

Exploring the Effectiveness of Narrative Therapy Among Prolonged Grief Disorder

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Abstract

According to WHO, Prolonged Grief Disorder (PGD) is a potentially disabling condition that affects approximately 10% of suffering people. Narrative therapy is effective in treating prolonged grief disorder. This study aimed to investigate the efficacy of narrative therapy for those suffering from prolonged grief disorder. Data was collected by using semi-structured interviews consisting of four therapy sessions over a follow-up of four months using a qualitative research methodology with two participants who were purposefully sampled and had been diagnosed with prolonged grief disorder. Both clients showed improvement after four follow-up sessions. Client 1 reported good progress, showing the core narratives of loss, emotional regulation, and positive transformation. In the process of externalization techniques and homework, such as letter writing, she reported having better emotional health or a new perspective. Client 2 also reported to have benefited from the therapy, but she had faced more profound challenges, such as self-blame and suicidal ideation, requiring psychiatric referral. The outcomes demonstrated that narrative therapy is very effective in managing prolonged grief disorder.

Keywords: Narrative Therapy, Prolonged Grief Disorder, Narrative Reconstruction, Mental Health

Introduction

Great sentiments of grief and yearning for the deceased frequently follow the loss of a loved one. Most grieving people can adjust to their grief over time without assistance from professionals. However, when mourning symptoms continue and interfere with everyday functioning, Prolonged Grief Disorder (PGD) should be investigated (Trembl et al., 2024). The loss of a loved one is one of life's most challenging yet everyday stressors, triggering a cascade of emotional, cognitive, and behavioral responses that constitute grieving. Grief responses do not follow predetermined stages but instead follow diverse patterns as people adjust to a significant loss (Djelantik et al., 2017). Trajectory models analyzing the course of grieving for up to three years after a loss have discovered many patterns. The most typical trajectory following a loss is stable, low levels of grieving symptoms, which exist for around 26%-45% of bereaved persons (Nielsen et al., 2019). Primary symptoms include intense yearning and concern with the dead; receptive distress signs and symptoms, such as being startled or perplexed by the grief; refraining from indicators of the truth of losing someone and emotional numbing; and social disturbances, such as becoming

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isolated or discovering it hard to believe others (Keeley et al., 2016) PGD will be recognized as a medical condition in the eleventh edition of the International Classification of Diseases (ICD-11), with somewhat distinct criteria than its counterpart in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (American Psychiatric Association & American Psychiatric Association, 2013), the "persistent complex bereavement disorder." In terms of incidence, a meta-analysis encompassing 14 research found a combined incidence of 9.8%, which means that one out of every ten non-violently bereaved persons may have PGD (Lundorff et al., 2017).

For most suffering people, acute grief is followed by integrated grieving, which means that the individual has adapted to the loss to the point that pain is less prominent. They may meaningfully reengage in life without the deceased (Bonanno & Malgaroli, 2020). Multiple longitudinal population studies, including prospective studies evaluating well-being before and after the loss, have found integrated mourning consequences that appear roughly 6-12 months later (Mancini et al., 2011). The low rates of psychopathology following a death are comparable with solid levels of resilience reported after other traumatic events (e.g., battle trauma, accidents) (Galatzer-Levy et al., 2018). Grief is a typical response to bereavement, occurring in a variety of severities and durations' patients may feel a constant ache and yearning for the dearly departed, experience identity disturbance (feeling like they are no longer the same person), become emotionally distant from others, or lack the desire to "move on" (in some cases believing that doing so would be betraying the person who is now deceased). Even though the bereaved person experiences natural sadness for a long time, the survivor's life can still be disrupted (Szuhany et al., 2021).

Many methods of therapy can be used to treat individuals who are suffering from grief. Unfortunately, a large number of people continue to experience any loss in their lives with protracted grief disorder (PGD). Providing meaning and treatment to persons suffering from PTSD and grief is the primary goal of the majority of therapeutic approaches used. Putting the patient in the lead role of "expert" and the therapist serving as a mediator and co-author to help the patient break free from their difficulties is a relatively recent procedure known as narrative therapy. With narrative therapy, a relatively recent procedure, the patient takes on the primary role of "expert," with the therapist serving as a mediator and co-author to help the patient stay apart from their issues (Dišlers, 2019).

Based on existing studies, narrative therapy appears to be a very practical, efficient, and successful treatment for symptoms associated with post-traumatic stress disorder (PTSD) and depression (Pabst et al., 2014). Narrative therapy, which differs from all previous theories, fits into the third-wave techniques in psychotherapy while emphasizing the power that develops when the person is liberated from cultural pressure to know oneself. Like existentialist approaches, narrative therapy sees people as experts in their own lives and believes that people can use their resources to overcome their issues (Morgan, 2000). Language is a critical component in narrative therapy and has two aspects of meaning. In the primary dimension, language influences meaning, resulting in postmodern philosophy. In this dimension, individuals employ language to generate meaning, and language reveals value through narrative use. It is crucial to concentrate on the phrases and words used by the client during therapy because they support the construction of a new story (Bastemur & Bas, 2021).

Narrative therapy proposes that people have a variety of experiences and tell different stories to uncover the meaning of these events and make meaning from their lives. According to Çelik (2017), stories are influenced by social and cultural circumstances and individual subjective experiences (Çelik, 2017). With a clear message that the issue is not the person, narrative therapy

emphasizes the issue being the problem. It describes the problem as an "uninvited guest" and differentiates it from other schools of thought by employing such language. In other words, narrative therapy treats the client not as a troublesome person but as someone with a link to the problem (Nozari et al., 2019). Empirical studies have shown that Narrative therapy using PGD (empirical studies) discovered that by assisting clients in reframing their loss experiences, narrative therapy dramatically decreased PGD symptoms. Storytelling, thought-provoking inquiries, and externalization strategies are all used in treatment to help patients express their emotions and restructure how they think (Peri et al., 2016). Rafaeli and Goldberg (2020) emphasized the use of language in narrative therapy, demonstrating to clients how they might use discourse to reinterpret their experiences of loss. This reframing process fosters psychological healing and resilience by assisting people in integrating their loss into an integrated self-narrative (Rafaely & Goldberg, 2020).

Externalizing emotions in narrative therapy helps individuals distance themselves from their grief, facilitating better cognitive processing and emotional control. This approach allows clients to reconstruct their grief narratives, incorporating positive elements and fostering a sense of empowerment (Kross & Ayduk, 2011). The long-term advantages of narrative therapy for people with PGD have been demonstrated by longitudinal research. According to Gofman et al. (2021), narrative therapy is effective over the long term in reducing avoidance of memories associated with loss and promoting lasting gains in emotional regulation. This result emphasizes how crucial it is to use narrative therapy in clinical settings while treating PGD (Gofman et al., 2021). Researchers and clinicians working together can improve how story therapy is used in practice. The importance of narrative comprehension in clinical contexts was highlighted by Kirmayer et al. (2021), who hypothesized that knowing patients can result in more tailored and successful interventions. People who are grieving for an extended period can benefit from the healing and resilience that narrative therapy brings to existing treatment programs (Kirmayer et al., 2023). The study aimed to determine how well narrative treatment works in treating prolonged grief. The purpose of the study was to shed light on the therapeutic potential of narrative interventions among protracted grief disorders.

Theoretical Framework

Based on the ideas of social constructionist and constructivist theories, narrative therapy offers a framework for comprehending how people write and retell their own stories. According to this therapy, people's narratives define who they are and what they have gone through (White & Epston, 1990). Numerous theoretical frameworks and empirical research can be used to examine the efficacy of narrative therapy in treating prolonged grief disorder (PGD). According to constructivist theory, people build their knowledge and understanding of the world via experiences and reflections (Piaget, 1950). People who are grieving construct unique meanings for their losses, which may impact their mental and emotional health. The constructivist paradigm, founded on the cognitive-structural method of human development, provides a metatheoretical framework that applies to all schools encompassing clinical social work practice. It is not a complete psychotherapy system but rather a well-documented articulation of emerging ways of knowing that allow for generating therapeutic guidelines and interventions (Hugh, 2015). Narrative therapy can help people construct their grief narratives and successfully incorporate their loss into their lives. Social constructionism holds that interactions and words shape reality (Morrison & Morrison, 2020). In addition to being a personal experience, grief is also a social one shaped by societal and cultural narratives. By treating grieving as an experience rather than a characteristic

that defines a person, narrative therapy helps clients detach their identities from their issues (White & Epston, 1990). With this method, clients can rewrite their tales of sorrow to include resilience and hope.

Objectives of the Study

The following are the objectives of the study.

- To explore the effectiveness of narrative therapy in assisting individuals experiencing prolonged grief by examining its impact on reducing symptoms associated with prolonged grief disorder.
- To investigate how narrative therapy facilitates the reconstruction of narratives and helps individuals reframe their understanding of loss.

Research Questions

- How does narrative therapy help those who have been grieving for a long time, and what impact it has on the symptoms of Prolonged Grief Disorder?
- How has narrative therapy helped reconstruct narratives about grief?

Methodology

A purposeful sample of two female participants, ages 33 years and 30 years, who have been diagnosed with Prolonged Grief Disorder. Using a purposeful sample, we were confident that the chosen participants have specific attributes or circumstances of interest to the research question. Selecting two female participants with PGD ensured that the study steers its focus toward participants who can cover many aspects of the disorder in detail. Client 1 was a married lady. She had three kids. Her husband was a property dealer, and her education level was intermediate. And she was grieving over her closeted brother for the past 1 year. Client 2, a 33-year-old divorced woman, has been grieving over her mother's death for the past 2 years. She did her master's in international relations from a renowned university. She was the only daughter of her parents. Her father was old, and she was divorced just one week before her mother's death. Both clients were from middle-class families. Both of the clients were living in Islamabad. The purposive sampling technique was used in the current study. Narrative analysis was used to analyze the collected data. I planned interviews with participants with a goal of about 50 minutes per session data. The decision to interview the participants within the selected 50 minutes allows them to express themselves fully without feeling that their time is running out. Dividing the participants into four sessions conducted at four-month intervals offers them an insight into how they grieve for several months, track emotions, and engage in detailed discussions. It also enabled a long-term evaluation of the effects of narrative therapy. Consequently, there is sufficient time to discuss and consider the concerns regarding PGD. There were no disruptions because participants knew they could take breaks or reschedule. They decided to stay for the entire interview even though I told them they could leave at any point without facing any issues. I recorded our conversations with a mobile phone. The procedure proceeded well overall, except for one client's slight delays brought on by personal matters. The process was completed in four months, with four sessions scheduled for each client based on session protocol. The interviews were transcribed into text files to analyze the data, protecting participant privacy by removing identifying information and using pseudonyms. After

that, a six-step method of narrative analysis was employed, which was proposed by Creswell & Poth (Creswell & Poth, 2016).

1. Code narrative blocks: After hearing the taped interviews, they were transcribed into paper, each line was interpreted, and codes were assigned.
2. Group and read by real-life events: Following the coding process, each segment was thoroughly reviewed to comprehend the grief experiences that were being discussed.
3. Create nested story structure codes: The coded segments were used to identify categories by grouping related sections.
4. Delve into the story structure: the material from each session is summarized to extract its leading ideas and identify critical areas.
5. Compare across story structures: Similarities and differences were observed in the experiences and viewpoints of the two clients as I compared their narratives.
6. Discuss the core narrative: All collected data were combined from each session to create the main narrative. The central theme of the whole story was drawn as a core narrative.

A detailed data analysis was completed by following these steps, which provided significant insights into the perspectives and experiences of the participant's prolonged grief.

Ethical Consideration

To conduct this research, the researchers took ethical approval from the Psychology department of Riphah International University, clients of prolonged grief disorder, before performing the study. Ethical measures will be considered when dealing with the participants and authorities. Before starting the research, the participants will be briefed about the study's purpose, process, and implications. Informed consent was given to the participants, ensuring their personal information would not be disclosed to anyone except the researchers. Permission to record interviews was given to participants during the research process. They were guaranteed the right to leave the study whenever they wanted. Furthermore, before starting the research, the institutional review board's required approvals for ethical considerations were secured.

Results

Narrative analysis was used for the study of data collected through semi-structured interviews in the form of sessions, and the duration was 50 minutes and consisted of four sessions with both clients. Both clients identified and developed eight core narratives. Each client consists of four significant narratives.

Core Narratives of Client 1

Four major narratives emerged from client 1 (table 1). In the first narrative, "narrating loss and emotional disruption," my client shared her story of losing her mother and the intense anguish and suffering she went through. She talked about her emotional challenges and the difficult road she traveled after experiencing such a significant loss. Narrative two, "The interplay of grief and emotional regulation," focuses on the client's journey of overcoming deep emotional pain following her mother's passing. How difficult it was for her to regulate her emotions. The third core narrative is the "Application of externalization technique." This narrative focuses on the client's journey of setting boundaries and embracing positivity in various aspects of her life. The client learns to externalize her challenges, viewing them as separate from herself. The last core narrative of client 1 was "positive transformation and gratitude." After narrative therapy sessions,

the client experienced positive changes in her thoughts and behavior. She felt thankful and happy. She had a good experience with therapy.

Table 1: Core Narratives of Client 1

Core Narratives-Client 1	
Narrative 1	Narrating loss and Emotional disruption
Narrative 2	The interplay of grief and emotional regulation
Narrative 3	Application of externalization technique
Narrative 4	Positive transformation and gratitude

Core Narratives of Client 2

Similarly, four core narratives were extracted from client 2 semi structured interviews and they are, first narrative is “rapport building and narrating her loss”. This narrative focuses on the initial stages of therapy where I developed a strong rapport building with the client and she narrated her experience of lost her brother while fighting with cancer. 2nd core narrative was “coping with grief and narrative reconstruction” its emphasis on how difficult it was for client to overcome and heal from this journey she remained stuck and confused and feel depressed after her brother death. And how narrative counselling changed her way of thinking and reshape her narrative slightly. Third narrative was “Application of externalization technique” It involves application of externalization technique used in narrative therapy to allow client to re think that and separate herself from the problem by viewing challenges as external entities. Last core narrative was “session termination and psychiatric referral” this core narrative illustrated that client was having suicidal ideation and she was referred to psychiatrist and session was terminated with her.

Table 2: Core Narratives of Client 2

Core Narratives-Client 2	
Narrative 1	Rapport building and narrating her loss
Narrative 2	Coping with grief and narrative reconstruction
Narrative 3	Application of Externalization technique
Narrative 4	Session termination and Psychiatric referral

Summary of Four Sessions with Client 1

Session 1

At our first session, client 1's honesty about her loss and sorrow moved me. She was emotional from the start, especially after losing her mother and divorcing. Although it saddened her, she was brave to convey her suffering. As we talked, I realized how much her mother's death and marriage collapse had affected her. Despite her depression and incessant crying, she never stopped up expressing her feelings. I was glad I could help her, even if seeing her anguish was hard. She seemed constantly depressed, interrupted by great bursts of sensitivity and melancholy as she recounted her traumas. She shared her tale and participated in treatment despite her emotional distress, showing her strength and commitment. As she recounted her pain, my client said,

I have trouble expressing the sorrow I truly feel, and there are many nights when the emotions and internal turmoil brought on by my mother's passing keep me from falling asleep. In front of other people, I used to be able to contain myself, but on

the inside, I was crying. I have a lot of guilt and regrets, struggle with anger, struggle to find contentment, and I miss my mother a lot.

While expressing her deep connection with her mother in grief and sorrow she wished for her life, "I miss my mother so much so much. Words cannot describe my feelings and sentiments I am crying for my mother. She was a blessing for me".

Session 2

My client summarized our first meeting and expressed pleasure with our progress in the second. She said discussing her mother's death originally made her anxious, but she eventually felt comfortable expressing her feelings. She liked the first session "I was feeling very good right after the first session. My anxiety was improved. I was relaxed and felt understood."

We reviewed her stress management tactics, and she revealed that she had not acquired emotional regulation techniques since her teenage years. Her history of self-harm to cope with emotional discomfort suggests emotional regulation issues "I had no idea how to handle the complicated feelings. I used to hurt myself, weep, and hit myself. I deprived myself from sleep and weep full night."

Her earlier misbehavior with her mother also caused her remorse and guilt.

I misbehaved with my mother during my teen age and adolescence on very minor things due to my own anger and frustrations, I really feel bad inside that why I did so and I hurt my mother with my words and actions.

Session 3

I used externalization with the client in the third session. She wasn't the problem, so I told her not to blame herself or call herself "not good enough". I reminded her that her circumstances were not her fault and that she shouldn't be hard on herself. Instead, I pushed her to let go of these negative self-perceptions and free herself. We changed her thoughts and stories. The externalization method helped clients see their problems as externalities rather than personality traits. Although accepting this idea in its fullness may be tough, it can greatly boost confidence and self-esteem. Recognizing the problem as external can enable clients to take charge. I told my client that grief is a normal emotion to loss and not a reflection of who they are. Helped them realize that grief does not define them. Feeling that way is understandable. Grief is normal after a death. You can take time to process your emotions. According to the client, "all I want is for these feelings to go away. I feel as though I'm caught in an endless circle of grief."

I addressed client emotions as Remember that grieving takes time and there are no wrong or appropriate sentiments. Allow yourself to feel sorrow and seek help when necessary. According to client, "I've been feeling so alone in my grief".

I comforted her by saying You're not alone. Grieving people feel similar emotions. Remember that asking for help is fine. Give yourself time to overcome your feelings. I advised her to make these narratives outward. Client reposted, It's really difficult to get over negative emotions."

I guided my client to understand that grief is a natural reaction to loss and doesn't define their worth or identity. That's understandable. It's okay to take your time processing your feelings, as client reported "I just want these emotions to stop. I feel like I'm stuck in a never-ending cycle of sadness and grief."

Her grief narrative was also reconstructed by me. My client expressed guilt over past behaviors against their mother. I advised them to reframe such situations as experiences rather than identity markers. Imagine those moments as passing clouds. To reduce guilt, I said, "they happened, but

they don't define who you are." I advised her to handle her emotions and know that you are not alone, but guilt won't erase the incident. Try forgiving yourself and honoring your mother positively. My client smiled and indicated that she understood what I said, "I'll make an effort to treat myself more nicely".

At the end of third session, I've given my client the assignment of writing a letter to her mother as part of narrative therapy, with an emphasis on forgiving and showing love. I've urged her to write honestly, addressing her mother directly and expressing any sorrow or guilt she may be feeling.

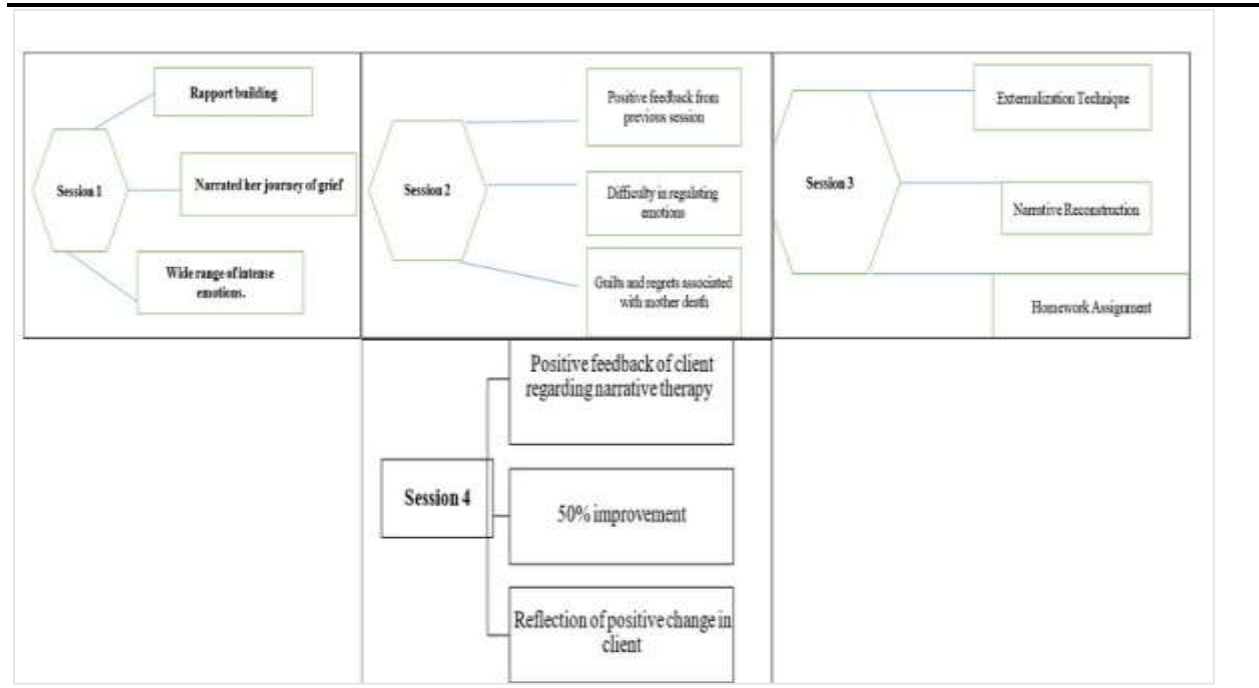
Session 4

Following my client's busy month of family weddings, our last session was fantastic. During this break, she examined her negative self-talk, which was stressing her out. She discovered these negative thought patterns during our session. She gave good feedback, client said "it feels like an immense burden has been taken off from my shoulders and I experienced being understood and listened."

She discovered a vent for her emotions. She said she had done her third-session homework to write a letter of forgiveness for her mother. She likes writing and finds journaling and transactional writing helpful for emotional turmoil, so this exercise was relaxing. She also started brisk walking, which has reduced her negative thoughts and provided a great start. She improved by 50%, was satisfied, and gave me excellent feedback, which was great. Painting is her passion, and she acquired new paints and canvas to resume soon. My client gave great feedback when she said,

ALHMDULILAH I am very much relaxed and happy. I am blessed that I came across you and this therapeutic session to whom I have shared my personal issues and who have listened to me properly, I have gained insight regarding my mistakes I forgive myself for all past mistakes and learned and accepted the harsh realities of life. Narrative therapy helped me in changing my thinking perspective and changed my view of perception. It really works on me.

Figure 1: Summary of Four Sessions of Narrative Therapy with Client 1



Summary of Four Sessions with Client 2

Session 1

The first session established a therapeutic relationship and rapport building. Client 2 described her grief, self-blame, guilt, and regret at the loss of her brother. I made her feel protected by listening and empathizing. I explored her feelings with open-ended questioning and narrative therapy. Telling the complete story, the first part of narrative therapy, helped her express her protracted grief. She told her grief narrative, saying she misses him and how her life changed,

My brother, my love, my supportive one-man army, (eyes filled with tears rubbing tissue in her hand and cleaned her eyes with tissue) he left us in very young age. He left us including my mother and my sister in deep sorrow and grief. My heart is dying every day for him, I feel darkness everywhere, he was my light now everything seems dim for me.

She told me regarding her brother and his sudden decline in health and after some lab investigations he was diagnosed with blood cancer. The shocking news of the diagnosis left us all the family members in the state of stress. While reporting unexpected diagnosis and health crisis of his brother my client reported that,

When we went for some blood samples and further investigations prescribed by the doctor, the lab assistant asked twice who the patient was. he was shocked too that he is cancer patient as apparently, he looks healthy and younger man. I was crying inside but I composed myself Infront of my brother.

Session 2

In the second session, held two weeks after the initial follow-up, the client appeared outwardly composed but was concealing a complex array of emotions behind her smile. In this safe space, she shared her journey through grief, which included feelings of remorse, self-blame, and melancholy. In the session, the client initially mentioned experiencing headaches and heightened anxiety triggered by memories of her brother's death. Despite her husband's suggestion to halt the session due to potential stress, she found relief and some reduction in anxiety after processing her emotions the next day. She discussed painful memories of her brother's final days in the hospital, displaying significant emotional distress. After a brief silence, I encouraged her to recall happier times with her brother. She smiled and shared joyful childhood memories, highlighting their strong sibling bond. I used open-ended questions to delve deeper into her grieving process.

Could you tell me about some of your most lovely and happy brother-related memories? Client: (Pauses, with tears) There were so many amazing times we shared. My brother was such a joy to be around and he had such an amazing personality he was used to crack jokes and make everyone laugh he created such a positive atmosphere where ever he went, and we all loved having him around I missed everything about him, his voice, his laughter, just being in his presence. His memories will never fade away, he will remain in my heart ever and forever.

During the session, the client became deeply emotional while reminiscing about both joyful and sorrowful memories of her late younger sibling, spending nearly 45 minutes sharing amidst tears and deep breaths. As our session neared its end, she received a concerned call from her son's school about his condition. I scheduled our next session for two weeks later. I concluded the second session with a thorough understanding of my client's complex emotions related to grief. I actively listened, demonstrated empathy and respect, reassured her, and maintained a safe space for her to share her story.

Session 3

In the third session lasting about 50 minutes, the main focus was on narrative reconstruction and applying externalization techniques. After briefly reviewing previous sessions, the client expressed feeling relaxed but continued to grapple with self-blame and guilt. She believed she was responsible for her brother's death, having noticed his health issues but not acting promptly to seek medical help. I challenged her negative thoughts and engaged in narrative reconstruction to help her process these feelings, "as you're carrying a heavy burden of guilt about your brother's passing. Can you tell me more about why you feel responsible or why do you self-blame?"

Yes, because, I feel like I should have done more to help him. I should take him to hospital as I was seeing he was taking bundle of Panadol's for headache I did not take his prior health conditions serious. When we went for checkup, it was all gone from over hands as he was on last stage of cancer. Why I delayed his checkups. It was all my fault and then my mother's fault who did not inform me regarding his health early.

Narrative: "It makes sense that you would feel that way, but is it really fair to blame yourself for something that may not have been totally within your control?"

Answer: "Although logically I understand that I may not have been totally to blame, emotionally I am overwhelmed with guilt."

Narrative: "It's important to recognize your emotions. If your brother were present, what do you think he would say to you about this?"

Answer: "He would be extremely distressed to see me in this state as he didn't see her sister's, mother or anybody else in distress. He loved us so much."

Narrative: "Do you think it's possible to start viewing the situation from that perspective, acknowledging your care and love for your brother without shouldering all the blame?"

Answer: "I'll try, but it's hard to let go of this guilt."

"It is challenging, but it's a process. Remember, you're not alone in this, and we can work through it together."

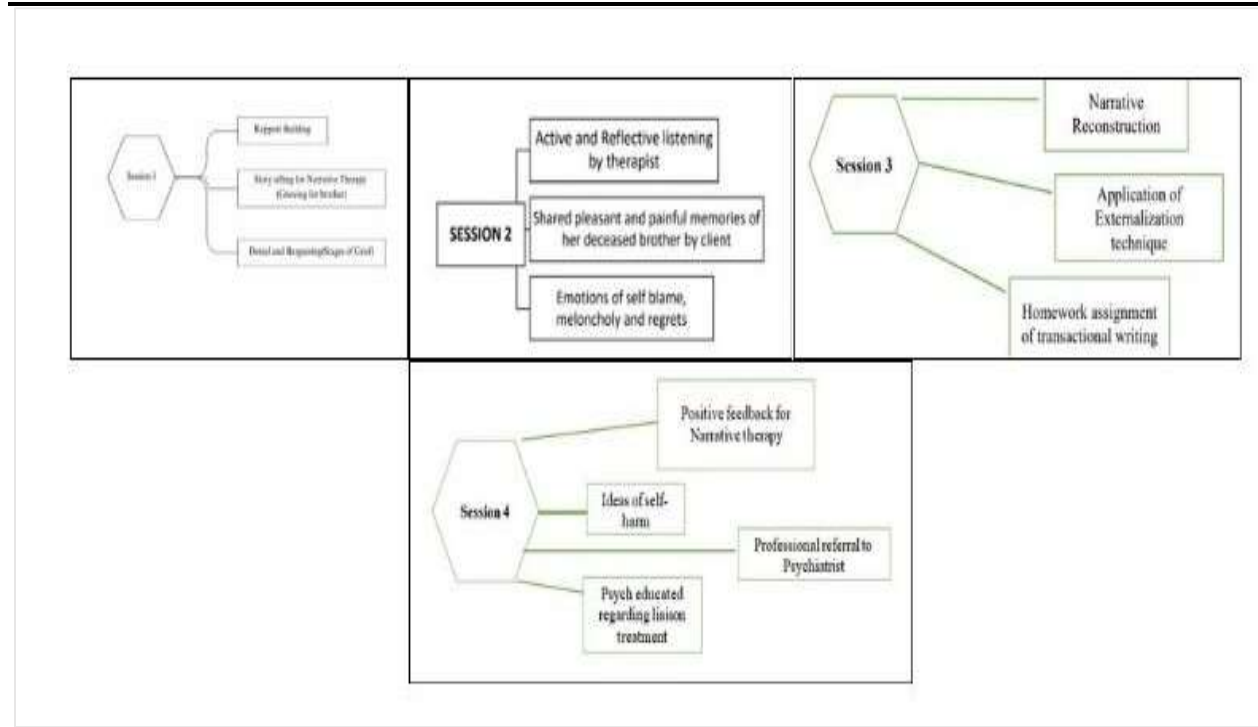
I discussed how grief often leads to feelings of responsibility and self-blame. I reassured her that while these feelings are common, she is not truly to blame. To aid her in overcoming guilt, I assigned her homework to write a letter to herself, forgiving any perceived shortcomings related to her brother's health. This exercise aims to foster self-compassion and start her journey toward healing. Emphasizing the importance of progress, I concluded the session by highlighting the need for self-care and making small steps toward recovery.

Session 4

In session 4, which lasted about forty-five minutes, the client opened up about her current mental state. She disclosed that she had not completed the homework assignment of writing a letter to herself, citing low mood, lack of energy, and disinterest in activities. She expressed significant concern about recent suicidal thoughts and feelings of hopelessness. Her husband's lack of understanding and dismissal of her mental health as obsessional thoughts added to her distress. She noted a decline in functioning over the past three weeks and described feeling unwell. Despite these challenges, she provided positive feedback about narrative therapy, finding it helpful and calming. However, she reported feeling lethargic and experiencing a decline in mood since the third session. Here is the verbatim where she discussed her thoughts of self-harm,

“I want to share something that is extremely bothering me since many days I am having suicidal ideations I feel very hopeless and I wish I could leave this world for eternal peace. I don’t want to live more.”

Figure 2: Summary of Narrative Therapy Sessions with Client 2



Discussion

The results of the present investigation have revealed that narrative therapy may be advantageous for individuals who are experiencing prolonged grief disorder. In the present study, a narrative analysis approach was employed to evaluate the impact of narrative therapy on two clients diagnosed with prolonged grief disorder. The participants were interviewed extensively and received narrative therapy for four sessions. In general, both clients demonstrated progress and development, albeit to varying degrees, highlighting the effectiveness of narrative therapy in aiding clients in their recovery process and ameliorating prolonged grief disorder.

The grieving processes of both clients demonstrated notable progress. When I asked client 1 for feedback after our most recent narrative therapy session, she stated that she had made 50% progress. Similarly, client 2 reported that their grieving process had improved after learning about ideas of self-harm during our most recent session, which alarmed both my client and me. However, she also added some encouraging remarks in the form of feedback and reported a 40% improvement following narrative therapy.

Client 1's success was demonstrated by notable improvements in perspectives and thoughts, actions, and statements of feelings of gratitude for the influence of narrative therapy. Her accomplishment of homework's and the positive comments she gets in therapy sessions serve as evidence of this improvement. In spite of the fact that client 2 was contending with suicidal ideations and feelings of despondency, they still exhibited a substantial 40% improvement, despite an overall decline in their mental health. This improvement could be attributed to the early good

feedback on the therapy's success and the participant's participation in sessions, despite the persisting problems. The outcomes of the sessions provided some preliminary evidence that narrative therapy is beneficial in treating prolonged grief disorder. The participants' perspective and understanding of the deceased and loved one had improved during narrative therapy, and at the four-month follow-up, they were still able to defend their recovery. This is substantiated by a study undertaken by Peri et al, who discovered that prolonged grief disorder (PGD) affects roughly 10% of bereaved adults (Peri, Gofman, Tal, & Tuval-Mashiach, 2015). Peri et al. also mentioned that Narrative Therapy, an integrative therapy module that was initially developed for PTSD patients, was adapted for PGD. Additionally, it demonstrated that narrative therapy was both efficacious and well-tolerated in the treatment of PGD (Peri et al., 2015).

Specifying the dynamics of narrative therapy, externalization, meaning reconstruction or affect labeling enable individual clients in a guided and compassionate way to reconsider their grief. It also involves building a 'narrative protection' with the patient that allows her to address multiple emotions as well as constructing new paradigms for integration of the loss into the patient's life story. Clients in this study were helped to openly communicate their feelings and thoughts. It is a guided and empathetic process that allows clients to face their own grief while staying emotionally secure as to the approach. In this way, technical protection serves as a protection shield; people seem to find a way of re-framing their traumatized experiences into meaningful narratives hence lessening on the feelings of emotional over load. Rafaely and Goldberg (2020) provided additional evidence that the externalization of a diverse range of emotions and the opportunity to reframe bereavement experiences are facilitated by the use of language and discourse. In addition to aiding in organization of what can be confusing and chaotic emotions, externalization also provides a sense of order or mastery over thoughts and feelings. Thus, by utilizing language and story-telling, people are able to find distance from one's suffering, preventing potent feelings from overwhelming one at the same time providing an overwhelming feeling of control. Individuals can also reconstruct their traumas to incorporate elements of hope, empowerment, and growth by utilizing a self-distanced approach or externalizing emotions, in addition to acquiring a more comprehensive comprehension of their experiences (Kross & Ayduk, 2011). It can be argued that this self-distanced approach helps clients move from the emotional level to the level of analysis while thinking about their emotions. These are the cognitive changes that enable the construction of new narratives of events, and that highlight the success and the opportunities after the suffering. This facilitates the individual's reintegration into their daily life in a manner that is meaningful (Hedtke, 2014). Enhancing the current study's findings by administering a pretest and post-test to evaluate the efficacy of narrative therapy on the communication patterns of women who are dissatisfied with their marriages. The intervention group received eight forty-five-minute sessions of individual narrative therapy. The results thus illustrate the efficacy of narrative therapy and externalization technique in increasing the indicators of marital satisfaction, such as total demand/withdraw, male-demand/female-withdraw, and marital satisfaction (Ghavibazou et al., 2020). Since narrative therapy is a broad treatment approach, it can be used to help people cope with such concerns as marital dissatisfaction and couple conflicts, in addition to the losses that were discussed in this paper. The principle of externalization, which means the detachment of a problem from an individual, allows clients to examine and reconstruct them irrespective of their connection to relationship issues or grief. In addition, the methodical organization and choice of emphasis in narrative therapy allows clients to take an active role in their treatment.

Client 1's success was demonstrated by notable improvements in perspectives and thoughts, actions, and statements of feelings of gratitude for the influence of narrative therapy. Her

accomplishment of homework's and the positive comments she gets in therapy sessions serve as evidence of this improvement. Therapists can thus assess not only the subjects' involvement in the process but also their readiness to apply the information discussed in sessions in practice. It points to changes in greater gratitude and outlook toward change which is a common necessity in moving on from excessive grieving. The improvement in grief and depression symptoms after narrative therapy may possibly be related to affect labeling, or "putting feelings into words," that occurs during the therapy. Affect labeling interrelates with the reduction in the intensification of feelings experienced when grieving because it aids the person to put into words what they feel. This process makes clients to be able to manage their emotions well if need be because of this developing aspect. By lessening the intensity of amygdala activity, which elicits emotional responses, and by increasing the activity of the ventrolateral prefrontal cortex (VLPFC), which controls amygdala activation of emotional responses, affect labeling has been found to improve emotion regulation (Torre & Lieberman, 2018). This neurophysiological mechanism supports the rationale for narrative therapy because it establishes a link between emotional experience and cognitive regulation of these emotions and allows clients to better manage grief. According to a prior study, emotional mirroring between the patient and the therapist during non-repetitive (NR) processing of traumatic events may improve the patient's capacity for emotion control (Peri et al., 2015). This relationship is improved by emotional mirroring since the patients identified need empathy and understanding when grieving. Such a setting fosters a safer environment for clients as they are assured that their feelings are being acknowledged and that nobody will ridicule them for feeling a certain way. Also, within narrative therapy using the NR approach, clients address their grief in a controlled manner in order to desensitize them, and develop coping strategies.

In spite of the fact that client 2 was contending with suicidal ideations and feelings of despondency, they still exhibited a substantial 40% improvement, despite an overall decline in their mental health. This improvement could be attributed to the early good feedback on the therapy's success and the participant's participation in sessions, despite the persisting problems. This may be supported by the findings of the research conducted by Gofman et al., which showed that the therapeutic benefits of narrative therapy are associated with a decrease in the severity of emotional reactions to the loss memory and a gradual overcoming of the avoidance of loss-related memories (Gofman et al., 2021).

The findings of the present study are additionally corroborated by Gofman et al., who assert that narrative therapy is a time-limited integrative intervention that has demonstrated efficacy in the treatment of post-traumatic stress disorder (PTSD) (Gofman et al., 2021) and has been modified to accommodate patients who have experienced bereavement disorder. NR encompasses the process of meaning-making in conjunction with exposure to the loss memory. Additionally, Neimeyer had stated that this process assists in the integration of loss memories with past memories and personal significance, thereby reestablishing a coherent self-narrative (Neimeyer, 2019).

Both clients demonstrated improvement and recovery in their grieving process. They report feeling relaxed and at ease following each session by recounting their experiences. Our research underscores the unique role of narrative therapy in providing a platform for patients to express their complete grief narrative, thereby facilitating the examination of intricate emotions and confronting the intricate emotions that are inherent in prolonged grieving. The affirming environment that this therapy's foundation of active listening creates is indispensable for individuals who are coping with extended periods of grief. Individuals become more resilient, emotional burden-free, and potent. The integration of narrative therapy into clinical settings is substantiated by our research. Kirmayer et al. (2023) demonstrated that Narratives serve as the medium through which patients

comprehend and articulate their health issues, their past experiences, and their present problems. In response, clinicians provide narrative accounts of the nature of symptoms and illness that elucidate the potential course and outcome of patients' distress and provide a rationale for specific treatment interventions. Narrative therapy emphasizes the manner in which individuals communicate their symptoms, predicaments, and concerns, as well as the manner in which the significance of these experiences is interpreted and comprehended. Person-centered care can be informed by a close reading or deconstruction of the origins, meaning, and significance of the narratives of patients and clinicians. Narrative comprehension can facilitate a more precise and comprehensive assessment of patients' requirements, a more robust clinical partnership, and interventions that are more effective.

The current study's findings are corroborated by a trial that involved 16 weekly sessions of NR treatment for ten PGD patients. Pre-, post-, and three-month follow-up evaluations were carried out to measure PGD, PTSD, depression, and loss integration levels. Following NR, PGD and depression symptoms considerably declined, but trauma integration levels rose. The symptoms continued to improve after three months. These findings provide early evidence in favor of NR's feasibility and efficacy in the management of PGD (Elinger, Hasson-Ohayon, Barkalifa, Boelen, & Peri, 2021). Nelson et al. propose that art and narrative therapy possess significant therapeutic potential as a means of assisting individuals who are experiencing grief or bereavement (Nelson et al., 2022).

Conclusion

This study's findings supported the usefulness of narrative therapy in treating prolonged grief disorder. Therapy sessions consistently showed good progress, which suggests that therapy had the potential to be a useful intervention. This was consistent with previous research, offering a strong basis for the favorable results noted. Both clients' outcomes attest to the usefulness of narrative therapy when treating GSR, which might depend on prejudice, emotional dysregulation, cognitive restructuring, as well as meaningful personal development. For client 1, significant change in areas of emotional communication, gratitude, and developing a narrative perspective; this being attributable to tools such as affect labeling and externalizing were observed. On the other hand, client 2 also had huge improvement although she had initial diagnosis of severe symptoms that included suicidal thoughts which also point to the effectiveness of the therapy even with such clients.

The findings were noteworthy, since they imply that narrative therapy may could improve the overall efficacy of interventions designed to address prolonged grief. Further, this study supports the concept that therapeutic outcomes are most associated with the client's participation in the process, such as homework completion and positive feedback provided during therapy sessions. The argument that affect labeling has a neurophysiological basis is also underpinned by evidence in the previous studies of the impact of affect labeling on improving emotion regulation, and increasing resilience in grieving people. This study adds to the increasing body of research, demonstrating the effectiveness of narrative therapy in resolving the many problems associated with prolonged grief. Thus, defining a well-organized and empathetic approach, narrative therapy allows a client to reconfigure a trauma, assimilate a loss into a life story, and construct new conceptual ways to understand it. The use of narrative therapy into clinical practice had the potential to promote healing and resilience.

Limitations and Future Recommendations

The major limitation faced was that priority was given to participant willingness and preparation for sessions. Even though it increased participant comfort, the overall efficacy of narrative therapy may have been impacted by inconsistent scheduling. It was difficult for participants to quickly set up follow-up appointments. Therapy consistency and effectiveness may be impacted by limited availability and postponed scheduling. There were just four sessions held because of scheduling constraints. Longer sessions would have made it possible to examine the efficacy of narrative therapy in greater detail. The study had a limited amount of time to operate. The short duration of narrative therapy might not adequately convey its long-term impacts.

Future Researches should focus on comparing different treatment methods and narrative therapy's efficacy in treating prolonged grief disorder. By comparing narrative therapy to other interventions currently in use, this comparative method may provide insights into the relative efficacy and distinctiveness of narrative therapy. Put policies in place to track and improve participants' attendance at planned sessions. This could entail tactics to encourage and assist participants in continuing to show up on a regular basis. Long-term, longitudinal research should be conducted to evaluate the narrative therapy's long-term efficacy in treating prolonged grief. This would offer a more thorough comprehension of the long-term effects.

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