HANDBOOK

OF

POSTTRAUMATIC GROWTH

RESEARCH AND PRACTICE

EDITED BY

LAWRENCE G. CALHOUN
AND
RICHARD G. TEDESCHI
THE UNIVERSITY OF NORTH CAROLINA
AT CHARLOTTE

ed by Richard

ence Calhoun

erson Fish,

Roberto

uthnott,

ited by James

Bruce Walsh

arc Bornstein.

4

RE-STORYING LOSS: FOSTERING GROWTH IN THE POSTTRAUMATIC NARRATIVE

ROBERT A. NEIMEYER

UNIVERSITY OF MEMPHIS

Reflecting on the profound personal changes he has observed in himself and in his life since the suicidal death of his son five years ago, a 58-year-old father observes:

> As a result of my son's death, I have been energized to study and learn more about depression, psychotherapy and mental illness in general. After a great deal of reading and personal reflection, I now have a better understanding of suicide and of my son's struggles with substance abuse and depression—or at least this is my interpretation. I still grieve and have feelings that I could have been more supportive of him so that he might not have taken his life, even though others suggest that there was little that I could have done. Styron's book (*Darkness Visible*) and Kay Redman's book (*An Unquiet Mind*) probably have had the most profound influence on my attempts to make sense of his death. Little has made much of a difference with respect to the feeling of loss—the void. It still aches.
>
> Despite this continuing pain, or perhaps because of it, I have noticed positive effects of this experience in my personal life and in my work. I have a new perspective regarding things that do and those that do not matter so much in the larger scheme.
>
> In terms of my sense of myself, I find that I am driven to learn more, but I am calmer and more reflective of my interactions with others. I'm not sure I am more tolerant, but I am better able to understand my own emotions and the reactions of other people. Although it seems strange to acknowledge it, I feel that I have grown in important and enduring ways as a result of this loss and my attempt to find meaning in it.

As is abundantly clear throughout this book, this father's response to a tragic loss is echoed by many whose life stories have been massively rewritten by traumatic events

they could not have anticipated. As a burgeoning field of research documents, whether the challenges to the fundamental schemas of survivors' lives result from encounters with tragic bereavement, catastrophic illness, interpersonal violence, or political oppression, a great many experience growth as well as grief, being prompted by highly distressing circumstances to higher levels of posttrauma adaptation. Integrating these specific findings with the broad literatures on stress and coping, social support, and especially the cognitive processing of negative experiences, Tedeschi and Calhoun (2004) offer a comprehensive model of responses to "seismic" life events, and invite the attention of other theorists and investigators to the many unanswered questions concerning how and why intense suffering so frequently occasions profound personal development.

My intent in the present chapter is to accept this invitation, with the goal of making a modest contribution to our understanding of posttraumatic growth (PTG) as a form of *meaning reconstruction* in the wake of crisis and loss (Neimeyer, 2001a). As Tedeschi and Calhoun (2004, p. 15) note, although "the overall picture of posttraumatic growth has been sketched . . . describing the details of cognitive processing and narrative development will be much more difficult, and will demand from researchers an intimate knowledge of many literatures . . . ." By drawing, in particular, on the literature concerning constructivist and narrative models of psychotherapy (Neimeyer & Mahoney, 1995; Neimeyer & Raskin, 2000), I will attempt to tease out some heuristics for understanding the construction of life narratives and illustrate their application to PTG following loss. I hope that this effort offers some useful concepts and methods to other scholars seeking to extend and refine our understanding of positive changes resulting from the struggle with life crises, in addition to helping professionals attempting to facilitate this process in their concrete work with traumatized clients.

THE NARRATIVE NATURE OF HUMAN LIFE

Of the many literatures relevant to the phenomenon of PTG, literature concerned with the construction, deconstruction, and reconstruction of narratives may be among the richest, but also least utilized. At one level, the human penchant for meaning-making through the medium of storytelling is obvious, whether we position ourselves as the authors or audience of these accounts. On the one hand, we spend countless hours telling bedtime stories to our children and grandchildren, relating the events of our day to our partners when we return from work, writing annual holiday letters summarizing the highlights of family stories from the year that has past, and sometimes, when the accounts of our experience are too painful to share even with those we love, we seek professional counselors or therapists who we hope can hear and respond to life stories that others cannot. On the other hand, we readily offer ourselves as an audience to the narrative activity of others, whether the stories in which we immerse ourselves are told in conversation, written in books, or performed in the theater, in films, or on television (Neimeyer & Levitt, 2001).

So pervasive is this human predilection toward "storying" experience that our species might appropriately be labeled not simply *homo sapiens*, emphasizing our effort to seek knowledge, but more specifically *homo narrans*, stressing our tendency to organize such knowledge in storied form (Hermans, 2002). Indeed, a good deal of research in cognitive science suggests that the fundamental architecture of narratives, punctuating the endless flow of events and organizing them into stories having clear beginnings, middles, and ends, may provide the basic schematic structure for much of human thought (Barsalou, 1988; Mandler, 1984). Likewise, developmental psychologists have chronicled the gradual emergence of narrative capacities in children, from the rudimentary attempts of two

year olds to construct a meaningful "landscape of action" in their stories to the insights of older children as they grasp the "landscape of consciousness" reflected in the thoughts, feelings, and motivations of different characters (Bruner, 1990; Nelson, 2003). For their own part, social psychologists have studied the construction of autobiographical accounts, and emphasized the means by which we subtly position ourselves as characters of moral worth in the stories we tell to others (Wortham, 2001). And finally, neuropsychologists and brain scientists are beginning to map the widely distributed neural structures that subserve autobiographical memory and narrative reasoning, processes that are surprisingly difficult to disrupt even in the presence of significant brain lesions and disorders (Demasio, 1994; Rubin & Greenberg, 2003). The result is a burgeoning interdisciplinary interest in narrative, as scholars seek out the relations between phenomenological, psychological, neurobiological, and even literary analyses of narrative and consciousness without privileging or diminishing the value of any of these approaches (Flanagan, 1992).

Viewed in a broad sense, this characteristically human orientation toward the formulation of experience in narrative terms can be viewed as having three dimensions: personal, interpersonal, and broadly social or cultural. At a *personal* level, people spontaneously segment their experience into identifiable episodes, organizing these to construct stories with intelligible plots, populated by characters with explicit or implicit motives and intentions, enriched by vivid descriptions of relevant settings, exemplifying underlying themes, and targeted toward abstract goals (Neimeyer, 2000). Nowhere is this narrative activity more evident or important than in the formulation of a *self-narrative*, defined as "an overarching cognitive-affective-behavioral structure that organizes the 'micro-narratives' of everyday life into a 'macro-narrative' that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world" (Neimeyer, 2004a, pp. 53–54). From this perspective, identity can be seen as a narrative achievement, as our sense of self is established through the stories that we tell about ourselves, the stories that relevant others tell about us, and the stories we enact in their presence. Importantly, it is this very self-narrative that is profoundly shaken by "seismic" life events, instigating the processes of revision, repair, or replacement of basic thematic assumptions and goals emphasized by Tedeschi and Calhoun, a topic to which I will return in some detail in the following text.

At a second, more *interpersonal* level, narration serves vital social and individual functions. In a conversational medium, stories can be told to instruct, entertain, impress, implore, test, admonish, invite, or distance the listener, and occasionally several of these intentions can be compressed into a single telling (Neimeyer, 1995). In the context of greatest relevance to Tedeschi and Calhoun, the recounting of traumatic life narratives to others solicits validation of one's experience and provision of social support, both of which can facilitate healing and growth. Indeed, a good deal of psychological research demonstrates the importance of confiding or "account making" in integrating and transcending difficult life experiences (Harvey, 1996; Rynearson, 2001). It is worth emphasizing, however, that not all disclosures of personal tragedy will be met with sympathetic, concerned, and helpful responses. In the literature on grief, for example, it is clear that many losses are "disenfranchised" (Doka, 2002), in the sense that they are met with "empathic failure" on the part of intimate and nonintimate others in the family and broader community (Neimeyer & Jordan, 2002). Characteristically, the less normative and socially sanctioned the loss (as in the death of a developmentally delayed child or an extramarital partner, or bereavement through stigmatizing causes, such as an overdose of recreational drugs or AIDS), the more unlikely it is that sharing the narrative of one's loss with others will secure the sort of validation and support that fosters integration of and growth from the

their stories to the insights
s" reflected in the thoughts,
0; Nelson, 2003). For their
autobiographical accounts,
lves as characters of moral
finally, neuropsychologists
d neural structures that sub-
cesses that are surprisingly
sions and disorders (Dema-
ng interdisciplinary interest
omenological, psychologi-
and consciousness without
es (Flanagan, 1992).
ntation toward the formula-
three dimensions: personal,
, people spontaneously seg-
se to construct stories with
icit motives and intentions,
ng underlying themes, and
this narrative activity more
defined as "an overarching
cro-narratives' of everyday
nding, establishes our char-
rmance on the stage of the
ctive, identity can be seen
through the stories that we
s, and the stories we enact
t is profoundly shaken by
ir, or replacement of basic
Calhoun, a topic to which I

vital social and individual
nstruct, entertain, impress,
casionally several of these
, 1995). In the context of
traumatic life narratives to
cial support, both of which
nological research demon-
egrating and transcending
worth emphasizing, how-
h sympathetic, concerned,
t is clear that many losses
met with "empathic fail-
y and broader community
ve and socially sanctioned
or an extramarital partner,
lose of recreational drugs
ne's loss with others will
n of and growth from the

experience. It is also worth bearing in mind that interpersonal narration is a highly interactive activity, as friends, family, and other social actors variously support, extend, or contest one another's stories regarding the loss, whether through death, divorce, or other forms of relationship dissolution (Nadeau, 1997). Closer attention to the processes entailed in this social construction of meaning could therefore clarify some of the pathways through which PTG is facilitated or impeded at an interpersonal level.

Finally, narrative processes that take place at broadly *social* levels can establish a context for posttraumatic stress or growth not only for individuals living within a society, but also in some sense for the society as a whole. For example, the "historical generation" of Americans who came of age during the twin hardships of the Great Depression and World War II developed a sense of civic responsibility and social interdependence that characterized their political and social behavior throughout their adult lives (Rogler, 2003). Importantly, it was not simply the events that shaped this modal outcome, but rather the terms in which the significance of these events was consolidated in the plot structure, themes, and morals of countless "heroic" narratives of the 1930s and 1940s, whether presented in presidential "fireside chats," films, newsreel coverage of world events, or the popular literature of the period. More generally, the "culture tales" (Howard, 1991) and mythic stories of societies both ancient and modern provide a trove of narrative resources that members of cultures draw upon to find meaning and direction at times of adversity. Conversely, such narratives or discourses of cultural identity can also have more pernicious consequences, being used or explicitly crafted to reinforce oppressive, racist, imperialist, or militaristic actions that can engender traumatic events rather than contribute to their transcendence. Qualitative research on the bereavement narratives of African Americans, for example, documents the pervasive role of racist discourses that limited the lives of the deceased, often adding a heroic dimension to survivors' postloss constructions of their loved one's identity, as they struggled against great odds to live fully (Rosenblatt & Wallace, 2005).

FORMS OF NARRATIVE DISRUPTION

The robustness with which narrative activity structures our psychological, interpersonal, and social lives suggests that it can serve as a powerful resource in integrating and attributing meaning to troubling life transitions. Indeed, recent evidence suggests that human beings are surprisingly resilient even in the face of extremely stressful life events, with upward to half of bereaved persons, for example, showing only modest and transitory symptomatology in the weeks and months following their loss (Bonanno, Wortman, & Nesse, 2004). Such demonstrably healthy profiles of postloss adaptation are consonant with the view that resilient survivors are able to *assimilate* loss into their existing self-narratives in a way that it does not radically undermine the central themes of their life stories and, indeed, may even affirm them. However, when such assimilation is not possible, survivors may find themselves struggling to *accommodate* their self-narratives to integrate the enormity of their loss, in addition to promote adaptation to their changed lives in its aftermath. As argued elsewhere, such a conception can serve as a valuable heuristic frame for interpreting the multiple pathways by which people negotiate the terrain of bereavement (Neimeyer, 2005).

Clearly, the "effort after meaning" through the construction of narratives can be fraught with problems in addition to prospects, although it is often the case that the very ways in which personal, interpersonal, or broadly social narration fails suggests the avenues along which posttraumatic narrative repair and growth will occur. In this section I will

summarize and extend a germinal taxonomy of narrative disruptions I have begun to develop elsewhere (Neimeyer, 2000, 2004b) and consider how each form challenges the adequacy of the self-narrative and, by implication, can set in motion the affective, cognitive, and social processes that enlarge and deepen the survivor's identity.

Disorganized Narratives

Perhaps the starkest form of narrative disruption is the substantial, and sometimes pervasive disorganization of the survivor's self-narrative following exposure to a traumatic event. Being a witness to or a survivor of horrific violence, torture, assault, combat, natural catastrophes, or life-threatening accidents can immerse the traumatized individual in a stream of intense and compelling experience that floods the brain with neurotransmitters, "stamping in" vivid sensory images of the event—the sight of blood, the smell of flames, the sound of screams—that can be psychologically welded together with the corresponding emotions of terror, despair, or helplessness (van der Kolk & van der Hart, 1991). Even less direct exposure to the event, as through vivid depictions or eyewitness accounts of personally relevant trauma or loss, can evoke similar responses. Moreover, because these undigested "emotion schemas" (Greenberg, Elliot, & Rice, 1993) operate at the level of the amygdala, a deep-brain structure that in trauma can be functionally stratified from neocortical processing of the event, such memory fragments can persist for months, years, or even decades, intruding periodically into awareness without being integrated into conscious, declarative memory. Construed in narrative terms, trauma memories can therefore be viewed as "prenarrative," falling outside of volitional memory processes, presenting the survivor with a set of tormenting and "unmetabolized" images and experiences that are radically inconsistent with the plot structure of his or her previous life narrative (Neimeyer & Stewart, 1998). Nor is the disorganization of the survivor's self-narrative limited to the disruption of its coherence by the ruminative struggle with radically contradictory images and emotions, as the trauma or loss can also invalidate the thematic assumptions on the basis of which the person has lived (Janoff-Bulman & Berg, 1998; Neimeyer et al., 2002).

An example of narrative disorganization is provided by the case of Sara, a woman in her thirties who sought psychotherapeutic help following the death of her brother David in the terrorist destruction of the World Trade Center on September 11, 2001. That fateful morning, as she was helping her children prepare for school, she received an unanticipated long distance telephone call from New York, from a brother whose panicked voice she scarcely recognized. Feeling a surge of confusion and alarm, she followed his urgent instructions to turn on the television and tell him what was happening in the very office building in which he had reported for work scarcely an hour before. The images and commentary that confronted her when she did so sent a wave of terror through her, as she saw flames and smoke billow from the tower only several floors above that in which David stood, and as she heard background screams and explosions on the cell phone on which he was speaking. For the next 22 minutes Sara coached her brother down the narrow, smoke-filled staircases toward light and safety, providing what encouragement and interpretation she could as she continued to watch the television coverage through eyes filled with tears. She remained on the phone when the horror reached a new level of intensity, and she watched the images of the collapsing structure, just as her brother and his officemates had reached the 11th floor. At that very moment she heard a roar in the receiver and the phone went dead, and Sara knew with a stab of anguish and helplessness that she had just watched and heard the murder of her brother, along with untold thousands of others in the decimated tower.

isruptions I have begun to
w each form challenges the
tion the affective, cognitive,
entity.

antial, and sometimes per-
ng exposure to a traumatic
ture, assault, combat, natu-
traumatized individual in a
rain with neurotransmitters,
blood, the smell of flames,
gether with the correspond-
& van der Hart, 1991). Even
or eyewitness accounts of
s. Moreover, because these
993) operate at the level of
functionally stratified from
an persist for months, years,
t being integrated into con-
ma memories can therefore
mory processes, presenting
ges and experiences that are
ous life narrative (Neimeyer
self-narrative limited to the
lically contradictory images
nematic assumptions on the
998; Neimeyer et al., 2002).
e case of Sara, a woman in
death of her brother David
ember 11, 2001. That fateful
he received an unanticipated
whose panicked voice she
m, she followed his urgent
happening in the very office
ur before. The images and
of terror through her, as she
s above that in which David
n the cell phone on which he
er down the narrow, smoke-
ragement and interpretation
rough eyes filled with tears.
level of intensity, and she
brother and his officemates
roar in the receiver and the
elplessness that she had just
ld thousands of others in the

For months following the attack, Sara was flooded with imagery of the burning and collapsing buildings, compounded by intrusive memories of thousands of New Yorkers grieving their dead or missing loved ones. In both daytime ruminations and nighttime dreams, she found herself replaying what the last half hour of David's life must have been like, picturing him struggling down the stairwells, covering his mouth with a handkerchief as protection from the smoke, tripping over the abandoned high-heeled shoes of fleeing female executives, and helping a disoriented coworker down the crowded staircase. Obsessively she tried to piece together the fragments she could recall of their conversation and coordinate these with additional sensory details of David's death that she could only imagine or reconstruct from media reports. Harder still than this anguishing effort to organize a meaningful account of the plot structure of what had happened was her struggle with the massive invalidation of the thematic structure on which her worldview had been premised, which had presumed optimistically that the world was relatively safe, that life was predictable, that the universe was just, and that people could be trusted. Now, faced with the horrendous and sudden murder of thousands, she felt the entire supportive structure of her self-narrative collapse along with the building in which her brother had worked, and in which she had watched him die.

In Sara's case, the horrific disorganization of her life narrative triggered a complicated grief reaction (Prigerson & Jacobs, 2001), understood as a decimation of her world of meaning precipitated by the tragic way in which her brother had died (Neimeyer, Prigerson, & Davies, 2002). But, it also set in motion processes of narrative revision, both pursued instinctively and intentionally as a function of therapy, which attempted to assemble a coherent account of the traumatic imagery and then consider the significance of the trauma story for the larger narrative of her life. Ultimately this led Sara toward a more complex, if ambivalent worldview, one that acknowledged the reality of death, the preciousness of life, and the twin conditions of human vulnerability and resilience. Similar increases in narrative complexity, in addition to the fostering of existential awareness, appreciation, and personal growth emphasized by Tedeschi and Calhoun, seem to result from the struggle to integrate and transcend the traumatic disorganization of life narratives in the wake of profound and destabilizing loss (Neimeyer, 2001b).
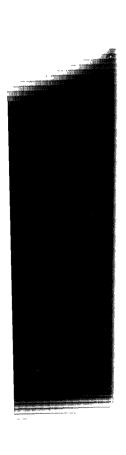
Dissociated Narratives

Although less striking than the disorganized narratives described in the preceding text, which are most closely associated with the work on PTG, two other forms of narrative disruption deserve at least brief description for their relevance to adjustment following trauma and loss. The first of these is dissociated narratives, silent stories that resist acknowledgement in the public sphere, and often even in the private world of their primary protagonist. "Dissociation" in this context therefore implies both a breach of sociality, a rupture in the interpersonal sphere of account making, in addition to a dissociative blocking or compartmentalizing of awareness in a classical psychodynamic sense. In most instances of dissociated narratives, each implies the other, as the attempt to prevent a traumatic or painfully incongruent private event or story from finding expression in critical relationships requires and reinforces a harsh and vigilant form of self-monitoring and segregation of threatening private memories and images, and vice versa. A general illustration of this is provided by a woman widowed by her husband's suicide, who attempted to convince herself and others that the death arose from accidental causes. In this instance, the silent story ensured that even well-intentioned efforts at support on the part of relevant others will result in a kind of empathic failure, as critical aspects of the plot structure of the traumatic

narrative will remain hidden, unintegrated, and without social validation and support (Neimeyer & Jordan, 2002). A second example is that of a history of marital infidelity, in which disclosure of the story of one spouse's past affair could radically threaten not only the surface plot and presumed thematic structure of their marital narrative, but perhaps even the continuation of the relationship. In such cases, the transgressing partner may find him- or herself curtailing intimacy with the spouse, in both subtle and unsubtle ways, to avoid a "slippery slope" of self-disclosure that could lead to open acknowledgement of the threatening extramarital relationship. Ironically, if the relevant relationships can survive disclosure of the dissociated narrative, the result can be a movement toward genuine openness, congruence, and emotional responsiveness both within the self and between the self and others. In this sense, overcoming the personal and relational ruptures associated with dissociated narratives can provide a powerful engine for both personal growth and deeper, more meaningful relationships, as Tedeschi and Calhoun emphasize.

Dominant Narratives

A final form of narrative disruption that deserves brief comment is that of dominant narratives (White & Epston, 1990)—socially, politically, or culturally enforced accounts of who an individual or member of a group is and, by implication, who he or she is not. Dominant narratives, therefore, marginalize more fragile, "preferred" accounts of self, at the same time that they steal the "authorship" of the individual's life narrative. In one sense they represent the antithesis of disorganized narratives, which confront the trauma survivor with a fragmented, incoherent sense of both self and world. In contrast, dominant narratives are, if anything, far *too* cohesive, organizing the person's sense of self under a single hegemonic label or description. When the dominant narrative is negative and preemptive (as when someone contending with serious illness or trauma comes to view him- or herself as "nothing but" a cancer patient or posttraumatic stress disorder [PTSD] case), then the dominant narrative can "colonize" the person's public identity and private self-concept, producing "real effects" on the way in which the person relates to self and others (Foucault, 1970). To the extent that the person can "externalize" the dominant narrative and see it as a problem-saturated story separate from the self, he or she is better able to resist it and reclaim the sense of new possibilities in life that Tedeschi and Calhoun have identified in several studies.

Although I have distinguished each of these patterns of narrative disruption for the sake of clarity, in many cases they overlap, with a single traumatic event precipitating disruptions of two or more kinds. For example, a violent instance of date rape can produce powerful invalidation of a presumed relational narrative, flooding the survivor with disorganizing and highly emotionally charged sights, sounds, smells, and sensations associated with the assault. Subsequently, the story might be held in a silent, dissociated fashion, contributing to a posture of emotional blunting and relational remoteness. Finally, indiscriminate disclosure of the assault can result in a dominant narrative of the survivor as a "rape victim," which in some social contexts might invite embarrassed avoidance or even attributions of blame. Moving through and beyond these multiple levels of personal and social disruption in such cases can be especially daunting, although the impressive gains made by many sexual assault survivors in safe contexts that permit them to tell their stories provides evidence that it is indeed possible (Alexander, Neimeyer, Follette, Moore, & Harter, 1989). Ultimately, then, PTG could entail seeking new coherence in a disorganizing life experience, finding ways to acknowledge and validate one's own suffering and that of others, and resisting the imposition of oppressive postloss identities that

cial validation and support
story of marital infidelity, in
d radically threaten not only
arital narrative, but perhaps
nsgressing partner may find
ubtle and unsubtle ways, to
open acknowledgement of
evant relationships can sur-
a movement toward genuine
hin the self and between the
elational ruptures associated
or both personal growth and
oun emphasize.

mment is that of dominant
culturally enforced accounts
cation, who he or she is not.
referred" accounts of self, at
idual's life narrative. In one
s, which confront the trauma
world. In contrast, dominant
person's sense of self under
ant narrative is negative and
ess or trauma comes to view
matic stress disorder [PTSD]
's public identity and private
the person relates to self and
"externalize" the dominant
om the self, he or she is better
ife that Tedeschi and Calhoun

f narrative disruption for the
traumatic event precipitating
nstance of date rape can pro-
ve, flooding the survivor with
ds, smells, and sensations as-
held in a silent, dissociated
relational remoteness. Finally,
inant narrative of the survivor
vite embarrassed avoidance or
ese multiple levels of personal
ting, although the impressive
texts that permit them to tell
Alexander, Neimeyer, Follette,
il seeking new coherence in a
ge and validate one's own suf-
oressive postloss identities that

constrict one's self-narrative. When the resultant growth is largely an elaboration of the survivor's resilient preloss self-narrative, identity change might be considered evolutionary, but when adaptation requires a radical reordering of life priorities and values and the development of major new capacities and roles, the change can indeed be revolutionary.

IMPLICATIONS OF A NARRATIVE MODEL

Having underscored the centrality of narrative in human life and its frequent disruption in the wake of trauma and loss, I will turn to the use of narrative methods in both studying PTG in research contexts, and fostering its development in clinical settings. Because space constraints preclude fuller discussion of these procedures, I will refer the interested reader to other sources for further details on many of these methods (e.g., Neimeyer, 1993; Neimeyer & Mahoney, 1995; Neimeyer & Raskin, 2000).

Research

Investigators working from a constructivist/narrative base have devised many procedures for studying both structural and process features of people's self-narratives in general, and their meaning constructions regarding traumatic events in particular. One such method involves contemporary adaptations of repertory grid technique (Fransella, Bell, & Bannister, 2004), a procedure for eliciting a person's system of personal constructs for attributing meaning to events. As applied to traumatic narratives, "biographical grids" have been used to help the survivor articulate fundamental life themes (e.g., times I was helpless vs. times I was in control) through a systematic process of comparing and contrasting critical life episodes, of which the trauma is only one. Subsequently, the survivor rates each life episode (e.g., ages 9–12, when I played soccer; when I was bullied in high school; the death of my son in my 30s) on each theme (e.g., times I felt in control vs. times I felt out of control), producing a matrix of ratings that can be analyzed to suggest the level of differentiation or integration of the traumatic experience with other "chapters" in the person's life narrative, in addition to a depiction of the thematic integrity of his or her story (Neimeyer & Stewart, 1998). Such measures have been used to study the degree to which survivors of combat or mass murder are able to integrate such experiences into the structure of their construct systems, a factor shown to predict their current and future levels of posttraumatic adaptation (Sewell, 1996, 1997; Sewell et al., 1996).

A related procedure with strong potential for application to studies of PTG is the Self-Confrontation Method (SCM) (Hermans, 2002), which encourages the respondent to reflect on defining moments in his or her life story, rating them to yield descriptions of different life episodes or "valuations." For example, the respondent might begin by identifying a small set of influential life events that were important in shaping her sense of self (e.g., When I was 11, I felt lost and alone after my parent's divorce and our move to another city; Last year I married a man who really loves me). Such descriptions might actually be considered micronarratives in their own right, and the SCM could be viewed as an invitation for the respondent to integrate them into an overarching macronarrative of his or her life. This involves subsequently rating each of the valuations on affect terms (e.g., strength, intimacy, disappointment, worry), which vary in terms of their positivity and negativity, in addition to orientation toward self or others. The resulting profile, once analyzed, helps locate the individual within a plot of basic life themes, such as those of "unity and love," "unfulfilled longing," or "powerlessness and isolation." Extensions of the SCM, therefore, show promise in helping analyze and map progressive or regressive

shifts in the self-narrative following trauma and loss, both for adults (van Geel, De Mey, Thissen-Pennings, & Bendermacher, 2000) and children (Dale & Wagner, 2003).

Complementing these structural measures are other qualitative and quantitative methods for assessing process features of a person's narrative activity. One of these is the Narrative Process Coding System (NPCS) (Angus, Levitt & Hardke, 1999), which provides guidelines for segmenting and coding written or spoken narratives (e.g., personal journals or the content of psychotherapy interviews) into micronarratives that are *external* (focusing on objective "reportage" of observable events), *internal* (elaborating personal feelings and reactions to the events), or *reflexive* (seeking meaning through interpretation and conceptualization of the story). For example, an application of the NPCS to the narrative of the bereaved father mentioned previously in this chapter would clarify his reliance primarily upon a reflexive voice punctuated by occasional internal processing of his son's suicide, with relatively little external description. Preliminary evidence suggests that shifting from one narrative perspective to another (e.g., constructing a coherent external account of a traumatic loss, followed by a detailed exploration of one's emotional response and the search for some larger sense of how it fits with one's life story) can facilitate the integration of the experience and promote better adaptation (Neimeyer & Anderson, 2002).

Alternative reliable coding systems can permit researchers to determine whether the protagonist views him- or herself as an "origin" or "pawn" of fate after a traumatic event (Gottschalk, Lolas, & Viney, 1986), or to identify the dominant themes in an individual's self-narrative (e.g., existential, moral, emotional, relational) and how they evolve over time or therapy (Feixas, Geldschlager, & Neimeyer, 2002). Finally, constructivists have devised detailed text-analytic methods for thoroughly analyzing shifts in narrative form over time, providing extensive "maps" of a storyteller's changing relation to the self and world (Villegas, 2002). These and related procedures could be useful in fostering research on PTG by operationalizing narrative concepts in empirical terms. As such, they can provide a meaningful extension of the carefully validated procedures for measuring such growth described elsewhere in this book, in addition to other scales for assessing the collapse of meaning in the wake of loss (Prigerson & Jacobs, 2001).

Clinical Methods

Among the most promising of narrative contributions to work on PTG is the trove of creative therapeutic procedures devised for fostering its development. Perhaps the best researched of these involves the use of therapeutic journals in helping people find meaning and even positive emotion in the act of writing deeply and consistently about the most painful episodes in their lives, leading to clear health and mental health benefits in numerous well-controlled studies (Pennebaker, 1997). Extending this strategy, several specific narrative methods (e.g., biographical techniques, metaphoric stories, life chapters exercises) have been devised to promote meaning reconstruction following bereavement, each of which can be used as a self-help method or in the context of professional grief therapy (Neimeyer, in press). For example, the *loss characterization* encourages survivors to describe themselves in the wake of their loss, but to do so as if they were the principle characters in a novel, play, or movie. Significantly, they are requested to write as if from the third-person standpoint of an intimate and sympathetic observer to help them step outside their current distress and view their self-narrative from a broader perspective. Although the writing and informal discussion of the resulting accounts can be therapeutic

adults (van Geel, De Mey,
e & Wagner, 2003).

tive and quantitative meth-
ctivity. One of these is the
Hardke, 1999), which pro-
n narratives (e.g., personal
onarratives that are *external*
ernal (elaborating personal
eaning through interpreta-
ication of the NPCS to the
chapter would clarify his
onal internal processing of
liminary evidence suggests
constructing a coherent ex-
oration of one's emotional
with one's life story) can
r adaptation (Neimeyer &

to determine whether the
fate after a traumatic event
t themes in an individual's
and how they evolve over
inally, constructivists have
ng shifts in narrative form
ing relation to the self and
iseful in fostering research
terms. As such, they can
edures for measuring such
r scales for assessing the
2001).

k on PTG is the trove of
opment. Perhaps the best
nelping people find mean-
nd consistently about the
nd mental health benefits
iding this strategy, several
phoric stories, life chapters
on following bereavement,
ntext of professional grief
tion encourages survivors
is if they were the princi-
re requested to write as if
tic observer to help them
om a broader perspective.
counts can be therapeutic

in themselves, a further analysis of the documents using a set of hermeneutic guidelines can enrich both assessment of postloss complications and sources of resilience, as illustrated by Neimeyer, Keesee, and Fortner (2000). Thus, the literal use of narrative strategies through writing and reflecting on traumatic experiences might be more thoroughly and creatively developed to promote integration and transcendence of tragic transitions.

Oral narrative methods also hold promise in clinical settings. For example, emotionally discrepant episodes in a client's self-narrative can be "replayed" through slow-motion recall and renarration, focusing the "camera" of therapeutic attention on particularly painful details, or "panning out" to the larger life pattern in which the problematic event was embedded. Clinical applications suggest that use of this "movieola" method (Guidano, 1991, 1995) can help close the gap between experience and explanation, assisting clients in finding a thread of meaning and self-continuity in the aftermath of narrative disorganization. Other meaning-making interventions, in which bereaved people are invited to articulate the preverbal significance of their loss through the use of metaphor, and to creatively "dialogue" with their distress are illustrated in transcripts and videotapes of constructivist therapy (Neimeyer, 2001c, 2004c).

Carefully crafted group therapy methods for "retelling violent death" also hold promise for survivors of suicide and homicide, inviting controlled outcome evaluations (Rynearson, 2001). Clinical trials of broadly analogous group therapy methods for assisting incest survivors to share and process their stories of abuse have met with favorable outcomes (Alexander et al., 1989), demonstrating that giving voice to silent, dissociated narratives in safe environments that promote attribution of new meaning can prove helpful in fostering posttraumatic adaptation. Moreover, recent extensions of psychodrama, such as therapeutic enactment (Westwood, Keats, & Winensky, 2003), suggest that group settings that permit a healing performance of not only the original loss, but also more adaptive means of responding to it, can powerfully mobilize a client's ability to transcend trauma. Neimeyer and Arvay (2004) provide a full discussion of this work and a detailed illustration of its use in the case of a young man working to transform abusive experiences in relation to his father using intensive therapeutic enactment procedures.

Finally, a well-developed body of work in narrative therapy has special relevance for identifying and resisting dominant narratives. By first encouraging clients to label and externalize the problem (e.g., depression, despair, self-hatred) as something *external* to the self, therapists can help clients to identify its "real effects" on them and others they care about (White & Epston, 1990). Clients are then in a better position to recognize and reinforce actions and attitudes that challenge the hegemony of a problem-saturated story of their identity, which can be elaborated through a host of creative narrative methods (e.g., letter writing, documentation of special achievements, seeking an appropriate audience for the performance of a preferred self-narrative). A hallmark of such interventions is their use of "curious questions" to promote client processing of new themes and plot developments in their life story (Monk, Winslade, Crocket, & Epston, 1997) and to consolidate preferred self-narratives that could provide a bulwark against relapse (Dilollo, Neimeyer, & Manning, 2002). In this fashion narrative methods are congruent with contemporary educational theories, which view learning as anchored in concrete experience, processed through reflective observation, yielding higher order abstract conceptualizations, and giving rise to active experimentation, which produces more concrete experience, and so on (Kolb, 1984). Narrative theories and techniques therefore seem well positioned to help explicate and engender the processes of PTG to which Tedeschi and Calhoun invite further attention.

CONCLUSION

In this chapter I have tried to take up the challenge posed by the editors, who encouraged exponents of different theoretical and empirical research traditions to explore the subtler dimensions of a PTG phenomenon whose existence is already well documented. In doing so, I have tried to suggest that narrative is more than just a *post hoc* accounting for the changes that we undergo in response to life disruption—though it also serves that vital, meaning attribution function. In addition, I have argued that self-narratives are the very substance that is disrupted by trauma and loss, and that public and private narration of tragedy and transition is heavily implicated in posttraumatic resilience, repair, and transcendence. I hope that others who share a fascination with the growth often engendered by great suffering will find in a narrative framework a set of conceptual and practical tools with which to understand, study, and foster this life-enhancing process.

REFERENCES

Alexander, P. C., Neimeyer, R. A., Follette, V. M., Moore, M. K., & Harter, S. (1989). A comparison of group treatments of women sexually abused as children. *Journal of Consulting and Clinical Psychology, 57,* 479–483.

Angus, L., Levitt, H., & Hardke, K. (1999). Narrative processes and psychotherapeutic change. *Journal of Clinical Psychology, 55,* 1255–1270.

Barsalou, L. W. (1988). The content and organization of autobiographical memories. In U. Neisser & E. Winograd (Eds.), *Remembering reconsidered* (pp. 193–243). Cambridge: Cambridge University Press.

Bonanno, G. A., Wortman, C. B., & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and Aging, 19,* 260–271.

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

Dale, M. A., & Wagner, W. G. (2003). Sandplay: An investigation into a child's meaning system via the Self Confrontation Method for Children (SCMC). *Journal of Constructivist Psychology, 16,* 17–36.

Demasio, A. R. (1994). *Descartes' error: Emotion, reason and the human brain.* New York: Putnam.

DiLollo, A., Neimeyer, R. A., & Manning, W. H. (2002). A personal construct psychology view of relapse: Indications for a narrative therapy component to stuttering treatment. *Journal of Fluency Disorders, 27,* 19–42.

Doka, K. (Ed.) (2002). *Disenfranchised grief.* Champaign, IL: Research Press.

Feixas, G., Geldschlager, H., & Neimeyer, R. A. (2002). Content analysis of personal constructs. *Journal of Constructivist Psychology, 15,* 1–19.

Flanagan, O. J. (1992). *Consciousness reconsidered.* Cambridge, MA: MIT Press.

Foucault, M. (1970). *The order of things.* New York: Pantheon.

Fransella, F., Bell, R., & Bannister, D. (2004). *A manual for repertory grid technique* (2nd ed.). West Sussex: Wiley.

Gottschalk, L. A., Lolas, F., & Viney, L. L. (1986). *Content analysis of verbal behavior in clinical medicine.* Heidelberg, Germany: Springer Verlag.

Greenberg, L., Elliott, R., & Rice, L. (1993). *Facilitating emotional change.* New York: Guilford.

Guidano, V. (1995). Self-observation in constructivist psychotherapy. In R. A. Neimeyer & M. J. Mahoney (Eds.), *Constructivism in psychotherapy* (pp. 155–168). Washington, DC: American Psychological Association.

Guidano, V. F. (1991). *The self in process.* New York: Guilford.

Harvey, J. H. (1996). *Embracing their memory.* Needham Heights, MA: Allyn & Bacon.

Hermans, H. (2002). The person as motivated storyteller. In R. A. Neimeyer & G. J. Neimeyer (Eds.), *Advances in personal construct psychology* (pp. 3–38). New York: Praeger.

Howard, G. S. (1991). Culture tales: A narrative approach to thinking, cross-cultural psychology, and psychotherapy. *American Psychologist, 46,* 187–197.