a big prayer warrior, (T: ahhh) and you know, she always, um thought of other people, and just you know, her bible reading. (T: mhm) um, That's all I can think of right now, but just there were a few things that (T: mhm) if you had asked me like, you know, what was your mom's principles (T: mhm) or values or when you think about your mom, she is (T: uhuh) you know. I think things that would have popped straight (T: oh yeah yeah yeah yeah) into my mind that didn't come, so I just think that's. you know, I guess I wasn't seeing the obvious, (T: uhuh) the obvious didn't come. the, uh, Maybe some of the things I would've thought later on (T: yes) came through.	3.1 (x9)
4	2:07	T: Because some of what came through were the non obvious things that surprised almost you and me a little huh?	3.4.1 // 3.6.1
5	2:13	C: Well, yeah, except for like the physical. (T: uhuh) that's you know I remember very clearly, I'll never forget, um, that when we were going, just before we were going to bury her, I said goodbye to her physical body MIA , nobody else (T: mmmm) moved out of the pews. We had a little ceremony at the church (T: mhm) were she attended regularly. and um I went up there and kissed her physical body goodbye.MIA	3.1 (x3)
6	2:38	T: With a bit of a hug and a kiss?	2.3 // 2.2 // 3.6.1
7	2:40	C: Right, because I knew that I needed to do that MIR 1. I don't know how I knew I needed to do that, (T: mhm) but everyone else just kind of stood there. And I was like don't you want to go say goodbye, this is the last time you'll get to see her physical body. (T: uhuh) you know, Some other things would come through photos and stuff like that. (T: mhm) but um	3.1 (x3)
8	2:56	T: <u>But that was an important piece of it for you and</u>	3.2 // 4.3
	2:58	C: Yeah, you know That's I I always hugged and kissed her on the forehead, (T: uhuh) you know, that was our thing. and uh	3.1
9	3:07	T: and so that felt very compatible with that relationship that you had. All of those almost countless probably kisses on the forehead, (C: yeah) to give one more	3.2 // 3.4.1
10	3:16	C: I knew it would be the last time you know that I would be able to do that. MIR 1 (T: mhm) I'm just in a little funk today. Tomorrow is	3.1 (x5)

		my sister's birthday. and (T: mhm) Her and my uh mother had the same birthday. If fact my father's birthday coming up too. (T: I see) is the 24 th , we've got like 3 september birthdays right there. and (T: uhuh) I don't know if it was because I wasn't feeling well and I was under the weather or too much sleep, sometimes that (T: mhm, mhm) makes um your moods or whatever.	
11	3:45	T: But you feel a kind of mood now that registers a bit more sadness, I see a little moisture in your eyes.	4.3
12	3:51	C: um, yeah, Yeah, a little bit. I've had some you know um just some moments of missing her and I don't know if it's because of her upcoming birthday or you know um if because I a lot of times when I don't feel good I get emotional, (T: mhm) you know you get that baby syndrome [laughs]	3.1
13	4:15	T: mhm mhm yeah There's sometimes when we all need that. (C: yeah, and just you know) Now at those times when you are feeling a little more emotional and missing her a little more, do you find some constructive ways of getting what you need?	1.5 1.4 // 3.6.1
14	4:33	C: Sometimes I call my sister that I don't live with..MIA (T: mhm) um	3.1
15	4:38	T: And her name is?	1.4 // 3.6.2
	4:38	C: Cheryl, (T: cheryl) we always um It was my older sister and then her. and uh Even thought they are still 6 years between us in a gap of age, uh she always had a little more empathy for me, a little more sympathy for me. (T: mhm) But my sister was, you know, she wasn't a control freak or anything like that, but she had to I think (T: mhm) keep things. I mean there were 6 of us (T: mhm) and she had to keep things under control (T: mhm) uh for her own piece of mind and so she was doing what she was supposed to do and what my parent told her to do. I didn't really find time to do that this time. (T: mhm) and uh Then like every other year we got together in my moms um birthday and we went out for dinner anyway, (T: ohhh yeah) and we haven't done any of the birthdays this year, (T: ohhh) my brother's and mine. (T: ahh) I was talking to my sister cause Thursday I have class (T: mhm) in the morning and at night. Maybe I could pull off a lunch. (T: uhuh) you know I said what if we could do Friday dinner? And she was like no I don't want to do it this year. so (T: mm) I don't like that, when things, you know when I like to, I wanted to have like a tradition or (T: mhm) just something that we do. you know. I know for myself I'll find myself a flower and at least go to her gravesite. (T:ahh) And that's what I usually do, I'll take it one time and then I'll go the next time I'll pick it up. and At lot of times, we are in an unincorporated area, so I'll have a small fire and I like to burn it. cause (T: yeah) and It's got to be something that I've grown.	3.1 (x15)
16	6:18	T: SO a flower that you've grown, something that (C: right) really expresses your nurturance of a seed (C: right) and it's a seed of devotion to your mom as well. (C: mh) Then you'll take that flower to the graveside (C: yeah) and tell me what will happen then at the graveside, what do you imagine as part of this bit of a ritual or tradition?	3.4.1 // 4.5 1.4 // 3.6.1
17	6:38	C: Well usually I just go say hello to her. And her parents are buried at the same place. (T: mhm) and I just usually you know go tell her you know how I'm doing, (T: mhm) tell her I miss her and then I go over to her parents and thank then every time you know (T: mmm) for their installing the principles of who she was (T: yes) and who she became and um just taking uh good care of her MIR 1. They died very early in life, before she was (T: mm) 17 for sure I know. (T: mm m) so um I can only imagine how she must have felt. (T: uhuh) But she had a bunch of kids and stuff. (T: uhuh) That was really the end of their legacy, because she had	3.1 (x11)

		no brothers or sisters. (T: I see) And um I only knew of anyway like, really cousins (T: mhm) that she called uncles and aunts. (T: mhm) And the one had passed away before she did, so there is more of her um family that any of us know of and um	
18	7:46	T: mm, so in a way she was the final legacy of that branch of the family tree, (C: yeah) like the last flower on the limb or something right	3.4.1 // 3.6.3
19	7:55	C: That we know of, her parents, like I said, they died before she was 17. (T: mhm) um I couldn't believe it, she told me that she had lied and gotten her drivers' license at 15 because her dad was so sick. (T: ohh) So she had to go back and I couldn't believe it that my mom, she wasn't the type to do anything, you know (T: to lie) to lie (T: that wouldn't be, yes) or even take a grape. you know what I'm saying? (T: mhm) Like at the grocery store, you want to try the grapes, she would buy maybe a few, (T: mhm) try them and go back and get them before she would try anything, (T: really a woman of principle) even just wrong or lying or whatever . she just really	3.1 (x7)
20	8:34	T: but This was almost for the higher good for the family that must have had extraordinary need. (C: right) and I suppose that's where she learned her kind of heart of compassion was in this family crucible.	3.4.1 1.4 // 3.6.3
21	8:45	C: Yeah she told me some stories, and stuff like they had a thunderstorm one time, because her dad would let her drive anyway, (T: mhm) you know was back when all the roads around here were dirt. (T: mhm) you know, um so um I don't think that they had cops at every, I mean I go out today and see 4 or 5, on my 20 minutes drive here I see 4 or 5 police officers and their cars, especially coming passed the tracks over here. (T: mhm) so, It was in a very different time. and uh, you know, I don't know if they would have had as many people checking for like lack of license and stuff like that. She would still try to do it right, even though she lied about it, (T: mhm) she still took proper testing and so forth. (T: mhm, mhm) and so It's just kind of comical to think about her telling that story.	3.1 (x5)
22	9:33	T: it is interesting. And you are kind of the repository of these stories now, you're the kind of, almost like the living library of these stories of her life.	2.4 3.4.1
23	9:44	C: Yeah. I remind my daughter and we have laughs about it and stuff like that. (T: mhm) WE haven't had an opportunity to sit down and talk with this new schedule that I have I don't get to see her as much. (T: mm) She used to stop by the house after work around 2 o'clock and we would have a little time to chat. and I haven't had to take her to work in about a week and a half (T: mhm) , because her boyfriend has been off for some kind of vacation thing. So he just takes her, I stopped making me getting up an hour and a half earlier. (T: mhm) and stuff like that but	3.1 (x4)
24	10:1 7	T: Now you mentioned that your sister then, was not so available or maybe not so wanting to do this bit of a tradition of having a birthday dinner or something tomorrow.	3.7 // 1.4
25	10:2 9	C: right, that was for her birthday, right. yeah. Well her birthday is on Thursday, (T: mhm) I told her I said well make sure the guys take you out then. (T: mhm) you know, I just went to the Walt's, she loves these cinnamon buns things, (T: mhm) so I bought those that I brought for breakfast. I won't be there but at least she'll have breakfast	3.1 (x3)
26	10:4 6	T: That's a very kind act. yeah	2.4
27	10:4 7	C: So, I was just I didn't know what else to do (T: mhm) so	3.1
28	10:5 1	T: but I wondered now, you also mentioned with your daughter, you haven't had very much contact with her recently, might it be possible,	3.6.3 1.4

		given the the forthcoming birthday of your mom which does bring a kind of a bit of funk or sadness to you and a wish to sort of recognize it in some traditional way, could a connection with you daughter, right, maybe over a special meal or something (C: yeah) provide a little bit of that for you and for her?	4.3 3.6.1
29	11:1 9	C: Maybe, I can do that, I'm not sure, my schedule is really crazy right now. (T: mhm) cause I go to school in the morning and at night on Tuesdays and Thursdays. (T: mhm) And then Monday Wednesday and Friday I go to school in the morning and I work from 12 to 4. (T: yeah so a very full schedule) And she starts work at 5 o'clock (T: mhm) so she's in bed by 7 [laughs] She says she don't know how I does it.	3.1 (x4)
30	11:4 4	T: That 's a narrow window of opportunity, it shrinks down pretty quickly.	3.4.1
31	11:4 6	C: Right, so maybe one of these weekends when she's off, or something. (T: oh, that's an idea, could be) She just got her, she's been dating this uh young man for (T: mhm) 8 years now, so they celebrated that. At least that I remembered (T: mhm) to get them a little card and wished them happy anniversary, it's funny because neither of them remembered. (T: ahaaw) you know	3.1 (x4)
32	12:0 8	T: you really do, even without trying or overtrying in that way that you once were, that kind of maybe you just described it almost a compulsive need to take care of people, (C: yeah) you still have this natural kind of caring and these gestures of remembrance just come so naturally to you	4.3 // 4.1
33	12:2 7	C: yeah, I don't, That stuck in my mind. (T: yeah) She, she, my daughter never drove, so I'd always have to take her for (T: mhm) the card and stuff like that for at least 4 or 5 years (T: mhm) of their anniversary. It was just weird for them too, his sister had to come in from florida and uh so. Anytime you have uh guests from out of town, it makes it a little more you know work that you have to do and to a little extra shopping, (T: mhm) and then you want to take extra care to make sure everything is cleaner and stuff like that. (T: mhm) so its just been kind of weird. I'll be happy and then sad to say cause it will be another year has come, but I'll be happy after December after I can be just working one job and um (T: have the degree finished) be finished with my degree hopefully, I don't know, these classes, really, whew.	3.1 (x6)
34	13:1 9	T: Feels like a struggle now?	4.3 // 3.6.1
35	13:1 9	C:I feel like I been, I need to start saying no to some of my personal friends that when I do things that's all (T: yeah) . I can't do the candle at both ends of the stick (T: mhm) anymore MIP 1. (T: mhm) um that's what My daughter commented, she said, I don't know how you do it, with 4 and a half hours of sleep and you're go go go. (T: mhm) you know, and That's probably part of the reason that I wasn't feeling good. is cause (T: yeah) Your body needs time to adjust and with new studying and stuff like that. And then to be off for 3 weeks with not a lot going on. My summer school ended just before the winter term started. so (T: mhm) But I'll get through this too MIR 1. I did have a dream about my mom. I think it was on Friday night after I had left here. She didn't say anything though. She just stood there.	3.1 (x6)
36	14:1 4	T: Tell me about the dream, what you remember about it?	1.4 // 3.6.1
	14:1 6	C: um Alls I remember is that she was there. She was standing there (T: mhm) and she was expressionless. It really wasn't like she was happy sad mad or glad. and of those things. She was just standing there. (T: mhm) you know. and uh. She was holding something But I don't know what it was. (T: huh) It was just like a flash, like she was	3.1 (x8)

		just there and she wasn't there. (T: just shoo and then) and uh I found that quite, because I haven't had that in for so long. I use to, I have friends that deal with dreams and stuff like that (T: mhm) that are wiccans, that's quote unquote their religion (T: mhm) and I've talked to them several times about how do I bring her into my dreams (T: mhm) because I wanted to, to see her or to um ask her a final question or something like that. (T: mhm) They tell me before I go to sleep to try to think about her or whatever and.	
37	15:0 4	T: Had you been doing that?	1.4 // 3.6.1
	15:0 5	C: um I did for a little while after she passed away, then I had decided that, My mom didn't believe in that, (T: uhuh) she didn't believe in uh premonitions and stuff like that. So I didn't think it would be a true spirit of her. (T: oh I see) you know what I'm saying (T: that's right) you know To ask for her spirit to do something that really, as far as I can remember and can trust, (T: mhm) that she didn't really believe in or wouldn't have wanted or stuff like that. So I figured that if it was of her and of her respect that she would come when she was ready. Because I'm a very, I dream in color, I'm a very vivid dreamer (T: mhm mhm) um when I do dream and uh But she was just standing there. And I don't know what she was holding. She was holding something like a light or a candle or something like that (T: a light or a candle) yeah something	3.1 (x5) 3.4.2
38	15:5 4	T: Something that seemed to be giving off light.	3.4.1 // 3.2
39	15:5 6	C: right, but something, I couldn't really see it, it could have been a very big bright light or orb that she was holding. (T: uhuh) so (T: yeah) And it wasn't like she was when she passed away, it's like before I would have known her. (T: mhm) you know, oh I don't know (T: yeah) It looked like somewhere like in the early 60's, her look in the early 60's	3.1 (x4)
40	16:1 7	T:SO a younger, healthier mom. (C: right, right) That's very interesting. So, almost an image of her at a time when she was maybe free of this pain and more in the prime of life and holding some kind of a vaguely defined light or source of light. (C: yeah) Now you say she was there, what was the setting, was there a kind of physical?	3.4.1 2.4 3.4.1 // 3.3 1.4 // 3.6.1
41	16:4 5	C: It was all dark. (T: it was all dark) It was weird because she was not glowing, (T: uhuh) but all I could see was her .it wasn't like there was anything in the background. (T: yes) it just was like, And the way that she came like from a distance and then she came to where I could see her, it was almost like, like a dark tunnel (T: uhuh) that she was walking out of. But there was no source of light other than what she was holding. (T: yes) And there wasn't like there was any shadow or anything like that (T: yeah) the more I think back on it. it was just It's almost like a picture, like an old fashioned picture. (T: old fashioned) but It just came forward (T: yes) and just came to a point and then she was gone. (T: yeah) and then As far as I remember, I woke up I don't know if there's anything (T: mhm) between that.	3.4.2 (x2) 3.1 (x8)
42	17:3 0	T: but It's like she was bringing the light with her and coming closer to you, in some way. And at a time when you weren't doing anything special in wiccan terms to invite her, but just allowing her to come on her own terms	3.4.1 // 3.2 4.5
	17:4 5	C: Yeah, I don't know, it was weird. Because like I said there was no dream around it, you know (T: mhm) usually you dream something, or at least I do, when I dream something crazy and then there's something normal. (T: mhm) you know (T: yeah) but It was just like that is all I remember	3.1 (x3)
43	17:5 9	T: this was it's own piece. It wasn't (C: yeah it was just) somehow turning into something.	3.2 // 3.4.1

44	18:0 2	C: Maybe it was god letting me know that she's ok and that (T: mhm) I will be ok too. MIR 1 and then I've always heard things too like that, when you go into your spirit that any form that you come of is usually in your, 30's (T: uhuh) and that's when, that's about the age she would have been (T: so if felt like that to you) that when I see. (T: hmm) you know and Most of the pictures that we have of her too (T: hmm) are so. It was weird.	3.1 (x5)
45	18:2 8	T: Was there an emotion that, that came with this image, (C:I don't know) either in the moment or later as you reflect on it?	1.4 4.4 // 3.6.1
46	18:3 4	C: well As I reflect on it, I was just thinking that it might be her way of you know telling me she is was ok now. (T: uhuh) you know, She had a lot of pain MIR 1. and (T: yeah) She hated being in the hospital. and they were doing dialysis every other day. (T: oh yea) and just Anything to do with the kidneys and stuff like that (T: mm), or if you ever give blood, it's not a, it's not really painful but it's certainly not a pleasant experience. (T: right) and uh, She wasn't really eating or anything like that. And she enjoyed food so (T: mhm). If you don't have your, the thing that you enjoyed the most. I mean Maybe you could get her to eat some sherbert or something like that at the end, but there just was no eating of food. and uh, you know	3.1 (x6)
47	19:1 9	T: now I remember you you were mentioning that you were talking to your wiccan friends about this idea of the dreamwork, that it was with this idea of asking her this one last question.	1.4 // 3.6.3
48	19:3 1	C: Yeah, I don't remember, um I don't know if it was her favorite color or something very trivial, (T: mhm) I know that. Maybe my sister knows, but I never remember asking her (T: what that) what her favorite color was or if she I think that she might have said she loved all the colors and she couldn't pick a favorite, since all the colors is black that's what she was going to pick. and I was going to (T: huh) have this conversation with my sister and I never did. It was very trivial, like that, I don't remember if that's what it was or not, but it was something that (T: mhm) I'm not really sure of now. (T: that's interesting) but it was something just	3.1 (x4) 2.4
49	20:0 9	T: Small, but a kind of an intimate particular	3.2 // 3.4.1
	20:1 1	C: A lot of times when you get into a conversation with somebody of a different faith or has a uniqueness and they start talking about it, you know (T: mhm) I think that's what brought it to par. And then I've got a friend that lost her mother of uh cancer. And she's only like 30 now, so she must have lost her at like 25 or something like that. (T: mhm) Somebody had offered her for a birthday gift, to burn her mother's spirit into her, so that she would be able to talk to her or whatever. And she was asking me about it and I said one, you need to know who you are asking to do these things, cause there are or of what I know about this, fake spirits, spirits that would dress up and act or be somebody else so it might not actually be your mother, and then the other thing is that, when would it stop? Because if you get that once, (T: mm) are you going to want it over and over again. (T: mhm) And does that disturbatation of time or spirit or soul. I don't know, I said ultimately it's your decision. but I know for me I know that if were to get it once, (T: mhm) then I would have to keep on having it happen. because that's just a um	3.1 (x5)
50	21:2 1	T: So let me ask you this then, like in our last session, when we went into this kind of meditative space, and you had a sense of almost uh this radiation bringing a kind of peace with it, and enveloping you and holding you and embracing you, and you almost felt a tickling with mom, and, and then subsequently you've had this little brief visualization of her kind of coming toward you. Does it feel like	4.4 1.4 // 3.6.1

		something that you need or want um more of in some way? Or does it feel like this is satisfying something, a need that was there? or	
	21:5 6	C:um Yeah, I don't, I feel a little closure with that MIR 2. I don't know if there's a little, anymore depth to it. Especially since I couldn't get there again, (T: uhuh) even though I was sick I did try. and (T: mhm) um So I don't know. But that's a lot different than the other things I was talking about. (T: yes) That's supernatural this was meditative. (T:yes) and uh you know and then You're bringing your own sense of higher power and spirit to it, (T: I see) rather than having somebody else be the domain carrier, so to speak of, (T: gotcha) and bring a spirit from the other side (T: gotcha) is what this girl was talking to me about.	3.1 (x7)
51	22:3 5	T: Yes, I kind of spiritualist..	3.4.1 // 3.2
	22:3 6	C: Yes, I don't open those doors. that, you know, that's uh something	
52	22:4 2	T: yeah, the doors you are opening are more personal doors (C: right and more of a) and in your heart and mind and.	3.3 // 3.4.1
	22:4 7	C: A reflective things that have been (T: I see). Not things that are yet to come. (T: gotcha) If you bring somebody from the other side that could be things that could be yet to come. And you don't know what doors you are opening. and Like I said you have to have a true faith, and um, these people that I talk to that are wiccan, I've known them for 10 plus years. you know, I've gone to their weddings and (T: mhm) stuff like that. It's quite beautiful, they invite the wind (T: mhm) and the north and south and west and east and all these different formats. Ones fire and stuff like that (T: mhm). It's a very creative ceremony. (T: mhm) It's not sanctioned by the state of Illinois or anything like that. [laughs]	3.1 (x6)
53	23:3 4	T: But it has a somewhat older tradition than the state of Illinois so maybe that uh	2.3
54	23:3 6	C: Well I don' t know. (T: that's ok) um, That's what they chose to do. (T: mhm) I had some friends that, she's very sick and can't get married by the state of IL she would lose her personal benefits.(T: mm) And she's very sick, and when you're very sick you can't afford to lose (T: yes) any of that stuff so.	1.5 3.1 (x3)
55	23:5 6	T: So it's a way of affirming a relationship without entailing the negative pieces of the legal recognition.	3.4.1 o 2.3 // 3.6.3
	24:0 0	C: Right, if you could do that just within you own church. (T: mhm) I don't know if the catholics would let you do it, but most of your like Baptists (T: mhm) or pentocostals (T: mhm) and stuff like that I think that they would let you do it. it wouldn't be state certified. But certainly within your own religious respects, (T: mhm) which is usually more important to most people (T: mhm) than the state of IL because then you have to deal with the taxes and crap like that.	3.1 (x5)
56	24:2 3	T: you know D., As we talk about these spiritualities, your mom's spirituality and these alternative ones, um whether some might be a little suspect, others are very much trusted and creative, it leave me wondering uh about the role of your own spirituality in accommodating this loss and how, perhaps, it in turn is in some way shaped or affected by the way in which you have experienced your mom's death.	1.4 4.1 // 3.6.3 4.5
57	24:5 6	C: mmm I have a very negative, negative thing against general doctrines. um I personally read the bible and concern myself a quote unquote Christian uh because I believe that there's something more (T: mhm) I believe jesus. um, But I don't have a religion that I follow. (T: mhm) um it's I don't know if I'll ever adopt it again. I've had some very very uh hypocritical and negativeness (T: mm) happen to me at churches. and um, Some of it I deserve, much of it I did not deserve. and um (T: mhm) I know that people were like god-centered, were	3.1 (x16)

		not godly and uh that there's forgiveness. but I just, I don't know, I just seen a lot of personal face-up, (T: mm) you know, as far as um I did a lot of searching, like from 5 th to high school, I would always write any paper I write about religion and stuff like that. (T: hm) Now I just read for myself. you know, Prayer if definitely a part of my life. uh I pray every morning when I wake up (T: hmm) and every night when I go to sleep and then at the minimum when I have my meals, I always thank god. cause I know there's something greater, but I don't think that any (T: mhm) religion here has it right. (T: ueah) you know, I just think that <u>we just get a small window of what there is</u> . Perhaps if you took all of the religions and took any of the overlapping things (T: ahh) those might all be right. (T: mhm) but the stuff that don't overlap, I don't know how that could be. and I don't know if that is that big of a deal to god. I just think that He just wants us to be good to one another and to believe that there is something bigger better and greater creator (T: mhm) of us (T: mhm) you know. that Yes there is an evolution effect, (T: mhm) but ultimately the creation started somewhere. (T: mhm) you know I wasn't formed by dust by itself, (T: uhuh) there had to be something ultimately.	
58	27:0 9	T: So there is some point of origin and there is some force in the universe that has, that is maybe only partially represented by all of these small windows of human belief systems (C: right), and it's not so critical in your view which of those we're looking through, but to recognize that it is a limited frame, right (C: right) looking through at a given moment.	3.4.1 3.3
59	27:3 0	C: Well there's always going to be a percentage of dogma, man's thoughts, man's interpretation. because you figure that something that has created you is giving you something divine put down on paper. And then those translations were taken from different origins, different (T: mhm) lifestyles, different times. And developed into new words. It's every time its translated including the original time, (T: yes) it's translated. (T: uhuh) you know, to where um	3.1 (x3)
60	28:0 8	T: The map is not the territory, right, (C: right) it's the words are not the same as the experience of the divine in some way (C: right) or whatever one might call this.	3.4.1 // 3.2
61	28:1 5	C: Right and then the time zone and stuff like that (T: mhm) I mean when you have all this time that passed and lapsed. A word could have, look at some of our words, it' just the meanings (T: mhm) have changed over time. (T: mhm) and So I'm sure words have changed over time, and when then if you're something that's as divine and clearly significant in spirit form, trying to break it down to a mere (T: ah) human or substance, (T: ahh) um, I'm sure it loses some of its uh translations like I said from the first (T: mhm) and um you know I just think it's important for us to know that, um or at least for me, is that like, the only religion I don't think that has any catch on anything are the agnostics. [laughs] (T: mhm) cause you know, And I'm sorry if any of you out there listening to this are, but that's how I feel. and I know you have a right to feel your own way. (T: but, bu-) But I know that there is something.	3.1 (x8)
62	29:1 6	T: belief of some kind is important for you. (C: yes) And yet you are not very doctrinaire or very dogmatic about any particular belief (C: no) because it feels that there's a basic humility in it for you, a recognition that as a human being I'm not going to get it all right, and that's all right.	4.3 3.4.1 1.5
63	29:3 3	C: Well yeah. (T: yeah) I think that everybody should have a little door, a little opening (T: mhm) to know that they could be wrong. (T: uhuh) you know, cause This is just (T: yes) this is just too big of a thing for any human being (T: mm) to grasp and put their mind around. (T: mhm) you know and uh (T: yeah) Even when you just look at evolution, you know and how we start um changing or the way	3.1 (x8)

		we walk, the way our faces are, you know uh (T: mhm) that from different places that we live as far as temperature and stuff like that, eye color, and it talks in the bible, this is the one thing that's always gotten me into thinking that the bible as far as king james version is wrong, because it talks of Adam and Eve. We have 4 different blood types, and that would be an impossibility if there was only one man, as far as human development	
64	30:3 2	T: mhm So in some way you try to personally reconcile your faith or belief and your scientific understandings (C: right) and try to work at some sort of coalition of those things.	4.5 or 3.4.1
65	30:4 0	C: Right, and I haven't found one to me that I can (T: there's no one that answers all those) make work, (T: yeah) and that's usually the thing that comes up is that you know, and I often wanted to ask a scholar someday. (T: uhuh) And I may still, who knows, is that how can they you know explain the division of just bloodtypes. (T: mhm) you know I'm sure there's a whole span of questions that I could think of from there. (T: mhm) but when you think about you know A, B, O, AB, there's just no way (T: but) when you start off with one person.	3.2 3.1 (x5)
66	31:1 4	T: It seems like those kinds of questions help reinforce your position of humility, a recognition that no human faith has all of the answers, right, we're all just offering various windows. (C: mhm) Let me ask you though beyond doctrine, when you have this experience, and experience that apparently you have several times a day, you say every morning you get up and you pray and there are prayers during the day. If we were able to listen in to those real prayers from the heart at the start of the day, what might they sound like?	4.5 3.6.1 1.4 // 3.6.1
67	31:5 1	C: mm. Well I usually ask god to um to guide me. And that I'm doing his will. And um to have empathy for others. (T: mm) And to just show me how to live. (T: mhm) you know and um If there's anything that I didn't do yesterday to make an appearance so I do it today, (T: ahh) so that I continue to be where I'm supposed to be.	3.1 (x3)
68	32:1 9	T: yeah, A kind of movement toward who you want to be and toward a kind of wholeness and empathy, and to show me how to live.	3.2 // 3.4.1 3.4.2 o 4.5
69	32:2 6	C: yeah, well I really believe that god has a design planned for each of us. (T: uhuh) And that we may waiver in our daily (T: mhm) things that were supposed to do, so that's MIR 1 why I just always ask if there's something I didn't do for you yesterday. (T: mhm) And then you're supposed to be there for certain people along the way. (T: mhm) you know Not everybody necessarily, Like I've used to walk 3 miles 3 times a week. and I was coming out of the thing, I was driving home because I went to the walk around park, and there was this guy standing there, and this is something I never do I never pick up a stranger and drive them someplace, but he was like a normal I don't know 20yr old something like that. and I could see in his face that his was like in a bad place. (T: mhm) And he was like can you give me a ride and I was like I think there's a bus stop. I ended up taking him almost all the way home, I didn't want to drop him off at his house, I felt weird about that. I took him to the corner of his two streets, you know (T: mhm) it was up by midway it was like 63 rd st or something like that in Cicero out that way. I could never drive there again. but you know, I just, like I said, it would be something that I never do, especially since he was male. he was you know (T: mhm) but he, I could just, I felt that that was something I was supposed to do, (T: yes) although it was something that I normally wouldn't do, because I'm cautious. (T: uhuh) Especially about putting somebody in my car. (T: uhuh) and uh, I put him in the back right hand side, (T: mhm) you know which isn't the smartest thing to do, you know with someone behind you, but my mirrors were	3.1 (x16)

		right so I could see him the whole way there you know. And he had been getting out and high. He had told me this horror story about his girlfriend and how she was a bitch and la la la. And at the end of the ride I had asked him are we talking about your girlfriend or are we talking about you. And he said you're right, we were talking about me. (T: mm) And that he had been involved in some sort of drug deal or something, I don't know the whole deal was (T: mhm) .but Anyway he was going to be late for work and for some reason god wanted him to have another break, because like I said that would be never something. (T: mhm) I live in an unincorporated park, we're real close to the park mental institution, la la la, (T: mhm) you don't pick up (T: right) people	
70	34:3 5	T: but somehow this you really had the sense that it was the appropriate thing to do (C: yeah), and you took a bit of risk in doing it. And what was the outcome of it for you and for him?	3.4.1 1.4 // 3.6.1
71	34:4 2	C: Well it was really good, because I was writing, I don't remember if it was Hemmingway or something, I was doing an English paper (T: mhm) and my whole thought during the walk was what I was going to write about. And as he was, he writes very negatively, (T: mhm) and how he was talking about and degrading this woman and using these words of uh judgment and torture and criticism about what he was at that time saying to this young lady, it was giving me words, I was writing down just the words (T: uhuh), undesirable, unfaithful, untrustworthy. (T: mhm) And it helped me to implement them into the paper that I needed. (T: ahhh) So I don't know if it was two-fold, you know (T: yeah yeah) if I was supposed to um pick up these words that I was able to get a good grade, and at that time my teacher was just giving me check marks (T: mhm) on the homework assignment it wasn't...	3.1 (x7)
72	35:3 8	T: But I'm really hearing that for you, you keep an ear open to, what can I learn here? What can I use here? How can I somehow harvest this and use it in an important context. Whether it's my schooling or my life generally, that you're always asking that question in some way of?	4.1 3.4.2 4.5 // 3.6.1
73	35:5 6	C: Yeah it was very curious, because he wanted me to pay him back for driving, like I said I almost drove him all the way home. (T: mhm) I told him you're very lucky. I was unemployed at the time, I didn't know how I was going to pay for my schooling. (T: mhm) Anything, but here I was taking you know almost 2 gallon of gas to get there and back, but, and he wanted to know how to repay too, so I think it might have been something for him (T: mhm) to see that he could do something, because he had these words of eloquence to me, (T: mhm) even though he was describing something very yucky, he was using really good vocabulary, I said you're not stupid, I want you to take an hour (T: mhm) out of your day and look up alcoholic, and look up drug addict (T: mhm) and see what you can find. and I said If that happens before the hour you have a good definition of what those things are. (T: mhm) Then look at your um local college, (T: mhm) because to me he could communicate. And he was complaining about his job and stuff like that.	3.1 (x8)
74	36:5 6	T: Really trying to help him sort out his future as well as his past.	3.2 // 3.4.1
75	37:0 0	It was really, it was really weird. um, To have a conversation with somebody you don't know. (T: yes, well) And he was strung out so who knows if he even remembers anything.	3.1
76	37:1 0	T: yes, yes, But it was an act of generosity on your part and one that felt coherent with what you were being instructed to do in some way, but it was	2.4
77	37:1 7	C: yeah I felt a little strange doing it, (T: yeah) but it just for us to be at that same corner at the same time. (T: mhm) And uh for him to be	3.1 (x2)

		devastated and I've got some friends that have problems like that have problems like that so .	
78	37:3 3	T: Let me ask you, of course, we are here at this kind of little metaphorical corner at this same time. And yet, not for very much more time. This is our 5 th session? Is that right or 5 th time of talking?	3.6.3 // 3.3 1.4 // 3.6.2
	37:4 6	C: I'm not sure, it depends with you. I've been counting because we skipped weeks, that goofed me up.	
79	37:5 3	T: mhm, I think that might be the case and if that is that case that means that next week would be our last formal conversation. (C: ok) right. And I'm just wondering if, in anticipation of that, if we could maybe make use of a little bit of um reflective time between now and then, to think about the changes that you have undergone during this almost 2 month period that we've been working together. (C: ok) And the idea I had was just to make some notes about that. like, What shifts have you noticed at the level of your thoughts, your feelings, your actions, your decisions, right (C: ok) what you've noticed about how the world seems to be changing or the maybe very fundamentally how your relationship with your mom has changed during this time. right. It might touch on some of the spiritual things we've talked about today, (C: ok) or maybe not, that would be your choice.	1.1 1.4 4.4 1.4 4.4 2.1
	39:0 1	C: that Sounds good.	
80	39:0 2	T: so Just to try and consolidate it a little bit and put together how have you used this time? And you know what are you making of it at this point, this little bit of the journey that we have had the opportunity to make together	4.4 1.4 // 3.6.1
	39:1 9	C: That sounds really good.	
81	39:2 3	T: ok Do you have any closing thoughts or things to say to me today, Deborah?	1.4 // 3.6.1
82	39:2 7	C: Not really, but I'll work on the reflective thing, I think that will be good. It would be a format for me to follow too if I get into that (T: yeah) depression or that yucky place again. MIR 1	3.1
83	39:3 7	T: yeah, And of course, you know, that will come sometimes won't it? Because there will be grief. It's not a closed book. (C: no) It's a book that you're learning to open and close, and to move to different chapters of and literally you're adding to that book aren't you (C: yeah) with the writing that you're doing. um, And maybe with your mom's birthday being just around the corner, it would be a natural time for some of that reflection, (C: mhm) you know like mom how am I now relating to you and you to me? How is that changing? right?	1.2 1.4 4.4 // 3.6.1
	40:1 1	C: It sounds neat.	
84	40:1 2 40:2 8	T: It does sound neat. I see that smile. yeah. Well I look forward to hearing what comes of that and seeing what comes of that and maybe reading what comes of that. C: ok T: ill see you next week C: next week T: ok	3.4.2 // 2.4 //2.1

SESSION 6

UA	Time	Therapist and Client Dialogue (AUs)	PICS – Adriana	PICS – Catarina
1	:07	T: Well D, welcome back one more time, And I guess one final time as we sort of have an opportunity to see how this process is going for you this week and also to maybe take a bit of a backward glance over where we've been and a forward glance at where you're moving.	1.4	1.4.2. restriction?
2	:27	C: mm I think it went pretty excellent. um uh I've gotten a big wrap on my emotional status, I haven't been having uh you know I have sadness but I used to have outbreaks to where I would go blank, and not even know what to do next, (T: right yeah) and from like the drawer thing, and (T: right) it's just not happening in my life now and I think that with the reflection that this has helped me out immensely. you know (T: huh) And to be able to identify the problem. I didn't even really realize that I was trying to step into my mother's shoes when we started out. I just thought I was being the caregiver (T: uhuh) and doing things I wanted to do. And the (T: uhuh) when we shined that light a little deeper I seen that I was trying to you know keep my mother alive by being what she was to people in my family	3.1 (x5)	3.1. 3.1. 3.1. 3.1. 3.1.
3	1:17	T: Wow, (C: so) I was trying to keep my mother alive by being what she was to my family. (C: mhm) And that shining the light deeply on that really seemed to begin to change it for you.	3.4.2 3.3 // 4.4	3.4.2. 3.3. & 4.4. (contrast)
	1:27	C: Right it also helped me to um better um get an association with the fact that she is gone, (T: yeah) that I'm able to keep the traits that are good and I don't have to keep everything or be her, I can still be me and still have her spirit you know alive and well. hmm. it's real cool.	3.1	3.1.
4	1:47	T: That's a kind you got to kind of have your cake and eat it too right? (C: yeah) yeah That's so well said. right That idea that you get to be yourself and you get to keep your mom. (C: mhm) But in the same way, you also said uh something like that you acknowledge that she's gone and you can say that without the tears coming and without feeling that blocking.	2.3 4.1 4.4	2.3. 4.1. 3.4.1. &/or 3.5. & 4.4. (contrast)
5	2:13	C: A better association with the whole thing. I think I was blocking (T: uhuh) I don't know, a healing process (T: mhm) with cluttering it up with this trying to become her you know and not concentrating on what I need to concentrate on. (T: yes yes) you know and to have acceptance that she's gone and that the things she taught me are alive and well. And to be able to see, uh even in my own brothers and sisters some of her traits (T: mhm) and have an appreciation for the time that I was given with her rather that be upset with that she was taken early. (T: uhuh) you know um	3.1 (x5)	3.1. 3.1. 3.1. 3.1. 3.1.

6	2:51	T: It's like you were looking at only what wasn't there and not what was (C: yeah) right and in generous proportion right (C: mhm) in some way. Very very interesting. yeah	3.4.1 2.4	3.4.1. & 2.4.
7	3:04	C: I really haven't felt, since we began after the first letter, I haven't had that mental blankness that I used to get. and um I've just, My sleep patterns are better. You know rounding up with summer and stuff here (T: uhuh) and I've had a real busy summer, you know, but I haven't, it's just perfect timing all around. I think that everything just fell into place and that um you know	3.1	3.1.
8	3:30	T: It's like this counseling or therapy really came at the right time when you were very ready to use it. (C: yeah) A part of you was really just saying I know that I need to do this and you took to that, that deep work so quickly.	3.4.1 4.3	3.4.1. 4.3.
	3:44	C: It was easy too because I just felt comfortable (T: uhuh) you know um from the beginning which is not normal for me (T: hmph) because I usually by the time I'm getting comfortable is about the time that its over [laughs] MIRC so (T: yeah) but yeah	3.1 (x3)	3.1. 3.1. 3.1.
9	4:00	T: What, what helped establish that comfort for you that really you know of just let you ease into this?	1.4 // 3.6.1	1.4.2. 3.6.2.
10	4:04	C: I don't know, I felt at ease MIR 2 , you know, I don't know if it's because I've been here to the college a couple of time (T: mhm) or just you know um I've been through some other kind of counseling so I had the trust factor. And that's not where it started, if you had told me 6 years ago I would be doing counseling there would have been nothing (T: mm). um yeah, (T: yeah) Just was not for me, its for other people that kind of um transition. and then uh, I did a little thing here on self-esteem with a group study (T: mhm) at the college. so it was kind of like, Even though it was a different day it was kind of the same thing to be open about talking (T: mhm) about issues can sometimes be hard. and then With that first letter I think that was the thing, it just targeted it, and when I was typing and I came to the (T: uhuh) knowledge that I really hadn't been being me, I was being my mom (T: yes yes) and trying to be these things to all these people that they really didn't need. And that was the tragedy in the situation, (T: yeah) it would have been one thing if it was helping them (T: yeah) and helping me to continue on, but alls it was doing was foreshadowing and not allowing myself to see you know that yeah she's gone and its ok. (T: mhm) you know, I've been living for 2 years and you have ups and downs. but um, you still have to do that. and To just be able to do that and to ask for permission from her to allow her to you know transition into whatever she is today and to allow myself to be me, I think that was like you know a whole blockade of stairs and steps [laughs] just to um to run and jump.	3.1 (x10)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
11	5:40	T: Right you just leaped over so many steps (C: yeah) at one time right (C: yeah) with that. And, I, I like the way in which you talked about those initial	3.3 // 3.4.1 1.3	3.4.1. 1.3 3.3.

		steps that we made in here being very targeted, right, its that somehow, it not only shined a general light, but something about that seemed to to shine a very specific light, like almost like a laser beam (C: yeah) on something that you really needed to do. And a part of you knew you needed to do it.	3.3 4.3	4.3.
12	6:10	C: I don't know if her and me, maybe subconsciously I don't know, (T: yeah) but I was very surprised, (T: uhuh) uh cause I remember that I had done it just before I'd come here that day. And I walked in here, it was just kind of penetrating my mind that (T: uhuh) you know, that this is what is happening in your life and I don't know that I would have ever seen that you know, (T: gotcha) I would have still been continuing trying to do for other people things that they didn't need and being my mom, who is no longer here, (T: mhm) you know and obviously um god doesn't think that she needs to be here anymore. So I'm supposed to be being me, not trying to, uh, but I seen some things that I do like that I can adapt to my life but not everything , (T: mhm) you know I have to be my own person.	3.1 (x6)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
13	6:54	T: mhm, mhm. yeah, SO I do get that uh idea pretty clearly that in some ways there are broad cycles that were bringing you to this point of very lucid and clear awareness, right. (C: mhm) Six years ago you wouldn't be anywhere close to this, (C: mhm) but across time you have moved into this zone. And then specifically as you moved into the therapy it became very targeted and you were able to really make used of these things.	4.4 4.5	4.4. (contrast) 4.5.
	7:20	C: Yeah, I wanted it, it's a, it's a kind of freedom . uh, Definitely more relaxed and um		
14	7:28	T: Freedom from or freedom to?	1.4 // 3.6.2	1.4.2. 3.6.2.
15	7:30	C: Freedom from and freedom to. Freedom from that overwhelming sense of loss (T: mhm) and freedom to experience life in the realm that's meant for me not you know, (T: oh, yes) trying to walk my moms footsteps. and, you know, I mean like Every little decision, you know, from the clothes I put on (T: uhuh) to should I stop and get dinner for everybody at home type of thing (T: mhm) and I would like cycle. and I didn't even realize it when I was doing it (T: ueah) but I was cycling, well what would my mom do, this that and the other.	3.1 (x5)	3.1. 3.1. 3.1. 3.1. 3.1.
16	8:04	T: Trying to think everything through twice, (C: yeah) once, right, for D, and once for mom. (C: yeah) And so now ...	3.4.1 // 3.2	3.4.1.
17	8:11	C: And D would always lose out (T: uhuh) and so I was becoming somebody who I really wasn't	3.1	
18	8:17	T: yes, So who are you becoming now, now with this kind of new clarity to be yourself? (C: I'm being) What self are you finding?	4.4 // 3.6.1 1.4 // 3.6.1	4.4.(contrast) 1.4.2. 3.6.2.
19	8:24	C: I'm being myself and it's with a more um with a memorialization of my mom. you know (T: uhuh) Its not all this dark and gloomy stuff, oh she's	3.1 (x5)	

		gone, she's never coming back again, you'll never have that loving embrace. It's that you had all these things, (T: ahhh) now you can continue to build on them . This was a gift, (T: uhuh) there will be other people in your life that you love. And I think that was part of my fear too. I don't think we talked about that, is that I was kind of isolating myself from new individuals and people in my life (T: ohhh) and stuff like that to an extent, because you're scared after you've lost somebody that you love so much. (T: right) you know. And to have new relationships with my family, you know, based on ourself as brother and sister or my dad.		
20	9:13	T: Not just as a surrogate of mom. (C: right) right, Not you're your mom's relationship with people but really yours.	3.2 // 4.3 // 4.1	4.3. 4.4. & 4.1.?
21	9:17	C: right because she was always there, she was kind of the glue, and now we're having to you know get our own paste together to, to grow and to know each other (T: yeah) individually. um Because when you get somebody removed from you life if gives you more time with the other people in your life. you know and	3.1	3.1.
22	9:33	T:When you get somebody removed from your life, if gives you more time with the other people in your life. And it's almost like moving from that loss orientation to moving into a kind of restoration orientation of restoring and rebuilding and reconnecting as the adult siblings that you are. right (C: mm yeah) In a new way.	3.4.2 4.5 // 4.4	3.4.2. 4.4. & 4.5.
	9:56	C: And it helps to identify things that you know I liked in my mother and then I can identify those things in other people		
23	10:0 3	T: Oh! (C: you know, um) Not only in yourself but you you're your mom reflected in other members of the family.	4.1 3.4.1	3.4.1. or 4.1
24	10:0 8	C: Other members of the family, even people outside the family. you know, I was with one o my girlfriends and I was like oh you just reminded me of my mom when she said that. (T: uhuh) She said something...wonderous. Which isn't a word that (T: uhuh uhuh) people use. And she said wonderous and I said whew, you just reminded me of my mom, thank you.	3.1 (x3)	3.1. 3.1. 3.1.
25	10:2 3	T: maybe she could say wonderous joy and you could double dose you know [laughs] you know, you get one word for each ear. That's even better. so	2.1 // 3.5	3.5.
26	10:3 0	C: It was a very lovely conversation. (T: it does sound like it) you know, So just attributing that, you know, my mom was here and then very fortunate that she was a good person. and that Yeah I will miss her and um (T: mhm) just have an acceptance with that. And um just been doing my own thing pretty much within the family. (T: mm) you know. My sister called me the other day on the phone and she said you're never home anymore. I said well I'm home , just not moping anymore. you know, (T: ohh) I'm on the move and keeping stuff building and um.	3.1 (x3)	3.1. 3.1. 3.1. 3.1.

27	11:0 3	T: So these changes that you notice within yourself, others also notice in you. (C: yeah) They see it reflected in your actions, the way you occupy your time, the way you relate to them?	4.4 // 4.2 1.4 // 3.6.1	4.4. 1.4.2. 3.6.2.
28	11:1 5	C: Yeah I've actually had friends that are like acquaintances and stuff like that say that they've noticed that I've been um happier, you know, more upbeat, so, a little more outgoing and stuff like that, (T: mhm) not having such a quiet perspective. so, its uh	3.1	3.1.
29	11:3 5	T: DO you see these as, in some way, uh changing or developing who you are, recovering who you are? How do you understand that shift in D?	4.5 // 3.6.2 1.4 //3.6.1	4.4. 1.4.2. 3.6.2.
30	11:5 0	C: I I think that recovery is a better term. (T: mhm) you know, um, She was very sick for two years so really all I did was concentrate on mom and mom and mom and mom and. I'm grateful to have that ability to be able to have been there for her. And to get to know her better. but then somewhere in there I wasn't doing the things I needed to do and go out to a movie (T: yeah) and go out to dinner and stuff like that. (T: live life) I just wasn't And uh, you know, now I am, and (T: wow) it's good.	3.1 (x4)	3.1. 3.1. 3.1. 3.1.
31	12:2 3	T: hmmm I like that smile, it feels so genuine to me.	2.4 // 2.2	3.5. 2.2.
32	12:2 7	C: It it feels good, (T: yeah) it really does. It's like um I don't want to call it depression, but it's kinds like that depression block has been removed and uh even thought there's still some sadness and some grief that I'm sure I'll go through and I'll have times you know especially with her upcoming birthday and stuff like that. but it's like a (T: mhm) quiet sense of peace is kind of trickling in with that so I can (T: uhuh) live with it. (T: uhuh) and not just be, cause I, There would be times that I would walk into stores and stuff like that just trying to function (T: right) but just tears running down my face, (T: sure) um uh this overwhelming sense of yuck, (T: yeah) not feeling good about anything and um	3.1 (x7)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
33	13:1 0	T: And that yuck is kind of cleared, dissipated.	3.5	3.5.
	13:1 4	C: It's dissipated with that peace that I've been feeling		
34	13:1 6	T: It's almost like that radiation has (C: yeah) dissolved the yuck, right (C: yeah) I remember that incredible image that you...	3.3	3.3.
35	13:2 2	C: yeah, and That was so beautiful too, it almost felt like my mom had come down here and hugged me and um (T: mm) you know, I know that these are assignments I can return to (T: uhuh) and I think that's the good thing. you know, is the next time I'm feeling yuck I can sit down at the typewriter and write about it or I can say what am I doing that's not (T: mhm) part of my life today. (T: mhm) you know, and uh, That was a great exercise.	3.1 (x4)	3.1. 3.1. 3.1. 3.1.

36	13:4 9	T: So you actual carry away not only what you have learned in this experience here that we have shared, but also carry away some additional ways that you can keep learning, some specific tools (C: mhm) that seem helpful to you.	4.5	4.5. (process)
37	14:0 6	C: Right. (T: yeah) Well unfortunately that's the way life goes. There will be other life and death situations. (T: yes, that's a realistic thing) um, Whether it be someone that is as close to my mom or not, I don't forsee that, but you know, just that there are tools, (T: right) you know, and that the general conversation and then when we took it to writing form. And to just you know look at yourself, almost like from the outside looking in (T: mhm) that's kind of the aspect I took for it, (T: yeah) to see things that I didn't even realize that were there. you know, um, By nature I'm a loving and caring person, but I don't have to do every little thing for people. (T: right) and uh It's given me more time in my life and opening some um new doors and uh	3.1 (x6)	3.1. 3.1. 3.1. 3.1. 3.1.
38	14:5 2	T: Where do you think those new doors are leading as we kind of look into the dusty crystal ball of the future, what, what do you think that holds for you now?	3.3 4.4 // 3.6.1	3.3.
39	15:0 0	C: um I'm sure career orient will be in there, some kind of career, (T: mhm) and uh um just to be able to say Lenoir Burr, without um (T: mm) being crazy (T: mm) inside, I would not be able to, we always call, My mom always went by Pat but her name was Lenoir. (T: mm) And uh just, I can say that with a smile on my face today. you know (T: uhuh) and to be happier, um I mean even if nothing else spectacular happens in my life, at least the life I am living has some joy and some experience in it. And not continuing to do this get up, do the breakfast, do the dishes, I'm not doing this (T: just routine) yeah routine. um Almost mechanical (T: uhuh) type of life. so It's uh really wonderful that (T: that's extraordinary) that I have some inspiration.	3.1 (x8)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
40	15:5 4	T: yeah So like you said, even if there's no sort of grand new thing coming with it's own pizzazz, (C: right) the life that you are leading now feels meaningful to you, I mean it feels like it has purpose, direction, and real experience.	3.4.1 4.1	3.4.1. 4.1.
41	16:0 9	C: Worth living too, (T: and worth living) I don't have that over sense of um self-doubt. and um It almost preserved me and kind of brought me back. uh I think when you said to resolve to reinstate myself to where I was supposed to be. um To be myself not to be my mom.	3.1	3.1.
42	16:3 5	T: uhuh, yes yes, yes, to really reinstate yourself. Wow, I hardly know what to say.	4.1	4.1.
43	16:4 4	C: It's been good. It's been really good and I appreciate the experience. and um, you know, I'm glad I went from the transition of um doubt for therapy, you know. and I'm glad that there's those like yourself that dedicate yourself to it, um, it's important to those of us that get wrapped up in	3.1	3.1.

		this emotional and mindset to where we can't get out of it (T: yeah) ourself.		
44	17:1 2	T: That's, such a, I feel a very important and useful image, I wonder if I can quote you on that. (C: sure) right, that That idea that we can get wrapped up in a kind of emotional mindset that makes it very hard for us to see ourselves, you know, to see what were stuck in to feel what blocks us. you know, we just, It's like were subject to it, but we can't get that perspective somehow to figure out how to get around it or through it or deal with it differently. And, somehow you've made all of those transitions.	4.1 3.6.3 3.5 4.5	4.1. 3.6.3. 3.5. 4.5.
45	17:4 7	C: I'm very grateful. It feels good. and um I'm just very you know um glad that through the writing assignment. I mean, This is something, I knew that I was having problems with the grief, but this was something I didn't even see. (T: mhm) you know I didn't see that I was trying to stride in my mom's footsteps instead of making new (T: mhm) footsteps for myself. That's a, that's a big thing I think when you can see something that you've never, never saw before (T: to see something you've never seen before) right, And it was just like it, phew, (T: yeah it's just like) there it is. And then once you find, because sometimes you don't know what the issue is exactly, what you're wrapped up in. (T: right) you know, And is this present because my mom died? but (T: mhm) you know I didn't see the the way that it was affecting myself and others in my life. and uh, I think I'm heading in a uh new path, a different path, and just you know to continue to grow and to um (T: mhm) really really really have acceptance with her death. and uh To be able to be in celebration with it. (T: mhm) you know, And that's important (T: yesh) because I need to, for me, some people don't need to go there, but I need to celebrate my mom's life (T: uhuh, to celebrate your mom's life) and to be happy that she was here and not concentrate on the, what I consider the shortness of it. But surely 76 is a long time for her. (T: three quarters of a century, right, and, that's) you know, Not a lot of people are given that gift. and in Her particular family, her mom and dad died like when they were 46, 47, (T: I, yeah) so she almost double their lifespan MIRC and	3.1 (x10) 3.4.2 (x2)	3.1. 3.1. 3.4.2 3.1. 3.1. 3.1. 3.1. 3.1. 3.4.2. 3.1. 3.1.
46	19:3 3	T: I seem to remember, you saying something about when you would go to the cemetery to visit her to take a flower that you had grown (C: yeah) you would also visit their grave and thank them for bringing her up and into your life (C: yeah), although they only had something like 17 years with her before they died, was she just about 17 (C: yeah she was about 17, so, yeah). yeah, So you've had the advantage of a much longer time than that, well a little longer..	2.3 3.4.1	2.3. 3.4.1.
	20:0 3	C: yeah, Well tripled it...[both start to laugh]		

47	20:0 3	T: ...ok I wasn;t going to get too specific there D, I was going to work with any number you liked. but uh, <u>Honestly is a good policy.</u>	4.1	4.1.
48	20:1 2	C: 40's are dead, if you're young whatever. I think that this is, A lady in my school, she looked at me and said it's easier now because we're smarter. (T: ahh) and If you know anything about anything you know that your frame gets smaller as you get older, but it's the evidence and the experience that you carry with you, (T: mhm) not necessarily the knowledge and the (T: mhm) history of the things that you're learning, but just the (T: mhm) the stride I guess is what I call it, (T: mhm) the stride of life. (T: the stride of life) You're able to um let things bypass you (T: mhm) and stuff like that, and not to take things to personal. and know that some people have a hard time and (T: yeah) that the expression they are giving to you may not be meant for you, (T: yeah) it could have been for somebody else, (T: yeah) or that's just where they're at, (T: yeah) some people are just negative by nature, so.	3.1 (x10) 3.4.2	3.1. 3.1. 3.1. 3.1. 3.4.2 3.1. 3.1. 3.1. 3.1. 3.1.
49	21:0 9	T: And so you can take these things in stride, right. (C: right) And you can stride forward, I mean, (C: mhm) in all of these ways, that's a, that's a wonderful metaphor that you offer. It's like you've lengthened your stride somehow in this time (C: yeah) we've spent together.	3.3 4.1 // 4.4	3.3.
50	21:2 1	C: Yeah it's been real good. I've got the letter saved and uh you know, I just really feel like um that the book will never be closed, but I feel like I was to, you know, turn the page (T: mhm) and to continue writing, and um somehow still remember the loving, caring person she was, (T: mhm) and the faith she had and the people that got her understanding, but make it unique for myself, and not have to um (T: yeah). To be able to be happy and to have celebration is a good thing. MIR 2	3.1 (x2)	3.1. 3.1.
51	21:5 8	T: yes, It really is a good thing a really good thing (C: mhm) to me. And I love that image of the, the book that now you, it's like the book of your life right, (C: yeah) it's kind of a life story and there are all of these wonderful chapters that are filled with experiences with mom, and (C: mhm) right, and then it's like a book that you continue to write in, (C: that's right) it's not a finished book, it's not, as you say a book that will ever be fully closed, but you can turn the pages and move forward with this. (C: yes) yeah, Remarkable image. mmm. So what's next for you do you think?	3.3 4.1 1.4 // 3.6.1	3.3. 1.4.1. 3.6.1.
	22:4 2	C: um I really don't know. At least I know that um I'm going to continue with school and uh works going real good, and um		
52	22:5 5	T: This is the work where you are um assisting with this, right, giving to these (C: yeah) uh young people (C: right) who really are (C: pediatric) suffering (C: with cancer) with cancer.	2.3 // 3.6.3	2.3. (clarification) 3.6.3.
53	23:0 7	C:um we distribute the toys to the hospitals and when they go in for their um tests they have something special waiting for them (T: mmm). Its called the treasure chest. (T: the treasure chest) It's so cool they got the actual treasure chest (T: mhm) in there and it's got the association name and stuff, and they're able to open it up and pick	3.1 (x5) 3.4.2	3.1. 3.4.2 3.1. 3.1. 3.1.

		something out of there. (T: ahh) And they've, you know, they do bandaids and um, you know, from the little prick on the finger (T: mhm) and um it's uh (T: all these) really cool.		
54	23:3 7	T: little symbolic ways of taking care of (C: yeah) another who really needs that caretaking.	3.4.1	3.4.1.
55	23:4 3	C: yeah, It was neat, I got to go send a bunch of letters and stuff today. Because as a uh nonprofit foundation, you're always looking for people to invest and stuff like that (T: mhm, mhm). And she had a list of names and I probably sent out 55 letters today.	3.1	3.1.
56	23:5 9	T: SO that's a big part of your (C: right) role is to really get the donations that will (C: right) make it possible for this to work.	3.4.1	3.4.1. or 4.1.?
57	24:0 3	C: Yeah and at least twice a week I get to go back and pack up the toys to go (T: oohh) to the hospitals. And that's the most fulfilling part is to put these toys in these boxes (T: mhm, mhm) and um, they get the bandaids donated to them directly from a bandaid company, I don't know the name of it. But um (T: mhm) they come in a great big box and then we have to put them in smaller boxes and deliver them to the hospitals um that are recipients for this and that's just a really neat thing, you know. To put a box of 20 in there and know that, you know, kids that get that poke, you know even as an adult I don't like to go get blood tests (T: yeah, right) or anything like that	3.1 (x4)	3.1. 3.1. 3.1. 3.1.
58	24:4 0	T: But you think about each of those bandaids, each of those 20 and each of the thousand (C: yeah) in these big boxes (C: uhuh) all will be destined for little fingers (C: yeah) that have felt a little bit of pain and it will be just taking a bit of the edge off of that for them. yeah.	3.4.1 4.1	3.4.1. 4.1
59	24:5 7	C: It possibly bring back their smile and (T: mhm) just to, you know, know they have an experience that somebody cares about them. MIPC. (T: yes) you know, And the woman who had started this association, Colleen, she had, her son (T: mhm) had cancer (T: mm) and she didn't think he was going to live, that's why she started. She felt that there should be something there for him (T: yes) and she was buying him little things here and there (T: mhm) throughout the treatment. and then she started seeing other kids with this affliction. and man, you know, uh (T: mm) We can't get rid of all the yuck diseases and all the bad people in life, but we can be encouraging and um especially as children they need some kind of hope and (T: uhuh) to be able to get a little package, a football, a baseball, a dvd, something like that (T: mhm) can give them something to look forward to if they can get through just one more procedure. MIR 1 (T: mhm) And that really what their life is involved in in a lot of cases with cancer. (T: mhm) you know, and uh	3.1 (x11)	3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1. 3.1.
60	26:1 0	T: I, you know, I suppose in that too, there is a, a larger lesson isn't there, a lesson resident in your words. That notion that we can't get rid of all the yuck in life. and that It will you know keep coming to us as you pointed	3.5 // 3.4.2	3.5. 3.4.2. 4.1.

		out before, this isn't the last loss that you've experienced or I haven't experienced my last loss, there will be others. But there are ways that we can address those. um, Assuage the pain, continue to live and reach out with compassion to others. and, In this, have others, have you experienced the caring of others in relation to your pain?	4.1 1.4 // 2.3 // 3.6.2	1.4.2. & 2.3 3.6.2.
61	26:5 0	C: Oh yeah, I've always had a lot of lot of, um, I have a few friends that have lost both of their parents (T: mhm) and I met them after their loss. and uh, My one friend, which she, it was really hard for me to take that, <u>It's still something that I'm working on, but I'm working on that word celebrate, (T: mhm) because that what she said MIR 1.</u> She said woo woo! I called her and said my mom went to heaven. I mean she was having to (T: mhm) have um you know the water taken off of the, I can't even think of what it's called right now, but she had this machine on her 3 or 4 times a day (T: oh my) and just uncomfortable to the point. And she loved to eat, and she was uncomfortable to the point where she wasn't really eating anymore, everything was being fed through an IV	3.1 (x4)	3.1. 3.1. 3.1. 3.1.
62	27:3 5	T: This is your mom you're talking about?	2.3 // 3.6.2	2.3. (clarification) 1.4.2. 3.6.2.
63	27:3 6	C: Right, (T: right) and you know, so I called my friend and said my mom went to heaven. And you know what should be the response when you're thinking about something, you know, uh, the place is much more wondrous, and your spirit can be free and full and that's what she, she did more or less was celebrate it on the phone. I was a little quiet, I really couldn't accept it then, but I'm glad I'm there today. (T: mhm) So it's just, you know	3.1 (x2)	
64	27:5 9	T: It like planted the seed of celebration and, and that has (C: right) kind of is coming to fruition that's kind of growing (C: yeah) and coming into flower some way for you in your life.	3.3 // 4.4	4.4. & 3.3
65	28:0 9	C: It took a little bit, (T: yeah) but yeah, (T: took some nurturing of that, cultivation) it's definitely, um these few weeks, I think it was 6, there has definitely been a transition in my life to be able to um move on, and to, um, I don't know, If you add a little water and a little oil to this situation (T: mhm) so that you can carry it on and not feel so burdened, you know, to wake up and to feel burdened (T: mm). That's how um life was for me. and um, Especially after this last week as I was just going through and reviewing my letters and um thinking about um the process of when I was looking at my mom and um seeing her qualities and stuff like that. (T: mhm) and It's very very beautiful. and Now I'm a field of work where I can help other people, I don't know what's gonna (T: yes) what's gonna happen next, but I do know that whatever it is it's gonna be ok. (T: yeah) and then uh	3.1 (x6) 3.2	3.1. 3.2. 3.1. 3.1. 3.1. 3.1. 3.1.
66	29:1 4	T: I have that deep sense in talking to you that it will be.	4.1	4.1.

67	29:1 9	C: yeah, it feels good (T: yeah) Don't have that gloom and doom feeling first thing in the morning anymore. (T: right) And it doesn't come back, you know, even in the afternoon or at night when I lay down.	3.1 (x2)	3.1. 3.1.
68	29:3 0	T: Yeah, the way it was robbing your sleep was such an issue (C: yeah) at first wasn't it. (C: yeah) and Now it's as if you have your day back and your night back (C: yeah) in a way from this.	3.4.1	3.4.1
69	29:4 1	C: It's really, uh, a wonderful thing to be able to have um a sense of okness and not to have that anxiety. (T: mhm) you know, Anxiety brings more anxiety because then you're worried about the anxiety [laugh] MIRC so	3.1	
70	30:0 0	T: Yes. It's like Franklin D, Roosevelt said the only thing we have to fear is fear itself. (C: yeah) and Sometimes that fear can just compound itself. and, You found a way of undoing that cycle, (C: yeah) you know, breaking that anxiety cycle. yeah. As you look at this time that we have spent together, really across a period of I guess 6 sessions distributed over 2 months now, is there any advice that you would give me about how to do this work more effectively?	3.4.1 4.5 1.4 // 3.6.1	3.4.1. 4.5. 1.4.2. 3.6.2.
71	30:3 8	C: I really don't know about your work. I think you did a good thing. I think that um, I think that everything you did was perfect for me, you know, I don't know about any of your other counseling, but just continue to listen. That's what you did, is you listened. I think you went home and reviewed what I said and when you came back you had some kind of plan but you were always open to either a change in that plan or add on to that plan. or, you know, You gave me an option. and (T: mhm) I think that as human beings we need that. (T: oh yeah) It wasn't we're going to do this, and you know, it was uh opened. (T: mhm) and um I think that that was good.	3.1 (x3)	3.1. 3.1. 3.1.
72	31:2 5	T: yeah, I had the feeling that at each step along the way, that verbally or nonverbally you found ways of telling me just where you needed to go. And that if I could listen to that, if I could hear that, then the direction would just unfold, you know. (C: yeah) It wasn't something that had to come from some pre-formulated plan. (C: mm) In the moment you kind of gave me the direction that we needed.	4.1 // 4.5 1.3 // 1.6	4.5. 1.2. & 1.6
73	31:5 3	C: mm. It was cool. I know everybody is different and this is a thinking disease and everybody thinks differently. (T: uhuh) um, but just you know, Continue to listen, obviously you have an ear for um things that can help people heal (T: mhm) and things that can help them get rid of, and to even formulate what their actual problem is, that is a great gift to be able to um have somebody to be able to essentially tell you what their problem is you find the solution. (T: mhm) you know, And a lot of times that's not going to come easily. and um, I'm kind of astounded about the whole thing, and the way it transpired. MIR 2 <u>Like I said that when I walked in here I didn't even know myself to the extent.</u> (T: right) um, That the grief, um, um, um	3.1 (x5)	3.1. 3.1. 3.1. 3.1.

		<u>moved into my life and overcame it.</u> (T: uhuh) you know and		
74	32:5 4	T: yeah it really took up such space in your life that there was little room left for anything else.	4.5 // 2.4	4.5. 2.4.
75	32:5 9	C: Right and <u>that's why I wasn't sleeping</u> (T: yeah) you know, and when you lose sleep you lose a lot of production (T: yeah) and everything that goes on in your life	3.1 (x2)	3.1. 3.1.
76	33:0 9	T: It crowded you out of your own bed in a way. (C: yeah) and Now you found a way of still keeping some grief, right, so there is still that bit of sadness that you can have (C: mhm) but that doesn't have this kind of this massive quality this suppressive quality.	3.4.1 3.5 4.5 ???	3.4.1. 3.5. 4.4.
77	33:2 5	C: Right, it's, you know, and that's the other thing is too is I'm feeling that when I can, I don't have to take the whole thing at once, I can work on one (T: hmm) portion of it at a time. you know, um, you know, And to keep the door open with discussion, I think that helps too. (T: mhm) you know I was even talking to my sisters and stuff a little bit more about it. and um It helps you a little bit too to know that other people are grieving or have missed (T: yeah) the person. um, and Not in the same way necessarily as you do but they had, ouch. you know (T: Yeah, sure) so	3.1 (x4)	3.1. 3.1. 3.1. 3.1.
78	34:0 5	T: right. yes that kind of hammer that came down on your fingers hit theirs as well (C: right) and there is pain of a different sort distributed through (C: right) all of those who love your mother.	3.3	3.3.
79	34:1 6	C: And discuss it and you know, laugh about things, (T: mhm) uh funny things that have happened to her life MIRC. (T: mhm) It's kind of funny because I'm like almost the youngest in my family so I see things differently than they do, (T: mhm) but I've acceptance with that they might have a little um more logic in their memory because I was young and stuff like that	3.1 (x3)	3.1. 3.1. 3.1.
80	34:3 8	T: Yeah you have that child's eye view, (C: yeah) hat very special view of uh	3.4.1	3.4.1.
81	34:4 1	C: yeah well everything was very funny to me. (T: right, yes) you know, It's where they had a lot of times take up the extra portions (T: mhm) you know because my mom and dad both worked so.	3.1 (x2)	3.1. 3.1.
82	34:5 4	T: I'm really pleased to hear that and interested to hear that the change that you noted as so strongly inside you, also is evident outside you. right? It's something that unfolds in your heart, in your mind as you say this is kind of a thinking disease as well, but it is equally something, a change that has occurred in your family and how you relate to people and how they relate to you about this mutual loss.	4.1 // 4.4 4.5	4.4. (contrast) 4.5.
83	35:2 1	C: I could never spit it out before. (T: yeah) I would always be crying and (T: yeah) you know getting upset. and um, That's hard to be around for 2 years, you know (T: hmm) So I think that they were having difficulty, um.	3.1 (x3)	3.1. 3.1. 3.1.
84	35:3 5	T: Maybe backing off in some way.	3.2 // 3.4.1	3.2. or 3.4.1.

85	35:3 7	C: Right, well, I mean, misery loves company so to speak. (T: uhuh) And I was in such a miserable state that it was difficult for anybody to really penetrate past that.	3.1	3.1.
86	35:5 2	T: SO now you're, you're open more (C: yeah) its	4.4	4.4. (contrast)
87	35:5 4	C: I'm more open and able to accept things and to um have more happy note just in life itself (T: mhm). Part of that too is not being sleepless, you know, (T: mhm) to be able to um, be awake when I awake because I slept (T: yeah) 6, 7 8 hours, and.	3.1 (x3)	3.1. 3.1. 3.1.
88	36:1 4	T: It all fits together doesn't it. (C: yeah) The biological, the psychological, the emotional, the relational. And really as you've pointed out you know really in our last couple of conversations, the spiritual, (C: mhm) that um these are all part of this experience that this mystery that we call grieving. um, And there are ways that you are really strongly displaying in doing it in such a life affirming way. It's really impressive, and just so uh inspirational for me to watch this.	4.5 1.2 4.5 2.2	4.5. 1.2. 4.5. & 2.2
89	36:5 0	C: I'm very grateful, and it feels good. um, To be able to, to be able to express without that overwhelmed feeling and to be able to, you know, even relax. I watch the TV, I never do that (T: mhm). Just allowing myself simple pleasures (T: mm) and not to be wound up so tight. um, you know, Part of what my mom was self-preservation, I have to keep on doing this and doing that, (T: mhm) you know, chipping away, and um	3.1 (x3)	3.1. 3.1. 3.1.
90	37:2 5	T: Yes, so you can see the changes really just percolating with your life	4.4	4.4.
91	37:2 7	C: yeah I found some little fun things that I can do here and there without (T: uhuh) just being totally lazy. Because I don't want to do that either, you know go too far or (T: right) or um	3.1 (x2)	3.1. 3.1.
92	37:4 1	T: But that joy, right, that is in the words of your friend kind of wondrous (C: yeah) to be able to have that and to make that possible for yourself.	4.3 3.5??	3.5. 4.3.
93	37:5 2	C: I definitely have a better outlook on this and I think that I death in general and as well as my mom being gone um differently. like I said I'm able to		
94	38:0 5	T: Could you say something more about that?, that really intrigues me, the idea that in this your very view of death has changed.	1.4 // 3.6.1 2.3	1.4.2. 2.3. 3.6.1.
95	38:1 1	C: Yeah, um, I don't see it you know as an ending as I did as sharp critical ending, (T: yeah) but just a starting place for someone else it leaves space for somebody else (T: mhm) and that also, at any moment, life is just for a season. And any moment that you have with someone who, um, blesses you and allows you to feel love is just such a great thing. And that it doesn't end there, you know, just because my mom's not here anymore, the greatness that I was able to be loved and able to love (T: phew) is just phenomenal. you know, and um, To have had that experience. And death doesn't take all that away. (T: no) It just secures, it, you know not nothing can go wrong in that relationship [both laugh]. MIRC	3.1 (x4)	3.1. 3.1. 3.1. 3.1.

96	39:0 8	T: The worst is over right? That's, death doesn't take that away, it just secures that. Death as a way of securing the love and making it something eternal in a way right? (C: yeah, yeah) I'm just really touched by that, I find moisture in my eyes by listening to you with that.	3.4.1 3.3 // 3.5 2.2	3.3. & 3.5. 2.2.
	39:2 9	C: It's someone else's turn to cry today [laugh]		
97	39:3 2	T: Yeah that's right. I'll reach for a Kleenex, you may not need one, but as we moved towards our last few minutes I'll gladly wipe away a tear by that idea. I also, as we come to a close here, I wanted to share with you something that is just a way of my saying thank you to you, um for spending these 6 hours with me. and, It's a small memento of the work that we have done together. It's a book called uh Lessons of Loss. It's one I would like you to have (C: ohh) that I hope that in all of the wonderful ways that you have brought forward this notion of narrative and writing being so helpful for you, so targeting in terms of clarifying what you needed to work on and the way in which you stepped into that and made full use of that, I hope that some of the kind of reflective opportunities and exercises suggested in this book um might continue to speak to you	2.2 1.2	2.2 1.2
	40:3 7	C: Thank you very much, that's a beautiful token.		
98	40:4 1	T: well, It's a token of what I feel has been a beautiful experience for me. And I appreciate that and I appreciate you D.	2.2	2.2
99	40:5 0	C: Thank you. (T: so) It's quite lovely. (T: yeah) I'm looking forward to reading it. I didn't know you were an author.	3.1 (x2)	3.1. 3.1.
100	40:5 7	T: Well I try to keep some things secret you know. Try to hide that part of me, but sometimes it sneaks out.	1.1	1.1
		C: thank you, it's beautiful (T: thank you Deborah)		

Esta Tesis Doctoral ha sido defendida el día ____ d _____ de 201__

En el Centro _____

de la Universidad Ramon Llull, ante el Tribunal formado por los Doctores y Doctoras
abajo firmantes, habiendo obtenido la calificación:

Presidente/a

Vocal

Vocal *

Vocal *

Secretario/a

Doctorando/a

(*): Sólo en el caso de tener un tribunal de 5 miembros