**Autobiographical Memory Narratives of Clients with Borderline Personality Disorder during Psychotherapy**

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**Abstract:**

Autobiographical memory narratives that emerge in therapeutic discourse can aid the understanding of the client’s narrative identity and the identification of central themes or conflicts. The study aimed to examine the structure and thematic content of autobiographical memory narratives of five clients with Borderline Personality Disorder (BPD), during the early phase of individual psychotherapy.

 The Biopsychosocial Interview gathered narrative material about the clients’ life experiences in childhood and adulthood and explored the history of psychological difficulties and/or disorders. The interview and the first five sessions of psychotherapy for each client were audio recorded, transcribed and coded for analysis. The Coding System for Autobiographical Memory Narratives in Psychotherapy was used to identify autobiographical memory narratives from the clients’ life experiences, rate the narrative complexity, specificity and integration, and derive narrative patterns or themes.

 Analysis indicated that the narratives had moderate level of complexity, low levels of specificity, were predominantly autobiographical, poorly integrated and revealed dominant themes of contamination. Narrative themes of agency, communion and redemption were relatively lower among the clients.

The implications for therapeutic practice, training of clinicians and future research are discussed.

Keywords: autobiographical memory, narratives, borderline personality disorder, psychotherapy

**Background:**

Human beings create meaning and use language to shape their personal experiences into stories, or narratives (Greenberg & Angus, 2011). From the narrative standpoint, psychological difficulties indicate situations where important aspects of one’s lived experience are not adequately represented in the self narrative revealed during therapy. By helping the client reconstruct problematic self narratives to become more coherent, complex and inclusive, therapy is considered a process of ‘story repair’ (Avdi & Georgaca, 2007).

There is a growing interest in the concept of ‘narrative identity’ and related processes or dimensions (McAdams & Pals, 2006; McLean, 2008) as tools to understand psychotherapy processes and change (Singer, Blagov, Berry & Oost, 2013; Angus et al., 2012; Boritz, Angus, Monette, Hollis-Walker & Warwar, 2011; Mendes et al., 2010; Singer & Bonalume, 2010; Angus, Levitt, & Hardtke, 1999; Matos, Santos, Goncalves & Martins, 2009). Narrative identity is referred to as “the internal, dynamic life story that an individual constructs to make sense of his or her life” (Bauer, McAdams & Pals, 2008). Narratives that may emerge in therapy may range from descriptions of a specific event, to an overarching life story that spans across several years.

The ability to construct a coherent narrative is based on memory, particularly autobiographical memory. Autobiographical memories are “transitory dynamic mental constructions generated from an underlying knowledge base” (Conway & Pleydell-Pearce, 2000, p. 261). Subsequently, the qualitative aspects of autobiographical memory, including emotionality (or affective content and tone of the narrative), specificity, level of complexity, and coherence may significantly impact identity-construction (Jorgensen et al, 2012). A healthy autobiographical memory system, translating into a healthy narrative identity, is understood to have three features - memory specificity, a greater emphasis on positive affective content, and the capacity for integration (Singer et al., 2013). It has been suggested that an ongoing sense of unity and direction that links an individual’s past, present, and future selves is provided by a coherent and flexible narrative identity that is linked to an adaptive and flourishing autobiographical memory system (Singer et al., 2013).

Singer and Bonalume (2010) developed a comprehensive coding system to reliably identify autobiographical memory narratives in the flow of clinical interaction and analyze the qualitative aspects of narratives. These included their complexity (causality, temporality, and outcome, representations of protagonists and antagonists, along with emotional responses), specificity (recall of a unique set of events confined to a single episode within a 24-hour period), integration and meaning-making, and relevant themes. In a single case study, the authors applied the coding system to the diagnostic interviews with a client, to generate predictions about the course of psychotherapy, possible resistances and therapist-client relationship. Results were then compared to the report of the client’s actual therapeutic outcome.

The exploration of psychotherapy narratives, although a potentially valuable method of obtaining rich data about complex client difficulties and emergent therapy processes, is a relatively understudied approach. While studies have attempted to understand client narratives and change processes in therapy, the client groups involved have predominantly been individuals with depression. Some of these studies with depressed clients examined the transformation of ‘burden metaphors’ to that of ‘unloading the burden' over the course of short-term process-experiential therapy in good outcome dyads (Levitt, Korman and Angus, 2000); the relationship between changes in level of depression, expressed emotional arousal and autobiographical memory specificity across psychotherapy sessions (Boritz, Angus, Monette & Hollis-Walker, 2008; Boritz, et al., 2011); and the examinatio of in-session narrative processes to track common innovative moments of change across emotion focused therapy (Mendes et al., 2010).

Theoretical viewpoints have postulated that the narratives of individuals with borderline personality disorder (BPD) may contain large gaps or inconsistencies with associated difficulties in maintaining a stable sense of themselves or others. Fuchs (2007) conceptualised BPD as a *disorder of intersubjectivity* with a fragmented self-narrative manifested in the typical clinical features of affect dysregulation, impulsivity, splitting of object relations, unstable relationships and chronic emptiness. According to Fonagy (2000), early experiences of lack of empathy or maltreatment by attachment figures impair the child's reflective capacities and sense of self when attachment representations are being formed. These deficits in mentalizing, the capacity to step inside another person’s shoes, lead to impairments in the ability to link the past, present and future towards the formation of autobiographical memories and coherent narrative identities.

Although conceptually, fragmented self-narratives are considered a key feature of borderline symptomatology, there is limited empirical research in this area. A large focus has been on autobiographical memory specificity among BPD clients. Some studies found that BPD clients had over-general retrieval of autobiographical memories (Jones et al., 1999 & Startup et al., 2001) However findings about the relationship between reduced memory specificity and BPD features have been inconsistent (Arntz, Meeren, & Wessel, 2002; Kremers, Spinhoven & Van der Does, 2004; Maurex et al., 2010; Reid and Startup, 2010; Renneberg, Theobald, Nobs, & Weisbrod, 2005).

One study which explored narrative content in the form of metaphors revealed that borderline clients had more concrete, ‘literal’ narrative modes characterized by immediate emotional expression and distancing from the content during therapy compared to the ‘representational’ narrative modes or reflection in the non-borderline counterparts (Ramussen & Angus, 1996). Adler, Chin, Kolisetty & Oltmanns (2012) analysed life story interviews among mid-life adults with and without features of BPD. Those with features of BPD had significant disruptions in narrative coherence and in emergent themes describing agency and fulfilment of communion needs. Overall, studies have primarily focused on the coherence or organisation of narratives relative to aspects of narrative typology, content and quality.

Research points to markedly negative affective experiences such as abuse, neglect, environmental instability and paternal psychopathology as developmental antecedents of individuals with BPD (Helgeland & Torgersen, 2004). This suggests the relevance of personal memories and referencing of past events during the process of therapy with clients diagnosed with BPD. The eliciting of autobiographical memory narratives early in therapy may positively impact the unfolding of psychotherapy by evoking a feeling of being “listened to” and having their story understood for clients. For therapists, this can lead to an enhanced understanding of the client’s core vulnerabilities and their life story narrative and the planning of responsive therapeutic interventions.

 The present study aimed to examine the autobiographical memory narratives of clients with Borderline Personality Disorder (BPD), in the early phase of individual psychotherapy. While theoretical models of borderline psychopathology suggest that narratives would tend to be fragmented, less coherent, and less integrated with predominantly negative themes, there has been little research to confirm these hypotheses. The few studies have focused largely on select aspects of narratives like specificity or coherence. An exploration of both the structure *and* content of autobiographical memory narratives that emerge in psychotherapy with individuals with borderline personality disorder would contribute to the emerging literature in the area of personality research and psychotherapy processes.

**Method:**

***Participants:***

Purposive sampling identified a sample of five clients diagnosed with Borderline Personality Disorder, referred for individual psychotherapy, from the Adult Psychiatry units of a tertiary care psychiatric hospital. Both inpatients and outpatients with a diagnosis of Emotionally Unstable Personality Disorder – borderline type (ICD -10, World Health Organization, 1992) or Borderline Personality Disorder (DSM-IV – TR, American Psychiatric Association, 2000), within the age of range of 18 to 45 years, conversant in English, Hindi or Kannada languages with a minimum 7th grade education were included in the study. Those with a diagnosis of organic mental disorders, mental retardation, substance use disorders, schizophrenia, schizotypal, delusional disorders or current episode of affective disorder were excluded.

After screening 17 patients, 8 who provided informed consent were recruited and 5 of them completed the study requirements. The socio-demographic details of the sample are provided in Table 1. The principles and criteria of clinical representativeness (Shadish, Matt, Navarro & Phillips, 2000) were followed for sample selection and treatment implementation.

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***Tools used:***

1. Socio – Demographic data sheet:

This was used to collect information including age, sex, education, occupation, marital status, family type, presenting problems and any prior experience of therapy.

1. The Biopsychosocial interview (Singer & Bonalume, 2010)

This interview schedule, developed by The Association for Research in Clinical Psychology (A.R.P., Milan), comprises 5 sections including: (1) family history; (2) client’s life history; (3) client’s academic history and job career; (4) sexuality and romantic relationships; and (5) history of psychological difficulties and/or disorders. Each section has about ten sub-sections containing statements that are open- ended, provide pointers for the interviewer to document specific factual information (such as age, living arrangement, relationship qualities), and also allow for additional recording of information. The client is encouraged to recall and reflect on experiences, while the interviewer attends to associated emotional responses and uses follow-up questions that may offer opportunities to make connections across important experiences. The interview extended to a maximum of three sessions per client after the intake session and before the initiation of therapy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Procedure:***

The procedure followed in the study is described in Figure 1. Written informed consent was obtained from all participants in the study. The socio demographic sheet was administered in the intake session. The biopsychosocial interview, which extended over 2 to 3 sessions per client, was conducted after which individual psychotherapy sessions were initiated. The therapist was a Masters graduate in Clinical Psychology, undertaking clinical training in psychotherapy in a two year postgraduate programme. All therapy cases were supervised by the research supervisor, with a range of 10 to 15 supervision discussions per client. The theoretical framework of psychotherapy and techniques adopted were eclectic and guided by the needs of the client. Techniques were drawn from Dialectical Behavior Therapy (Linehan, 1993a; 1993b), Emotion Focused Therapy (Greenberg, Rice & Elliott, 1993) and Supportive Psychotherapy (Pinsker, 1997). Treatment was open ended in length determined by the client’s needs and/or the duration of the client’s inpatient hospitalisation. The psychotherapy sessions ranged from a total of 11 to 25 sessions. One client dropped out after 11 sessions, therapy was terminated with the other four clients, of which two were on follow up treatment. The interview and the first five sessions of individual psychotherapy for each client were audio recorded and transcribed into verbal text.

A total of 83 session transcripts were coded as per the manual of The Coding System for Autobiographical Memory Narratives in Psychotherapy - CS-AMNP (Singer & Blagov, 2002) to identify autobiographical memory narratives across psychotherapy sessions. The following steps from the CS-AMNP were used during thecoding process:

1. *Topic definition* - involved division of the transcripts into discrete topic segments in order to isolate distinct narrative units;
2. *Narrative complexity coding* - the complexity of narratives was assessed based on the causality, temporality, and outcome of narratives, along with the representations of protagonists and antagonists and their emotional responses. Narrative Complexity was coded for each segment, using a 5-point scale with 5 points indicating highest complexity and 1 point indicating the lowest.
3. *Defining autobiographical memory narratives* - the narratives that were found to have a rating of 3 or greater in complexity, the next step involved identifying narrative units which concerned events that happened at least one year ago, and which were witnessed or experienced by the client first-hand. The specified time frame ensures that the memory narrative has had time to connect to the enduring meaning and affective networks of the long-term self.
4. *Specificity coding* - narratives were classified into one of the 3 types, based on specificity- “*single event memories* are those that are traceable to a specific defined moment in time within one 24-hour period, *summary episodic memories* that collect together a number of closely-occurring single events into one compacted time period, and *summary generic memories* that blend the repeated occurrences of a similar event separated over larger blocks of time into an amalgamated single recollection.”
5. *Integration coding* – identifying the degree of integration of a particular memory with the larger self-concept of the individual. Integrative memories involve stepping back from the memory and extracting a lesson or making meaning out of the same, which has implications for the understanding of the self.
6. *Thematic analysis* - narratives were coded into 4 themes; (i) *Agency* - themes of power, achievement, mastery, independence, autonomy, separation; (ii) *Communion* - themes of relationship, connection, intimacy, nurturance, helping, togetherness; (iii) *Redemption* - negative events that begin with themes of struggles, obstacles, and setbacks, but end with moments of triumph, growth, rejuvenation, and positive emotion; (iv) *Contamination* -sequences begin with hope or positive circumstances and end in frustration, disappointment, and dejection.

The reliability and validity for coding specificity and integration were established (Singer and Blagov, 2002). Coding by one author and an independent rater indicated that highest reliability was found when scoring for two levels of structure (specific events vs. episodic & generic, Cohen’s kappa = 0.80 - 0.98) and two levels of meaning (integrative vs. non-integrative, κ = 0.70). Blagov & Singer (2004) confirmed adequate inter-rater reliability in a study of 1040 self-defining memories obtained from undergraduate psychology students using. The overall Cohen’s kappa was found to be .828 for two levels of structure and .718 for meaning. The study also indicated a correlation between number of summary memories and levels of defensiveness measured by the Weinberger Adjustment Inventory – Short Form (Blagov & Singer, 2004)

***Analysis:***

Inter-rater reliability was calculated for a sample of three session transcripts coded by the researcher and an independent rater (Cohen’s kappa – 0.88 to 1.00). Frequencies and percentages were calculated for the coding categories of the CS-AMNP.

**Results:**

Applying the CS-AMNP, it was found that the total number of topic segments across the interview and therapy sessions ranged from 56 to 119 for the 5 clients. Figure 2 indicates the narrative complexity coding for the topic segments of all 5 clients, rated on a 5 point scale. The predominant level of complexity of narratives was found to be at 3 points (with a range of 43% to 67% across all clients). Stories predominantly had some causal linkages among the events, but without clear temporal sequencing and a confused or absent outcome of the events.

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The narrative units that were at 3 points or higher were examined to identify autobiographical memories (depicting events that were personally experienced and that took place at least 12 months ago). It was found that, overall, around 90% of the narrative segments reflected autobiographical memories.

Specificity coding indicated that all five clients largely produced narratives that were summary generic – a single recollection of memories that blended repeated occurrences of a similar event separated over larger periods of time (range of 89% to 95%). There were a small percentage of summary episodic and single event memories (below 10%) that emerged in both the interview as well as therapy sessions (Table 2). The capacity to step back from memories and make meaning out of them, seemed to be impaired in the sample, as all clients were found to have largely non-integrated memories (80% to 100%) rather than integrated ones (Table 2). Therefore memories were largely recalled as factual occurrences, without having extracted meanings or implications for the understanding of the self.

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As indicated in Figure 3, themes of contamination were found to be the most predominant, in the interviews and therapy sessions (56% to 95%). Some of the contamination sequences indicated lack of attention from parental figures, physical abuse, parental discord, disappointment and dejection in childhood. Disappointment, discord and lack of support were also found to be continuing in current relationships. Themes of agency (themes of power, achievement, mastery, independence, autonomy, separation) and communion (themes of relationship, connection, intimacy, nurturance, helping, togetherness) were not found for two participants, while these were found to be in the range of 1% to 20% for the other three clients. Themes of redemption, reflecting negative events transforming into triumph, growth, rejuvenation, and positive emotion were relatively the least for all clients (10% and below).

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Figure 3 about here

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**Discussion:**

The autobiographical memory narratives of the clients were found to be at a moderate complexity level, tended to be generic in nature, non-integrated and containing predominantly contamination themes.

The CS-AMNP applied to the transcripts in the biopsychosocial interview and therapy sessions, indicated that most of the clients’ descriptions were at moderate complexity level (3 points), with some indication of causality, but without clear outcome and temporal sequencing. Interestingly, it was found that some of the most traumatic and painful emotional experiences in childhood, such as incidents of abuse or interpersonal violence, were narrated in passing, with a complete absence of a story built around that experience (1 point level of complexity). Clients often referred to these incidents in the form of brief phrases while narrating unrelated issues or experiences. Therapists therefore may need to be especially alert during the unfolding of life stories, so as to avoid missing out on clues, which are quickly passed over by the clients. Often, stories categorized at a lower level of complexity (1 and 2 points), lacked affective content and clarity of outcome, providing the therapist much room to speculate on the impact of events. In addition, some segments at the lower levels were considerably fragmented, sometimes creating a feeling of being “lost in the chaos” of the client’s life, for the therapist. These ‘incomplete stories’ could pose challenges to therapists trying to discern the essence of their clients narratives.

Findings along similar lines indicated that the central life story memories of BPD patients were ill-formed, incoherent and atypical resulting in disorganized narratives (Jorgensen et al., 2012) and the stories themselves lacked a strong sense of narrative coherence (Adler et al., 2012). The difficulties in constructing coherent narratives among individuals with BPD have been linked with deficits in mentalization due to their early attachment vulnerabilities. The compromised mentalization is explained to be a defense against painful or traumatic experiences, safeguarding the individual from interpreting the action and intentions of the self and other (Bateman & Fonagy, 2003). Dimaggio and Semerari (2001) clarify that the effect of a good narrative is the integration of bodily experience, the construction of meanings, and interpersonal relations. The lack of coherent narratives or poor quality of narratives may therefore create ambiguity in the therapist’s understanding of the client’s difficult experiences and subsequently lower clarity in potential areas of intervention. Therefore, using deficits in narrative complexity as targets for intervention may be worthwhile to consider in the process of psychotherapy.

It was found that the narratives were largely autobiographical memories in the interviews as expected, and continued to be so even in the therapy sessions, indicating the importance of the references to past life experiences and events in the lives of BPD clients. However, these memories tended to be generic in nature, with little descriptions of specific or episodic narratives. In terms of narrative specificity, clients mainly provided summary generic memories (that blend the repeated occurrences of a similar event separated over larger blocks of time into an amalgamated single recollection), which typically stretched over a large temporal area such as childhood or college years, or period of stay with a parental figure or partner. A few studies have confirmed the tendency for individuals with BPD to overgeneralize their memories contributing to a lack of specificity in their narratives (Startup et. al 2001; Maureux et al., 2010). The protective function of overgeneralised memories has been suggested in studies with college students which link lower specificity with repressive defensiveness (Blagov & Singer, 2004) and lower levels of subjective stress in the face of negative events. Similarly, it was found that the emotional impact of a negative event (Raes, Hermans, DeDecker, Eelen & Williams, 2003). A model of personal event retrieval postulated the mechanisms by which emotionally disturbed patients a defensively avoid the emotional impact of autobiographical memories by summarising categories of events (Williams et al., 2007).

All clients were found to have largely non-integrated memories and research has been linked this with lower levels of socioemotional maturity and personal adjustment (Blagov & Singer, 2004). Adler et al. (2012) also found that the narrator of life stories in the BPD group rarely reflected on the personal significance of a given episode or related it to his or her broader sense of self. Some theoretical hypotheses indicate that early maltreatment and insecure attachment may negatively impact the ability to reminisce about events with an older adult and extract meaning out of the same (Valentino, 2011), which could perhaps lead to problems in integration of narratives among individuals with borderline psychopathology.

One could also consider cultural aspects of narratives while commenting on the tendency to reflect on them or integrate them into conceptualizations about the self. Several studies have found that personal memories of North Americans tend to be more self-focused than those of East Asians (e.g., Wang, 2001, 2006 as cited in McAdams, 2011). In collectivist cultures, children may be encouraged to assume a listening role over a telling role thereby prioritizing other selves and social contexts in their narratives (McAdams, 2011).

The thematic sequences in the narratives were largely that of contamination, indicating early experiences of neglect, abuse, lack of support resulting in emotional turmoil, fear of rejection and intense negative affect. For instance when a client saw improvements in her troubled marital relationship, she was sent away from of home by the husband; when a client’s graduate study plans were approved by the family, they withdrew support during the application process; a client’s trusted caretaker used interpersonal violence to control her behaviour; and the support of a sister who was once distant and uninvolved with the client drops almost immediately post marriage, leaving the client unsupported and lonely again. The contamination sequences reflected those experiences where clients began to see hope or positivity in terms of support, empathy or understanding from family members but ended in frustration, disappointment, and dejection. Jorgensen and colleagues (2012) found that individuals with BPD reported more negative memories compared to a group of individuals with OCD and a non-clinical sample.

Themes of agency, communion and redemption were few in the narratives of all the clients. A few examples illustrative of the theme of agency (power, achievement, mastery, independence, autonomy, separation) include a client’s experience of completing college applications by herself despite the lack of support from her family; taking up a second job to meet living expenses; applying skills taught by the counsellor to deal with emotional difficulties. Themes of communion (themes of relationship, connection, intimacy, nurturance, helping, togetherness) were also found to be low among the clients. However, as seen in the example given below, some clients realised that despite troubled interpersonal relations, there were possibilities of change and those relationships though imperfect, would endure. Here the client is describing the support and acceptance she receives from her fiancé (despite their initial break-up and struggles in their relationship, leading to their recent engagement), and his efforts to ensure their future together.

*C: ....Around me people are... like my fiancé, like he’s so supportive of me. So supportive... he is making plans. He is working so hard...he will say that ok I will do that and I will graduate quicker than I plan and then I will have a house... He is in Australia as well.... same university but he is doing accounting and I am doing science... so with my problems he never blames me....or he never asks me why can’t you be more stronger....*

Themes of redemption (negative events that begin with themes of struggles, obstacles, and setbacks, but end with moments of triumph, growth, rejuvenation, and positive emotion) were found in low percentages for all clients. A few narratives illustrated this theme, for instance - a client’s long standing relationship with her counsellor, his role in bringing about significant avenues of change during her periods of distress and the continuity of his being a stable and important part of her life; and improvements in communication in a client’s previously uninvolved family following family intervention. Adler et al., (2012) found themes of agency and fulfilment of needs to relate with others (communion fulfilment) to be lower among interview narratives of BPD individuals when compared to matched controls. They suggested that identity disturbance in individuals with features of BPD can be conceptualized as problems in constructing a coherent narrative that portrays an agentic protagonist who is able to fulfil his or her communal needs.

The study indicated that autobiographical memory narratives of individuals with BPD do not possess the characteristics of a healthy narrative identity (Singer et al., 2013) including memory specificity, a greater emphasis on positive affective content, and the capacity to engage in meaning-making based on memory narratives. However these aspects are important for psychological health and well-being (Singer & Conway, 2011). The logical question therefore would be what processes or techniques in psychotherapy could facilitate a healthy autobiographical memory system and a narrative identity that can contribute to positive mental health among these clients. Therapy could facilitate this process by helping clients express frightening childhood experiences in words and build a story that makes these experiences understandable and manageable. It may also help “re-story” negative experiences in a new light to alter social relationships and interpersonal functioning. Clients may also benefit from questioning stories told by others about them and consider their own perspectives and draw meaning instead.

Few studies have examined the association between narrative coherence and psychotherapy, where therapy led to positive results including an increase in narrative coherence (Fonagy et al., 1996; Levy et al., 2006). Serrano and colleagues (2004) investigated specific interventions to improve specificity of autobiographical memories among depressed older adults and suggest that autobiographical retrieval practice has positive benefits to relieve depression. Techniques likesoothing, stressing emotional validation and identification of emotional nuclei found to help in the transformation of self narratives (Salvatore et al., 2006). However, specific techniques to facilitate themes like redemption, agency and communion have not been investigated in literature. Nonetheless, therapists could possibly include tasks within or outside therapy sessions, that may help clients experience positive emotions and develop a sense of agency. Therefore future research exploring suitable techniques and strategies to facilitate transformation of problematic narratives may prove worthwhile in the area of narrative-informed psychotherapy.

This study accompanies itself with a wide range of implications for clinical practice. The narrative conceptualization of pathology provides a metaphor for understanding the clients from multiple theoretical orientations. The understanding of narrative patterns in the early phase will aid in case conceptualization and planning of therapy. An exercise in analysing narratives as part of therapy training can sensitize therapists to the kind of themes and affective scripts that individuals with BPD may be presenting. Incomplete stories and stories with low complexity might be missed by the therapist but ‘heard’ again while going through therapy transcripts. Clients with developmental vulnerabilities and difficult trajectories might benefit from enough time to express their ‘life stories’ in the initial phase of therapy and methodologies like the life story interviews and other similar approaches could be integrated into training programmes.

The study has limitations in the terms of the small sample size and the absence of standardised diagnostic tools for sample selection. The step of coding for themes in the coding system CS-AMNP has not been tested extensively for its reliability and validity.

Studies of narrative processes in psychotherapy have used varied research designs ranging from intensive single case designs (Angus & Kagan, 2013; Gullestad & Wilberg, 2011), a single group design with few cases of a specific disorder like depression (Levitt, Korman & Angus, 2000), two-group designs with either different therapy modalities (Boritz, Angus, Monette, Hollis-Walker & Warwar, 2011) or a clinical group and matched control group (Ramussen & Angus, 1996). Studies with control groups have primarily used single psychotherapy sessions (Ramussen & Angus, 1996) or a single autobiographical memory test (Reid & Startup, 2010) and this may reflect the resource-intensive nature of qualitative research examining narrative material. Although, the lack of a control group in the present study makes it possible that the findings are a reflection of general trends of psychopathology, and not specific to clients with BPD, the results may yet inform clinical practice and stimulate further research with this vulnerable group. It is critical that these preliminary findings be extended in future studies with a methodologically improved research design; a larger sample and inclusion of a matched control group. This would help to answer additional questions about the uniqueness of narrative structures and content among individuals with borderline pathology.

This study points to future research avenues examining memory narratives in psychotherapy. The research design employed in the study could be used as template to conduct studies across a longer duration of therapy, documenting the process of change in memory narratives. The sequential changes in the therapy process could then be examined through the use of techniques such as sequential log linear analysis. The relationships between narrative content and structure and the theoretically linked constructs like affect regulation, mentalisation and attachment styles could be concurrently assessed. This could help answer relevant questions, for instance – Do changes in memory specificity influence changes in affect regulation or vice versa?; Does integration of narratives facilitate better interpersonal functioning?; Can working alliance be enhanced by eliciting autobiographical narratives in the early phase of therapy and so on. Rigorous research on the analysis of narrative patterns could also help in construction of standardized tools to assess factors such as memory specificity, integration and themes. Further studies would also help in the validation of this coding system and its potential for further understanding of borderline psychopathology as well as the process of psychotherapeutic change.

**Acknowledgements:** We acknowledge the contributions of J. A. Singer and L. Bonalume for permission to use the Biopsychosocial interview and The Coding System of Autobiographical Memory Narratives, as well as for their constructive suggestions. .

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Table 1. Sociodemographic characteristics of the sample (n=5).

Table 2. Percentage distribution of autobiographical memories coded for specificity and integration, for all 5 clients.

Figure 1. Flow chart of Study Procedure.

Figure 2: Percentage distribution for narrative complexity coding of topic segments (n=5)

Figure 3. Percentage distribution of autobiographical memories coded for themes.