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Agency in life stories of people with a personality disorder

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Table of contents

1. Introduction.....	4
2. Methods.....	8
2.1. Context.....	8
2.2. Participants	8
2.3. Procedure	9
2.4. Coding	9
2.5. Training and Reliability.....	11
2.6. Quantitative analysis.....	11
3. Results.....	12
3.1. Results of qualitative analysis	12
3.1.1. Presence of Agency	12
3.1.2. Lack of agency	12
3.1.3. Too much agency	13
3.2. Changes in the life story before and after treatment.....	13
3.3. Result of quantitative analysis	15
4. Discussion	16
Literature	21

Abstract

Aim: The purpose of this mixed- method study is to investigate the topic of agency in the life stories of individuals who suffer from a personality disorder. Agency, a concept of the narrative identity, is about autonomy, self-expression and self-protection. The term is used to describe that people try to differentiate from others, and master their environment. Agency and its change in life stories through treatment has not been studied before with a group of participants who already received a treatment due to a personality disorder. The research questions are: **1.** In what varieties can agency be found in the life stories? **2.** Which qualitative changes appear in the life stories after treatment? **3.** To what extent does the amount of agency change?

Method: A qualitative analysis was conducted, to study the varieties and changes in agency. An inductive and deductive approach was used to create a codebook. For the deductive method, the definition of agency from Diehl et al (2001) and Abele et al (2008) was used. For the quantitative analysis a paired t-test was applied to compare the amount of the codes “presence”, “lack” and “too much agency” in the life stories before and after treatment.

Results: 1. Agency is present in the following varieties: Internal, external and social functioning. External agency means that the participant has only a self-managing ability when getting help from other persons. Internal agency refers to insights of the participants and social functioning in the sense of educational achievements. A lack of internal and external agency is present and many participants experience a lack of agency due to traumatic events.

2. External agency and function in society is more present in the life stories before treatment, while internal agency is enhanced after treatment. Lack of agency was present in the first as well as in the second life story, because most participants report about the same incidents and insecurities. Whereas the first stories only contain different stages of their lives, the second life stories are written in a more reflective style. The analysis showed, that the participants had different intentions to write down their life stories.**3.** The quantitative analysis showed that “lack of agency” decreases in the second life story but there is no significant increase or decrease in the presence of agency or for too much agency.

Conclusion: Both, presence and lack of agency should be considered when studying the change of agency in life stories. The results can be applied in therapy by encouraging the patients to see negative past experiences from a different point of view. For future research it is recommended to study whether the work on cognitive errors in therapy contributes to the change in agency.

Abstract

Doel: Het doel van deze mixed-methoden studie is om agency in de levensverhalen van individuen die een persoonlijkheidsstoornis hebben te onderzoeken. Agency, een concept van de narratieve identiteit, gaat over autonomie, zelfontplooiing en zelfbescherming en betekent dat mensen proberen zich van andere mensen te differentiëren en hun omgeving te beheersen. Agency en die verandering daarvan wordt nog niet bij mensen met een persoonlijkheidsstoornis, die al in behandeling waren, onderzocht. De onderzoeksvragen zijn: **1.** Op welke manier komt agency in de levensverhalen naar voren? **2.** Welke kwalitatieve veranderingen in agency zijn er in de levensverhalen na de behandeling? **3.** In hoeverre verandert het aantal agency na de behandeling?

Methode: Er is een kwalitatieve analyse uitgevoerd om te onderzoeken op welke manier agency naar voren komt en hoe zich agency verandert. Het codeboek wordt met een deductieve en inductieve aanpak ontwikkeld. Voor de deductieve analyse werd de definitie van Diehl et al. (2001) en Abele et al. (2008) gebruikt. Voor de kwantitatieve analyse werd een gepaarde t-test uitgevoerd om het aantal agency codes voor agency present, gebrek aan agency en te veel agency voor en naar de behandeling te vergelijken.

Resultaten: **1.** Agency is aanwezig op de volgende manieren: Intern, extern en maatschappelijk functioneren. Agency extern betekent, dat er blijkt is van een sturend vermogen met hulp van inschakeling van de omgeving. Agency intern verwijst naar nieuwe inzichten en maatschappelijk functioneren heeft betrekking op de prestaties op school bijvoorbeeld. Agency intern en extern is aanwezig en er is sprake van een gebrek aan agency bij traumatische gebeurtenissen. **2.** Agency extern en maatschappelijk functioneren is aanwezig voor de behandeling en agency intern is verhoogd naar de behandeling. Er is een gebrek aan agency in de eerste en ook in de tweede levensverhalen, omdat de participanten over dezelfde negatieve gebeurtenissen schrijven. De eerste verhalen bevatten de verschillende stadia van hun leven en de tweede levensverhalen worden in meer reflecterende stijl geschreven. Uit de analyse bleek dat de deelnemers verschillende intenties hadden om hun levensverhalen te schrijven. **3.** De kwantitatieve analyse liet zien dat "gebrek aan agency" afneemt in het tweede levensverhaal, maar er is geen significante toename of afname in de aanwezigheid of van te veel agency.

Conclusie: Zowel de aanwezigheid als ook het gebrek van agency zijn belangrijk in het onderzoeken van agency in levensverhalen. De resultaten van deze studie kunnen worden toegepast in de therapie door mensen aan te moedigen de gebeurtenissen uit het verleden uit een

andere perspectief te zien. Voor toekomstig onderzoek wordt aanbevolen te onderzoeken of cognitieve fouten met de verandering in agency te maken hebben.

1. Introduction

Individuals who suffer from a personality disorder experience huge problems in their daily life. Their problems derive from an extreme or inflexible structure in their personality. Individuals with a personality disorder have specific traits which affects the way of thinking about themselves and others. Besides that these people often developed early adopted maladaptive thinking and behaviour patterns which can lead to difficulties in social interaction. People with a personality disorder have enduring difficulties concerning cognition, affectivity, interpersonal functioning, and impulse control in a broad range of personal and social situations. Further a significant impairment in self as well as in interpersonal functioning is mentioned (American Psychiatric Association, 2013).

The treatment of personality disorders is intensively studied. The American Psychological Association names certain types of psychotherapeutic approaches, such as psychoanalytic/psychodynamic, dialectical behavioural therapy, cognitive behavioural therapy, and psychoeducation as effective methods. Furthermore medication like antidepressants, anti-anxiety medication or mood stabilization can help patients to deal with the symptoms of personality disorders. (APA, 2016).

Studies show that psychotherapy provides an effective way to treat personality disorders (Bartak, Soeteman, Verheul & Busschbach, 2007; Verheul & Herbrink, 2007). The researchers assume that psychotherapy is not only an effective treatment but also a cost effective and necessary intervention (Bartak et al., 2007). Furthermore Verheul and Herbrink (2007) studied different formats and settings of psychological treatment and found that the various treatments were able to reduce symptomatology and personality pathology. Besides that the researchers state that the social functioning of persons with a personality disorder improved after treatment. Despite the intensive research it remains questionable is what exactly changes through psychotherapy.

An effective way of analysing the psychotherapeutic process is the narrative approach (Kazdin, 2007; Angus & McLeod, 2004). Narrative psychology states that humans use stories throughout their lives in order find or create meaning. In general, individuals use stories to reconstruct the past and imagine the future. Furthermore, stories play an important role in how we create our identity. The narrative identity is an important concept of narrative psychology. Researchers state that humans interpret their lives as ongoing stories, which support the individuals by creating an identity. The aim is to provide one's life with an identity consisting of unity, purpose and meaning. This happens by forming the reconstructed past and the future

into a coherent whole. Life stories develop throughout the individuals' life and also reflect their personality development (McAdams & Pals, 2006).

There are two themes within the concept of narrative identity, namely agency and communion. The distinction between agency and communion explains the duality of the existence of human beings. This classification describes how we perceive ourselves, other individuals and social groups. Agency is about autonomy, self-expression and self-protection and means that people try to differentiate from others, and master their environment. Communion on the other hand deals with relationships. (Abele & Wojciszke, 2014). The dimensions of agency and communion are designated concepts to study personality disorders, because researchers found that the life stories change over the time of treatment. Agency as a central topic of the narrative identity, also changes in the process (Adler, Chin, Kolisetty & Oltmanns, 2012).

Many life stories of individuals with a personality disorder are characterized by abuse, traumatic experiences and destructive relationships (Dimaggio, Semerari, Carcione, Nicolò & Procacci, 2007). Individuals who suffer from a personality disorder often experience an inability to impact and create their lives actively. From their point of view bad things just happen to them. Their sense of self-worth and self-efficacy is often low. However in the light of the patients past experiences this might be comprehensible. Referring back to how the (narrative) identity is construed by former and future experiences it becomes clear that the life stories of the patient with personality disorder also reflect their identity disturbance. Life stories of individuals with a personality disorder are often biased by cognitive disturbance due to this disorder, and they often emphasize the negative experiences in their lives. In general it can be expected that the autonomy, self-expression and self-protection of individuals with a personality disorder is restricted. In the narrative approach these personality traits are summarized under the term "agency".

For this study it is relevant to discuss the studies which focus on the therapy change of people with a personality disorder. Agency in life stories was studied by Adler et al. (2012). He studied the impact of psychotherapy on personality change and focuses on the narrative identity of 47 adults. The participants wrote the life story prior to psychotherapy, in between the 12 sessions and afterwards. The results revealed that the theme of agency increased whereas the coherence of the stories stayed the same. The enhancement in agency was associated with an increase of mental health. It is important to mention that the increase of agency was followed by an increase of mental health. The author uses self-determination theory to explain the association between agency and mental health. Self-determination theory states

that people have a desire and a need to psychological growth. Therefore people strive to deal with challenges in order to experience psychological advancement. This need is threatened when a person is not able to deal with problems. His or her sense of agency is thus not strongly developed. A treatment enhances this sense of agency. This can be recognized by the use of more agentic terms in the life story written in the end of the treatment.

Adler (2013) also studied whether narrative meaning making is associated with sudden gains in psychotherapy. It was found that the construction of the self in the sense of agentic is not associated with sudden gains in Psychotherapy. The author assumes that the process of self-construction itself is associated with sudden gains in psychotherapy and “not the qualities of the self-as-construction.”

However this studies focus on psychotherapy of mentally ill persons, but not on individuals with a personality disorder. In another study, Adler (2012) used the life stories of 40 participants in order to assess the narrative identity of adults with borderline personality disorder. The participants engaged in a life story interview developed by McAdams (1993). The participants were asked to talk about different chapters, key episodes and key characters in their lives. The authors used narratives of patients to understand the identity disturbance, which is an important aspect of their mental disorder. People with a borderline personality disorder experience symptoms like affective instability, impulsivity, conflictual interpersonal relationships and propensity for suicidality. Furthermore the development of a “strong sense of self is highly problematic”. This means that the person is not aware of his self-efficacy, that he can be an agentic individual. Understanding the narrative identity of a person can also help to understand the identity disturbance of persons with a borderline personality disorder.

Adler (2012) and Adler et al. (2012) focus in their studies on whether agency is present or not. A more differentiated study of the therapeutic process was conducted by Arntz, Hawke, Bamelis, Spinhoven and Molendijk (2012). The researchers investigates the language used by the participants. They studied the changes in the natural language in order to assess the change in psychotherapy for patients with personality disorders. The participants wrote essays about their lives three times over a period of two years. The results indicate that singular person pronouns, negative emotion, causation, past and future tense verb categories decline within the two years, whereas present tense verbs and positive emotion increase. It is interesting that the use of negations declined over the two years. The authors describe that negations reflect the patients view on what they miss or are not able to do. They assume that personality disorders consist of two important aspects: the presence of negative characteristic qualities

and the lack of positive ones. Furthermore they argue that the psychotherapeutic change occurs because of the reduction of negative feelings and negations of positive qualities. The processes that possibly lead to the reduction of negotiation are, according to the authors, a change of focus, leaving behind the past and learning to better understand the patients' needs (Amtz et al, 2012). Referring back to the distinction of agency and communion, especially the last point would mean that the patient experiences an enhancement in the sense of agency during the treatment.

From the studies above it can be concluded that the treatment of personality disorders can have an impact on a person's agency. The research questions are: In what varieties can agency be found in the life stories? Which qualitative changes appear in the life stories after treatment? To what extent does the amount of agency change?

The relevance of this study derives from the fact that there is a lack of knowledge about the narrative identity of people with a personal disorder and its development. Besides that, this is the first study using the life stories of participants with a personality disorder who already received treatment. Unique to this study is that a mixed-method approach is used in order to evaluate agency in different aspects. The applied codebook was developed with a deductive and inductive approach, through which more insight in what changes in the life stories of the participants can be gained. It is important to investigate the matter of agency in personality disorders because a better understanding can lead to a better understanding of the development and treatment of personality disorder. By understanding the changes of agency after treatment it can be figured out what exactly changes during treatment. This can lead to more personalized and effective treatment and thus lower costs.

2. Methods

2.1.Context

Scelta is a specialized department for persons with a personality disorder and part of the mental health system in the Netherlands. The treatment consists of multidisciplinary guidelines. The focus of the treatment programs lies on behavioural change and the acknowledgement on personal strength and weaknesses in order to achieve a better personal and social functioning. The (day) clinical treatment programs that are relevant for this study will be summarised in the following paragraph.

The first program uses methods from dialectical behavioural therapy. The patients learn about core beliefs, interpersonal skills and skills referring to emotional regulation and to deal with crises. This program is suitable for patients with a low-level borderline problematic.

The second program focuses on the realization of the patients' thought and behaviour patterns. The aim is to understand oneself and to deal with one's own strength and weaknesses. Furthermore the patients learn to find coping strategies for their emotions.

The third program is a three-day treatment in a day-care-hospital. This treatment makes use of dialectical behavioural therapy and schema therapy.

2.2.Participants

The fourteen participants are patients from GGNet Scelta (Netherlands). The patients were transferred from second-line healthcare to Scelta, because their former treatment was not successful. The inclusion criteria for this study are that participants are between 18 and 65 years old and diagnosed with a personality disorder according to the DSM 5 or DSM-IV-TR. The exclusion criteria are an antisocial personality disorder and an IQ below 80. Furthermore participants who have serious emotional or behavioural problems so that the treatment is not possible and/or participants who are not able to control their emotions, thoughts or their behaviours are excluded. The participants' average age was 29.48 years. Thirteen of the fourteen participants were female. 50 percent of the participant suffered from a borderline personality disorder and 29 percent from an obsessive compulsive disorder. Nearly 80 percent of the participants are single and 20 percent of the participants are married. (see Table1.)

Table 1

Demographics and characteristics of participants.

Characteristics	Total (N=14)
Age, mean (SD), years	29.48 (7.93)
Gender	
Female	12
Male	1
No information	1
Diagnosis of Personality disorder	
Borderline PD	7
Avoidant PD	-
Dependent PD	-
Obsessive-Compulsive PD	4
Antisocial PD	-
NAO	3
Education	
Havo	4
Mbo	3
Vmbo	2
Hbo	5
Marital status	
Single	11
Married	3

2.3.Procedure

With the registration for the treatment the patients wrote down their life stories. The instruction was “For the registration you provide: your life story”. Then they were assigned to three different treatment programs. After treatment participants were again ask to write down their life story. Furthermore they were asked to take part in the study. They were informed about the study, and when they agreed they had to sign the informed consent.

2.4.Coding

The life stories are analysed with the help of the computer program Atlas.ti 8. The codebook for the analysis was developed by doctoral candidate Sylvia Pol and clinical psychologist in

training Fabian Schug. To develop the codebook the researchers used deductive and inductive content analysis.

For the deductive method, the definition of Agency from Diehl et al (2001) and Abele et al (2008) was used to develop a code scheme. According to Diehl et al (2001) persons who experience high levels of agency are very individualistic and autonomous. In its positive form high agency means that the agentic persons can be powerful leaders who are very skilful, ambitious, self-confident and creative. In its negative form agency is expressed by “hunger for power and dominance”. Abele et al. (2008, p. 1204) adds to this definition the lack of agency: “*A lack of agency manifests itself in, for instance, inactivity and apathy.*” Silvia Pol and Fabian Schug coded five life stories with the help of the a priori dichotomous coding scheme for agency. The code-scheme was adjusted until the researchers reached consensus about the codes. The life stories were divided into meaning units. Meaning units are words, sentences or text segments which are connected through the content or context. These meaning units were coded with lack and presence of agency. After that the researchers discussed possible sub-codes.

Next to this deductive method the researchers also used the inductive method. This means that they did not use known categories to analyse the stories. For the inductive analysis the life stories were divided in meaning units, which were then reduced. To each of the reduced meaning units a unique code was assigned. Those codes which had a common dominator became subthemes for agency. The subthemes are presence, lack and too much agency. The final codes (see Table 2) for the analysis were agency present intern, extern and to function in society and lack of agency intern, extern, to function in society and additionally a code for traumatic experiences and the last code was too much agency.

Table 2

Codebook for Agency

Themes	Agency		
Sub-themes	Agency, present	Agency, lack	Agency, too much
Codes	<ul style="list-style-type: none"> - Intern - Extern - To function in society - Not other specified 	<ul style="list-style-type: none"> - Intern - Extern - To function in society - Traumatic experiences - Not other specified 	

2.5. Training and Reliability

Silvia Pol and Fabian Schug invited me and another master student to inform us about their research and the qualitative analysis. The researcher explained the program atlas.ti to us. We used four life stories to discuss the codes for every meaning unit and to code the life stories with atlas.ti 8. To assess the reliability of the coding scheme the other student and I analysed six additional life stories, which were also analysed by Silvia Pol and Fabian Schug independently. There were 336 meaning units. The Cohen's kappa for the two researchers and the two students for agency present, lack of agency, too much agency was moderate ($k=0.50$). For my fellow student and me and a restriction to the codes agency present, lack of agency and too much agency the analysis of Cohen's kappa revealed .70, which is substantial.

2.6. Quantitative analysis

The analysis of the quantitative data was restricted to the data of the three codes presence, lack and too much agency before and after treatment.. To compare the amount of codes before and after treatment a paired t-test was conducted.

3. Results

3.1. Results of qualitative analysis

The first research question was: In which varieties is agency present in the life stories? In the following section the codes for agency and communion and the respective sub codes will be discussed. The code “Agency” is divided in presence absence and too much agency.

3.1.1. Presence of Agency

Agency is present when the participant has a positive view on his autonomy, desired objective and direction of his life. Agency can be external and internal. External agency means that the person has only a self-managing ability when getting help from other persons. This is for example the case when participants search for help from the mental health care or other persons who they can trust.

Quote 1: ...I went to a confidential person. (26/2)

In contrast to this, internal agency describes the self-managing ability without the help of others. The participants achieve their goals on their own. Internal agency also refers to insights a participant gained after treatment.

Quote 2: After this incident I knew it was enough and I decided to divorce. (6/2)

Quote 3: ... I learned to stay more by myself. (32/1)

The third subtheme of agency is “To function in society” and means that persons are able to be successful in in school or university. Participants often report successful experiences from school, university or work, like graduating or continuing school.

Quote 4: I thought that I finished with therapy and therefore I can go back to school. (26/2)

3.1.2. Lack of agency

There is a lack of agency referring to the themes of autonomy, desired objectives and direction of the participant’s life. A lack of external agency means that the participant often reports experiences in which he or she was not able to change anything. The (bad) things just happened to the participant. This refers to experiences like bullying or other bad circumstances.

Quote 5: “My life had not the most stable and balanced start.” (32/1)

Quote 6: “I was being bullied from kindergarten to high school. This ruined my time in school. (26/2)

A lack of internal agency means that the participant is not able to live autonomously and follow his or her wishes in life. It is often a withdrawal from his or her own wishes.

Quote 7: "I learned to say not too much towards him, because I was afraid that he gets angry." (6/1)

There is also a lack of agency when the participants experience traumatic incidents, like sexual abuse or the death of a nearby.

Quote 7: "It turned out that I have been sexual abused when I was 14". (63/1)

The last code refers to a lack of agency in respect so social functioning. This means that the participant is not able to finish school for example.

Quote 8: "It seems that school was too demanding and that it was too much pressure."

3.1.3. Too much agency

This code refers to persons whose autonomy is in the first place. They always act only in accordance to his own opinion. The opinions of others do not matter and they do not respect the boundaries of other persons. "Too much agency" is often connected with narcissistic personality disorder.

Quote 9: "People must prove that they are going to stay at that cost time. I feel distrustful of other people."

3.2.Changes in the life story before and after treatment

The following section refers to the second research question: Which qualitative changes appear in the life stories after treatment?

Presence of Agency

The qualitative analysis showed that agency is in the first as well as in the second life story of the participants present. The differences can be detected in the sub-codes of agency. External agency and function in society is more present in the life stories before treatment and internal agency after treatment. External agency is present when participants write about applying for treatment or look for help elsewhere. Participants list the activities they or others had done to improve their situation. (6/1: *My psychiatrist (name) applied for GGZ (place)*)

Internal agency in the sense of "new insights" is more present in the second life story. One participant (63) wrote for example about her sexual abuse in two sentences in which she accuses herself to be responsible for the abuse by a 40 year old men. She was 14 years old when this happened: *"Finally, it came out that I had been sexually abused when I was 14*

years old. But it was my own fault wasn't ? I wanted to do it." After treatment she sees the situation from a different and healthier point of view (63/2: "I missed a father figure and he gave me the attention and that felt good. He misused this because I was so vulnerable.) Furthermore she is also able to understand why her parents react like this. She got the insight that her parents were not angry because of her but because of the man.

Lack of agency

"Lack of agency" is present in the first and in the second life story. There is a lack of agency in the life story before treatment when the participants reach a point where they can no longer go on with their plans in life. The psychological problems are so severe that normal functioning is not any longer possible. One participant (53/1) reports: "*I finished the first year. Two month ago I stopped studying. To much fear of failure, too depressed, too desperate. I cant take it anymore.*" and another participants reports, (66/1) "*At the moment, I am stuck in this phase of my life.*"

Lack of agency is also present in the life story after treatment because many patients write about the same incidents. Furthermore a lack of agency is in so far present that the participant is insecure about the time after treatment. "*Furthermore I fear everythink and I am really tired. I do not dare to play the piano again (I can not handle it), I do not dare to photograph my new lens because I do not get it yet "*(66/2).

Structure of the life stories

The structure of the first life stories differ from the second ones. The first life stories of the participants are often written like a timeline. They report what happened in their lives in respect to their education and work. Agency is present in respect to social functioning (6/1: *After the LHNO I went to the INTAS, which I managed quite well.*) In many cases the second life story was much longer than the first one. Patient 6 for example wrote his first letter like a timeline and wrote the second story in more detail. The second life story of this participants starts with the heading "A new view" which was symbolic for the change after treatment. The participant summarizes the different experiences of his life and writes about the new insights she/he got from treatment (61/2: *It is difficult, but I am busy to make friends, with normal expectations and falling and getting up. It must not be perfect because I'm a human.*")

Intention to write life story

Furthermore the participants had different intentions to write down their life story. Whereas many patients see the first story like an application for treatment the second life story is written in a more personal style. Patient 6 begins his life story for example with "*Dear Sir, Dear Madam, with this letter I want to apply for a treatment*". After treatment the patient describes his life in more detail and focuses more on the experiences he/she made in life and focus not on the different treatments he/she went through.

3.3.Result of quantitative analysis

A paired-samples t-test was conducted to compare presence, lack and too much agency in life stories before and after treatment. In order to take the length of the life stories into account it was chosen to calculate the percentage of the amount of codes. The data showed a normal distribution and it was therefore suitable for a paired t-test.

The analysis (Table 3) revealed that there was no significant difference in the scores for "agency present before" and "agency present after", $t(14) = -1.572, p = .138, d = .42$. There was a significant difference in "lack of agency before" and "lack of agency after"; $t(14) = 2.729, p < .05, d = .73$. Furthermore there was no significant difference between "too much agency before" and "too much agency after"; $t(14) = 1.382, p = .189, d = .37$. These results show that presence of agency and too much agency did not change after treatment, although there was a moderate effect size. But there is a significant difference for Lack of agency before and after treatment, which means that the participants experienced less lack of agency after treatment than before. Further, Cohen's effect size value ($d = .73$) suggested a moderate to high practical significance (Cohen, 1988)

Table 3

Comparison of lack, presence and too much agency before and after treatment (in %)

		M	SD	t	df	Sig. (2-sided)
Pair 1	Agency present before	34.13	9.25	-1.572	14	.138
	Agency present after	40.80	13.06			
Pair 2	Lack of agency before	29.40	6.20	2.729	14	.016
	Lack of agency after	22.00	10.00			
Pair 3	Too much agency before	.20	.561	1.382	14	.189
	Too much agency after	.00	.000			

4. Discussion

The present study examined the life stories of individuals with a personality disorder before and after treatment. We used qualitative and quantitative methods to study the changes in the life stories. The research questions of the present study were divided into three sub questions.

In what varieties can agency be found in the life stories?

The qualitative analysis showed that agency is present in different varieties. The presence of agency can be divided into internal and external agency, which refers to a self-managing ability without or with help from other persons. The same distinction applies for lack of agency. A lack of external agency was expressed when the participants report about experiences in which they were not able to change anything. A lack of internal agency means that the participants are not able to live autonomously and follow their wishes. Furthermore the participants experience a lack of agency when they were victims of abuse or had other traumatic experiences. Agency was also expressed in respect to social functioning. Some participants were able to finish school while others had difficulties.

Which qualitative changes appear in the life stories after treatment?

The analysis showed that agency is both, present in the first and in the second life story. However, it is noticeable that there are differences with respect to the sub codes of agency. External agency and function in society is more present in the life stories before treatment while internal agency is enhanced after treatment. The participants report about the insights they got during treatment and how they fought against their problems. Furthermore the analysis showed, that the participants had different intentions to write down their life stories. Some patients view the task as part of an application process in order to get treatment, others just wrote down everything that happened in their lives. Lack of agency was present in the first as well as in the second life story, because most participants report about the same incidents and insecurities. Furthermore, the story structure differed from the first to the second life story. Whereas the first stories only contain different stages of their lives the second life stories are written in a more reflective style.

To what extent does the amount of agency change?

The quantitative analysis showed that the “lack of agency” decreases in the second life story but there is no significant increase in the presence of agency.

Characteristic for participants with a personality disorder is that they experience a lack of agency, because they feel stuck in their lives and they do not feel able to change anything and to have an impact on their lives. Furthermore, the participants report about traumatic or at least problematic incidents or relationships in their childhood or youth, which lead to a lack of agency. This is in accordance with the study of Adler, Chin, Kolisetty and Oltmanns (2012), who showed that patients with a borderline personality suffer from an identity disturbance and therefore a lack of agency.

A strength of this study is that we used qualitative as well as quantitative analysis. By combining these two approaches, different aspects of the life stories were taken into account. With the help of the multi-method approach it was detectable that agency changes after therapy. The participants report in their life story after therapy about more insights referring to their life story. They are more able to reflect what and why things happened. The quantitative analysis showed that the lack of agency decreases in the life story after therapy. This is in accordance with the findings of recent studies about the change of agency (Adler et al., 2012; Adler 2012; Arntz et al., 2012). A further strength of the present study is, that it provides more differentiated results, taking into account that it focused not only on the lack but also on the presence of agency. Adler et al (2012) as well as Adler (2012) used scales from 0 to 3/5 to measure the presence of agency. With the differentiation in the present study, it was detectable that there is, except for the presence of agency, also the lack of agency in the life stories measurable. The importance to distinguish between presence and lack of agency and not to only focus on a single scale for the presence of agency is emphasized, because the results of the quantitative analysis showed that there was less lack of agency in the second life story.

The results lead to the assumption that both, presence and lack of agency should be measured individually because they seem to develop independently from each other. This is in accordance with the results of Arntz et al. (2012). He studied the changes in the language in order to measure whether a change occurs through psychotherapy. The researchers assume that a personality disorder consists of the presence of negative characteristics and the lack of positive qualities. What happens during therapy is a reduction of negative feelings and the reduction of negation of positive qualities. This explains why the participants of this study experience less lack of agency but no increase in agency after treatment. This results shows, that the participants might interpret the negative experiences in their lives from a different point of view. Less lack of agency can be interpreted as viewing these experiences less negatively.

The finding that the second life stories contain more insights and are written in a more reflective way is in accordance with the findings of Adler, Skalina and McAdams (2008).

They studied the narratives of participants after treatment and found that the way of storytelling depends on their current mental health after treatment. Those participants who scored high on subjective well-being, tell about their therapeutic experience in more agentic terms. Furthermore, they found that the participants “*construe complex and nuances meaning from their experience*” (Adler, Skalina & McAdams, 2008, P. 730). This is confirmed in this study. Some participants wrote about some incidents without reflecting on it in the first life story. This changed in the life story written after treatment in which the participants wrote about these incidents from a different and more reflective point of view.

Does agency change through treatment or through other factors?

The result of the present and recent studies is that agency changes after therapy although the study designs were different. This leads to the assumption that the result is not depending on the study design but on the treatment. The participants in Adler’s study (2012) for example were predominantly asked to write about their experiences in therapy. In order to evaluate their process the patients were asked to write their life story before treatment and in between the 12 sessions. Adler (2012) provides an alternative explanation for the increase of agency in his study. He assumed that agency increases because of the study method itself. When the participants were asked to write and reflect about their therapy after, and in between the 12 sessions they might already have developed a new story and slowly externalized their problems. Thus, Adler (2012) concludes that “*it seems possible that agency might be an early narrative characteristic to emerge as these alternative stories coalesce*” (p. 383). With the present study, we were able to contribute to the current state of research, as we could detect also a change in agency by using different methods and data. Thus, it might be possible that agency is an early narrative characteristic, but a change in agency also occurs when participants are asked to write two life stories and are not restricted to the therapy process.

Another possible explanation for the change in agency can be the different motivations and circumstances under which the life stories of the participants were written. The participants got the instruction “For the registration you provide: your life story”. Some participants might have misinterpreted this instruction. In the life stories of some participants it seems that they view the life story as part of application procedure (6/1 “*Dear Sir, Dear Madam, with this letter I want to apply for a treatment*”). The participant might have emphasized their problems in the first life stories in order to increase the possibility to get treated. Some participants might have feared a rejection from the psychologists, when their problems are not severe enough. The life stories written by the participants after treatment are in general longer, more

reflective and contain personal insights of the participants. It might be the case that the participants wrote their second life stories more for themselves because they do not fear rejection anymore. Furthermore, they use the opportunity to sum up their insights during treatment. These different motivations might have affected the results of the study, in a way that the differences in the two life stories were not the result of the treatment but because of the different situations before writing the life story. However through the fact that agency changes in all studies it can be assumed that it changes independently from the kind of designs, measurements and instruction the participants got.

Therefore it can be assumed that the change in agency occurs through treatment. An argument is that patients learn to process the experiences and learn to see them from a different point of view. It might be possible that the patients developed strong and unchangeable cognition towards their past experiences. During treatment the participant might become aware of cognitive errors. Furthermore, the participants learn to cope with the experience and are more able to experience less lack of agency after therapy.

This study is limited in several aspects. It is interesting that the qualitative analysis of the life stories showed that some aspects changed in the life stories, but that it was not recognized by the researcher that “lack of agency” decreased after treatment, like the quantitative data analysis showed. The reason for this can be that it is easier for the researcher to recognize those additional or new aspects of the story rather than those which disappear. Thus, there is a bias on the side of the researcher. Another limitation refers to the analysis of the data. Due to the low Cohen’s kappa for the interrater reliability for all codes, it was chosen to focus only on the distinction of presence, lack and too much agency. Through the qualitative analysis it becomes clear, that there are differences with respect to the sub-codes internal and external agency. Therefore, the statistical analysis of every code would be interesting after adjusting the code theme. A recommendation for further research is to enhance the interrater reliability for all codes in order to take any code into account. This could be ensured by more training sessions for the coders.

The last point which might have affected the study is that neither my fellow student nor I are native Dutch-speakers. Although we command the Dutch language on a high level it might have been the case that we misunderstood some phrases or slang used by the participants.

A strength of this study is that we not only measured the presence of agency but also the lack of agency, which revealed that these two states develop independently from each other. The multi-method approach revealed interesting results, which had been otherwise not

detected. Furthermore, we concentrated on the life stories of patients before and after treatment and we did not restrict the patients to report about the process in psychotherapy. Furthermore the reliability of the present study was on the level of presence, lack and too much agency Cohen's kappa good.

For future research it would be interesting to focus on the question, which factors are responsible for the change. In comparison with recent studies, this study could show that agency changes independently from the design and instruction of the study. In general, it can be concluded that the life stories of the participant's didn't change, but their perspective on it did so. This may be linked to the treatment of cognitive errors. An interesting question would be in how far cognitive errors and agency relate to each other. In order to confirm and generalise the findings of this study more life stories should be analysed. It would also be interesting to take the different treatment programs into account and compare the effectiveness by studying more participants. By comparing the treatment programs, it might become visible which treatment affects the change of agency in the life stories of the participants. Furthermore, the different diagnosis of the participants could be taken into account. This would lead to more a more differentiated view on the different personality disorders. For future research with life stories, it is recommended to use the multi-method approach, in order to gain different to compare qualitative and quantitative results and to view presence and lack of agency as different dimensions. Besides this it would be interesting to study a third life story of the participants one year after treatment. With this it could be studied whether the change in agency is a process from lack of agency to less lack of agency towards presence of agency. Furthermore, it could be observed whether the participants are able to apply their knowledge gained in therapy to their daily lives.

The results of this study provide a practical implication for the use of life stories in the treatment of patients with a personality disorder. In narrative therapy the focus lies on the reconstruction of one's own life story. The enhancement of the person's agency is an important aspect of psychotherapy. Besides that, the therapist can focus on the decrease of lack in agency. The patients can work on both aspects of agency.

Summing up, it is important to consider that agency is a construct which consist of both aspects, namely presence and lack of agency. The results of this study show that it is important to not only support and value when there is agency in the life stories of patients but also when they view past experiences from a different and less negative point of view.

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